



Caregiver Factors Contributing to Healing

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Abstract

Within conventional medicine, medical interventions are generally considered to be the effective agents for change – in and of themselves. It is the medication, surgery, radiotherapy or other intervention that appears to bring relief or cure to the patient. Yet it is firmly established that a third of people treated for most illnesses will show improvements when given inert substances instead of medications. This has been labeled the placebo effect by conventional medicine. This is a clear demonstration that people have vast self-healing capacities that are not fully understood nor utilized. The caregiver can facilitate and enhance the placebo effect through varieties of factors. Healing involves an incredibly complex variety of processes. Healing may occur in very broad and diverse ranges of aspects of a person, including changes in the specific parts of their body that are malfunctioning as well as in their entire body. In parallel with healing of the body, there are often healings of emotions, mind, relationships and spirit. In healing from issues at any of these levels, there may be effects at each level individually, plus simultaneous changes at other levels. Complementary/ Alternative therapists may likewise focus on how their physical interventions can be the agents of change, as in the acupuncture needles and the acupuncture points stimulated on the body, the skill of the physical massage of the muscles and joints, or the homeopathic remedy. Complementary/ alternative therapists also recognize the placebo effect, but while they often give greater acknowledgement of this aspect of the careseeker's response to treatment, there remains little attention to the role of the treating professional or of the careseeker, in activating the placebo effect. In most discussions on this subject the focus has therefore been on the patient/ healee/ careseeker. The discussion in this article is on multitudes of factors presented by caregiver and their manners of caregiving that may contribute to healing or may detract from, impede or block the healing of the careseeker.

Key words: caregiver, careseeker, therapist, placebo, self-healing

Introduction

My courses and clinical training in medical school focused very heavily on the diagnosis of dysfunctions and pathology in the body, and on how to provide medications, surgery, radiotherapy and other treatments to correct these dysfunctions and alleviate suffering resulting from them. There was next to no instruction in the personal 'how' of administering the interventions. The strong assumption among most doctors is that the interventions, per se, are the effective agents for change.

Any improvements in the patient are to be credited to the chemicals in the medication, the surgical corrections of malfunctioning body parts, and radiotherapy that kills off cancer cells.

The very label, 'patient,' suggests a careseeker who is a patiently passive recipient of the doctors' interventions. And even though it is widely acknowledged that people have vast self-healing capacities, these are largely ignored. When they are addressed, it is often with an air of annoyance that these placebo reactions get in the way of research that might otherwise more easily clarify the extent of the benefits of the physical medical interventions.

Placebo reactions have been widely studied for many decades. People have such vast capacities to heal themselves that at least 35% of the benefits of any intervention whatsoever can be attributed to self-healing rather than to the presumed agent(s) that are administered to bring about healing. And this is true for just about any problem in the spectrum of medical treatments. Investigations of these placebo reactions (Beecher, 1955; 1959; 1961) have demonstrated such changes as:

- Reductions and eliminations of pains, even when there are clear physical problems causing them, such as serious physical injuries, burns, infections, irritable bowel syndromes, migraine headaches, cancers and more.
- Reductions and eliminations of psychological issues such as anxieties, depression, stress reactions, trauma symptoms and more.
- Improvements in relationships with family members, schoolmates and teachers, other personnel in work settings, and more.

The term, 'placebo reaction', points the finger of credit to the sugar pill or other inert substance that is given as a comparison treatment for the known or hoped-for active ingredients or other physical, psychological or social interventions. This distracts us from acknowledging that we are seeing regular examples of self-healings that are generated by the careseekers.

Self-healing reactions are so powerful that when a doctor gives patients a stimulant drug and tells them it is a sedative, a significant percent of patients will report they experienced calming and sedating effects from the stimulant. Similarly, a significant percent of patients will report stimulation when given a sedative and being told that it is a stimulant.

For doctors who want to prove that their treatments are effective, placebo reactions are an interfering nuisance in their research. Sadly, the vast majority of doctors stop here when thinking about placebos. They don't bother to ask, "How can so many people heal themselves?" and "How is it possible that shifts in consciousness can bring about healings in malfunctions of the body?"

To a great degree, doctors are strongly motivated to focus on what they have to offer. Providing medical diagnoses and interventions is their profession, their livelihood, and their pride. Self-healing threatens to diminish all of these to some degrees. So, consciously or unconsciously, doctors are protective of their turf and downplay the benefits of other therapies and therapists. And this includes the patients themselves, with their strong abilities to heal themselves.

These observations are not restricted to medical doctors. They apply as well to complementary/ alternative therapists. All professional caregivers have invested a lot in choosing their professions and continue to invest considerable time, efforts and expenses in acquiring the skills to administer these interventions. While there are far more complementary/ alternative therapists than medical doctors who are aware of the vast capacities people have for self-healing, and there are some complementary/ alternative therapists who deliberately activate these abilities in careseekers, there also remain many such caregivers who are unaware of these vast abilities of self-healing.

I believe that self-healing is often the best approach to treating many, if not most problems. Even severe physical and psychological problems can be helped with self-healing (Turner, 2014), and in many cases the self-healing suffices – so that people do not require as much help from caregivers, if at all.

Self-healing is certainly safer than conventional medicine, which is the fourth leading cause of death, topped only by cancer, heart disease, and (only recently) by alzheimer's disease (James, Leurgans, Hebert, Scherr, et al. 2014).

The vast potentials people have for self-healing have been explored and extensively discussed. Less in the spotlight are the vast potentials for caregivers to activate people's self-healing capacities.

Caregivers hone their skills in conventional approaches to provide assessments and administer various treatments. There is then the next step in which therapists also hone their skills to become the best possible teachers and stimulators of self-healing that we can manage to be.

One of the best ways to teach is to model that which you want people to learn. Demonstrating how healing is done is much better than telling careseekers to do it. Even the best descriptions and explanations cannot convey the essence of the teaching as well as the caregiver's showing how healing is done.

And a brief general word here about promoting self-healing. I use the term, 'caregiver' deliberately, knowing that for many readers this is more familiar as a label for family members or other laypersons who are providing care for someone in need. I believe that this term serves well in the present context of considering ways for stimulating and encouraging self-healing – to include everyone who is offering their help to someone in need, whether they be professional health care providers or other support people. Support people can better stimulate self-healing if they are aware of some of the factors I present below for your consideration.

For your thoughtful consideration I summarize below a spectrum of the lessons that caregivers can model and demonstrate through being that which they teach. I know of no one who embodies all of these qualities, awarenesses and abilities. But to know about these factors is to be open to connecting with them and to enhancing your abilities to exhibit them. Slicing the cake of the human condition with words and analyses provides varieties of tastes and understandings about the caregiver's roles. It also promotes perceptions and awarenesses of numerous approaches that can facilitate healing. In considering the perspectives below there will be some overlaps and redundancies, as the analytic knife cuts through some of the same pieces of the cake from different angles.

I would also clarify that I am not suggesting a blanketing promotion of indiscriminate wholistic healing awarenesses. This is often a delicate topic, to be introduced in therapeutic encounters with sensitivity and discretion.

Overall

Caregiver qualities, attitudes and approaches

Integrity

- Being honest with oneself, in this case about the tremendous potentials of people to heal themselves
- Knowing the boundaries of the caregiver's responsibilities to the careseeker, allowing careseekers the space to learn, heal and grow rather than jumping in immediately to 'fix' them.

Qualities of therapeutic approaches

- Full spectrum awareness of wholistic healing: body, emotions, mind, relationships with other people, relationships with the environment, and spirit, which facilitate careseeker attention to inviting and activating healing on every level of their being
- Empathy: being able to sense careseekers' feelings and states of being, to understand what they are experiencing and what they want to achieve
 - Reflecting these awarenesses back to the careseeker, inviting insights they may have been unaware of
 - Sharpening the focus of interventions, helping careseekers apply their energies most effectively to their issues
- Centeredness - abilities to be present in the moment for the careseeker's needs; clarity of caregiver's inner development path; abilities to deal with stress, modeling personally what one teaches
 - Modeling for the careseeker some of that which the careseeker is needing
 - Being able to come from a place of "Do as I do" and not just "Do as I say."
 - Teaching meditative practice, especially when the careseeker knows this experientially
 - Compassion and genuine caring/ unconditionally accepting/ loving/ enabling careseekers to feel they are worthy of being loved
 - Helping others selflessly, again modeling that which can be helpful to careseekers for themselves
- Careful attention to sensing/ 'reading' states of mind, emotions and relationships of careseekers
 - Avoiding projections of the caregiver's beliefs, wishes and preferences for particular modes of being and relating
 - Accepting careseekers' personalities, life experiences, beliefs
- Helping careseekers develop and choose healthy, healing and growth promoting outcomes
 - Broadening and deepening the careseeker's understandings of the presenting problems and how to deal with them
 - Introducing options and suggesting possibilities for resolution of problems that the careseekers have not considered
- Investment in facilitating careseekers' chosen/ favored outcomes
- Awareness that careseekers are teachers to caregivers
 - Not just looking for ways the caregiver can 'fix' the careseeker
 - Acknowledging that careseekers are carriers of life lessons and wisdom that they can

Respect for careseekers

- Acknowledging and respecting the levels of awareness of careseekers and students, on each of the wholistic aspects of their being, and *encouraging* but not *pushing* them beyond their current limits
 - Middling
 - Average
 - Gifted
- Inviting careseekers *gently* to stretch to greater levels of
 - Willingness to examine old beliefs and habits
 - Openness to new awarenesses and approaches
 - Exploring new ways of being and relating
- Finding the best balance for each caregiver and careseeker between respecting their levels of openness and nudging them to push beyond their limits of current
 - Skill levels
 - Beliefs
 - Disbeliefs

The process of caregiving is like respectful game fishing, where you deliberately use a fishing line that is weaker than the anticipated weight of the fish you intend to catch. After you hook the fish, your

challenge is to pull it sufficiently so that you are coaxing it to swim towards your net, but not pulling too hard because then you break the line and the fish swims away.

In caregiving, your challenge is to gently pull your client towards better (for them) outcomes. But you will never know how hard you can pull unless sometimes you pull too hard and the connection is broken.

Promoting awareness of both/and as a viable option where possible, vs. insisting on either/or – in caregivers and careseekers, teaching that careseekers can

- be gentle with themselves in their self-judgments
- accept that they may be flexible and choose different options in different situations rather than feeling bound to a single way of assessing and responding to various situations
- learn to broaden their perspectives, even within a narrow belief system

Caregivers' needs – again modeling for careseekers attitudes and approaches that can promote careseekers' self-healing

- Caregiver de-stressing/ health maintenance/ rejuvenation/ growth
 - Relaxation
 - Meditation
 - De-stressing practices
 - Self-healing methods
- Allowing time between clients for general unwinding, shifting gears, releasing the tensions and energies of intense sessions
 - Again modeling for careseekers taking time for satisfying their own needs
- Awareness and prevention of compassion fatigue / burnout
 - Modeling for careseekers that they can and should attend to their own needs, while still being there for those they are helping and serving
- Ongoing education and enhancement of caregiver's skills, including self-care
 - Sharing with careseekers new information that is acquired by caregiver, thereby modeling that education in self-care is an ongoing, ever deepening path of learning
 - Setting aside time for processing the lessons that careseekers bring us
 - Finding mentors who can help caregivers continue to grow
 - Attending courses, reading, benefitting from on-line enrichments
 - Charging fees appropriate to the needs and requirements of the caregiver
 - Tithing in distributing caregiver's time, making help available to careseekers who need help but cannot afford a full standard fee
- Building positivity, in addition to decreasing negativity in one's life
 - Installing positive thoughts and feelings to replace negative ones that have been diminished and cleared
- For that which cannot be changed
 - Learning to compromise with others
 - Learning to compromise with one's own wishes and ideals
 - Accepting that life can be less than ideal and still be ok
 - Humor for accepting that which cannot be altered or completely cleared

Much of what I suggest to this point relates to caregivers modeling that which they want to teach; of promoting integrity and acceptance in careseekers in addressing their issues; and encouraging explorations of new ways of understanding and addressing one's problems.

Serenity Prayer:

*God, grant me the serenity to accept the things I cannot change,
 Courage to change the things I can,
 And wisdom to know the difference.*

- Reinhold Niebuhr

Much of the above addresses the personal qualities, attitudes and behaviors of the caregiver that can stimulate, promote and enhance careseekers' self-healing. Let us move now to learned knowledge and interventions of caregivers that can promote and enhance self-healing in careseekers. Careseekers can have enormous self-healing benefits from the information shared by caregivers regarding their presenting problems and how to address them.

Caregiver learned knowledge of

Body issues

- Diagnosis, enabling caregivers and careseekers to focus on the specific issues that careseekers present, and prioritizing interventions for healing
 - Medical
 - physical
 - psychological
 - Bioenergetic (relating to biological energies in and around the body)
- Physical causes
 - Congenital
 - Metabolic
 - Infectious
 - Toxic
 - Traumatic
 - Allergic
 - Neoplastic
 - Degenerative

A very high percent of medical prescriptions go unfilled. Today this may in many cases be due to the very high costs of medications and limited insurance coverage for these. When this non-compliance was investigated several decades ago, under better general economic circumstances, it was found that many careseekers came to doctors just to be sure they weren't suffering from problems that could cause them serious harm or might even be fatal if they didn't attend to them. Once having this reassurance, they often did not feel they needed to treat their symptoms. So here we see that a different form of self-healing is occurring.

- Body/ mind/ emotions interrelationships
 - Psychosomatic problems/ disharmony between body and mind
 - Defense mechanisms may lead to "armoring" of the body and self, thereby distancing oneself from dealing with problems and blocking them from access to careseekers' healing
 - Emotional trauma residues may manifest into body tensions and dysfunctions, inviting attention to the root causes behind them
 - Caregivers can promote careseeker awareness and assuming responsibility for generating tensions and physical dysfunctions (taking care not to create an impression that they are blaming the careseekers), thereby opening doors to major self-healings.
 - Promoting positive beliefs, attitudes, behaviors and interactions of careseekers with their own bodies
 - Replacing negativity with positivity, rather than just stopping after releasing the negativity
- Psychotherapies
 - Talking therapies
 - Teaching self-healing
 - Caregiver directed
 - Careseeker self-guided

- Systems theory
 - Within healee
 - Awareness and enhancing skills for self-reflection through a wholistic perspective
 - Communicating in growth-promoting and relationships promoting manners
 - Between healee and significant others

Emotional disharmonies and dysfunctions

- Caregiver knowledge
 - The unconscious mind/ shadow
 - Addressing varieties of underlying causes, not just chasing symptoms
 - Over-determination/ multiple causations of symptoms and illnesses
 - Trust/ distrust of careseekers in the healing presence of the caregivers
 - Factors that color the manifestations of disease and dis-ease
 - Personality types
 - Lifestyle habits
 - Cultural attitudes and habits
 - Stages of psychological development that influence mastery over body functions
 - Family relations
 - Counseling/ psychotherapy
 - Grief
 - Stages: Shock, denial, bargaining; sadness/ depression/ loss; anger; guilt; resolution
 - Helping careseekers anticipate and understand the stages and processes
 - Knowing when to be gentle, when firm
 - Boundaries awarenesses
 - self
 - relational
 - rigid
 - flexible
 - blurred
 - Respecting careseekers' ownership of problems
 - waiting for healee readiness/ invitations to intervene
 - human being vs human doing
 - generating/ creating
 - releases of negativity
 - readiness to change
 - hope
 - installing and enhancing positivity

Mental

Building observing ego

- Choosing to assess situations with awareness of oneself as an observer
 - Modeling observing ego that facilitates careseekers' independence of thought, self-reflection and change
 - Taking responsibility for one's thoughts, feelings and actions and not blaming others, as in "You made me angry"
 - Awareness of dangers of personal over-involvement on the part of the therapist
 - Openness to learning new ideas
 - Caregivers can share how they feel and think personally about issues raised by careseekers as challenges in their lives, modeling a reflective assessment before responding
- Clarity of boundaries
 - Personal
 - Emotional

- Professional
 Understanding subjective judgements, attitudes
 Respecting healee's judgements, attitudes and decisions, responsibility
 Generating/ promoting openness to caregiver's observations/ suggestions/ instructions
- Clarifying reasons for disease/ dis-ease
 Establishing the wholistic unity of body, emotions, mind, relationships and spirit
 Identifying wholistic levels where issues exist
 Addressing these issues appropriately
 - Common sense/ counselling
 - Reframing issues so that they
 Acquire new and different qualities, making them more acceptable to careseekers' working on them, changing and transforming them
 Become more susceptible to change
 - Imaging/ visualization
 Invites/ encourages/ teaches careseekers to seek and create new options and possibilities
 Allows careseekers to assess how it looks and feels to explore new ways of relating to their issues
 - Expanding consciousness
 Introducing and discussing any of the issues in this list can broaden the awarenesses of careseekers, helping them step outside the conceptual and habitual ruts they have worn in their travels through life
 Neuroplasticity, the ability of the brain to adapt to new situations, can be accessed through frequent practice, and utilized for introducing new possibilities
 - Meditation develops
 Centeredness
 Higher sense awarenesses
 - Absent healing, the sending of healing from a distance through mental intent/ wish/ prayer
 Boosts available awarenesses
 Enhances energies for transformation
 - Group healing
 - Clarity regarding theory/ structure/ practices within which healing is done
 - Balance of
 Thinking/ feeling/ intuition/ sensation
 Right brain and left-brain thinking
 - Building ego strengths
 - Creativity
 Self-correction/ improvement/ study/ research
 - Communications/ teaching wholistic healing
 Speaking/ writing - to healees, health care professionals, public teaching

Spiritual

Many people in modern society believe that spirituality is no more than antiquated cultural/ religious/ magical/ beliefs; denial of death; coping mechanisms for unresolved grief; other forms of wishful thinking; or mental aberrations. Because spiritual aspects of wholistic healing are often dismissed in these ways, I briefly identify some of the more prominent and commonly reported aspects of spiritual experiences.

Contradicting such disbeliefs are growing numbers and varieties of research studies confirming that reports of spiritual experiences may include objectively verifiable details. For those interested in brief reviews of research details, see my article in this issue of IJHC. For more extensive details and discussions on spiritual awarenesses, see my book, *Healing Research, Volume 3, Science, Spirit and the Eternal Soul* (Benor, 2006).

Out-of-Body Experiences (OBE)

The OBE is a relatively common experience. OBE reports have been found in 17 to 27% of populations surveyed in several countries (Hart 1954; Irwin 1980; Sheils, 1978). Ordinary people have been reporting for centuries that they are occasionally conscious of themselves outside their physical bodies. An Out-of-Body Experience (OBE) often occurs spontaneously during states of sleep (natural or due to anesthesia) or in crisis or trauma situations. People typically feel themselves floating in the air above or standing by their beds. They might initially think that they are dreaming until they observe their physical bodies, still in bed, peacefully asleep. They might experience themselves as having ghost-like astral bodies or might feel themselves to be a ball of light or a totally disembodied point of consciousness.

Near-Death Experiences (NDE)

In a composite picture of the Near-Death Experience, people typically feel they are moving out of their bodies in spirit form, passing through a long tunnel towards a bright light at the end. They may hear strange and beautiful music; may meet angels or other spirit-like beings who welcome them warmly; and may see or in other ways sense the presence of relatives who had died earlier and speak with them. There is a tremendous sense of well-being and calmness; of knowing and understanding about one's own life and relationships, as well as about the meaning of existence in general. These experiences peak in an encounter with a blinding white or golden light that appears to embody an all-knowing, non-judgmental, all-accepting, all-loving being. Many experience an instantaneous but complete review of all the events in their lifetime, under the guidance of the Being of Light. The review is totally accepting and non-judgmental on the part of this Being, but people may feel regrets and criticisms of themselves over errors or poor choices around things they did or did not do (Morse & Perry, 1990; Ring, 1980; 1984).

Pre-Death Experiences

Seeing visions and hearing voices are common in many people who are approaching their death. Most commonly, they report seeing deceased relatives or may see angels who have come to welcome them back to the world of spirits. These visions may appear as solid and sound and as real as ordinary perceptions, or may have qualities that immediately distinguish them as visionary – such a mistiness or inner sources to the perception. These experiences often include a unique white light or a Being of Light. The inner experiences feel absolutely real, often even more real than everyday experiences. Pre-death dreams and visions have a quality of uniqueness that clearly distinguishes them from ordinary experiences. The visions and dreams convey information that is coherent, useful, and relevant to others in addition to the one perceiving them. Relatives, friends and medical personnel who witness these pre-death experiences often find them very real and deeply moving (Morse & Perry, 1994).

Reincarnation

Eastern religions, traditional cultures and healers around the world maintain that the spirit of a person survives to an afterlife and returns to live again. Many ordinary people, particularly children, spontaneously open to memories of previous lives (Stevenson, 1974; 1977; 1987). Others connect with these memories in the course of psychotherapies of various sorts.

Apparitions

Spontaneous sightings of apparitions (ghosts; spirits) are common. Usually these are unplanned, unpredictable occurrences. Apparitions typically have an ethereal, filmy, partly transparent appearance, although they may in some instances seem as solid as living beings. In most instances, apparitions appear to be (by clothing styles, information conveyed in words and use of language, etc.) the spirits of people who died previous to the spirit encounter. Apparitions of the living may occur, especially around times of danger, crisis or death, often when the dying person was many miles away.

In many of these cases they appear to be announcing their departure and saying farewell – either explicitly or tacitly. By far the most common type of apparitions are those appearing to people who were close to the departed, shortly after their death (Vargas, et al., 1989).

Mediumistic (channeled) experiences

Mediums or *channels* are people who report they can communicate with the spirit worlds. Mediums may receive spirit communications telepathically. Sometimes the medium visualizes the spirit and can describe physical details, such as stature, color of hair and eyes and other physical details that are verifiable by the sitter as having been characteristic of the channeled person prior to their passing from the physical world. In some cases the channeled words may be spoken in tones of voice and styles of speech very similar to those of the deceased. Spirits have been credited with passing vital messages through mediums to relatives and friends when such information was available to no one but the deceased (Klimo, 1991; Schwartz, 2002).

Quantum physics converges with mystical and spiritual experiences

Quantum physics, a major modern advance over conventional, Newtonian physics, teaches us that matter and energies are two aspects of the same thing. Whether we perceive a thing as matter or as energy simply depends upon how we examine it. The body is no different from any other piece of matter. Conventional medicine is still practicing in the limited and limiting Newtonian model, which does not take into account the biological energy aspects of careseekers.

Applied intuitive awarenesses: Many forms of healing

Many complementary/ alternative therapists sense the biological energies (bioenergies) in and around a person's body. They have come to understand that these bioenergies function as templates for the physical body. The bioenergies also reflect and interact with people's emotions, mind, relationships and spirit. Practitioners of Therapeutic Touch, Healing Touch, Reiki, Qigong and other bioenergy healing modalities access these bioenergies for assessments of careseekers' states of being and alter the bioenergies to clear illnesses and promote healing.

Angels

Angelic beings have been reported for thousands of years. People who are very sensitive and open to communication with other realities may perceive hierarchies of nature spirits and angels. One of the best descriptions of angels comes from Dora van Gelder (1978). She described a wonderful panoply of these entities, whom she saw and interacted with from childhood – just as she would interact with a live person. She explained that her perceptions were not through her outer senses but through psychic awarenesses, for these creatures are not directly of the physical world, though they are intimately connected with it and interact with it. Van Gelder believed these are an evolutionary line of life forms existing in realms of more subtle substance than the physical world. Their life task is to support all aspects of nature in the physical world. There are very simple spirits who support rocks and minerals. More complex fairies attend to subtle energy aspects of the air and of bodies of water. There are also spirits of individual plants; of classes of plants; of particular geographic features (such as mountains and valleys); of geographic regions; of processes of nature (such as rain, wind and storms); and more.

Angels may intervene in times of crisis to prevent accidents or to help people in distress. In the intervention reports, many 'angels' are described as looking like normal people who appear out of nowhere, give their assistance, and then disappear again into nowhere. They are experienced as being wise beyond human comprehension and infinitely compassionate and loving, but at the same time dispassionately free of emotions of their own. They may reassure people simply by their presence, or may intervene with information, advice, or even with a touch or with substantial physical assistance (Godwin, 1993; Jovanovic.1995).

In summary:

Spiritual awarenesses are reported in virtually every culture around the world. Anecdotal reports from diverse sources, across recorded history, are broadly consistent with each other. Research evidence suggests that spiritual awarenesses have a basis in realities that extend beyond our physical world.

Helping careseekers to understand that they can address their own bodies either as matter or as energy may open many new awarenesses and options for them. Relieving careseekers of their fears of death can be enormously empowering, providing expectations supported in research that consciousness continues after physical death.

Spiritual awarenesses can be of enormous help to careseekers in their self-healing. Even if caregivers do not accept that spiritual experiences have any objective reality, caregivers can be supportive to careseekers in accepting that their spiritual experiences were meaningful and helpful to them.

Below I continue my lists of ways in which caregivers can promote self-healing in careseekers, in this case through spiritual awarenesses.

Careseekers' spiritual experiences

Spiritual awarenesses have been vital aspects of human existence throughout recorded and archeological history. Spiritual experiences are deeply meaningful and profoundly transformative and healing for those who are open to seeking and exploring these experiences, as well as those who are unexpectedly gifted with unsought spiritual experiences. Caregivers can support and encourage careseekers in their spiritual explorations and quests as resources for dealing with their life issues.

General issues for caregivers who are open to accepting careseekers' spiritual awarenesses and practices

- Acknowledging awareness of spiritual dimensions that are perceived and experienced as important aspects of the caregiver's life can offer a significant boost to careseekers' self-healing
- Respectful sensitivity in engaging and promoting healing knowledge and innate gifts – vs. pushing for faster changes than careseekers are ready for
 - Gently and carefully assessing careseekers' openness to bioenergetic and spiritual awarenesses
 - Respecting careseekers' boundaries and anxieties in these respects
 - Holding the awareness that pushing beyond careseekers' comfort zones is likely to provoke their shutting down or limiting their connections with the caregiver
 - Holding the intention that the healing should be for the highest good of the careseekers and for All

General issues for caregivers who are not comfortable with or not open to accepting careseekers' spiritual awarenesses and practices

- Facilitating careseekers' awarenesses of spiritual dimensions that are unfamiliar to caregivers
 - Acknowledging the careseeker's lack of information and experience in these realms
 - Carefully assessing careseekers' openness or closedness to discussing issues of religious beliefs and practices that are important to them, as many people compartmentalize their spiritual experiences and feel they belong to discussions with their clergy, family, congregations and others in their broader spiritual community
 - Validating careseekers' spiritual experiences as real for them, even when caregivers do not share these beliefs is appropriate and helpful
 - If the therapeutic relationship is otherwise solid and therapy is proceeding well, suggesting that careseekers find other mentors or teachers for exploring and developing their spiritual awarenesses, while continuing therapy with the non-believing caregiver

If the spiritual issues are of more substantial proportions for the careseeker, and particularly if their spiritual beliefs and practices are related to therapy issues, then the therapist can respectfully discuss the option that careseekers find another therapist who is compatible with their spiritual beliefs and practices.

Teaching and mentoring careseekers who are exploring bioenergies of various sorts to access and improve the states of their being through these bioenergies, including, for instance:

- General, biological energies, acknowledging these as a non-specific life force.
- Biofields surrounding body that reflect the conditions within the body and offer gateways to accessing, adjusting and healing physical problems.
- Craniosacral rhythms – pulsations of bioenergies around the head and awarenesses of body functions through bioenergies throughout the body.
- Acupuncture meridians – energies flowing within the body along specific bioenergy channels, related to body organs and body functions.
- Acupuncture points – small concentrations of energies along the acupuncture meridians.
- Chakras – large energy centers along the midline of the body.
- Polarities – pairs of energies that are related to each other, where one of the pair is perceived to have complementary qualities relative to the other (similar in effects to positive and negative electromagnetic polarities).
- Environmental – specific to a location, which may interact with biological energies in helpful or harmful ways.
- Conventional – heat, electromagnetic and radiological energies that can influence body functions
- Mental – energies that we sense are related to our thinking abilities.
- Distant effects – telepathy (transfer of thoughts and images between two or more people); clairvoyance (acquiring information about a physical object via one's mind); and bioenergy healing that is done through the caregiver's hands held near to but not touching the body, guided and focused by mental intent; and healing sent from a distance by a healer all suggest that mental awarenesses may be involved in activation and/or transfers of bioenergies.

Remedies for specific problems may be recommended intuitively by gifted healers and shamans

- Intuitive healers may be guided to suggest treatments that are outside the normal range of conventional therapies

Careseekers who are helped by such remedies may come to understand that intuitive and spiritual awarenesses are real, and not just wise guesses on the part of experienced caregivers.

Beyond the benefits of the specific remedies for specific problems, the experiences of having such benefits can encourage careseekers to develop and learn to trust their own intuitive and spiritual awarenesses.

Caregivers may avail themselves of medical intuitives, healers and other bioenergy therapists for consultations and collaborations that broaden and deepen the help provided to careseekers in their therapy practice.

Collaborations of these sorts model for careseekers a healthy openness to broader perspectives, acknowledging that no single caregiver has all of the answers to all of the questions presented by careseekers.

Psychological contributors to body dysfunctions and disease are often outside the awareness of therapists who are trained conventionally in diagnosis and physical treatments

- The accuracy of these intuitive awarenesses of careseekers are often very readily apparent and can be enormously helpful when we simply ask people to consider the symbolic meanings of their symptoms.
- This process of intuitive exploration offers the secondary benefits of confirming and strengthening careseekers awarenesses of the realities of intuition and of its benefits.

Relationships impacting illness: Non-local factors

- Family constellation therapy invites selected group participants to role play the troublesome issues and relationships of the people in the family of one member of the group (volunteering in turn to be the focus of the group's explorations). The participants have no direct knowledge of the focus member of the group or familiarity with her or his family. The group members role playing the relationships and interactions of the often come up with incredibly healing insights that provide deep insights and transform the family relationships of the focus member of the group.
- Past life influences upon relationships of currently alive people are also uncovered in family constellation groups
- These experiences again confirm the validity and healing benefits of intuition, telepathy, clairsentience, and non-local healing.

Past life factors in illness

- Exploring past life memories with careseekers can uncover trauma residues that have contributed to current life psychological and relationship problems and to physical illnesses.
- Psychological self-treatments of the careseekers' past life trauma issues, guided by the caregiver, can bring about marked improvements in current life illnesses. Energy Psychology and (ACEP, Web ref) and TWR/ WHEE (Benor, Web ref.) are particularly helpful in these ways.

Spirit advisors and guides

- Careseekers can be introduced to their personal spirit advisors, guides and angels by intuitive caregivers who share in the careseekers' spiritual beliefs and perceptions.
- For caregivers who reject the possible validity of such reports, the option of respecting the personal experiences of people who report different beliefs and experiences from those of the caregiver can be a healing experience for the careseeker.

Angels

- Where there is a consonance of beliefs in angels between caregiver and careseeker, the validation of the careseeker's experiences can provide support for acceptance and further explorations of their experiences in these spiritual dimensions.
- Calling upon one's angels, inviting and gaining their support, can be a validation for one's personal spiritual beliefs and connections.

Spirituality may be experienced as faith and expressed as participation in a religious group. Prayers, participation in a community of faith, and social supports can be enormously healing for careseekers (Koenig, 1997; 2001; Koenig, McCullough & Larson, 2001).

Spirituality may also be experienced as personal spiritual awarenesses, as detailed above.

In general, when we expand our awarenesses beyond our personal boundaries, we may begin to sense that we are parts of a vast awareness that transcends anything we can begin to fully comprehend or even imagine. There is great solace for distress and inspiration for personal growth in these awarenesses. Even where caregivers are not personally involved in spiritual dimensions of awareness or expression, they can be supportive to careseekers who are open to these and who may experience enormous benefits through their spirituality.

Divine Presence

- Developing awareness of and abilities to sense/ engage/ activate/ project healing energies
Bioenergetic awarenesses can inform caregivers of careseekers' conflict issues, and traumas, enabling their being cleared more quickly and deeply, as and when careseekers are prepared for this.

Careseekers' bioenergetic awarenesses and strengths can be activated for their own, self-healing benefits.

- Connecting/ participating in the collective consciousness of humanity

Holding the awareness that individual careseekers are pixels on the screen of the Big Picture of consciousness adds dimensions of collective healing to the self-healings that careseekers are working on, creating a sense of contributing to the betterment of the All as one works on healing oneself.

Other people in the family, community and global family of humanity may be included in the healing intents of caregiver and careseeker; offering careseekers the satisfaction that careseekers' healings of themselves can contribute to healing of others who are involved with or resonate with the issues of the careseekers – through what is called 'proxy healing' (Benor, 2015).

Including past lives of the collective consciousness in the healing intent can bring about healings that are broader and deeper yet.

Inviting healing participation of spirits of departed relatives, friends, colleagues and anyone else in the collective consciousness who resonates with the healing requests and intentions of the careseeker can enhance the power, depth and breadth of healings initiated by careseekers.

Becoming aware that one is not alone in one's suffering diminishes the feeling of being alone, unheard and not understood.

- Connecting/ participating in the collective consciousness of other sentient species can help to validate our personal spiritual awarenesses. In years not long past, sensitive people could open their awarenesses to sense and participate in the joys of birds and whales and trees and other species. Today, when we open to these awarenesses there is pain, distress and sorrow due to the terrible stresses and tolls of pollution, pesticides and other poisons, climate change, deforestation, numerous extinctions, more species well on their way to further extinctions, and other disasters created by humans. Still, there is a heightening, broadening and deepening of spiritual awareness that often occurs in connecting with the broader collective consciousness on our planet.

Caregivers can promote these awarenesses by inviting careseekers, as appropriate, to send healing to the collective consciousness of other beings on our planet.

Reproducing beings such as animals, trees, microorganisms

Earth, air and waters

Spirits

Angels

Gaia (planetary consciousness)

In summary

Caregivers can be of help beyond measure in promoting careseekers' self-healing. While the above may seem to some readers an overly-detailed list of possibilities, my personal experiences incline me to believe that this is just a beginning of a discussion on the potentials for self-healing in careseekers that can be promoted and enhanced by caregivers.

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