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Editor's Musings

TEACHING HEALING: A serious challenge*

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You teach best that which you most need to learn.

Anonymous

Our world can be perceived and experienced as matter or as energy. Einstein suggested this early in the 20th Century in his famous equation, $E = mc^2$ and modern physics has amply confirmed this theory. Matter and energy are two sides of the same coin. Newtonian medicine focuses on the matter side of the equation and has been slow to absorb that the body can also be addressed as energies. Healers and many other CAM therapies address the energy side of this equation.

Healers interact with bioenergies in two broad ways.

1. By sensing the bioenergies in and around the body, healers can perceive what is happening in the body. Most people can sense these energies with their hands. Some see them as auras of color around the body. Others may pick up information from the body as different sensory impressions, such as smell or taste. Some intuitives find that their minds translate this information as words when it filters through to their conscious awareness.

By interpreting their perceptions of the bioenergy fields, healers can identify a person's state of being on several levels: physical, emotional, mental, relational and spiritual. Assessing bioenergy states, they may note excesses, depletions, blocks or energies that indicate states of dis-ease or disease.

Healers report that the bioenergy fields not only reflect the state of the person, but are also templates for what is occurring in the body.

2. Healers can use their own consciousness and bioenergies to adjust abnormalities in careseekers' bioenergy fields. The biofield templates will then alter what is happening in the body, bringing about improvements in health.

Explanations for bioenergies

Complex combinations of energies recognized by conventional science may contribute to the bioenergies perceived by healers. J. Bigu points out that a very complex set of known energies and fields may emanate from the body to produce the visual aura reported by sensitives. These energies may include: electrical, magnetic, radio frequency and microwave, infra-red, ultraviolet, X-ray, gamma ray, beta ray, neutrino, chemical, mechano-acoustical scattering, diffraction and refraction auras. The perceived

aura may represent a sensory or psi perception of these fields individually or in combination(s), perhaps in the form of interference patterns.

Various energies that are well recognized in conventional science could account for some of the observed bioenergy phenomena. Schwartz et al. (1995) note that direct current (DC) skin electrical potentials can normally be measured on the hands. It's possible that the amount of sweat on the skin could modulate these DC potentials, and this could also alter the amount and quality of the heat radiated from the skin. Blood flow in the skin and muscles of the hands conduct cardiac electrical and sound patterns as well as generating heat, which is radiated as infrared pulses. The muscles in the limbs produce electromyographic (EMG) pulses. Movements of the limbs generate electrostatic fields. All of these energies combine to form a complex, dynamic energy pattern around the hands and other parts of the body.

Chien et al. (1991) also identified emanations of heat energy, which they measured as infrared signals in therapeutic touch healings.

Conversely, the hands contain nerve endings which can detect pressure, temperature, and the stretch of tendons and ligaments. These receptors could, theoretically, also respond to other energies. Electrostatic fields might produce subtle stretches or pressures which these receptors might be able to register. Minute breezes could also be detected through temperature, pressure, and/or stretch receptors. Perceptions of electrical or magnetic signals have not been empirically established as yet.ⁱ

My own explanation for bioenergies draws on all of the above, synthesized through systems theory.

1. In much of the research and theorizing to date, we have approached bioenergy medicine in a reductionistic way because most scientists have been trained to address research in this manner. We have picked one piece or another of the total gestalt that comprises a careseeking person and have done our best to analyze this piece in a focused, systematic way.

We are gradually acquiring data on electromagnetic radiations measured in various ways: e. g. by laboratory instruments, bioenergy therapists' descriptions of their sensory perceptions and healers' intuitive perceptions of the functioning of the human organism in health and illness.

2. The human organism is an enormously complex system in which many factors combine to bring about any single state of body, emotions, mind and spirit. None of the individual components can provide a full or adequate description for the human organism, nor can a simple combination of factors or layers of explanations begin to explain the functioning of the human organism.

3. A caregiver is composed of similarly complex combinations of factors.

4. The interaction of a caregiver with a careseeker is exponentially more complex than either alone.

5. Each of us is similar to a subatomic particle in the atom of a molecule of a cell of the tissues and organs that make up a whole organism – which is the cosmos. We have the illusion of being separate from the vast All, and we do have free choice which gives us a measure of illusion of being independent, but our independence is still within the frameworks that contain us. There are therefore uncountable intangible factors that influence every aspect of our being.

Considering all of these factors, it is actually a great wonder that we have been able to extract some measures of orderliness in healing research out of this cosmic soup of influences that can shape each subject in an experiment at any moment. The infinite variability of the combinations of factors that can alter the condition of each subject in an experiment is mind-boggling.

The complexity of the task of analyzing healing is evidenced by Table 1, detailing items considered important by experienced caregivers involved in offering and teaching healing. This is a long but by no means a comprehensive list, nor does it address how to implement the inherent recommendations suggested by these items as factors that may influence healing.

Dissecting healing into its component elements confronts one with a variety of problems.

It may appear on one hand that one is picking apart and examining such small bits of healing that they become meaningless. On the other hand, from studies of component parts one may grow in understanding of the whole and improve in one's ability to understand, offer and teach healing.

Many healers are uninterested in doing this dissection and analysis of separate parts. They simply trust that a higher power than themselves will understand the problem, know what to do about it, and will do whatever is necessary and right. I know healers of this sort who achieve excellent results and some of these are good teachers.

Other healers and the vast majority of medics familiar with healing feel that the deeper one's understanding of healing the more one will be able to help. I believe that even if one is leaving the specifics of healing to a higher awareness, our limited comprehension may introduce limitations to the healing through our ignorance of how a person may change and through our unconscious disbeliefs about the wondrous changes possible with healing.

In Eastern Europe and Russia, healers who are working closely with doctors often study anatomy, physiology and the like so that they can sharpen their diagnostic accuracy and focus their healing better upon disease processes. In the west, many healers study counseling and psychotherapy. These studies improve communications with medics and enhance awareness of physiological and psychological pathways for healing.

The complexities of the processes of healing may deter medics and healers from even attempting to analyze them. This challenges us to choose carefully how and where to allocate and invest our resources in doing and teaching healing. Not dissecting the process intellectually may also have advantages: this allows us to apply pure intuition to sort out the best approaches, and may bypass potential traps of narrowed focus that could block full healing efforts and maximal healing effects.

While I strongly believe that every item in the table has its value and importance in learning, offering and teaching healing, I feel that the first four are the most important and closely interlinked with each other. I believe that most people have a measure of healing ability and that one of the most crucial factors in developing it is their maintaining a clarity of intent to activate and improve it. Temptations to boost one's own ego through proving how strong a healer one is must be avoided. We must not push healees to demonstrate improvements but rather help them to listen to what their body, mind and spirit are telling them and to understand the meanings of their illness.

Healers can be role models. They may demonstrate that which they teach by working on healing their own frailties first of all, to model that which they hope to convey to others. They will continue to grow and to learn through the lessons their healees bring them. If healers are not afraid to explore their own shadow, their healees will have a much easier time of learning to address this most difficult of all challenges. Healing becomes an act of shared creation of new understandings and new realities between healer and healee.

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Table 1. Factors involved in healing

Overall

Integrity

Innate gift

- intentionality in activating and applying this
- selflessness in using it (vs boosting healer's ego)
- clarity of healer's inner development path

Modeling personally what one teaches

Compassion, genuinely caring enough to help others selflessly

Centering

Respect for healee

Selecting students

- middling
- average
- gifted

Ethical standards

Training/ experience under supervision of advanced healers

Appreciating diverse styles of learning

Open to learning ever more

Maturity

Responsibility

Humility

Social acceptability

Needs/ fees of healers

Physical

Intuitive assessments

Familiarity with medical diagnosis

Physical causes

- congenital
- metabolic
- infectious
- toxic
- traumatic
- allergic
- neoplastic
- degenerative

Psychosomatic/ disharmony

Healee responsibility (not blame)

Vehicles (cloth, cotton wool, water, etc.)

Emotional

Healer qualities

- unconditional love
- empathy
- ability to introspect
- clearing the healer's own emotional residues/ shadow issues
- supervisor/peer review/ support
- burnout awareness/prevention
- levels of tension/ relaxation

- able to have distance from problems, e.g. using humor
- self-awareness

Mental

Intelligence

Intellectual abilities

Openness to learning new ideas

Independence of thought/responsibility

Clarity of boundaries

- personal
- emotional
- professional
- understanding subjective judgments, attitudes
- respecting healee's judgments, attitudes, and decisions,
- not pushing healing to build healer's ego
- responsibility
- openness to collaborations

Healer knowledge, general

- the unconscious mind/ shadow
- knowing, respecting defense mechanisms
- addressing causes, not just chasing symptoms
- emotional scars/ clarifying reasons for disease/ dis-ease
- over-determination of symptoms/ illnesses
- personality types
- stages of psychological development
- family relations
- counseling/ psychotherapy
- common sense
- knowing when to be gentle, when firm
- boundaries
- respecting healee's ownership of problems
- trust/ distrust
- human being vs human doing;
- waiting for healee invitation to intervene

Healer knowledge, specific

- Reframing
- Imaging ('visualization')
- Raising consciousness
- Meditation
- Absent healing
- Group healing
- Balance of thinking/ feeling/ intuition/ sensation, or 'right brain' and 'left-brain' thinking
- Ego strengths
- Complications/ dangers of ego involvement

Creativity

Onting self correction/ Improvement/ research

Communication: writing/ speaking - to healees,
health careprofessionals,

Continued. . .

Table 1 (Continued). Factors involved in healing

Spiritual	Broader levels for healing
Model	Relational/family
- conceptual	Political
- intuitional)	Gaia (planetary)
Healer embodying/modelling spirituality	
Permission/taboo	
Guidance/spirits	Professional responsibility/reliability
Clarity of channel	Legal
Reincarnation	Availability in emergencies
Awareness of soul needs	Assessments/standards
Group mind	Referring on to other healers/professionals
Religious beliefs	Training/supervision for trainers
- healer allegiances	Emotional: acknowledging and accepting
- respect for healee's beliefs	limitations of the teacher
Surrender vs responsibility	Mental: The teaching is not necessarily
Good/evil; yin/yang;	embodied in the person of the teacher
the space between musical notes	Spiritual: The teacher is the teaching
Gaia (planetary consciousness)	Ongoing education
	- case conferences
Healing Energies	- interfacing with other health care
Auric fields (hand palpated and/or visualized)	professionals
- sensing	- peer review of healing problems/'
- identifying diagnoses	failures'
- energy abnormalities (high/low, blocks,	Research
leaks, unusual sensations, etc)	
- intuitive assessments	
- correcting bioenergy imbalances	
Chakras	
Meridians	
Craniosacral	
Distant/Absent/Radionics healing	

*An earlier version of this paper was published in *The Doctor:-Healer Network Newsletter*, No. 5, Summer 1993.

IN THIS ISSUE OF THE IJHC

Francesca McCartney, PhD, studied the enhancement of intuitive awareness through internet connections between healers and healees, showing that this electronic medium appears to augment these interpersonal links. In a separate article she discusses the parallels between the global community that is facilitated by the internet and the intuitive, collective consciousness of mankind.

Rondi Lightmark, MA, explored the benefits of a variety of self-healing approaches that were helpful to a man who was in the late stages of dealing with cancer. This qualitative study is heartwarming as well as instructive.

David Gersten, MD, suggests ways in which people with Borderline Personality Disorder can be helped through meditation, imagery and other holistic approaches. Because many of these people may be in need of healing on many levels of their being, Gersten suggests that a spectrum of approaches that includes spiritual dimensions can be productive.

Sithara Batcha, BS, MS4 describes how a medical student rotation in palliative care was an uplifting experience – contrary to ordinary expectations that this would be a heavy, depressing challenge.

Animal communications with humans are highlighted in a series of articles in this issue of *IJHC*. This is an area of healing that is not as well known as healing in humans and is therefore often neglected. Terri Diener shares a variety of ways in which intuitive communications clarified problems in the lives of animals and their people who came to her for consultations. Ingrid Collins tells us how animal communicators may help owners understand their pets better, and how owners may learn to communicate with their pets. Diane Grindol reports on Sister Judy Seefeld, whose cat, Jello, is a therapy animal who brings comfort and healing to people in hospice. Brian Dailey reports on a cat who joined in giving Animals may bring healing to their owners – as shared by Larry Lachman, PsyD, who was helped by his dog following surgery for cancer. Martina Steiger reports on communications with her cats and how she negotiated with them to not disturb birds coming to her bird feeder.

The book reviews cover a variety of offerings on the theme of animal communications and animal healings. They also include an outstanding book, co-authored by a psychologist and an artist who have dealt with prostate cancer – each in his own way.

Larry Lachman brings us his monthly holistic news reviews.

Ric Masten offers wonderful single-line drawings and poems, and the humor page has delightfully funny pictures of animals.

Enjoy!

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