



Renovating the Boxes We Build and Live In

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Rebooting your brain is serious work. It is not just flicking the switch on your computer. You have to go back and do some reprogramming, and it is not easy.

- Kenneth Irving

Introduction

We are all creatures of habit. As we grow up in childhood, we take on from our family and community the language and concepts for the world at large around us. We cannot avoid acquiring habits of perceiving, naming, interpreting, describing and dealing with the worlds we live in. While on the one hand these habits are essential to our learning about the world and how to function in it, on the other hand these habits often become prisons that keep us locked into limited ways of being in and relating to the world around us.

For the most part, this is an unconscious process. Without realizing it, we are indoctrinated into a particular range of the prevalent, accepted worldviews of our family and community in order to help us navigate through life. Far too often, there is very little opportunity or encouragement for exploring the world for ourselves. That is the worst part of this process, because we learn to accept what we are told about the world, and to a great degree we do this without awareness that we are doing it and without questions about alternate possibilities or actualities.

Once we've acquired our maps and dictionaries and encyclopedias for naming, explaining and navigating our world, we are also discouraged for the most part by our family and community from asking questions about the explanations and rules we've been given. So we acquire the habits, which include various meta-messages that assure us the worldviews we've been taught are the true and only ways to sort out our lives. And here lies the mischief that locks us into understandings of our world and behaviors that can be incredibly self-limiting, self-defeating and destructive. We are discouraged from opening new windows and doors in our boxes to connect with the world in new ways.

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Some of the locks on our personal windows and doors

We live in boxes that we constructed according to the established designs of our family and community. We have windows of perceptions of various sizes that point in certain directions, and walls which block us from even glancing in other directions. We often decorate some of these walls with electronic windows that can bring us views, stories, and factual information from anywhere in the world. But

again, we tend to channel our focus onto selected electronic windows that contain images, events and opinions which confirm and reinforce our own views of the world.

As we grow up, we may extend the rules of our family and community to guide us in relating to and dealing with other authority figures. And just as we are encouraged not to question our parents and the elders in our family and community, we tend not to question the executives of multi-national corporations and other authority figures who tell us through our electronic windows that all will be well with carbon emissions, with our current rates of exhaustion of natural resources, with pollution, and so on.

And we also have meta-rules about accepting the prevalent views and preferences of our families and communities. Questioning whether reporters are telling the truth may also go against the rules for not questioning authority figures.

Meta-messages and rules are warnings and injunctions against changing the structure or configuration of our boxes.

“Thou shall not question the family and cultural views and rules you’ve been taught.” Clearly this has survival benefits of keeping the sheep in the fold, and for maintaining the authority of heads of families, clans, communities and nations.

“Don’t go near the memories of your unpleasant or traumatic experiences.” This is a very common meta-anxiety and rule that is often installed when we experience overwhelming stresses and traumas. By closing the shutters and pulling the shades down over certain windows, we avoid conscious awareness of memories that we find very disturbing or beyond our capacities to deal with.

The good news is that this works well to protect ourselves from further stress and anxieties and possible repeated attacks. The bad news is that we may continue to carry these meta-warnings beyond the times and places that they are needed. We may no longer be in the original, dangerous situations that generated these alarms, but we continue to behave as though we were still likely to be attacked. A woman may avoid any relationship with men, long after a sexual assault. A family, clan or nation may remain on guard, distrustful and hostile towards outsiders after being attacked.

Another problem is that some of our electronic windows are carefully crafted to influence and sway our perceptions, opinions, beliefs and choices. The originators of these programs are very actively and intentionally selling their own products and viewpoints, looking for customers and voters.

While few see this, the Western world today is in the equivalent of the end stages of a global ‘game’ exactly like the board game, Monopoly. A few multinational players are holding the majority of the cash and properties on the global board. They are able to influence and shape the greater bulk of the media to present their views and to manipulate the rest of us - who hold fewer resources, power and influence - to their own benefits. It is they who create and distribute the images we see through the electronic windows of our boxes. This is the top 1% who increasingly control the majority of our global resources.

If we don’t become aware that we are living in these boxes, and don’t understand that we are being manipulated to serve the interests of those who are after power and riches, we are not living our lives in integrity. We are not serving our own best interests.

In the big, collective box of our planet earth, in times of change, as in our world of today, our rules and meta-rules about not changing the windows in our boxes may lead us into disaster. We are facing major impending problems of global warming and other ecological disasters. These are threatening the survival of all life on our planet as we currently know it. Our boxes hinder and prevent us from examining our situations in new and creative ways that might just open new windows and doors of perceptions and understandings, which could, at the least, improve our world.

And the same is true of perceptions of the leaders in local and national government. Many people feel it is just plain wrong to question their honesty or to suggest that they might be presenting only one part of the picture, or actually distorting the pictures – to serve their own purposes. And these leaders live in boxes of their own, with limited views and their own habitual ways of viewing the world.

I think one of the most telling example of this is from the events of 9-11. I've been astounded that among the nearly 300 million Americans, not to mention in particular all the families and friends of the victims of the destruction of the twin towers, there haven't been enough people who would pursue the question of how these towers could collapse so completely. Even more telling is the question of how the World Trade Center tower number seven could collapse in the same manner as the other two. This 47 story building was several blocks away from the twin towers. It was not hit by a plane. Yet it collapsed in its own tracks, falling straight down onto its foundation (WTC7 Web ref.). This is exactly like the twin towers fell. And neither the government nor the media have explained satisfactorily how all of this could have been caused by planes hitting the top portions of the two towers.

How we build and reinforce the walls of our boxes: our established views and opinions

When I read about the evils of drinking, I gave up reading.

- Henry Youngman

In this section I invite you to consider some of the ways we evaluate new information and change what we hold to be true, or choose to persist in our beliefs. We tend to take a lot for granted when we consider how we assess what is relevant, important and good for us. For the most part, we go through our lives on our inner, automatic pilots. Building on our formative childhood lessons, we navigate our ways with cognitive maps and response patterns that we've developed through trial and error, plus enormous, conscious and unconscious memory banks of experiences we would like to repeat or to avoid, augmented by the opinions of others that we've taken on board. So each of us has arrays of well-established habits that make us who we are.

Let's briefly consider how we get to be who we are in terms of learned behaviors. This is a process with many layers:

- Our world is a very complicated place.
- Our sensory organs are very complex translators of diverse aspects of the world that come to our attention.
- Our brains have to interpret the sensory data taken in by our eyes and ears and other senses.
- We have to separate out the few items that are important from the countless ones that aren't particularly relevant to our personal wellbeing and survival.
- We seek out the advice of various experts on the subjects under consideration.
- Then we have to decide on responses to our interpretations of the information we have selected.
- Then we have to sort out the best ways to put our decisions into effect.

And this is not where it ends...

- We have to monitor our responses to the world.
- We have to monitor the world's responses to our responses.
- We want to remember what our responses were, and what the outcomes were to our responses, so that we can repeat the successful ones and avoid those that led to negative consequences or failed.
- And we continuously repeat these loops of perception, interpretation, analysis, decisions, actions, monitoring and remembering.
- So we've worked pretty hard to reach the place where we are today, and even the thought of re-writing our internal operating manuals is rather daunting, to say the least.

Now add the intricacies of interacting with other people who are going through similar sorts of experiences – to all of the above processes we are experiencing – and you can begin to appreciate the mind-boggling complexities and challenges in sorting out how to get along in our relationships with other people.

This is a long way around to saying that it can be a serious challenge to understand ourselves individually, and how to relate with other people in the most productive and healing ways. Sometimes we deal with these challenges competently and well. At other times we serve ourselves poorly because we are reluctant to change our perceptions, understandings and ways of relating to the world.

Navigating our ways through our lives is a very complex business. The habits of perceptions and of responses that we develop offer us very welcome shortcuts to dealing with the numerous complex situations we are constantly facing. The good news is that we are very adept at developing these sorts of habits, on every level of our being.

Habits enable us to pull from the shelves of our past experiences a previously-explored set of perceptions, plus memories of our responses and how they worked out. Here are examples of habits we all learn for dealing with body, emotions, mind, relationships and spirit:

BODY

- Learning, in the earliest years of our lives, the basics of how to
 - Use our muscles for moving our bodies around
 - Interpret our sensory inputs
- Attending to bodily needs of nutrition, cleanliness, avoiding painful experiences, and other protections of our body
- Shaping sounds with our mouths, tongue, throat and lungs to communicate
- Manipulating objects in our environment, from clothes to utensils to electronic equipment and more
- Pleasuring ourselves and each other through our various senses

EMOTIONS

- Learning to recognize, understand and express our various emotions
- Expressing ourselves so that our emotional wants and needs can be attended to and satisfied – by ourselves and others
- Reading the emotions of others, so that we can respond in appropriate ways, for their benefits and ours
- Sensing the bioenergies of emotions, a radar system that picks up subtle clues.

MIND

- We develop mental maps and navigating manuals for our personal world to help us navigate
 - With appropriate communications
 - To express and explain our wants and needs
 - To understand the wants and needs of others
 - To know and to obey rules and regulations
 - Going from place to place for specific needs
 - To understand causes and effects
 - To maximize our formal learning experiences in schools and other learning situations
 - To pass on information to others
 - For our benefit
 - For their benefits
- We develop our memories
 - To acquire and retain information
 - To decide when and how to allow for editing of our memories
 - To decide when to reject new information

RELATIONSHIPS WITH OTHER PEOPLE

- Identifying nurturing, supportive people
 - Among our family, friends and acquaintances
 - In our community and society

- Identifying unfriendly, threatening or dangerous people
- Learning the rules of our
 - Family of birth or adoption
 - Families of choice
 - Community and society
 - Meta-rules about how strictly we're expected to obey the rules we've acquired
 - Learning how to amend or delete outmoded rules, in the light of new situations

RELATIONSHIPS WITH THE ENVIRONMENT

- Recognizing pleasant, helpful and safe vs. unpleasant and unsafe places to visit and live
- Identifying nurturing, healthy, safe foods to eat
- Identifying harmful or dangerous substances to avoid

SPIRIT

- Learning the beliefs and disbeliefs of your family, community and nation about
 - Religion and religious practices
 - The Infinite Source
- Experiencing personal spiritual awarenesses and learning to discern the differences between real and fantasy experiences
- Finding our personal spiritual path and navigating our ways through life's challenges and lessons

This is a lot to learn! This is even more of a challenge to remember and apply in our daily lives. It would be impossible to manage our daily routines if we had to review all of the maps and rules and taboos every time we interact with any of these aspects of the world and all it contains.

So we develop habits for going through the routines in our lives. Habits make life sooooo much easier! That is the good news.

The bad news is that our habits may keep us boxed into set patterns and ways of perceiving and understanding the world and for interacting with it. Then, even when something new that is attractive or important comes our way, if it is novel and different from what we are accustomed to, we may rely on well-established habits and rules to guide us in our responses. So when the new person, event or concept that appears might invite or require a new and different response from us in order to engage with it, enjoy it, and benefit from it, we may reject it out of hand because it doesn't fit the patterns we are used to perceiving, thinking about, or recognizing. Or, on a meta-level, what we encounter just doesn't feel right. And then we miss out on new, helpful, profitable, enjoyable and healing opportunities because we rely on our established routine libraries of habitual reactions to guide us. Rather than reconsidering our rules and meta-rules, we remain locked into our habit-boxes.

'Patty' (a composite case report for anonymity) was a vivacious, outgoing, sensitive, fun-loving, first year university student who was the life of the party and of most other gatherings in which she participated. 'Jeff' met Patty at a Halloween event in the children's wing of their university medical school. Patty had come out of an interest to serve her school community. Jeff had come because his introductory Social Science course required five community volunteer hours.

Though he was strongly attracted to her, and thought she was also attracted to him, he held back from responding to her several attempts at starting conversations with him. The rules he carried from his family culture were very restrictive when it came to showing emotions. He couldn't see any way that he would be comfortable with someone who was so openly "letting it all hang out."

A year later, they happened to meet again in the university cafeteria. Living at the university, away from home for these several months, had offered Jeff new perspectives on what he felt personally were acceptable and comfortable social behaviors. Though still rather introverted, he was able to

enjoy Patty's company this time without discomfort or anxieties. They started dating and were married two years later.

They got along well with Patty's family. Sadly, however, Jeff's family was rattled by Patty's emotional exuberance and let him know in subtle and direct ways that they did not enjoy her company. By then, Jeff had shifted his inner rules about expressing feelings to the point that he was equally uncomfortable being back in his own family. So the last I heard from them, Jeff and Patty were still together but having very little to do with his family.

Habits on the spectrum of emotional openness and closedness are developed largely from one's personality plus one's family rules for what levels of emotional expressiveness are expected, tolerable, proper or prohibited. There will also be meta-rules about how much flexibility in bending or ignoring our basic rules is comfortable and acceptable within the family.

Jeff had initially experienced cognitive dissonance in meeting Patty. He was both attracted to her but also uncomfortable being in her presence because of his personality and his family rules. He resolved this dissonance initially by not engaging with her, thereby remaining loyal to his internalized rules for acceptable levels of feeling and expressing emotions, both within his personal awarenesses and outwardly, in private as well as in public social settings. Over time, living in social settings among others who had more permissive rules for experiencing and expressing emotions, Jeff shifted his personal rules to be more flexible and open in these regards.

I've seen numbers families where major distancing occurred after one of the flock strayed from the protective fold, in which there were rigid rules that emotions had to be muted, avoided and/or silenced. In a few cases, compromises were found after the grandchildren arrived and the grandparents wanted to be involved. But for the most part, the divides between strongly left brain (logical, reasoned, rigid) and right brain (emotional, intuitive, spontaneous) preferences proved to be more than these rigid families could or would tolerate.

Boxes in various professions

Academic and work settings also have specialized boxes, with individual, social and professional expectations and rules. Innovators in various professions have often had major challenges in getting their new ideas and inventions accepted - because these contradict the currently accepted ways of seeing, understanding and doing whatever relates to their new observations and suggestions.

An example of highly unusual intuitive and intellectual functions demonstrated in an academic setting is the story of Srinivasa Ramanujan, a peasant from Madras, India. Ramanujan had an astounding natural gift for mathematical calculations, which he developed largely on his own. Though he studied mathematics in a Madras college, his work exceeded the knowledge and comprehension of his instructors, and he had to leave the college because he focused only on mathematics and did not complete his other required courses.

He eventually made his way to Cambridge University, where he worked with the ambivalent support of G. H. Hardy, one of England's leading mathematicians. The movie, *The Man Who Knew Infinity*, documents his struggles to gain the acceptance of the mathematics faculty for the validity of his advanced theories. They roundly rejected him and would not even consider his brilliant contributions because he had not come the route of academic studies that all the other mathematicians had taken.

Sadly, it appears likely Ramanujan was worn down by a limited vegetarian diet, plus the multiple stresses of professional and social ostracism, racial abuses, and loneliness due to separation from his wife who had remained in Madras. He became ill and was misdiagnosed with tuberculosis, which was in those days incurable. He returned to Madras, where he soon died.

This is clearly an example of cognitive dissonance. The Cambridge mathematics professors initially dismissed his work categorically and refused to even look at it, despite the fact that Hardy reported Ramanujan's theories were well ahead of the leading edge of the mathematics of their day. Hardy, himself, had difficulty accepting Ramanujan's explanation that his mathematical abilities derived from Divine inspiration. Ramanujan's theories were studied for many decades after his death, contributing to the development of number theory, mathematical analysis, continued fractions and infinite series.

The rejections of Ramanujan's brilliant work by the Cambridge University mathematicians is a rather extreme demonstration of cognitive dissonance, but far from uncommon in society in general and in academic circles in particular. Despite his acknowledged brilliance and successful proofs of mathematical theories that no one else had been able to figure out before, his work was rejected by some of the best mathematicians of his day. And these were the only people qualified to sit in judgment on his work.

How and why such rejections occur can be partially explained by the concept of *cognitive dissonance*, mentioned above. This is the discomfort experienced when people encounter facts or experiences that contradict their expectations of how the world is, compared with how events occur within the world as they understand it and expect it to be.

Here are some further notable examples:

- Galileo Galilei, an astronomer, demonstrated evidence from his studies of the heavens with a telescope in 1610, that the earth revolves around the sun. This contradicted the accepted beliefs of his day, based on the Bible, that the sun revolves around the earth. Galileo's statement was a scientifically demonstrable fact, repeatable by anyone who could use a telescope. At the same time, this was the first, scientifically confirmed challenge showing that the "inerrant word of God," as written in the Bible, was untrue. The Catholic Church declared his findings to be heretical in 1616 and he was ordered to cease teaching these observations. He desisted for a while, but then resumed his teachings. In 1633 he was sentenced to house arrest for heresy, dying in his home in 1642.

Here we see a conflict between the prior accepted criteria of relying on religious authorities vs. the then new criteria of relying on replicable scientific observations and measurements for deciding and understanding how the world works. And in significant portions of the world population today, the resolution of this issue still remains a matter of personal choice.

- Ignaz Semmelweis, a Viennese physician in the mid-19th century, noticed that women delivered by midwives were far less likely to die of puerperal fever ("childbed fever") than mothers delivered by medical doctors, who had a 10-35% mortality rate. The only difference he could identify in the obstetric procedures of midwives was that they washed their hands prior to attending to the births. When he did likewise then he, too had far fewer deaths among his patients. Semmelweis wrote a book and numbers of articles about this, and spoke with many of his colleagues, but all of them rejected his simple suggestion to wash their hands. Part of the problem was that he had no explanation for how washing one's hands could make a difference because germs and antisepsis had not been discovered yet. He ended up being hospitalized in an asylum at age 47, where he was beaten to death by the guards.

The reluctance of medical doctors to consider new approaches that could be of enormous help to their patients might seem odd. One might think that in the century and a half since the time of Semmelweis we would see more openness to innovative healthcare methods. Sadly, this is far from the case.

Doctors and other conventional healthcare practitioners today, along with most other people in all walks of life, are reluctant to change their established beliefs – in matters large and small. They will find many reasons to reject new information rather than re-examine what they currently hold to be true

and valid. Individually and collectively, they have built boxes with limited professional windows of perception into the world.

This is seen as well in courses of action that people have chosen out of their own free will, rather than through adherence to learned routines that were acquired via well established institutions. Rather than re-examine their reasons for deciding to go in a certain direction, people will justify and argue for their initial choices in what they are continuing to do – even if this may appear far-fetched in the light of new evidence.

- I've had many experiences similar to those of Semmelweis. I've been studying complementary/ alternative therapies, especially bioenergy healing and self-healing, for two decades. I have considerable expertise on how healers can:

- Identify people's problems on every level of their being: body, emotions, mind, relationships and spirit
- Offer healing for these problems by holding their hands on or near the body of the healee
- Offer healing through mental intention, meditation or prayer

I've diligently pursued investigations to confirm and document the powers of healers and healing:

- I observed thousands of healers helping people over the past 35 years to make significant changes on some or all levels of their being: body, emotions, mind, relationships and spirit
- I clarified with thousands of healees how the healings helped them or didn't
- I wrote two books, reviewing 189 research studies of healing, and found that out of the 50 most rigorous studies, 74 percent demonstrated significant effects (Benor, 2001; 2002)
- I've written over 150 articles on various aspects of healing
- I've lectured and presented experiential workshops on many aspects of healing

I've personally studied

- Conventional medical diagnosis and treatments;
- Psychological interventions, including behavior modification, psychodynamic psychotherapy, hypnotherapy, Transactional Analysis, two-chair work (gestalt therapy), group therapy, intense abreactive therapy; and more.
- A broad spectrum of complementary/ alternative therapies, including muscle relaxation, meditation, imagery, Neurolinguistic Programming, Reiki, LeShan healing, Therapeutic Touch, past life therapy, Energy Psychology, and more.

Through my lectures and workshops, and in countless professional meetings over half a century, I've found numerous complementary/ alternative therapists, nurses, and non-therapists who have been ready, willing and eager to learn about healing so that they can refer people to healers for help. Many have also have gone on to develop their own healing gifts.

But I've found only a very few hands-on conventional therapists, medical doctors, and fewer psychologists who have been anywhere near open to even listen to anything about healing. When the subject is mentioned, their eyes glaze over and they immediately come up with reasons why none of these 'fringe' approaches could possibly be more than suggestion, placebos or quackery.

Similarly, coming from the other direction, among those who have been eager to learn about healing and to develop their own healing gifts, I've found very few who were open to expanding their ranges of interventions to include more of the wholistic spectrum of healing. Most are content to have a methodology of healing treatment that they can offer, and in some cases that they can also teach as self-healing. They have little inclination or interest to learn the art of being a wholistic therapist. It is rather like learning to use a woodcarving tool. They are interested to learn to carve letters of the alphabet, but not inclined towards more creative applications of carving out new approaches in their professional practices. Very few are drawn to broaden their understandings of how to guide people through deeper transformations.

In these personal explorations of broader forms of healing, it is most interesting to me that nurses, as a rule, have been relatively more open than other healthcare professionals to exploring new caregiving approaches. More on this below.

In most of these examples, new ideas and evidence for understanding and interacting with the world were rejected by the majority of people who heard about them. The new ideas contradicted conventional logic and everyday practices, and the consensus was that they simply could not be valid or true. For conventional clinicians and the average person in Western society, cognitive dissonance rules out the possibility that healing could be anything more than wishful thinking, suggestion or placebo reactions. To them, this means that healing is just a suggestion that something is being done, which activates 'spontaneous changes.' And there is little or no interest in exploring how people are able to make these changes come about, nor in how to enhance the effects of the suggestions inherent in the placebos. Their concepts of reality within their personal and professional boxes are rigidly fixed and unchangeable.

I've pondered for several decades on how and why people become so rigidly entrenched in their habits of perceiving the world and of interacting with it. More importantly, I've been troubled by how repressive people are of new therapeutic perspectives and practices that are developed by others.

Let's consider a few of the ways we build our windows and doors in the walls of our conceptual boxes.

Neuroplasticity and neuro rigidity

When we learn anything new, it is stored (on the body level of our being) in our brains in ways very similar to computer records. Particular areas of the brain appear to hold onto specific sets of data. When we don't use something we learned for a long time, such as how to roller skate or to juggle, we tend to lose some or all of these skills. Recent research in neurology is explaining how this happens in our brains. In the spectrum of human capacities, whatever skills are not used and practiced tend to fade from consciousness and are soon lost. Our memories of having had the skills remain, but the ability to demonstrate these skills at the level we had achieved is lost. The rates of decay of these memories vary with different skills in different people.

Modern neuroscience is showing that the loss of such memories of muscle skills is due to how the brain allocates the use of its nerve cells. If the nerves dealing with a skill are not being used, the brain gradually reallocates these nerves to other tasks. And it is astounding how rapidly and thoroughly we can lose our connections with aspects of our world.

Here is an absolutely fascinating example of neuroplastic disuse atrophy, from the late Oliver Sacks (1998), a neurologist and author of many delightful and fascinating books. In *A Leg to Stand On*, he shares how he severely fractured his leg and was in a cast for seven weeks. When they removed the cast, he reported that "the white thing hanging from my hip" seemed to have no connection to him, nor he to it. In that short period of time he had completely lost all sensory and conceptual relationship with his own leg!

He had to have the help of a physiotherapist to reconnect his conscious awareness with his leg, and had to relearn how to move it so that he could walk again. Being the curious person he was, he researched this phenomenon in the medical literature. To his surprise, he found that there had been observations of this phenomenon reported before, but very few neurologists or orthopedists seemed aware of it. The earliest reference he found was from the Greek physician, Hippocrates, in the third century BCE.

The concept of neuroplasticity explains how we remember our experiences and develop competence in various tasks. It may also help us to understand what happens when we haven't developed major skill sets, such as expressing our emotions or recognizing and responding to the emotions of others. For instance, medical students, who may have entered medical school with the empathetic intention

of helping people heal from their illnesses, are trained to focus only on the body. Within a few months, these student doctors may totally relinquish the skill sets for emotional awarenesses and empathy. This is because, on the one side they have been thoroughly discouraged from using them, and on the other side they have developed new beliefs and skill sets exclusively for addressing physical problems - to the exclusion of the emotions or thoughts of people who have the physical problems.

So here, the behavioral practice of focusing narrowly on patients' physical bodies leads to the conceptual narrowing of focus to consider that all the maladies of humans are due to physical causes. The remaining factors in the wholistic spectrum, including emotions, mind, relationships (with other people), and spirit are habitually excluded from consideration during the medical examination. In other words, the windows in doctors' professional boxes for the other factors in the wholistic spectrum are never developed, or if they had been present, they are ignored to the point that they shrink and eventually disappear. In the past few decades, the window of environmental factors has been opened to a limited degree, due to toxins in the environment that may poison the physical body.

Conceptual boxes

To know that you are a prisoner of your mind is the dawn of wisdom.

- Nisargadatta Maharaj

Conceptual boxes reside in the mind. Conventional science has yet to identify what the mind is or where it resides. Many of our cognitive functions appear to reside in the cerebral cortex, the outer portion of the brain. This highly developed portion of the brain is the distinguishing neurological feature of humans. But our understanding of the brain and the mind is clearly incomplete. While brain damage may limit portions of the expressions of mind, and neurological studies have identified portions of the brain that are associated with aspects of many mental functions, it has been impossible as yet within conventional science to explain how the mind works, nor where it resides as a totality.

Challenging the view that the physical brain is the basis for the mind, the most striking physical evidence comes from people who have grown up with unidentified hydrocephalus (water on the brain), which has left them with such large ventricles (fluid filled-spaces within the brain) and such a thinned cerebral cortex, that they should be imbeciles - as it is assumed that an intact cerebral cortex, with many millions of brain cells, is required for thinking. In a normal brain, the cortex is a network of highly intertwined nerve cells that is several centimeters thick. In these people with slowly developing hydrocephalus, the cortex is only a few millimeters thick. Despite this, they have become successful university students (Lewin, 1980).

Within the wholistic framework, mind is an aspect of spirit that is expressed through our body, emotions, mind, relationships and spirit. Consciousness survives physical death. Evidence supporting this theory comes from research in near death experiences, parapsychology, reincarnation reports and past life therapy, and other spiritual awarenesses (reviewed in Benor, 2006).

Cognitive dissonance and cognitive rigidities - over building and changing views and behaviors

Cognitive dissonance is another view on neuroplastic blindness. Cognitive dissonance is the tension we experience when something in our outer or inner worlds contradicts our habitual perceptions and how we habitually interpret them.

For instance, politicians as a group are infamous for being corrupt. We may well ask, "Is it just corrupt people who run for elections or are they normal, honest people who get corrupted in the processes of being elected and serving their terms of duty?"

Carol Tavis and Elliot Aronson (2007) consider these and related questions in their interesting discussions of cognitive dissonance. Among the range of examples they present, I find their discussion of politicians and of doctors most instructive.

Tavis and Aronson review varieties of observations and research showing that many novice political candidates are innocent and honest in wanting to serve their communities when they make their debuts in the political arenas. But very soon they are approached by people with vested interests, who want to solicit their support for various causes. Some of these are wanting support for organizations that will serve the common good of their constituency. But many others primarily stand to gain profits mostly for the people who are paying them to seek their candidate's or office-holder's help.

Novice politicians often have boxes for ethics that exclude accepting gifts which might sway their judgment. However, they are no match for lobbyists. Professional lobbyists have honed their skills to a fine art. They offer candidates small gifts that are of negligible, insignificant value: perhaps just a cup of coffee to start their day, or a cold drink on a hot day, or a good quality company pen. These are hardly something one would refuse. Then they take it up a notch, inviting them to a business lunch, where food and drinks are on the lobbyist. Next it could be a lunch or dinner on the golf course or followed by a theater performance or a baseball game. And then comes a quantum step forward into their pockets with plane tickets to a golf resort or a golf tournament in a resort city.

Had the lobbyist started with a substantial gift, the candidate would have immediately rejected it. This would have been dissonant with their beliefs and with practices they considered acceptable. But who can be faulted for accepting a cup of coffee? The business lunch is a bit of a question mark, with a teeny weeny bit of cognitive dissonance between "I shouldn't accept even a little bribe" and "But hey, this is a nice person, and it's not like I'm being paid a fee to do anything for him more than to listen about his company's project, which we could do in my office, but we both have to eat lunch anyway, so why not eat together and I'll have more time back at the office to work on my speech?" And, step by little step, the lobbyists lead the politicians down a path of the lobbyist's crafting, to the point that the politicians are comfortable accepting substantial gifts from them. And then they are often more open to requests for political favors - which are now no longer outside their comfort zones.

Medical doctors are subject to similar sorts of persuasive processes. The same manipulations are used by drug company representatives, who call themselves 'drug detail representatives.' The step-wise corruptions begin with a cup of coffee on the drug company representative's tab. Next come the free lunch, and then paid trips to drug therapy educational conferences in destination cities, which next may be further enhanced with invitations to speak for a handsome fee on the doctors' experiences and expertise in prescribing various medications. And the drug companies at this point don't hesitate about laying it on lavishly, picking up the doctors in chauffeured limousines and quartering them in expensive hotel suites.

And once these doctors have crossed such lines into accepting benefits and/or fees from the drug companies, it becomes difficult or impossible for them to consider that either they or the drug companies did or continue to do anything wrong. They are impervious to any questioning about how their newly renovated personal boxes are functioning. Awarenesses that would create cognitive dissonances in unbiased people are rejected.

To give you a sense of how far some people will go in holding onto their newly acquired beliefs, Tavis and Aronson summarize a classic study of fundamentalists, followers of a self-styled seer called Marian Keech, who predicted that on December 21 the world would end and that believers who prepared for this apocalypse would be picked up by aliens in a spaceship and taken to safety. The faithful abandoned all they owned and awaited their rescuers on that day. When the earth did not end and no aliens arrived, logic would seem to dictate that these people who had made these strong statements of belief would abandon their leader and their beliefs in these predictions.

In contradiction to this common-sense prediction, those who had made these major statements of belief accepted Keech's explanation that *the world had been saved by the steadfast beliefs of this group*. The group's members proceeded to proselytize with even greater fervour than before (Festinger & Riecken, 2009).

So, having made their commitments and confirmed them with their actions, they bought into very firm beliefs in what their leader had told them. They found it difficult or impossible to relinquish these beliefs.

It is not uncommon for cognitive rigidities to withstand evidence that would normally create cognitive dissonance, even in the face of gross contradictions between people's established beliefs and current realities. People may be raised from birth in families with strictly held beliefs and opinions that they consider to be true beyond any question. Their families and friends all hold similar beliefs and disbeliefs, so they feel completely and utterly validated in their worldviews. With the force of generations of believers behind and all around them, they are constantly confirmed by others in their communities. Among these can be found:

- People who know without question they are chosen by a higher power to be the favorites of God. To these people, all the other people on our planet are infidels (a pejorative name for those who are non-believers in their group's "True Faith").
- People who hold to an ethnic, racial or national superiority, denigrating all others as lesser beings, believing the others hold tainted, misdirected, misguided or false beliefs. The chosen often determine that the 'others' are undeserving of whatever the believers choose to deny them access to.
- People who will reject any and all evidence that contradicts their beliefs, including scientists dealing with the physical world and this who study living beings.

The research on dealing with cognitive dissonance is absolutely fascinating. Once people overcome their hesitations and decide to take a new position on an issue they would not have considered accepting previously, they will find very creative reasons to explain and justify their actions. Then they will often develop further explanations, many of which are totally contrary to their openly declared previous opinions, to prove to themselves they have made the right decision. Next, feeling awkward about their further steps, they will develop ever more layers of arguments to justify these new steps. They end up going to extraordinary lengths and mental contortions to rationalize their series of decisions. And they hold onto them with a tenacity and rigidity that defies questioning, much less allowing for any changes. And I can believe that neither the politicians nor the doctors see themselves as corrupt, having rationalized away their cognitive dissonances about accepting gifts and payments for their services.

Tavris and Aronson discuss varieties of disbeliefs that they, themselves hold about psychoanalytic therapy, psychodynamic therapy, psychological trauma residues and more. And here they, themselves, illustrate exactly what they are addressing in their book – though not in the way they intend this to come across. They put themselves up to be at the pinnacle of scientific reasoning and analysis, stating that only facts in psychotherapy that are supported by research can be accepted for serious consideration. They consider whatever is not measurable and researched to be unreliable as evidence for therapeutic effectiveness.

To their credit, Tavris and Aronson's position identifies some of the weaknesses found in non-behavioral psychologists who make generalizations from their clinical impressions of people they have treated. The problems in doing this is that their conclusions may be derived from:

- Limited case reports of symptoms that may not be present in everyone who has suffered various types of traumas
- Diagnostic syndromes with clusters of symptoms these researchers identify that may not apply to everyone who presents symptoms that are found in some well-established diagnostic categories

- Diagnoses that are applied with some degree of looseness, without specifications of criteria for inclusion of people in the designated diagnosis, so that if we wanted to research the syndrome it would be impossible to define it clearly enough for a study.

However, Tavis and Aronson's critiques are seriously flawed. They scathingly criticize and dismiss assertions that trauma therapy is helpful for adults and children. They claim these approaches are of no value because they are not based on strictly defined diagnoses and behavioral interventions. They imply that if different people have different symptoms within a diagnostic category then the definition of the category is flawed or invalid. This rigid view of people's responses to traumas is particularly poorly considered. People with differing personalities and psychosocial backgrounds will respond differently from each other to traumas. This does not invalidate the diagnosis of post traumatic stress disorder. Tavis and Aronson's 'one shoe fits all' approach, which is very typical of behavioral therapists, is not the way people exist and interact in the real world.

Many similar criticisms are commonly leveled by specialists in diverse professions against anyone who believes and/or practices their profession differently from themselves. These critics have boxed themselves into restrictive beliefs through their education, training, and/or life experiences. They assert that:

- They have reached a pinnacle of understanding and absolute truth about some aspect(s) of human experience and existence.
- Their explanatory systems and therapeutic approaches are more valid than any other explanations for the same phenomena, and that other explanations are erroneous and even dangerous for people to espouse or apply to their life issues.

In these categories are found conventional doctors, psychiatrists, psychotherapists and other practitioners who warn patients against alternative methods – about which these conventional practitioners know little or nothing, but which their equally ill informed instructors during their training told them are just rubbish.

I have many times observed these self-restricting sorts of cognitive dissonance about therapeutic approaches being refuted by strong evidence that is very plainly available to anyone who is not part of the 'in' group - that dismisses any evidence that is not consonant with their own rigid beliefs. People park themselves on a square that they've drawn in the sands of time and life experiences. Then they defend it against all other existing rectangles, circles and even more against newcomers who might have multi-dimensional figures that they, in their turn, will champion – in similar manners.

I have to add that I see this sort of mechanistic thinking very commonly in behaviour therapists. Behavior therapy ignores much of the essence of each person being a unique individual rather than a standardized, production line being. There is also a denial of the emotional aspects of human beings in this approach, which makes people not only different in their personalities but also in their moment-to-moment responses. And this is not a new phenomenon within behavioral psychology.

- I'm reminded of my participation in an American Psychological Association meeting in 1982 in Toronto, themed to include Humanistic Psychology, where I was invited to speak about research in energy healing. I found many of the clinical presentations interesting and helpful, but was shocked and disgusted by a debate between Albert Ellis, a renowned behaviorist (who had a dynamic, aggressive personality), and Carmi Margolis, a humanistic psychologist (with a warm, healing, grandfatherly manner).

Margolis illustrated what humanistic psychology is with the personal example of his psycho-spiritual quest for a place in Israel to scatter his father's ashes. This was one of his father's dying requests, which had been made with no instructions or directions for where or how to choose the location.

I found this sharing profoundly moving and very helpful in understanding that humanistic psychol-

ogy addresses issues of the heart and of spiritual dimensions. Ellis' response was to tear into Margolis, using rough and vulgar language, berating him severely for talking unsubstantiated nonsense – because he had no objective confirmation of what he was talking about. NONE! Not a single measurement or formal assessment, much less a research study of any sort.

And that was not the worst of it for me. In the standing-room only crowd of several hundred psychologists, I would estimate that 95% of them clapped and cheered in response to Ellis' critique.

Tavris and Aronson, along with the majority of their behaviorist colleagues, appear to be as blind to the rigidity and narrowness of their own rigidly applied beliefs as are many of the people they critique. I have to wonder, what cognitive dissonance might underlie these psychologists' beliefs and attitudes, blocking their awareness of particular aspects of the human condition?

Tavris and Aronson are dismissive of many therapeutic approaches that differ from their own. Similarly, I find that most psychologists who practice cognitive behavioral therapy (CBT), the predominant approach of conventional psychology today, are closed to considering the efficacy of any therapy but their own, even when the other therapies are variations on the theme of CBT that may enhance its efficacy.

In stating my observations on behavioral therapies and therapists, I want to make it clear that I am not opposed to these approaches. CBT is an important aspect of TWR/WHEE, an Energy Psychology intervention for trauma and pain that I developed and teach. In TWR/WHEE you follow the statement of your problem (e.g. "Even though I'm afraid to get in my car since I had the accident" with a counteracting affirmation (e.g. "I still love and accept myself, wholly and completely" or any other statement that is perceived and experienced by the user as strongly positive). With several repetitions, the positive thoughts and feelings will usually counteract and eventually cancel out the perceived and experienced intensity of the negative issues. This is the use of positive statements to cancel the intensity of negative issues, which is one of the core approaches in behavior therapies. The same processes are found in Emotional Freedom Techniques (EFT) and many other Energy Psychology approaches. This is how much of CBT therapy is practiced, which is historically identified as 'systematic desensitization.'

In fact, virtually every therapeutic intervention applies aspects of these principles of behavior therapy, in many cases without acknowledging them or even without conscious knowledge of using them. People come with their problems to therapists, and they discuss them in detail. The therapists listen, for the most part with considerable sympathy and empathy to their clients' stories of pain, discomforts, suffering and woes. This, in itself, is generally a warm, positive, accepting atmosphere within which the clients unburden themselves of their worries. This is a first, relational level of acceptance, which is a strong positive intervention that counteracts the negativity of people's problems. A second level is the cognitive one of the therapist providing a name, a label, a diagnosis, or an explanation for the problem. This offers the client the relief of explanations that identify experienced symptoms with a label that carries with it explanations for the problem, together with an estimate of the anticipated progression for the problem, and suggestions for treatments. Even without therapeutic interventions, this process of obtaining a diagnosis is thus a positive reinforcement for having come to the caregiver.

You might think that in medical interventions, the most common next step – of receiving a medication prescription for treatment of the problem – would be the main reason that people come for a diagnosis. This is certainly true of many people who visit medical doctors. However, 31% of prescriptions go unfilled (Tamblyn, et al. 2014). While a current popular theory to explain this non-compliance is that the costs of medications are the deterrent to filling prescriptions, this non-compliant behaviour has been noted in repeated studies since the mid-1900's, when the costs of medications were not as high as they are today, were far more often covered by insurance, and were more affordable to more people because of better economic times. My take on this is that people are often seeking relief for their worries about their symptoms. Having a doctor identify and clarify what their problems are is sufficient for many patients, without wanting or feeling a need to follow through with filling the prescription. Thus we see that the diagnosis and prognosis provided by the practitioner appear to be strongly positive

aspects of the therapeutic intervention. Filling the prescription may be unnecessary for the patient to feel better.

So, within the wholistic spectrum of interventions, the positive experiences of caring attention from the doctor, relief in knowing the diagnosis, and having suggestions for treatment options counteract the anxieties and worries that patients have when they come for medical assessments. Similarly, these sorts of factors may well be present in diverse other therapies. The fact that numbers of people do not return to complementary/ alternative therapists after their initial visits, and/or do not comply with recommended self-treatment or continue with therapist-treatment interventions, may to some extent be due to the effectiveness of reassurances provided in the initial session, counteracting the anxieties people have when they come for treatments.

There are also different perspectives that counter the criticisms of behaviorists regarding variability in wholistic and complementary/ alternative therapy interventions. For instance, with TWR/WHEE the protocol for using positive reinforcement does not restrict users to a standardized phrase, since no phrase will be experienced as strongly positive by every individual user. Instead, the protocol encourages individualization. A statement that is felt to be positive by the user is recited after the statement of the problem issues – cognitive and emotional – that are being addressed. This does not in any way negate the greater benefits of personalized positive statements.

I also want to be clear that I am not singling out psychologists as being the only or the primary disbelievers caught up in cognitive dissonances regarding their assessments and interventions. Conventional medical doctors are infested with similar blights.

Boxes for psychological problems and physical symptoms and illnesses

Western healthcare approaches for psychological problems are based on diagnostic boxes to which people are assigned when they have subjective symptoms and outward behaviors that fit the diagnostic categories which have been agreed to define particular boxes. Physical symptoms and objectively apparent disorders are similarly used to define medical problems.

Within a wholistic perspective of health and illness, there are aspects of psychological and physical problems that are often ignored by Western therapists and doctors. Physical symptoms are often manifestations of, or at least strongly influenced by psychological problems. Both psychological and physical problems are often influenced or caused by issues of relationships and spirit.

Here are examples of these sorts of situations, with names and identifying details altered for anonymity.

‘Francine’ had severe headaches at both sides of her head several times a week. These were so severe that she had to lie down in a quiet space at work for several hours to relieve them. She found pain medications either too weak and ineffective or too strong and intolerable because of their side effects.

Though skeptical about psychological causes and interventions for dealing with her headaches, she agreed in a state of frustration and despair to see a psychotherapist. In two sessions I was able to help her identify the conflicts in with her boss that were worrying her, but which she was scared to address out of fears of losing her job. She was literally gritting her teeth to keep herself from speaking out. The masseter muscles for gritting our teeth are attached to the sides of our skull. Francine’s masseter muscles were going into spasm from overwork, as she was clenching her jaws in frustration over feeling unable to speak out about her problems.

Using TWR/WHEE, an Energy Psychology method (Benor, 2009; web ref.) I was able to help Francine release a lot of her frustrations, simultaneously releasing the tensions in these mus-

cles and relieving her pains. In this process she identified and released residues of traumas from physical and emotional abuses in her childhood that she had had to bury in her unconscious mind in order to avoid severe emotional distress. She was also able to install positive thoughts and feelings to replace negative ones she had released.

Francine's medical doctor was completely unaware of these sorts of mind-body connections that often contribute to or cause physical symptoms. His only approach was through medications to decrease her pain. Her current conflicts also proved to be a blessing in disguise, enabling her to identify and deal with buried issues that had hampered her in developing close, nurturing, trusting relationships.

'Bob' suffered for most of his life from severe abdominal pains. Extensive medical workups at several medical centers, in childhood and again as an adult revealed no clear physical cause for his problems, and he continued to suffer with what was labeled as an irritable bowel syndrome.

A detailed psychological life history disclosed that Bob grew up in a home with parents who argued and fought physically with each other, and often spanked him and his two younger sisters. He was more psychologically sensitive than anyone else in the family, and did his best to protect his sisters. He had done fairly well till age eight, before they were born, learning to hide his feelings and mute his words and restrain himself from behaviors that triggered his parents' angers. But as his sisters grew up and became targets for his parents' abuse, he began to run interference for them, often taking the blame for their misbehaviors and the brutal consequences of his parents' angers.

Bob's body was complaining through stomach pains about his swallowing down his feelings - a habit that continued into his adult life, long after he left home. It was only when he became aware of this in psychotherapy that he was able to address and change this troublesome response pattern, learning to speak out when he was upset. And he, too, was also helped by releasing memories of buried feelings from earlier in his life.

Bob's physical problems were what I call a symptom metaphor for his emotional problems. He had developed the habit of swallowing down his feelings in childhood. His unconscious mind 'spoke out' through his physical symptoms, begging him to find a better way to deal with these issues. Finally, after many years of suffering in these ways, he was helped through wholistic approaches to understand and deal with his emotions in better ways.

Sadly, many people suffer not only from the missed diagnoses that go beyond boxes of physical problems, but also from the treatments that are prescribed for the physical problems alone. Many medications and surgical interventions add physical insults to psychological injuries, while missing the real issues behind the symptoms.

Scientism

All information is subjective. The word "fact" is merely another statement of an opinion as to the validity of an opinion.

- W. C. Ellerbroek

Science is knowledge of particular details, or of a system of knowledge covering general truths, or the operation of general laws especially as obtained and tested through scientific method. Scientific method is based on principles and procedures for the systematic pursuit of knowledge involving the recognition and formulation of a problem, the collection of data through observation and experiment, and the formulation and testing of hypotheses - per Meriam Webster Dictionary.

Many scientists come to believe that the body of knowledge they and their colleagues have built through systematic scientific studies represents a collection of truths about the world. They generally ignore the fact that all

research is based on fundamental theories about the world. The research they gather is built upon these theories. Not infrequently, new discoveries suggest that various basic assumptions within a theory are inaccurate or false. Further research confirms that the new theories associated with the new discoveries are valid. Correspondingly, the old assumptions and the body of knowledge based upon them are shown to be flawed and/or invalid. This is particularly true in the social sciences, such as psychology, and in the applied sciences, such as medicine.

In medical school I was taught that my job was to arrive at an accurate diagnosis, following which I could then prescribe the recommended treatments. The diagnosis was based on my best clinical assessment of the patient's problems, derived mostly from the history, augmented by my physical examination, laboratory tests, x-rays and other measurements. Today, computers augment each of these steps, reducing the likelihood of overlooking important questions or lab studies. The medical focus is almost exclusively on the body the patient brought in for examination. The rest of the wholistic spectrum, of emotions, mind, relationships with other people, and spirit are ignored. This oversight is convenient for promoting medical treatments, which are highly lucrative for doctors and for medical hospitals and clinics, not to mention the pharmaceutical companies.

However, having invested so heavily in focusing on the physical body, the ignoring becomes an ignorance that creates a distinct cognitive dissonance in doctors for anything related to the rest of the wholistic spectrum. Many doctors who disparage the various rainbows of other treatments – of which they know little or nothing – are completely sincere. They actually believe what they are saying.

Their disbeliefs in the effectiveness of complementary/ alternative therapies are in many cases little different from those of religious beliefs and disbeliefs. In fact, a case can be made that many conventional doctors, psychologists and other therapists are practicing the religion of 'Scientism.' Members of this religion hold the beliefs that only their established, accepted theories, forms of practices, and research evidence represent the truth.

All other approaches to healthcare are dismissed as false beliefs. According to their scientific beliefs, clinical observations on the efficacy of complementary/ alternative methods could not represent anything more than placebo effects.

I have to admit that there is a measure of truth in raising the question of placebo reactions. These are improvements brought about in people who have an inactive treatment of any sort, when they are expecting to receive a treatment with proven effects, but instead are given (without their knowledge) an inert pill or otherwise ineffective treatment. This could be a medication, surgery, complementary/ alternative treatment, or any other intervention that is expected to bring about improvements or cures in their problems. The expectations of improvements alone are sufficient to bring about improvements and cures in about 30% of people with just about any treatment. It is for this reason that human research is more reliable when a second, comparison group is included, treated with a placebo, in research studies. If the responses in people receiving a treatment that is anticipated to produce an effect are greater than those in the placebo group, there is greater assurance that the actual treatment was not just due to self-healing.

But it is almost always useless to present people of the scientific persuasion with rigorous scientific research of complementary/alternative methods, based on comparisons of groups treated with these methods, compared to control groups - that confirms the efficacy of these heretical practices. These members of Scientism object that such studies are not worth considering because they couldn't possibly be anything more than misguided representations of assessments that must have been flawed, because these non-medical (or non-psychiatric, or non-psychotherapeutic, etc.) approaches simply couldn't be more than placebo reactions.

Most ironically, there are serious questions about the honesty of conventional medical research reports. As many as 50% of medical research publications have been estimated to be seriously flawed, biased or even to offer incorrect information, according to Richard Horton (2015), Editor of *The*

Lancet, one of the most prestigious medical journals. Others have made similar observations, backed by reviews of research studies (Marcovich, 2010; Ross, 2015).

The penultimate conventional practitioner criticism is that these heretical complementary/ alternative therapies are clearly worthless. Because if this were not true, then the results of the research studies on these therapies would have been published in accepted, conventional medical (or psychiatric or psychological, etc.) journals. In other words, if these articles were rejected for publication by the high priests of Scientism who are the editors and official reviewers from prestigious temples of learning and research, who were selected by these journals to be members of their editorial board or panel, then the heretical research must be flawed. Never mind that if any of the members of these boards and panels strayed from the fold of the believers and demonstrated such poor judgment as to suggest there might be value in the heretical research reports, they would be most likely to find themselves no longer participating on the boards of these religious publications. And in fact, they would risk being rejected as well by their prestigious conventional employers and no longer be working in those hallowed halls of learning of the true faith of Scientism. Nor would their own research be accepted any more for publication in these journals.

Another barrier erected by the Church of Scientism is that the public needs to be warned and protected from these heresies. And, like the Inquisition of the Catholic Church, modern governmental licensing boards within some jurisdictions, run by doctors who are true believers, may prosecute their fellow practitioners if they offer or teach therapies or self-healing practices that are not included in the medical bibles and commentaries published by practitioners who are true believers. I know, for instance, of a US medical doctor who was called before his State Medical Board for teaching meditation to his patients and threatened with serious sanctions if he continued to do this, and have read of others who were similarly accused of practicing the heresies of acupuncture and other complementary/ alternative therapies and told to desist, with the threat of having their medical licenses suspended or revoked if they refused.

I hope the above gives you pause to think, when when you are seeking help for your problems. If you are considering complementary/ alternative therapies, take any disparaging opinions that your conventional caregiver presents with a serious grain of salt. Helpful questions to ask are:

“Are you speaking from opinion or from knowledge?”

“Have you studied these methods personally?”

“Are you familiar with any research on these methods?”

Housecleaning and renovations

*It is not the strongest of the species that survives,
not the most intelligent, but the one most responsive to change.*

- Charles Darwin

How can we identify, clarify and renovate our personal and professional boxes in which we dwell?

The first question has to be, “Is this really possible?”

To a great extent, there is generally little or no awareness, much less motivation, in average people to consider making changes in their boxes, whether personal or professional. It is the nature of our boxes to be self-validating. We tend to associate, by habits and preferences, with like-minded people who validate and reinforce our ways of being and living in the world. Taking on board new information is therefore unlikely to be initiated within our circles of regular contacts.

My experience is that changes in scientific healthcare beliefs of individual people are only likely to occur over a short period of time when there is a personal health challenge or a need to help someone we personally care about who is not improving under conventional care. This is by far the most

common motivator for opening new windows of perception and new doorways for explorations in our boxes, and questioning what we have learned from peering through our old, established windows.

On an individual basis, if you have serious reasons to ask such questions, your easiest windows are through on-line searches. This may take a considerable bit of work and a lot of patience and persistence on your part. I recommend looking for research that confirms the approaches you are interested in exploring. At the very least, you would be wise to pick methods that have lists of successful users of these approaches, with personal testimonials you can review.

One of the most common findings in these searches is that modern medicine is far better at treating acute illness than it is in dealing with chronic illness. The second most common finding is that most doctors treat diagnoses, not people. There is a very strong tendency to overlook the fact that people with the same diagnosis may differ considerably in the course and progression of their problems, as well as in their responses to various treatments.

Another source for new windows and doors is through trusted friends and colleagues. Personal recommendations, however, are subject to important clarifications:

- Are the recommendations generalizable from the experiences of the person who reported their successful outcomes? While many healings may be attributed to various interventions, the self-healing capacities of people are legendary. In other words, is it clearly likely that the observed changes were attributable to the intervention that is credited with bringing about the reported changes?
- Many people explore combinations of approaches. It may be that one or another of the methods used was the most active or was solely responsible in bringing about the reported changes.
- Even with the same diagnosis, two people may respond differently to the same intervention or combination of approaches.
- Within many conventional boxes, certain diagnoses are considered fatal and beyond curative treatment. Despite this, there are occasional people who have remarkable recoveries from such illnesses (Benor, Web ref.). You will also find these sorts of reports with web searches under 'spontaneous remissions.' I strongly prefer the term remarkable recoveries because I believe there are usually windows and doors that are discovered and/or very actively and deliberately developed by people who are seeking these, rather than that 'something' happens spontaneously, all by itself, to bring about a change in the course of an illness

Medical intuitives and healers can often add significant insights into what is going on in your box, and how you might consider and explore developing new windows and doors (Benor, 1992; 2002; Brennan, 1988; 1993; Myss & Shealy, 2002; Orloff, 1996; Page, 2004; Schulz, 1998; Shealy, 2010). The challenge is to find a good intuitive. And always remember that intuitive perceptions are filtered through the person who is the intuitive, and that you may interpret what you hear from the intuitive in ways that miss the mark of their observations.

Listening to your own intuition and inner guidance is also important. This can be challenging at first, but with practice, many people get quite good at it.

And a last suggestion is to consider your issues through the windows and doorways of wholistic healing - addressing body, emotions, mind, relationships (with other people and the environment) and spirit (Benor, 2004; 2005; 2006; Web ref.).

More general shifts in openness to new perceptions and beliefs are likely to require years of accumulated evidence. The apocryphal observation on this slow pace of change is from the physicist, Max Planck: "Science advances one funeral at a time."

In summary

We live in personal boxes built of beliefs and disbeliefs. In general, when people are deeply invested in their beliefs and disbeliefs, they will deal with contradictory beliefs that generate cognitive dissonance by seeking or even inventing confirmations – however far-fetched – to justify their beliefs. And they will do this even in the face of substantial evidence that very strongly contradicts their beliefs.

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