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Truth: The Golden Thread, Part One

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One element shared by all effective healing methods is the process of leading the patient through honest and truthful self-discovery. In my experience, this "Golden Thread" is necessary for the initiation and continuation of self-healing, because it is only through self-healing (as opposed to curing) that patients can experience both permanent recovery and spiritual growth.

Before exploring the issues of self-discovery and self-healing, let's examine the differences between healing and curing.

Surprisingly, both words share essentially the same dictionary definitions: that of being a method or course of treatment that aims to restore health. Yet the definitions don't capture the implications the two words have in today's health care world.

Healing often refers to what is done by the patient or the patient's body to resolve a problem of the body, mind or spirit. Curing usually refers to what a physician or therapist does to the patient. Thus, we frequently speak of patients needing to heal themselves after a disease has been cured. Surgically removing the gallbladder, for instance, might cure the gallbladder disease. But the patient must then heal the wound and adapt to the organ's absence in order to achieve full digestive-system function.

The reason we need to clarify the difference between healing and curing is quite simple: Effective therapy, whatever its outer form, initiates, facilitates and supports the patient's own healing efforts; whereas the curing process provides a more temporary and perhaps only palliative effect. Although curing might remove the symptoms of a disease from the outside, so to speak, it usually leaves the underlying causes of the symptoms untouched.

For example, a physician might cure hemorrhoids by surgically removing them. However, if the hemorrhoids are secondary to liver congestion due to chronic alcohol abuse, the problem will not be healed

until the patient resolves the underlying reason for the alcohol abuse. Perhaps it would even be better for the surgeon to leave the hemorrhoids intact to remind and motivate the patient to pay attention to the alcohol abuse. In this way, the real cause of the problem might be eradicated.

One of my friends, a general surgeon with more than 30 years of experience once confided to me that, in retrospect, he felt most of the surgeries he had performed might better be classified as excisions of the vocal apparatuses of his patients' inner selves. By removing certain organs or tissues, he believed he was eliminating the bodily voices that were trying to focus attention on the source problem.

Going back to our patient with the hemorrhoids, if they are removed, yet the alcohol abuse continues, the inner self has no choice but to select another organ as an attention-getter. The next target might be the gallbladder, which the surgeon might then need to remove because it becomes full of stones.

So, now we have a heavily drinking patient without hemorrhoids or a gallbladder who still has little or no idea why he's abusing alcohol. Perhaps he's using it to escape feelings of guilt one of his parents instilled in him when he was a child. Whatever the case, if the issue is left unexplored and the abuse continues, eventually the liver function will once again falter.

When such a case of deterioration continues, the inner voice of the body's wisdom will feel an increasingly urgent need to contact the patient's conscious mind. You might even see varicose veins develop in the esophagus. Now the situation is life-threatening, requiring internal medicine specialists and surgeons to co-manage the process. Once the veins are surgically dealt with, there might be little remaining that can be removed except the liver itself, in which case a transplant would be necessary. Usually, though, the internist must support the abused liver until death takes over.

Now, let's backtrack a bit. Somewhere along the line, a psychiatrist might have been called in to deal with the alcohol abuse. Or perhaps by now the patient is believed to be suicidal. In either case, most of the drugs prescribed by the psychiatrist will probably have both mind-altering and hepato-toxic (liver-poisoning) qualities. So the inner voice has even less of a chance to communicate with the drug-compromised mind about the reason for the alcohol abuse. And the liver function will be further impaired due to the toxic nature of the drugs.

What might we expect from such a scenario? Most likely, premature death. The cause would probably be recorded as liver failure due to alcohol abuse. But from our perspective, it might be just as accurate to say

the patient died from a hemorrhoidectomy thoughtlessly performed without having searched for an underlying message. Or, we might consider the death due to the second excision of the inner voice that was attempting to speak through the gallbladder.

Becoming aware of this inner voice is what I mean by self-discovery that leads to self-healing. In the case I just outlined, treatment not only failed to make the patient aware of the inner voice, it ultimately suppressed it. This led to a self-perpetuating cycle of deterioration.

Short of a miracle, the process probably was irreversible once the varicose veins developed in the esophagus and the brain was numbed with mind-altering drugs. After all, what chance does the inner voice have against an onslaught of modern surgical technology and psychopharmacology?

Of course, a myriad of health approaches and philosophies have been created in response to the failure of traditional curative methods. Therapeutic massage, meditation, exercise, nutritional therapy, herbal therapy, homeopathy, acupuncture, manual medicine, rebirthing, counseling, primal scream, CranioSacral Therapy, SomatoEmotional Release and biofeedback, to name a few. Although outwardly different, each of these systems facilitates the self-discovery that leads to self-healing.

When considering how the process of self-discovery works, it's important to remember our self-image constantly is changing. It seems the closer our perception of self approaches the truth, the deeper becomes our capacity for self-healing. When there is a close correspondence between self-image and trust, our self-healing power may be virtually unlimited, capable of producing the "miracle cure."

That's why, as a therapist, your main responsibility is to help the patient develop a truer (more accurate) self-image. You must become an accurate reflecting mirror - a medium through which the patient's real self can be perceived more clearly. You must be an unbiased facilitator, understanding the patient's true self-image might not be compatible with your preconceived notion of the problem.

When you release any ego-based tendency you might have to engage in dogmatic symptom classification, you can become a clear, reflecting medium that ultimately permits no illusion, delusion, camouflage or facade. Then, and only then, can you and your patient both discover the truth.

As a facilitator, you also must not force too much perception of truth at one time. Otherwise, you run the risk that the patient will turn away from his own reflections. You must be a very sensitive mirror, reflecting only as much as the patient is able to deal with at any given moment. Still, you must reflect enough to

prevent stagnation and keep the self-discovery process moving forward.

The art of therapy is in sensing how rapidly the process can move without turning the patient away, and in allowing the patient to make his own discoveries. This requires you to avoid suggestion and leading. It also involves connecting with the patient at a nonconscious level. The process of self-discovery might continue with or without words. I wish you well as you continue to weave the Golden Thread throughout your therapy.

Editor's Note: Part Two of "Truth: The Golden Thread" will appear in the July issue of *Massage Today*.

Click [here](#) for more information about John Upledger, DO, OMM.



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