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Relationships: Important but often neglected aspects of wholistic awareness and healing

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Abstract

Relationships are often portals to healing and wholeness. However, people with relationships issues and their therapists often find these problems to be very complicated and challenging to deal with. It is therefore not surprising to learn that many complementary/ alternative medicine (CAM) practitioners are satisfied in focusing their help on addressing the many and varied issues of body, emotions, mind and spirit. And there is extensive literature and research on these issues of health and how to help

Problems of relationships are left to be addressed by therapists who specialize in these issues. This is an important omission in the general practice of wholistic healing, as many problems are related to challenging interactions with others, both past and present. Reasons for this omission are explored in this article, and very simple and highly effective approaches for dealing with relationships are suggested.

* The author of this article has observed that in most of these therapies the therapists take it upon themselves to suggest ways of understanding and dealing with these clinical problems. A case is made here for encouraging people to explore and develop their own understandings of their issues and to develop ways for dealing with them, rather than relying on their therapists taking responsibility for doing this.

Key Words: Relationships, Wholistic Healing, Complementary/ Alternative Therapies

Introduction

Many complementary/ alternative medicine (CAM) practitioners help people to address issues of body, emotions, mind and spirit. *Relationships have generally been neglected in the spectrum of problems that are addressed in therapy. Relationships are generally considered too complex for therapists to deal with without having had special training, such as family therapy and homeopathy.

Relationships are definitely complex issues to deal with. You may be surprised to know that 638 primary personality traits have been identified, making relationships challenging to address. There is extensive literature and research on relationship issues and how to deal with them, but therapists without special training in these areas generally do not deal with these.

It is rare, therefore, to find general psychotherapy practitioners who include relationships as a part of their assessments and therapies. This is an important omission, as many problems are related to interactions with others, both past and present.

There are, as well, several general contributors to this omission.

- Traditionally, the primary Western focus in assessing people's health problems has been on the physical body. The vast majority of Western healthcare practitioners have little or no training or even awareness in other, wholistic aspects of healthcare.
- Another issue is that of ethics, boundaries and scope of care: All professionals are taught the prevalent boundaries and scope of care for their profession; and do not venture beyond these. It is considered not only unprofessional, but also unethical for a practitioner to attempt to treat outside their expertise.
- Many of the factors involved in relationships, considered below, are inordinately complex in comparison with those involved in body, emotions, mind and spirit. It is also rather daunting to consider the complexities of issues between 2 people, with 638 x 638 factors of relationship to deal with. This makes it very challenging to identify which specific issues may be contributing to problems in relationships.

Yet surprisingly simple and highly effective ways have been developed that make it relatively easy to help people in sorting out their psychological issues, including relationships. These are self-healing methods that people can apply as needed to problematic issues in their lives. And we can teach them to identify and begin to sort out ways to deal with these within minutes.

*I have found that these methods, particularly when they are taught as self-healing approaches, empower and enable people to address their own relationship issues, despite their complexity,

My personal path in helping people deal with relationships

In my teen years, when I was considering what I wanted to do with my life, I was impressed that there are many, many ways to understand the issues and challenges in our lives. Equally, there were numerous approaches to dealing with these problems. I was most drawn to psychological understandings of people, but saw that our problems are multi-layered, often involving diverse aspects of ourselves simultaneously.

I obtained a BA in psychology, continuing my studies through medical school, internship, and training in psychiatry from 1959-1973.. *At the time of my basic training in these therapeutic approaches, psychiatry was mostly a practice of psychotherapy, as there were few psychoactive drugs available. These included tranquilizers like Librium Valium, and Thorazine, sedatives, and lithium for bipolar disorder.

WHEE was born from my frustrations as a psychiatrist. I have always been passionate about doing psychotherapy. My BA in psychology gave me a solid, basic understanding of normal emotional development, and of psychological disorders. I then endured the rigors of medical school. I took a year's break from formal studies for a National Institutes of Mental Health (NIMH) research fellowship in psychiatry and for regrouping my battered energies from what felt like a marathon of basic studies towards my perceived pinnacle of psychotherapeutic practice.

I was fortunate to have trained as a psychiatrist from 1967–1973, when psychiatry was mostly psychotherapy (with two intervening years in the Air Force during the Vietnam War). Since then, managed care has squeezed psychiatrists towards medication management and away from psychotherapy.

When I started to practice psychiatry, I was paid by medical insurance and local welfare benefits for 1-hour sessions, with psychotherapy often being the primary focus of the treatment. Initially the insurance covered weekly therapy sessions. However, over time, these sessions were often limited to 1 visit monthly. Over the years, the duration of office visits came to be limited to 10 minutes, once monthly, with the expectation that a psychiatrist would only prescribe medications.

While I resisted prescribing medications exclusively, it is pretty difficult to do much psychotherapy in a 15-30 minute medication visit once a month. I constantly sought to develop ways of providing psychotherapy along with the medications, but was unable within my limited timeframe to use the psychodynamic approaches I was taught as a psychiatric resident. These were fine when I had had 50 minutes once or twice a week, but impossible to use in the much more limited timeframes I was allowed under managed care. Currently, payments to psychiatrists have been further limited to cover only 10 minutes monthly.

So in 1997, as time constraints on office visits began to limit my abilities to practice psychotherapy, I started exploring new approaches to doing psychotherapy.

Eye Movement Desensitization and Reprocessing (EMDR)

I found a newly developed therapy, EMDR, which was a blessing to me as well as to my clients. This very simple technique involves alternating right and left stimulation of the body, back and forth, while focusing on feelings that one would like to change (often attached to an experience or issue). Doing repeated rounds of EMDR can reduce and eliminate negative feelings fairly quickly, particularly if they are associated with a single traumatic experience. EMDR will also help with traumas such as chronic abuse, but this may take weeks, months, or years, depending on the severity and durations of the traumatic experiences. Once the negative feelings are released, a positive statement is installed, using the same process of right and left tapping, to replace the negatives that have been released.

I was able to use EMDR with clients who had anxieties, phobias, and even with PTSDs. I also used EMDR to de-stress myself!

It is recommended that EMDR should be done only in the therapist's presence. This is to prevent being overwhelmed by intense emotional releases that can occur during treatment. This was a severe limit on the benefits I could offer with EMDR for my clients, particularly since people referred to psychiatrists usually had problems on the severe end of the spectrum.

Emotional Freedom Technique (EFT)

I then learned to use EFT, developed by Gary Craig, one of a group of similar, Meridian Based Therapies (MBTs). In EFT and related therapies one taps or presses a finger on a series of acupressure points on the face, chest, and hand, while stating one's problem and reciting an affirmation.

Typical affirmations would be:

"Even though I feel (stressed, anxious, sad, depressed, etc.) when I think about (my divorce, having said nasty things when I was angry, etc.) I still love and accept myself, wholly and completely."

"Even though I've had difficulty (concentrating, thinking clearly, sleeping, etc.) since (I was robbed on the street, I separated from my husband, I had the auto accident, etc.), I still love and accept myself, wholly and completely."

Similar to EMDR in its effects, this process of tapping as one recites such affirmations enables people to rapidly release the negative feelings. Because it does not evoke intense emotional releases, EFT can be used as self-healing outside the therapist's office. EFT now has an impressive database of research studies confirming its benefits (EFT website). A limitation in

classical EFT practice is that people are not taught to install positives to replace the negatives that have been released.

EFT was very helpful to those in my psychotherapy practice who used it. However, about half my clients complained that they had difficulty using it because they could not remember the long series of acupuncture points when they most needed it – when they were stressed and distressed.

I then developed a hybrid of EMDR and EFT that I call 'WHEE'. This has worked marvellously well for the vast majority of clients in my practice.

The basics of WHEE

In an introductory workshop by Asha Clinton on Matrix Therapy, she shared that alternating tapping the eyebrows on either side of the bridge of the nose while reciting the EFT affirmation works just as well as tapping the entire series of EFT points. I realized immediately that although right-left tapping on the body is involved, it is not just the same as the right-left body stimulation of EMDR. The addition of the focusing affirmation to the right-left tapping markedly enhances the effects of the tapping.

Ever conscious of my time limitations, I immediately started exploring this hybrid approach combining aspects of EMDR and of EFT. This is how I came to identify this method as the Wholistic Hybrid derived from EMDR and EFT (WHEE). A more user-friendly name is Whole Health Easily and Effectively, and for those who prefer more staid names, Transformative Wholistic Reintegration (TWR).

Pondering Asha Clinton's observation on right-left tapping, I was reminded that EMDR suggests the use of a "butterfly hug" as one of its self-treatment interventions, particularly for children. To do this, one's arms are crossed so that the hands rest on the biceps muscles of the opposite arm, tapping alternately on each arm.

I explored this with my clients and found it highly effective. I've made this a standard part of my practice and often have children and parents use the butterfly hug with the affirmation instead of tapping at the eyebrows. Many find this self-hug comforting, in addition to being highly effective in combination with the affirmation.

Affirmations became another important feature of WHEE. Here is a generic one, taken from EFT: "Even though I have this [pain/anxiety/stress/other symptom], I wholly and completely love and accept myself." Alternatively, you might use whatever strong positive statement suits you best at the time you need it.

Prior to and following each use of WHEE, it is helpful to assess the intensity of the negative feeling you want to address. The most commonly used assessment is the *Subjective Units of Distress Scale* (SUDS), in which the strength of the feeling is located along a scale from zero (not bothering you at all) to 10 (the worst it could possibly feel).

After tapping for a few minutes, check the SUDS again. It will usually go down. Repeat the assessing and tapping until it is zero.

Once the SUDS level is down to zero, I found it helpful for people to install a *replacement positive statement* to take the place of the negative issue that has been released. For instance, if you have released an anxiety over your upcoming medical doctor's visit, you might start tapping and say something like: "I can have my medical examination, any tests, and treatment and feel comfortable and good about it, and I love and accept myself, wholly and completely."

Prior to starting to install the replacement positive, and after each round of WHEE to strengthen it, you will find it helpful to check how strongly you believe the replacement positive statement to be true, where zero is "not at all" and 10 is "it couldn't be stronger or firmer." This is the *Subjective Units of Success Scale* (SUSS). More often than not, with a little encouragement, people are surprised they can achieve at least an 11, 12, or 13. This is because most of them have never worked on installing positives, and haven't developed a sense of how positive they could feel about their issues.

I find the combination of EMDR and EFT more potent and effective than either alone. And my clients showed me many user-friendly benefits of WHEE that made TWR/WHEE hugely successful and enthusiastically accepted:

- TWR/WHEE is elegantly simple and easy to learn and to use.
- TWR/WHEE takes a fraction of the time that EFT and many other MBTs require. This allows them to practice more rounds of tapping per time available, because they are not tapping on a long series of points.
- TWR/WHEE can be taught in groups of any size in person or on a telephone conference call. In the group setting, participants can maintain privacy around sensitive issues they are working on, disclosing only the intensity of the feelings they are comfortable sharing around issues they are addressing.
- TWR/WHEE allows for great flexibility in working on target problems within the session because it is so rapid. If a person has difficulties in lightening their pains and other problems, there is plenty of time in a session to explore further target symptoms, to refine wordings of affirmations, and to explore tapping approaches for addressing these.
- TWR/WHEE is better accepted and the compliance outside the therapy room is much higher because of its rapid action and simplicity.
- TWR/WHEE is marvellously successful and rapidly effective for pains of all sorts, including tension headaches, migraines, stomach aches, irritable bowel syndromes, backaches, pains after injuries and surgery, arthritis, cancer, chronic fatigue syndrome, fibromyalgia, and more.
- TWR/WHEE is excellent for allergies, though it may take several days to be effective for these.
- TWR/WHEE is tremendously empowering, as it is so simple and so rapidly effective in self-healing. People are very pleased to be able to help themselves, not having to rely as much on medications or interventions of a therapist, although the guidance of a therapist certainly facilitates exploring and expanding the self-healing uses of WHEE.
- TWR/WHEE is a wholistic healing method that helps on every level of our being: body, emotions, mind, relationships (with other people and with the environment), and spirit.

My clients were generally very pleased with these methods. But then I started getting complaints, such as:

- From a businessman: "I get tongue-tied when I have to speak out in meetings at work. I also get really up tight talking to my boss. This tapping thing is too strange for me to do, exactly when I most need it!"
- From a teenager: "Oh yeah, dad! I can't do this tapping thing in front of my friends."

It was from this young man's challenges that I was stimulated to suggest alternate-side tapping using one's feet on the floor, or even more discretely, alternating tightening your toes, right and left, inside your shoes, so no one will notice it.

Clients were delighted to be able to use TWR/WHEE when and as they needed it. And I was delighted to have these self-healing approaches that were easy to teach in my time-limited contacts with clients.

I must share, as well, that these methods were of great benefit to me, personally, when I was stirred and perturbed by some of the trauma stories my clients shared.

Innate characteristics that can influence therapy

Each of us is born with a distinct personality and spectrum of capabilities. It is on this framework of strengths and weaknesses that we structure and build our personal lives and our relationships.

Large numbers of personality traits have been identified. The most comprehensive collection I've found has 638 primary personality traits (Web ref):

Positive issues – 234 (37%)

Neutral issues – 112 (18%)

Negative issues - 292 (46%)

Clearly, these traits contribute to people's challenges in understanding themselves and in understanding and getting along with each other. They also are essential to comprehending relationships and to the challenges faced in therapies in sorting out better ways to manage our relationships.

It would be highly presumptuous and unrealistic to suggest that the methods discussed in this article are the be-all and end-all of relationship therapies. They are, however, extremely helpful to individuals wanting to deal with relationships issues, both as they arise in the present and as they linger from the past.

Shaping our personality

These innate characteristics are shaped most strongly in our childhood, but continue to be influenced by numerous factors throughout our lives.

I list just a few salient factors here to offer you a sense of this enormous spectrum of traits that influence our relationships.

Differences between ourselves and others
Commonalities

Heredity factors
Gender
Race
Brain capacities and functions
Physical characteristics

Our life experiences

Impacting
Collaborative
Competitive

Religion

Language

Long term relationships

Family

Stability
Parenting we receive
Intimate relationships
Being a parent
Being a grandparent
Traumas

Personal experiences
Family experiences

- Cultural experiences
 - Schools
 - Education
 - Social interactions
 - Language
- Sports
 - Collaborative
 - Competitive
- Work

Past relationships

- Positive experiences
- Negative experiences
- Social issues
 - Personal
 - Family
 - Culture
- Traumas
 - Anticipations based on traumatic experiences

Present relationships

- With self
- Family
- Friends
- Educational institutions
- Work

It is enormously challenging for untrained therapists to identify and deal with the relevant issues that are causing people difficulties in their relationships. It can be similarly challenging for trained therapists to deal with these complex family issues.

It is, however, extremely helpful to people to have approaches that can help them deal with their own relationships issues as and when they arise.

Dealing with issues of relationships

While the complexities of these problems may make it challenging to pinpoint specific issues that are causing the problems in our relationships, these same complexities offer many and avenues for dealing with them.

We tend to make assumptions about other people, expecting that they are basically like ourselves. This is often far from the case. The differences between people become more apparent when we consider individuals from diverse cultures. There are aspects of ourselves that are acknowledged in various cultures that are sometimes so different from characteristics we are used to considering as to actually be alien to our own cultures.

I present a few cross-cultural examples here to highlight the fact that the same sorts of unacknowledged differences may be identified as well within our own culture, but we may never become aware of them.

Linguistic divides: Cross-cultural, unique language usages

Just identifying the relationship issues needing to be addressed can be daunting. There are cultural, family and individual issues that come into play. This is increasingly true in our modern world, where people from diverse cultures are increasingly interacting across cultural divides.

Christopher Moore (2004) compiled collections of words that are unique to various languages. These words help us to appreciate the human diversity that enables people in various countries and cultures to identify, develop and enjoy relationships in ways that are unique and peculiar to their culture.

Unless we are introduced to translations of these words that are foreign to our own languages, we would have no inkling that such concepts exist. They enable us to relate to and to experience our world in new ways.

Perhaps, most importantly, they help us to appreciate some of the challenges of understanding the challenges of and dealing with multiple ways to relate to each other and to the universe around us than we generally perceive.

Here are but a few of these words and phrases that Moore identifies that can add a richness of understandings and appreciations of our world, and that are generally completely outside our personal and cultural awarenesses.

From French

la pedze [*lah pedz*] (noun)

Coming from the Swiss patois word for “resin” or “glue,” this descriptive word refers to someone who stays too long in one place, or to someone who cannot drag themselves from the table after a meal, and especially to a guest who long overstays his welcome. “*C’est la pedze!*”

From German

Schadenfreude [*sha-den-froi-der*] (noun)

A compound word consisting of *Schaden* meaning “damage” and “*freude*” meaning “joy.” This is a dirty, cackle-rousing kind of happiness derived from someone else’s misfortune. We’re all disgustingly guilty of enjoying this emotion at some time or other.

From Italian

Attacabottone [*at-tak-ka-bot-own-eh*] (noun)

This is a bore who “buttonholes” you and tells you long tales of woe. You long to escape from an *attacabottone*, but somehow it’s always difficult to get away.

From Czech

Pohoda [*po-ho-dah*] (noun)

... only Czechs can enjoy the blissful state known as [*pohoda*]. The saying goes, *Jsem v pohode* and translates “I’m in *pohoda*.” So what exactly is *pohoda*? It’s hard to say, except that it’s a pain-free, trouble-free state that we should all like to share in.

Moore includes broad varieties of such sayings from other languages in Western and Eastern Europe, Yiddish, Nordic, Middle Eastern, African, Asian, Indigenous, Creole, Pidgin, Ancient and Classical.

I find that these culturally derived ways of sensing our places in the world waken me to diverse ways that people perceive and relate to each other and help me to appreciate some of our limitations in relating to each other.

These also help to explain why therapists do not engage in dealing with relationships as part of people’s problems. Most therapists balk at the very thought of getting into relationship issues in the course of their therapy.

- Most therapists are not trained in dealing with relationships as aspects of people’s problems.

- As we can imagine from the enormous numbers of issues we can address in relationships, many therapists find the prospect of dealing with them overwhelming. They therefore exclude these important issues from their therapy.

Dealing with relationship issues in therapy

*It's not enough for your doctor to stop playing God.
You've got to get up off your knees,'*

- Marvin Belsky

There are varieties of approaches for dealing with relationship challenges.

- Most important is to not buy into the prevalent expectation that the therapist has to be the only one responsible for identifying which issues are relevant to the presenting problems.
- People can be invited to identify the challenges they want to address in their lives. Clients are enormously empowered when they explore, identify and develop their own priorities in dealing
- Similarly, there is the prevalent attitude that the therapist should be the one to come up with the solutions to the troubling issues..Therapists do their clients a far greater service by becoming coaches rather than problem-solvers
- Therapists can assist clients with their problems, following their clients' leads, exoanding on clients' initiatives.
- Through this process, clients are encouraged to develop their confidence that they can find and develop solutions to troublesome issues in their lives. By taking these approaches, therapists learn to teach clients the meta-lesson that they are able to deal with their own problems. In effect, the therapist becomes a coach for assisting clients to identify and develop their own awarenesses of problems, the skills and confidence to deal with them and the in their capabilities to deal with them.
- When clients are open to including those people with whom they are having relationship issue in the therapeutic process, the benefits are multiplied many times over. Having sessions that include the other individual or group of people involved in the issues at hand markedly enhances the therapists' interventions

Examples of learning to deal with relationship issues

Empowering self-healing for anxieties

'Mona' was a secretary in a large engineering firm that was facing challenges due to the Covid crisis. With impending cutbacks in the firm's staff due to decreasing need for their services, she was anxious about losing her job, even though she had been with the firm for 11 years and had gradually been moving up into positions of growing responsibilities. 'Sheila', the therapist she had been seeing for marital issues, was a wise, experienced counsellor.

Sheila asked Mona "What would be some outcomes you'd like to see in this challenging situation?"

After a few thoughtful moments, Mona responded, "I really like this job and the people I work with, and was hoping to stay with this firm till my retirement in another 10-15 years."

Sheila continued, "What could you do in these circumstances to make that more likely?"

Mona: "I could speak with my supervisor about helpful ways we might address this situation."

Sheila: "What might some of those be?"

By inviting Mona to develop her own approaches and solutions to this problem, Sheila was not just helping Mona to come up with the best ways forward, but was also empowering Mona to build her confidence in her own abilities to deal with these challenges. Sheila was able to help

further by asking more leading questions. Sheila still had the option to add her own suggestions, but her approach was far more empowering when she got Mona to come up with her own ideas rather than relying primarily on Sheila to do so.

Developing insight and releasing trauma memories

If we listen to our insides, we will also find that inner therapist who says, "Pay attention! I'm going to make you hurt a bit now so you will wake up." For this reason, I sometimes call pain and suffering "God's reset button." It is sometimes the only thing that will make people change.

- Bernie Siegel

'George' was a successful, single, 29 year-old hardware store owner in a small, Midwestern US city. He contacted me about 20 years ago by email to ask if I could help with persistent insomnia after a holdup in his store in which his cash register had been emptied at gunpoint, three months earlier. Following this incident, he had great difficulties falling asleep at night. He had suffered no injuries but was having difficulties functioning due to severe tiredness.

His life history was impressive for how well he had weathered occasional childhood beatings from his father, a Vietnam war veteran with a violent temper and episodic drinking problems. These episodes were more likely to occur when his father periodically stopped attending Alcoholics Anonymous. George had always been a quiet boy, close to his mother, who had comforted him in his childhood after the beatings.

Both his parents had been killed in an auto accident when he was 23 years old and was just developing his business. George swallowed down his grief at that time, carrying on with developing and running his business.

On taking a detailed life history, it was clear that George was suffering from a post traumatic stress disorder (PTSD) from his recent trauma. When sharing the details of his recent trauma from the holdup, his whole body became tense and he picked at the skin of his fingers. He did this again in the agitation of recounting his parental abuse in childhood.

So in this sort of situation, we are dealing with ancestral relationship issues.

*When people have physical symptoms, particularly when they are severe, chronic, lingering ones, I've found that there are very frequently histories of past trauma related to these. The symptoms are inviting them to connect with the unexpressed, lingering residual feelings surrounding their traumas. And very often, these feelings are related to traumatic relationships earlier in their lives.

Burying our symptoms outside our conscious awareness is the first way many of us tend to deal with them. This is very often the simplest and quickest way most people develop, early in life, for handling unpleasant, stressful, and overwhelming issues. In many families this is the way people have coped with life challenges for generations. People who suffered the original traumas in previous generations are left with the habits of burying emotionally troublesome issues. People in later generations carry the habits for dealing with unresolved traumas that their ancestors buried outside their conscious awareness.

Yet most people readily respond to questions such as "What do you think your lungs are saying when you're feeling it's hard to breathe?" or "What is your mind saying when you're unable to sleep?"

The initial focus is on the current situation of the person in therapy. Dealing with the current issues of the client may be sufficient to sort out the presenting problems and symptoms. When this is enough to resolve the issues that brought people to therapy, we have helped them deal with the first layer of trauma problems.

When the issues are not resolved in this process, we may do well to explore whether the client's ways of dealing with their traumas is common to other relatives in their family.

In response to being asked, "What do you think your fingers are saying?" George was readily able to identify that he was nervous.

Me: "So what are your fingers nervous about?"

George: "They don't feel safe... They're afraid I won't be able to keep them safe."

Me: "Why are they feeling that?"

George: "I wasn't able to stop the robber from taking my hard-earned money."

Me: "Staying awake most of the night for three months is a pretty strong reaction! What goes through your mind as you lie awake at night?"

George: "I keep replaying the memories of feeling really scared and helpless."

Me: "Have you done that before in your life?"

George: "Yes. After my beatings from my father I would lie awake at night for days, sometimes for weeks, scared he would beat me again."

Me: "These sorts of memories sometimes linger for years – particularly when the initial trauma was very strong. Are you open to checking out a new way to let go of those memories more quickly?"

George: "Certainly!"

So I introduced him to TWR/ WHEE, which can often reduce the intensity of trauma memories within minutes (Benor, Web ref.). We started with his recent trauma, and then dealt with just a bit of his feelings from his earlier life traumas. By the end of an hour's session, George was surprised at how relieved he was of a considerable portion of his recent and symptoms, and some of the residual PTSD symptoms from childhood.

After two months of weekly sessions, George was symptom free. He was very surprised in looking back on his life to realize he had carried so much trauma from his childhood into his adult life.

Psychotherapists often see their roles as providing answers to the questions their clients' presenting symptoms are posing. Clients often expect this. It is no coincidence that we call them 'patients', because they will wait patiently for their therapist or others in their lives to come up with the answers as to why they are suffering. This is not the best way to help people, because it encourages them to rely on others for suggestions and answers for their problems.

How much more helpful we are as therapists when we invite our clients to delve into their inner awarenesses and inner guidance for ideas about dealing with their problems!

People who are new to therapy, as well as those who have used other therapies, almost always report TWR/ WHEE and other EP approaches to be rapidly and deeply effective. In 20+ years of using and teaching these methods, I've only seen 4 people who did not show significant improvements when using them.

Empowering people to heal their pains and understand the issues behind them

I've found that pain is a symptom that responds surprisingly quickly and deeply to TWR/WHEE and other EP methods.

*Illness is the doctor to whom we pay most heed;
to kindness, to knowledge, we make promise only;
pain we obey.*

- Marcel Proust

Western medicine has been very successful in offering rapid relief for pains with various medications. While this is a blessing in many cases, it is also a detriment to people's learning to

explore and understand the issues that contribute to the development of pains and to clearing them. This actually blocks people from developing their own skills in sorting out their issues.

The monetary gains involved in drug therapies are enormous at all levels – from research grants pharmaceutical companies, to medical institutions, to distributors, to medical providers, to advertisers and others.

The focus on medications has been a terrible detriment to people suffering from pain. Though this may be a godsend in offering rapid relief, it leaves people dependent on drugs for relief, with significant risks of side effects and developing dependency on chemicals for dealing with their problems.

Dealing with death and dying

Grief over the loss of someone close is one of the more severe traumas a person can suffer. This is all the more intense when the death was sudden and unexpected. Death from old age or from chronic illness gives us time to grieve the loss in anticipation of its happening, which often lessens its intensity.

- 'P.S.' reported to me:

"After the death of a loved one, particularly a child, one experiences so many intense emotions. WHEE helps by first requiring you to name the emotion or the issue. This gives it some context at a time when everything can so easily be overwhelming. It helps you to elaborate on how the issue is affecting you.

WHEE clarifies the level of intensity you are feeling by giving it a number. As you use WHEE, it is reassuring to see the intensity decreasing through the process. I find the tapping is calming and helpful.

Once the pain and grief are less intense, using WHEE for building up the positive affirmations made me realize that I did have the resources to help myself.

I came across your e-Book on Clearing your Grief and Bereavement and am now rereading it. It is now 3 years since our daughter Caroline died from breast cancer [at age.].

I am finding your book so helpful. I have managed to keep going through this process of dealing with the loss of my daughter. This has been so helpful and reassuring.

Since I started to do WHEE, you're right. It is bringing up other things for healing as well.

I am also grateful to have a strong faith, which has helped, and a gratitude practice which was a savior on the bleakest of days.

Taking the IEH [SPELL OUT THE NAME] course and learning WHEE have changed my life and helped me immensely. [REFERENCE FOR IEH]

It is difficult to get helpful support after the death of a child. My husband kept very busy with various volunteer activities, so he really didn't have time to think or to even notice what I was going through. I gather that this sort of response to grief is what contributes to the high percentages of divorces following the death of a child.

I signed up for a grief counselling course for parents who have lost adult children. This sounded ideal but it turned out that only 2 of us had children who had a terminal illness. The rest had children who died from Fentanyl overdoses. Most were just experimenting with drugs for the first time. Some were very recent, and by going into their stories, their parents' PTSD was activated. I found this was more than the counsellor could handle and too much for me at the time, so I left after 2 meetings.

I endeavored to stay connected only with people who were positive. I had to learn how to distance myself from those who weren't. This was new to me. It took a while to figure out how to do it in a kind way. I found that WHEE was a tool that helped me to help myself with some of the pressing concerns and I thank you for that."

Conclusions

By addressing relationships as an essential aspect of wholistic healing, we can add many dimensions and greater depth and power to therapy. TWR/WHEE, one of the many variations of Energy Psychology, is a wonderfully helpful self-healing tool, enabling people to clear their traumas quickly and deeply. This is true, as well, for other approaches when they are used in empowering ways.

While the topic of relationships is a complex one, when we invite and help people to identify and address their own issues with self-healing, deep changes can be achieved very quickly.

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General

638 Primary Personality Traits. <http://ideonomy.mit.edu/essays/traits.html>

Moore, Christopher J. (2004). *In Other Words: A language lover's guide to the most intriguing words around the world*. Oxford University Press.

Energy Psychology

Benor, Daniel. TWR/WHEE method

WHEE: Whole Health - Easily and Effectively®

AKA

Wholistic Hybrid derived from EMDR (Eye Movement Desensitization and Reprocessing) and EFT (Emotional Freedom Techniques)

AKA

Transformative Wholistic Reintegration (TWR) - new alternative name for those who might be uncomfortable with "WHEE." <https://www.danielbenor.com/twr-method>

Basics of the TWR/WHEE process

<http://twrapp.com>

WHEE YouTube <https://www.youtube.com/watch?v=aHuJkzkBArw>

eBook on WHEE for Pain

Seven Minutes to Natural Pain Release:

Pain is a Choice and Suffering is Optional

WHEE for Tapping Your Pain Away

Bellmawr, NJ: Wholistic Healing Publications 2009 (2nd Edition)

- National Best Books 2008 Finalist Award from USA Book News,
in Health: Psychology/Mental Health

- Reviewers Choice Award, Reader Views 2008 Literary Awards,
in Alternative Health

<https://danielbenor.com/product/ebook-whee-for-pain-2/>

TWR/WHEE workbook

<https://danielbenor.com/product/ebook-twr-eworkbook/>

Testimonials

<https://danielbenor.com/twr-whee/>

Research

<https://danielbenor.com/twrwhee-research/>

EFT (Emotional Freedom Techniques) <https://www.energypsych.org>

ACEP (Association for Comprehensive Energy Psychology): <https://www.energypsych.org>

Energy Psychology research: https://www.energypsych.org/page/Research_Landing

TFT (Thought Field Therapy)

Daniel J. Benor, MD, Editor-in-Chief, IJHC

Dr. Benor has edited the IJHC for 20 years. He is author of *Seven Minutes to Pain Relief*; of *Healing Research, Volumes I-III* and of many articles on wholistic healing. He offers Wholistic Healing with the method called TWR/ WHEE locally in Guelph, ON, Canada and worldwide via phone and Skype.



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