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Lessons in Psychotherapy from the Experiences of a Therapist Who Is a Patient

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Abstract

I've focused in my writing and editing on wholistic healing therapy, addressing body, emotions, mind, relationships (with other people and with the environment) and spirit. My focus has been on the principles and practices involved, and especially on research confirming various aspects of wholistic healing. In this editorial I focus on my personal experiences of using these therapies myself to deal with my challenges in dealing with pneumonia, cancer of my larynx, laryngectomy, and a prostatectomy for benign prostatic hypertrophy. I offer a light review of wholistic healing and detailed descriptions of the various ways in which wholistic healing proved valuable in my recuperation from these problems.

Key words: wholistic healing, laryngeal cancer, laryngectomy, prostatectomy, pneumonia

Introduction

When searching for an academic path and a career as a teenager, I was fascinated to learn how humans and animals have inborn capacities for learning, and how our positive and negative life experiences shape our perceptions, behaviors and understanding of our place in the world. Genetic endowment, stages of human development, and lessons along the way explain limitations and vulnerabilities on our paths of maturation. I was particularly interested in diagnostic, educational and therapeutic interventions that could change our reactions to our worlds and help us to recover from emotional and behavioral limitations, traumas and dysfunctions.

My background

I was born in 1941 in New York City, where my mother had come to get a degree in occupational therapy. My mother had emigrated from New York to Palestine in 1930, and my father had emigrated from Cairo to Palestine in 1914. My parents were separated by the war, till my mother and I were able to rejoin my father in Palestine in 1945. I lived there till my parents were separated when I was 8 years old, and my mother and I returned to live in New York. When I was 17 years old we moved to Los Angeles, where I completed high school.

BA in psychology

I've always been pleased with my choice of undergraduate studies in psychology, which have been enormously helpful in my personal life and my therapeutic tool kit. In particular, I include behavior modification procedures, such as positive and negative reinforcements for learning, and systematic desensitization for traumas, plus a broad variety of other approaches.

I've been impressed that there is no single way that is THE best way to analyze and assess my chosen approaches to analyzing my place in the world and to navigating my way towards the most comfortable place I can manage, helping my clients to do the same for themselves.

Having decided on psychology and psychiatry as my career paths, and realizing this would involve many years of studies, I completed what would ordinarily be 4 years of undergraduate studies in 2 ½ years.

UCLA medical school, and internship at the University of Kansas

Having my MD training gives me a thorough understanding of the physical body, from its chemical and cellular composition, through its anatomy and physiology, and its functions in health and illness. I am able to help people with medical problems to deal with their challenges. I also understand the contributions medications can offer, though my preference is to teach self-healing methods that minimize the need for drugs.

From early on in my studies I was interested in stress and pain management. While I was taught in medical school that pain is treated with pain killers, I have found this is often a poor choice. Self-healing methods enable us to identify and clear the roots of our problems so that pains are very often eliminated and pain killers are not needed. It is enormously empowering to be able to deal with stress and pain through self-healing methods. This also avoids annoying and sometimes harmful effects of medications.

I found that I can help particularly well with pains of all sorts because I understand how the body, emotions, mind and brain participate in physical and psychological pains.

NIMH Research Fellowship at the UCLA Neuropsychiatric Institute

I took a year off after my second medical school year on a National Institute of Mental Health psychiatric research fellowship. I wanted to contribute to a greater understanding of health and healing. Most importantly, I learned how to set up and run clinical trials of various treatments.

I have an insatiable curiosity to learn about this wonderful world we live in. As a child, I thought that grownups knew everything and that one day I would be a grownup and I would know everything. There is a little part of me that has never given up on this search for knowledge and understanding of life, the universe and everything!

My omniverous explorations of ways to understand and help people

I've been puzzled by what I see as over-specialization among most of my caregiving colleagues. The vast majority are content to study narrowly defined, limited ways of explaining human behaviors, and to practice very restricted approaches for helping people address their troublesome feelings and behaviors.

- Medical doctors generally attribute pains and other physical symptoms to dysfunctions of the body. Pain medications and other physical interventions are the tools to these ends for the majority of medical practitioners.
- Psychiatrists have identified syndromes of psychiatric disorders, deepening the understanding of pain and its management through assessments of mental functions. Again, medications are the primary intervention, with modest but generally limited psychotherapeutic approaches.
- Psychologists broaden and deepen the psychotherapeutic approaches, but usually focus narrowly on single or very limited ranges of interventions. Behavioral therapies are the

prevalent interventions of most psychologists, but some have branched out and developed innovative approaches (Benor, 2019).

- Social workers as a group are more open to varieties of wholistic interventions, although they, too, tend mostly to focus on single or limited types of interventions in their individual practices.

- And there are many other kinds of therapists, each group practicing in a specialized niche of the therapeutic spectrum.

In my own practice I've found it helpful to employ as many different approaches as I could muster and master. I find that my maps for analyzing, understanding and addressing people's life challenges are much broader and more complex than the understandings of the majority of my healthcare colleagues, most of whom are content to focus and specialize in one, or at most just a few therapeutic approaches.

I actually surprised myself, the first time I sat down to share in writing the very broad spectrum of many ways I've studied and practice in helping people. I had done this because I have an insatiable curiosity for understanding what makes us the ways we are. When we pause and take a step back from what is upsetting us, we can appreciate and understand the specific issues we need to deal with. Then we can choose those issues we believe to be best for beginning our interventions.

- Wholistic healing frameworks are my favorites for enabling us to understand and deal with our life challenges. These include:

***Body**:* Exploring physical components of whatever is ailing us
Building positive physical aspects of our relationships

***Emotions**:* Identifying, clarifying and learning to deal with challenging feelings and overwhelms, and learning to develop and enhance positive feelings

Mind: Exploring, understanding and dealing with problematic thoughts, beliefs and habits, and developing positive ones to replace them

***Relationships with other people**:* Clarifying what problems you and those in your life bring to your interactions, dealing with negativity, building and maintaining positivity

***Relationships with the environment**:* Humans are devastating the environment, to the point that the continued ability of our planet to sustain life as we know it is threatened. While this is rarely a primary issue when we are upset, it helps to realize that each of us is a pixel on the screen of reality in this fraught world. If we can make ourselves better we are contributing to the healing of the bigger picture in which we participate.

***Spirit*:** Enhancing our awareness of our participation in realms of awareness and beingness that are sensed with what I call an *inner gnowing*, which are direct awarenesses of being part of something vastly greater than ourselves, perceptions that are difficult to describe and define in words

Again, I share how surprised I was at myself when I set out in this editorial to list the specific methods I've studied and practice within my wholistic approaches. I list here some of these many windows of perceptions and doorways into deeper understandings that enable us to comprehend and sort out our problems in life.

- Energy Psychology (EP) offers a variety of self-healing methods in which you tap on your body on a series of acupuncture points, while reciting affirmations that clear difficult feelings and thoughts. Within minutes most people experience rapid decreases in the intensity of negativity they are experiencing (Association for Comprehensive Energy Psychology, Web Ref.).

This is my favorite approach. However, about half the people in my psychotherapy practice come to me with more serious problems that invite simpler approaches. When these people are upset, it's often hard for them to recall the long series of acupuncture points they need to tap on with the original EP method. So I've developed a variant of EP that I identify by several names – to suit the different preferences of more wholistic and more conventional practitioners:

- WHEE: Whole Health - Easily and Effectively®
also known as
Wholistic Hybrid derived from EMDR (Eye Movement Desensitization and Reprocessing) and EFT (Emotional Freedom Techniques)
also known as
Transformative Wholistic Reintegration (TWR) - new alternative name for those who might be uncomfortable with "WHEE." (Benor, web ref.)

TWR/ WHEE is a self-treatment method that is extremely simple to learn and to use, yet very rapidly and deeply effective. Within minutes it can reduce physical and psychological pains and other symptoms, awarenesses, and habits of perception and responses to life experiences, even when these have been present for decades.

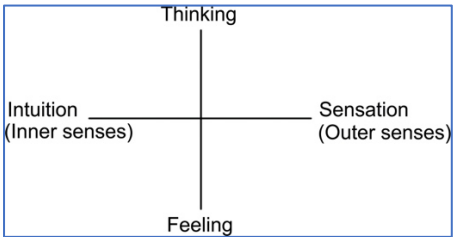
- Spiritual healing is offered through the intention to heal, with a spectrum of approaches that may involve invitations or prayers to a higher power to intervene on behalf of the healee, releasing negative thoughts, intentions and energies, asking forgiveness for negative thoughts, feelings or actions, and/or other approaches developed in various cultures over many centuries.

- Bioenergy healing focuses on life forces, the energy side of our being. It is the 'E' side of Einstein's equation, $E = mc^2$.

- ***Parent Effectiveness Training (P.E.T.)*** is one of my favorite methods for helping parents understand and deal with children's issues (Gordon, 1975). It teaches active listening and clearly identifying the feelings that are being stirred in oneself to create problems, so that these can be addressed.

- *Jungian perspectives*: Attending to the polar awarenesses of thinking / feeling and sensation (sensory knowing) / intuition (inner gnowing)

People under stress and in distress often feel overwhelmed and find it difficult to be reflective in order to comprehend what it is that is upsetting them and how to deal with it. It can be very helpful to point out to them that they can take a step back from their distress and shift into *awareness about their distress*. From the place of *thinking about the distress* rather than *feeling overwhelmed by the distress* they are able to sort out their problems.



Brain hemisphere preferences – Jung called attention to our inner worlds that focus on what we now identify as left brain (logic, reasoning and outer world details) on the one side and right brain (inner worlds of feelings and intuition) on the other.

Synchronicities – Jung also focused on synchronicities, the apparent coincidences that are highly meaningful to those experiencing them. These are like light bulbs or bells that call attention through our unconscious minds to details in one's life that are calling for our attention.

- Freudian dissections of our awarenesses, with emphasis on Eric Berne's Transactional Analysis (TA)

- Ultradian rhythms, in which dominant activity shifts between left and right hemispheres every 1-2 hours (Lloyd & Rossi, 1992).

- The mind extends beyond the brain, both in perceptions and interactions with the outside world (Radin & Farari, 1991), and extending beyond current time (Honorton & Farari, 1989) are well-supported in parapsychological research on telepathy.

***- The High Sensation Seeker (HSS*)**, a person craving intensity of life experiences

- ***Neuroplasticity*** for thoughts and feelings
- Levels of intimacy that differ between people who are more sensitive or less open to closeness
- Observing ego, the spectrum of awareness of our awarenesses: Partial observing ego awareness vs. fuller observing ego awarenesses
- Inner-child awarenesses – These are extremely helpful for many people who are able to access this aspect of themselves. I find that problems in these areas can be identified and cleared very rapidly, especially when addressed with 2-chair explorations.
- Readiness to hold onto vs openness to shifting and changing habits of consciousness
- Reinforcements, the inducements to keep or change positive and negative habits
- Cognitive dissonance over building and maintaining vs openness to shifting and changing views and behaviors
- Psychological Trauma
- Dealing with traumas
Trauma residues – acute reactions and long-term residues, conscious and unconscious
Good grief
Problematic grief
Unresolved initial, middle and later stages of grief
Suicide
Alcohol and substance use for dulling the intensities of trauma residues
- Post Traumatic Stress Disorder (PTSD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Oppositional Defiant Disorder (ODD)
- Obsessive Compulsive Disorder (OCD)
- Borderline Personality Disorder, with enormous difficulties in dealing with emotions and relationships
- Narcissistic Personality Disorder (NPD)
- Developing and deepening positivity in our lives – e.g. Your personal place of peace and safety and healing (PPSH)
- Alternating sitting in each of two chairs facing each other, for dialogues between your conscious awareness and those parts of yourself that you're finding difficult to deal with, to identify and clear challenges in your life. This approach is particularly helpful for dealing with body symptoms and their messages, relationship issues, and for clarifying and clearing interpersonal and inner conflicts
- Marital / couple and family therapy – helping people address their challenges in communicating and relating with people with whom they have close relationships. When someone's partner is unavailable or unwilling to participate in therapy, two-chair work can be enormously helpful.
- 12-step programs – for alcoholism and other substance addictions. I refer people for support with their addictions. This is a tremendously supportive and effective resource.
- Neurolinguistic Programming (NLP) – anchoring issues in the body and discharging the intensity of the anchors
- Vibrational medicine: Homeopathy and Flower Essences – prescribing minute doses of substances that have therapeutic effects which seem to be stimulated much in the ways that immunizations produce immunity. It appears that "like cures like." For instance, a very small dose of something that brings on symptoms in a healthy person can stimulate the body to deal more competently with the illness which presents itself with those symptoms. I do not practice these methods but refer people to appropriate specialists.
Acupuncture – Ancient practices from China, stimulating sensitive points along energy lines on the body in order to bring about releases of negativity and to restore health. I do not practice this

method but refer people to appropriate specialists. There is a wealth of Western scientific acupuncture research confirming its efficacy (Birch & Hammerschlag, 1996).

A word of caution here to do your best to find an acupuncturist who is well recommended by people whose experience and judgment you trust, since acupuncture treatments vary with the natural skills, education and experience of the therapist.

There is much more I can share about further methods for helping people that I've found helpful and highly effective. See fuller discussions on these and the methods briefly detailed above in *The Highly Sensitive Person* (Benor, 2019).

My personal experiences as a therapist-patient

I was very frustrated when the Ear, Nose and Throat (ENT) doctors I consulted in 2013 could not explain the partial paralysis of one of my vocal cords that had appeared without a clear cause. This occurs spontaneously in a certain percent of people and there is no known treatment when no cause can be identified for the problem.

For several years this was just a modest inconvenience, requiring that I speak more slowly and articulate more deliberately. But starting in late 2018 I had a series of episodes of pneumonia, apparently due to aspiration of food into my lungs. These were treated on an outpatient basis.

In April, 2019 my fifth bout of pneumonia was so severe that I required hospitalization. A negative reaction to an antibiotic worsened my condition and for a while there was a serious question about whether I would survive. During my 5-week hospitalization through April and into May, my Ear Nose and Throat (ENT) specialist identified a slow growing cancer on one of my vocal cords, and observed that when I swallowed, my epiglottis (the flap that covers the opening at the top of my larynx) was partially paralyzed. This explained the series of pneumonias.

I was so ill that my ENT doctor told my wife he did not think I was likely to survive. I was so ill that I have no recollection of much of that hospitalization or any recollection of his telling me of my dire health condition. He did not want to perform surgery until I got stronger. I rather suspect he was thinking "unless" rather than "until".

The good news was that in 2006 I had emigrated from the US, where I had lived for the greater portion of my life, to Canada. I had become a Canadian citizen and had full health care coverage. Without that, I would have been financially devastated.

My surgeon was very near retirement when he became my primary doctor. He scheduled me for surgery in the last week before he left work, at the end of August, 2009. I rather suspect he did not expect me to survive.

Being a patient was (and continues to be) a challenging experience in many ways. This is not a role I've found myself in through most of my life, and I'm approaching my 80th birthday next year.

My challenges have included:

Hospitalizations for pneumonia

My first four bouts of pneumonia were relatively mild, managed at home with antibiotics. My fifth bout of pneumonia was much more severe. I was hospitalized for 5 weeks, at times hovering on the brink of death. I have little recollection for much of that time. This was very awkward in many ways.

My family members were often unaware that my memory was severely impaired. My wife, Linda, was often confused by my memory lapses. She had no way of knowing what I was remembering and what I was completely missing. My two daughters, in their early 50's, were surprised and distressed that I had no recollection at all of their visits from the US. The doctors and nurses who treating me quickly learned they had to speak to me in Linda's presence, if

what they were asking and telling me was to be absorbed. I don't know what I would have done without Linda's presence at my bedside.

My memory deficits were compounded by my lifelong difficulties in retaining memory of auditory inputs. I had learned by the second grade that I had to write down what I was hearing in school if I held any hope for remembering it. It took me a while to get myself together to the point that I could take down memory notes again.

The doctors assumed I was succumbing to the laryngeal cancer they had identified. They explained my bouts of pneumonia as being due to breathing in food particles, due to the stiffening of my epiglottis by invasion of cancer, which impaired the ability of the epiglottis keep food from going down my larynx when I swallowed. While distressing, this was in fact a helpful explanation for the series of pneumonias I had experienced. The most likely alternative had been that this was a sign of dementia, with deterioration of functioning of my nervous system.

X-rays of my whole body, searching for possible cancer metastases, revealed lesions at the junction of the 7th cervical and 1st thoracic vertebrae. This was presumed to be due to metastatic cancer. They could not biopsy the lesions because there was too much danger of causing bleeding from blood vessels in the area. So these were inaccessible for surgical removal.

The doctors deferred to the hospital nutritionist in matters related to my diet. She had me on a diet with many fewer calories than I was used to eating. No amount of discussion with her or with the doctors could convince her to increase the amount they were feeding me. I lost 21 pounds during the hospitalization.

The doctors were convinced that the spinal lesions were due to the cancer, which I am sure, in retrospect, led them to less intensive interventions in general than were actually warranted.

Dealing with the urinary catheter inserted during my hospitalization for pneumonia

I was unable to urinate when the catheter was removed on a trial basis. Benign prostatic hypertrophy was diagnosed, a very common problem in older men. Considering that I had lost so much weight, the urologists recommended waiting till I regained some weight and had undergone the laryngectomy that was being recommended.

I rather suspect that they felt that I was a poor candidate for this surgery, and that I probably was going to succumb to the cancer, because I had lost so much weight.

Dealing with the abdominal feeding tube inserted during my hospitalization for pneumonia

Because I had difficulty swallowing, a catheter was inserted into my stomach through the wall of my stomach. This was my preference, rather than having a nasogastric tube, which I found intolerably uncomfortable. Initially, this was my only way of getting the calories I needed.

This tube was an awkward appendage to deal with, as it was at my belt line and interfered with wearing pants requiring a belt. I felt as uncomfortable with this as with the other physical problems I was enduring.

Being unable to swallow without aspirating the food was a constant reminder of my disabilities.

Undergoing the laryngectomy surgery

The surgery took 7 hours and was declared successful.

My post-surgical pain was reasonably treated with IV pain medications, and after a week by oral medications through my gastric tube. I practiced self-healing methods of relaxation and pain relief. I was unable to discuss these with the medical staff, who were totally immersed in conventional medical approaches and not open to listening to any such details.

The surgical success was marred, however, by the inability to remove the lesions in my neck, next to my spine. The doctors assumed my debilitated condition, including the weight loss, was all due to the disseminated cancer.

Learning to swallow following the laryngectomy

It took me about 8 months to learn to swallow food relatively smoothly, chewing it thoroughly and accompanying it with a generous swallow of water to make up for my lack of sufficient saliva. I sorted this out on my own, as the medical staff had no suggestions to offer about how to deal with it. If I got distracted while eating, however, and neglected to sip water with my food, my throat was likely to go into spasm.

It took many months for me to learn to swallow again without difficulties. Every 2-10 days my esophagus went into spasms in which I was unable to swallow anything at all. Occasionally the spasms would abate spontaneously, but most often I would get dehydrated and had to go the hospital emergency room for IV rehydration. The ENT doctors recommended I wait 24 hours to be sure the spasms wouldn't abate spontaneously, before I came to the ER. In most cases, when they finally gave me 2-6 liters of IV fluids, the spasms would abate.

On 3 occasions I was admitted under the care of the ENT doctors for diagnostic x-rays. Only once, on the first of these evaluations, there was a very mild narrowing noted along the midpoint of my esophagus. This was assumed to be the cause of the blocked swallowing – although there was only a small particle of food observed at the point of blockage, which couldn't possibly have explained the blockage.

On my third hospitalization for investigation of a spasm, the ENT doctors were unavailable for medical evaluation with x-rays for 24 hours. By that time the hydration had resolved the spasm. I was discharged at my own request, as there was little likelihood of anything productive being observed when the spasm was not present.

Adjusting to having no vocal cords

Following the laryngectomy, I emerged from my post-surgical mental fog and was pleasantly surprised to find myself less debilitated than I expected in my post-surgical state. Naturally, I had to adjust to being unable to speak, and to having to communicate totally through written notes. I used WHEE tapping and found it a major help in dealing with my pain, stress and psychological trauma of having no voice.

For most of my life, I did not adequately appreciate how important voice was in my life. Until my laryngeal problems developed, my professional work of psychotherapy demanded that I speak for a living, and I generally did this without giving it much thought. I believe that having had to adjust to speaking Hebrew as a child, when I moved at age 4 with my mother to Israel, probably helped me these many years later to adjust to everyday communicating in a new way.

Learning to speak following the laryngectomy

A plastic device, shaped like a very small spool for thread, was inserted at the back of my larynx, opposite the stoma. This enabled me to speak a word or a brief phrase at a time when I covered the stoma with my thumb and forced air in my larynx to vibrate through this device. With coaching from a speech therapist specializing in this method of speaking, I was able to develop slow but near-normal, soft-spoken speech initially. However, as my throat continued to heal, the shape of the stoma and its position in the folds of my neck gradually changed and it became increasingly difficult to cover the stoma appropriately in order to speak.

An alternative method for producing speech is to use an electronic, hand-held vibrating device that I hold against my throat under my chin, enabling me to vocalize words. My voice sounds a lot like the speech of the late physicist, Stephen Hawking. (His speaking device was very much more complex than mine.) Though my electronic voice is robotic compared to my initial stoma-blocking method of post-laryngectomy speaking, it has proven much more reliable.

Dealing with the stoma

NOTE: SOMEWHAT GRAPHIC PHYSICAL DETAILS IN THIS SECTION

Initially, I had a removable plastic tube in the stoma to help me care for the stoma and to assist in vocalizing. However, I found this difficult to manage because the tube got covered with mucus and I had to clean it off frequently to prevent it from getting clogged with mucus.

There were a few times when my larynx seeped bloody mucus and this made it even more difficult to manage. Two different ER doctors each prescribed a different drug intended to relax my esophagus so that it wouldn't go into spasm. Though the drugs did relax the spasms, unfortunately, within a day, each of them irritated my larynx to the point of bleeding, so they were more of a liability than a help.

Gradually, I learned by trial and error how to accommodate to the sputum. I cough vigorously when I feel sputum beginning to obstruct my breathing. On rare occasions, if I cough extra-vigorously, I irritate my esophagus to the point of oozing blood.

I wear a small bib to cover the stoma. This protects my larynx, prevents coughed up sputum from dribbling out or being ejected forcefully, and allows me to moisten the bib periodically and soothe my larynx with moistening air that I breathe in. This is also a cosmetic aid.

I've learned to live with this challenge, accommodating to my stoma needs, and take brief, periodic soma-care breaks as needed.

Dealing with ER admissions

Admission to the ER were often a tedious process. If the ER was busy, there could be as much as a 4-5 hour wait before I was seen for more than a cursory screening. After several months of this recurrent ordeal, a compassionate ER doctor gave me a note describing my condition, noting that I responded well to hydration when my throat had gone into spasm, and recommending that I be admitted ASAP following my arrival in the ER for IV hydration – as this was the definitive treatment for my condition, per numerous previous admissions.

This note has for the most part worked modestly well in the hospital in which it was issued. However, when I have presented it at a hospital in another city where I lived for several months it was almost always ignored.

The process of dealing with ER staff has been and remains a challenging education for me in negotiating for my wants and needs. ER nurses are the ones who provide the mainstay of care in the ER. They do the triage, manage the flow of patients through to admission, and mediate between patients and doctors. My experiences have been that about 1/3 of ER nurses are truly competent (I would say many of them brilliantly so) in making patient assessments, assessing priorities of urgency, mediating between patients and doctors, attending to prescribed management plans, and managing patient stresses and anxieties. They work 8-12 hour shifts, covering for each other during mealtimes. Another 1/3 are focused primarily on patients' physical problems, which they attend to with due diligence and varying degrees of competence. The last 1/3 are working a nursing job, and it sometimes looked to me like they were attending to bodies rather than people.

Being a hospital nurse, and particularly working in the ER, is very stressful on many levels. It is physically demanding, often pushing limits of strength and endurance in lifting and carrying physical, cognitive and emotional burdens. Dealing with patients' relatives is another piece of the picture, and often a seriously demanding one. My experience with hospital nurses, overall, has left me with enormous respect for them as a group.

Temperature sensitivity

For reasons I have yet to find an explanation for, my sensitivity to temperature had been markedly heightened since my thyroidectomy. I am reduced to shiver very quickly in a cold room, and uncomfortably warm when the temperature is above normal. Almost every time I've been in an ER or hospital, the temperature has been very uncomfortably cold for me. I've

needed to wrap myself in 3 sheets to keep from shivering. This has added considerably to my stress and distress during ER visits.

Sitting in chairs

Little things often mean a lot. Receiving IV hydration over 4-12 hours in an ER has been a physical challenge to my body. This is obviously a common experience, as many emergency rooms have reclining chairs for people receiving IVs. On many occasions I've had to sit upright in an uncomfortable chair for hours at a time while awaiting evaluation and during treatments. It is a good day when I'm in the ER and manage to get a reclining chair!

Tiredness

Following laryngectomy surgery, I found myself tiring frequently as I progressed through the day. I had to take a nap in the morning and another in the afternoon. Napping like this was a mixed blessing, however. If I slept too long during the day, I had difficulties with frequent waking at night.

My sleep patterns gradually shifted over a period of months, to where I now only need a single nap, once in a while.

Physical tiredness was less of a challenge than my doctors predicted. I'm certain this is because I have lived an active life, enjoying bicycling on errands and for pleasure throughout most of my life and for staying physically fit rather than using a car. Linda and I had often enjoyed cycling on woodland trails near our home.

Pains in my left neck, shoulder, elbow and hand

Several months after my laryngectomy I began to have pains that were attributed to the lesions along the junction of my cervical and thoracic spine. Initially they were intermittent, but then they became constant.

Tylenol 250 mg, 1 or 2 tablets controlled the pain. Annoyingly, they changed the dosage in the pills from 250 mg per tablet to 300 mg. and 600 mg was above the recommended dose I had been taking for months. I managed to chop the tablets into approximately 250 mg dose size, but apparently ended up with an overdose that caused bleeding from my stoma. Fortunately, I had had the experience of taking several other medications that caused similar bleeding, so after a few days of unexplained bleeding I associated the bleeding with the Tylenol and stopped taking it. Within 3 days the bleeding ceased.

I have also been working all along with spiritual healing. With the help of various healers, the pain intensity has diminished and for some days the pains are not present or only mildly present. In the past few weeks they have been present almost all the time, with intermittent worsening and lessening of intensity. I'm searching for their message but as of right now I haven't yet got it.

The worst aspect of these pains is that if I lie down in any position other than flat on my back they are significantly worsened.

WHEE has helped me connect with a series of memories of trauma to my left arm and shoulder in childhood, when my mother was physically abusive in several ways, including pulling me along impatiently by my left hand when we were walking together. Working on these memories has definitely lessened their intensity. I have to guess that there are still trauma memories waiting for me to identify and address them. I continue to work on this, often with modest success, but presume that somewhere I'm still missing key traumas that are begging me to deal with them.

Puppy dog therapy

Linda and I had each had canine companions prior to our marriage. We decided to get a puppy, following my laryngectomy, as a way of helping to assure we would stay fit. We had

been finding that my post-surgical physical challenges had limited our physical exercise, and we were a bit lazy in resuming the very active lives we had been living previously.

Willow, a medium sized poodle, has done exactly that for us. She is regularly taking us on good walks with her. We also accommodate her need for more vigorous exercise by throwing a soft ball down the stairs for her to chase and bring back to us.

Unfortunately for her, however, COVID has limited our interactions with other people to the point that she had little experience of meeting other dogs and other people. It is taking a long time and a lot of patience to overcome that.

Staying in the present

I find that if I dwell on my challenges and limitations, this can sometimes invite a wave of disappointment and depression. These upwellings of feelings respond well to WHEE and open into many unexpected awarenesses of trauma residues that seem to be just waiting for the invitation to clear.

Staying in the present has been enormously helpful to me for knowing, personally, what my clients are experiencing when I help them to deal with their issues of body, emotions, mind, relationships and spirit, releasing their fretting about real and imaginary challenges in their lives.

Installing positivity to replace negativity

Many therapists, practicing many therapies, are content to reduce the negative issues that bring their clients to therapy. This is a sad, serious oversight. Modern medicine is a prime example of this. Most physicians have minimal training in health promotion. The vast bulk of their education and practice is on diagnosing illnesses and treating them. Relatively little time is devoted to health promotion. TWR/ WHEE was developed explicitly to include this vital aspect of healthcare.

I have to admit that I, myself, have been slow and sometimes negligent in doing this with my own health issues. My left arm pain is a good example of overlooking the messages my pain is wanting me to hear and attend to. While I gave due diligence to delving into the memories associated with the pains in my arm, from the traumas I experienced with my mother, I gave little time or energies to building positive thoughts, feelings and practices to firm up my engagement with positivity around living without the constant threats of serious trauma I lived with in the first 4 years of my life. I was surprised, when I began to move into these positive spaces, how challenging it was to do this.

I came to realize I have spent much of my life helping others to learn and practice what I myself most needed. I also came to understand that I was doing this, in some part, in order to get the vicarious enjoyment from my clients' tremendous improvements because i had developed the unconscious belief in childhood that i didn't deserve this sort of positivity myself. by holding onto that belief i avoided the sadness and disappointments of missing this in my own life.

I think this issue is a major factor in my having been a workaholic and in my choice of a profession in which I can vicariously experience the benefits of my healing work. I think it also helps explain my previous failed marriages and my limited availability to my 2 daughters.

I am wonderfully grateful for having married Linda, with whom I share many common interests on every level of my being.

Spiritual healing

This has been incredibly helpful throughout my health challenges, with distant healing from individual healers for pains and for the specific issues I've been dealing with. I've also put out email requests to my lists of healers to send healing for my surgeries.

I've listed the healers who were particularly helpful in my book on Wholistic Healing for the Highly Sensitive Person (Benor, 2019).

In summary

It's humbling to be on the experiencing pain side of dealing with psychological issues myself, rather than just focusing primarily on advising others how to deal with their pains.

I wonder what messages and lessons will unfold next…

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