

HEALING POWER

Physician Heal Thyself

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To Love: The Great Healer and The Great Pain Manager

CONTENTS

Introduction.	xi
The Bag Lady: Physician Heal Thyself	xii
CHAPTER 1: THE PAIN STORY	1
Brutal Reality	1
The Cheeseburger Effect	2
Terror at the Abyss.	3
Medical Training and Early Retirement.	4
CHAPTER 2: THE HEALING STORY.	7
FINDING PHIL	7
People and Activities	8
Self-Knowledge	9
Belief Systems	10
Eastern Mysticism	11
The Scientific Method in Metaphysics	13
FINDING DR. SHAPIRO	15
Searching for the Soul of Medicine	15
Holistic Clinic.	17
Methadone Maintenance.	18
You Are a Psychiatrist	19
Community Psychiatry	20

Kings County Hospital	22
South Beach Psychiatric Center	24

CHAPTER 3: BRUTAL REALITY AND THE ILLUSION OF

SAFETY, SECURITY, AND IMMORTALITY 25

People	27
Activities	28
Belief Systems	29
Self-Knowledge	30
Brutal Reality	31
The Illusion of Safety, Security, and Immortality	32
Just Folks.	34
<i>Brutal Reality</i> in a State Hospital	35

CHAPTER 4: THE BIRTH OF HEALING POWER 37

Yogananda.	37
Mind-Body-Spirit Medicine.	40
Spirituality and Healing in Community Mental Health	41
The Scientific Method in Metaphysics	43
My Experiment	44
My Findings	45
Spiritual Healing in Medical Practice: Barriers and Questions	47
A Rough Draft	49
Bill Johnson's Guidance.	50
Guidelines and Criteria Used To Create the Ten Steps.	51
The Books and Workbook	53

CHAPTER 5: THE UNIVERSAL HEALING WHEEL 57

Healthcare Professional, Heal Thyself	57
Pain and Healing: A Marriage of Wisdom from the World's Sacred Literature	58
<i>The Last Place They Will Look.</i>	58
<i>Two Wolves</i>	59
<i>The Guest House: Rumi</i>	59
The Universal Healing Wheel: The Mechanics.	60

Pain	63
<i>The Inevitable Suffering of Life</i>	64
<i>Reactivity</i>	65
Qualities	67
Methods	69
What Do You Do When You Are in Pain?	72
<i>Horizontal Axis Methods: External Work</i>	72
<i>Vertical Axis: Internal Work</i>	73
Locus of Control	76
Roll the Universal Healing Wheel	76
<i>Roll the Wheel Without a Traction Device</i>	78
<i>Roll the Wheel with a Traction Device</i>	79
Change Occurs in Four Stages.	81
Points to Remember	82
What We Like Most About Adding Spirituality to Our Work	84
Staging Disease and Recovery	85
<i>For Low-Income Persons with Chronic Severe Illness</i>	85
Guidelines for Groups and Classes.	87
Traction Devices and Higher Power Options.	90
The Buddha Is in the Building: What About Jesus and Other Masters?	92
CHAPTER 6: THOU SHALL NOT BURN OUT	97
Bring Love to Medical Practice	97
Find Your Power in the Story: Feed the Good Wolf.	99
School: Pain Has a Purpose	100
The Bigger the P, the Bigger the Q Has To Be	101
One Continuous Sacred Ritual	102
Establish the Virtues of the Great Ones	103
Superconsciousness	103
The House	104
Skillful Pain Management Is Love Itself	106
The Movie	107
Who Is Running the Meeting?	108

Love, Map, and a Rope	109
Glorified Waiter.	109
Spiritualize the Practice of Medicine	110
The Ten Commandments: Ego Reduction and Humility. . .	111
Healing the Healer	114
Listen to the Masters: Prove It to Yourself	115
The Universal Healing Method	117
The Abyss Is in the Living Room: Omniscient Love versus Terror at the Abyss	118
<i>Points To Remember About the Abyss in the Living Room</i> .	123
Pearls of Wisdom.	123
Final Important Points To Remember	126
Rx: Take the Love Pill	128

APPENDIX A: CURRICULA AND APPLICATIONS129

INTRODUCTION

I AM A PHYSICIAN WITH A FORTY-FIVE-YEAR CAREER AS A CLINICIAN, teacher, and administrator in community psychiatry. The people I serve struggle with major mental illness, substance abuse, medical problems, homelessness, poverty, unemployment, broken families, lack of social support, and legal problems. I find their stories heartfelt, heroic, colorful, and creative.

I also have an interest in Mind-Body-Spirit Medicine and have created a self-help, self-healing model I use myself and teach to patients, students, and staff members if they are interested. The model is called *Healing Power*, which is described in *Healing Power: Ten Steps to Pain Management and Spiritual Evolution Revised* (2010) and *Healing Power, The Workbook* (2015).

Students often ask me to tell my story and to explain how *Healing Power* emerged from it. They find this context to be useful in understanding the principles of the model. I have done some of that in the previous two works but much of my back-story remains untold. It is with this in mind that I tell more of my story—a story about the universal dance between pain and healing. I have had a considerable amount of both.

Many painful tests have forced me to dig deep into healing technologies to see what works. The model was forged on the anvil of suffering. A smooth life would never have sufficed to create such a

work. *Healing Power* is my answer to the blows wrought by brutal reality, developed after years of study and contemplation. It is a grand scheme about the transformation of suffering into love and wisdom.

Although *Healing Power* is designed for doctors, healthcare professionals, and their patients, it is translatable to any person; the issues are universal. My hope is that you will see how it applies to your story and if you are a healthcare professional, to the patients you serve.

THE BAG LADY: PHYSICIAN HEAL THYSELF

On a hot summer day in 1974, I was walking in midtown Manhattan and having a rough time. Emotionally overwhelmed and in a lot of pain, I yelled silently into the ether, “Lord, I need a sign!” Instantaneously, a bag lady got up in my face. In a deep and gravelly voice, she said, “Get me a cup of coffee.” I didn’t know if this was the sign but that was the sort of thing I would do, so I told her to wait right there, and I got her a cup of coffee. I came back and gave it to her. Then she said, “Wait, I have something for you.” She went into her bag lady things, pulled out a book, and said, “This is for you.” Title of the book: *Physician Heal Thyself*.

Wow! What just happened? Coincidence? A sign?

At that point of my life, I was a spiritual seeker, exploring the ultimate nature of the universe and the possible existence of an Omniscient, Omnipotent, and Omnipresent God to Whom we can appeal and get a response. On this occasion, I got that response, an example of what some refer to as synchronicity or a “God shot.”

About two years before this, on July 1, 1972, I had retired from the practice of medicine at age twenty-nine, confused and lost as a man and as a doctor. I didn’t know if I would ever see another patient and had no idea what to do with my life. As it turned out, I took off the next ten months in a quest for meaning.

This hiatus opened up a chapter of my life best understood as “Physician Heal Thyself,” a sorely neglected topic in medical training.

Introduction

There was no talk about healing the healer. In fact, there was zero attention paid to this monumentally important subject.

Many physicians find their way through the medical training maze and come out reasonably intact on the other side. I was not one of them. On the contrary, the system crushed me—and it crushes others.

Medical training is like boot camp. The path is long, demanding, and arduous.

- The stakes are high: illness, disability, suffering, and death.
- The body of knowledge, already vast, is ever-expanding and ever-changing, requiring lifelong study.
- Every patient is different and illness presents differently in every patient.
- Despite the phenomenal power of medical model technology, a great deal of residual suffering remains on the table.
- The medical delivery system itself is fragmented and expensive.
- Funding is inadequate, leading to inappropriately short length of hospital stay, lack of outpatient resources, and limited or no insurance for too many people.
- Illness is often chronic, progressive, and debilitating, demoralizing the patient and the doctor.
- Many patients are unable or unwilling to participate in self-care: to stop smoking; to eat an appropriate diet; to engage in exercise, mindfulness, meditation, breathwork; and more.
- Paperwork and clunky electronic health records take up an inordinate amount of time.
- Our education in biological medicine is exceptional but we lack training in the psychosocial and spiritual determinants of illness and healing.
- We work with suffering and death every day but receive no guidance on how to relate them to the big questions of life: Who am I? Why am I here? What is the meaning of life? Why is there so

Healing Power

much suffering? How do I understand suffering? What is death? Is there life after death? How do my patients get through all of this? How do I get through all of this? Is there anything I can hold onto as I go through the changes of life? These questions are never mentioned, not even once!

- And more.

So many barriers and so much frustration can be overwhelming and exhausting. How we manage this pain determines whether we move forward, backward, or stay stuck.

When I retired from medicine at age twenty-nine, I was stuck. I needed to find many pieces to the puzzle before I could go forward. What follows is a description of those pieces, how I found them, and how I ultimately put them together into the self-healing model called *Healing Power*.

Healing Power is a composite of the things I needed to hear as a young man going through medical training—things that no one gave me, that I had to find myself, and that I now write about and teach, hoping that this knowledge may be of use to you.

I have decided to entitle this book *Healing Power: Physician Heal Thyself* as a call to physicians and healthcare professionals to engage in self-healing for personal and professional growth. Without this critical necessity, there is a much greater chance of physical, mental, emotional, interpersonal, and spiritual problems, which inevitably lead to cynicism and burnout. An epidemic of burnout currently exists among physicians. We need to address the causes of this epidemic with corresponding healing interventions.

With the completion of this book, there will be a trilogy:

1. *Healing Power: Ten Steps to Pain Management and Spiritual Evolution Revised* (2010)
2. *Healing Power: The Workbook* (2015)
3. *Healing Power: Physician Heal Thyself* (2018)

Healing Power is a compendium of the wisdom of the ages from

Introduction

the sages, translated into cognitive-behavioral, mindfulness, and meditative practices designed specifically for healthcare professionals and their patients.

Key principle: “The cure for the pain is in the pain” (Rumi).

Healing Power is a prescription for skillful pain management. It teaches us how to make medicine out of our pain—how to transform our pain into healing power we can use ourselves and how to help our patients do the same.

It doesn’t matter where we are on the map; we all need more healing power. There is always a next step to take.

Read on and you will find:

- A gold mine of spiritual principles, methods, qualities, and pearls of wisdom that will help you become an ever-increasingly skillful pain manager.
- How to turn the tables on your pain and make it work for rather than against you.
- How to use your pain as a teacher and stimulant for the growth of healing qualities such as love, compassion, patience, kindness, humor, forgiveness, courage, strength, and perseverance, qualities that will help you in every domain of your life, both personal and professional.
- How to feel better.
- How to become a better person.
- That you may even experience higher states of consciousness: the peace that surpasses understanding, pure unconditional love, intuitive wisdom, unfathomable stillness, and ecstatic joy. People call this bliss, nirvana, God, Christ Consciousness, the Atman, or soul. It doesn’t matter what you call it; the experience is gorgeous.

This book is divided into six sections:

1. The Pain Story
2. The Healing Story

Healing Power

- a. Finding Phil
- b. Finding Dr. Shapiro
3. Brutal Reality and the Illusion of Safety, Security, and Immortality: This section describes the model I created in 1980. *Brutal Reality* is a stand-alone model and the platform upon which *Healing Power* is built.
4. The Birth of Healing Power: This section describes the origin of *Healing Power*.
5. The Universal Healing Wheel: This section describes the mechanics of the universal healing wheel and how it works.
6. Thou Shall Not Burn Out: In this section, you will find a variety of ways you can use the universal healing wheel to skillfully manage your pain and avoid burnout.

The best part about being a psychiatrist is having time to listen and intervene in a patient's story. I watch and listen for the pain story and the healing story. Much of the time, I hear only the pain story and realize the individual has no healing story. This then becomes my job: teaching people how to heal their pain. When I was younger, I did not know how to do this for myself let alone teach it to others.

I will tell you my pain story first, then my healing story. Then I will describe how I created the models that teach people how to do this for themselves. In my case, there was a considerable amount of bounce and chaos on the way to a healing story. But in going through all of this, I discovered universal or near-universal principles, methods, and qualities that can be captured by a model and applied to your story.

As you read on, you will notice some overlap and repetition between this and the previous two books. This repetition is necessary to tell the story as a coherent whole.

PART 1

THE PAIN STORY

BRUTAL REALITY

IN MAY 1943, I WAS A SEVEN-MONTH-OLD FETUS. OF COURSE, I don't remember what it was like, but I imagine the womb was a good place to be: warm, quiet, peaceful, safe, and protected. One day, in an instant, the feeling of safety and the quiet vibrations of motherly nurturance were replaced by fright, flight, and freeze.

My parents went out for dinner. A neighbor was babysitting Suzanne, my twenty-month-old sister. The neighbor left Suzanne on a table and walked away. She fell. When my parents came back, they discovered their baby daughter running a fever and convulsing with seizures. They took her to the hospital, where a spinal tap revealed blood in her spinal fluid. She had a type of brain damage that causes muscle spasms, a permanent condition known as cerebral palsy.

Suzanne's life was one of severe and chronic disability. She had difficulty walking and often fell; loud crashes could sound in our house at any time. My parents and I would run to her in fear of what we might find. Would there be a broken leg, a cracked skull, blood? Due to muscle spasms that inhibited her ability to swallow, she would often choke or gag on her food, banishing in a flash the camaraderie of our family supper.

She was a beautiful person, physically and spiritually. I never saw her angry. She was pure love. Despite her beauty, she remained home-bound, isolated, and lonely because her disability prevented her from keeping up with her peers.

At age twenty-four, a sudden loss of eyesight compounded her problems. Over a few short weeks, she became blind; no physician could diagnose the cause. She went to a school for the blind, where she learned braille and met the love of her life, a wonderful man who was also blind. It was her lifelong dream to get married, and, at twenty-seven, she did. On the weekend of her honeymoon, she got sick. Six weeks later she was dead. The same mysterious neurological disease that caused her blindness had destroyed her nervous system.

Each of us has to deal with brutal reality—perhaps not as early as the seventh month of fetal life or, in Suzanne’s case, at twenty months, but eventually the time comes. Brutal reality is defined in Step 2 of the ten-step model as death, pain and suffering, and the unknown. In this work, we will study how our ability to manage brutal reality determines whether we move forward, slip backward, or stay stuck in this life. (See *Healing Power Revised* [2010], pp. 52–53.)

THE CHEESEBURGER EFFECT

I was born on July 14, 1943, to a middle-class family of Conservative Jewish faith. Conservative Judaism lies between the Reform and Orthodox branches of Judaism. The tradition includes a strong sense of tribal identity and solidarity, a profound emphasis on taking care of family, support and encouragement of higher education, service to humanity, a great sense of humor, excellent food, the expectation that you marry in the faith, the discipline to follow certain dietary laws, and more.

I followed the rules and customs prescribed by my religion faithfully until age twelve. You might say that the Jewish Boy Scout was in charge of the committee in my head that runs the meetings and

makes the decisions that determine the course of my life. The Jewish Boy Scout likes to be good and it feels good to be good.

However, other members of the committee would sneak into the chairman's position and take over the meeting.

I was in downtown Chicago at an athletic club my dad belonged to. I was there on Saturday morning to work out. It was time to go home. Back then pharmacies had lunch counters where you could get a sandwich. All of my non-Jewish friends were eating cheeseburgers, but I wasn't supposed to because of the kosher laws. I wanted to see what one would taste like.

Dennis the Menace, a prominent committee member, took over the chair. He has a glint in his eye and doesn't mind making trouble. He tries things even if it involves breaking the rules.

I ordered a cheeseburger, French fries, and a shake. There are several sins here: the meat was not kosher; you don't mix cheese with meat; the fries may have been cooked in pig fat; and I chased it with a shake, which added more milk to the meat.

I ate the whole thing. Then I knew why other people eat cheeseburgers. It was delicious. I loved it, but there was a problem. Since God was watching and didn't approve of my lunch, I thought I would be punished—swiftly and severely.

The mind of a little Jewish boy who breaks the law for the first time works something like this: The Jewish superego says do not eat a cheeseburger. The id, or pleasure principle, says, do it. The result is guilt. I thought, "I am going to get run over by a bus because God is angry with me." But I got home safely. That night, I thought, "This is really cool. If I can eat a cheeseburger and not die, what else can I do?"

I call this seemingly harmless little event the "Cheeseburger Effect." It marks a profoundly important factor in my understanding of how belief systems work. (More on this shortly.)

TEROR AT THE ABYSS

Move the clock forward to the University of Michigan. I was nineteen

years old and taking courses in preparation for medical school. I was one of forty-five thousand students from all over the world. This was a period of intense study and intellectual conversations. A little white wine on Friday night and all of the big questions were on the table: Why am I here? What is the meaning and purpose of life? Why is there so much suffering and evil in the world and what can be done about it? No idea was immune to examination. Is this complex world of good, evil, joy, and suffering accidental or designed? And the ultimate question for me: Does God exist? One night, the answer: I don't know.

Between the cheeseburger as a twelve-year-old boy in Chicago to my loss of God as an undergraduate, I lost the rites and rituals of my belief system of origin one by one. Enter existential anxiety or terror at the abyss. I still had my values, but I no longer had a story to tell me what it was all about, a story to help me manage the suffering of brutal reality.

Think of a chess game as a metaphor for belief systems. The cheeseburger is a pawn. The rook, knight, bishop, and queen, all of which are there to protect the king, represent other concepts, images, rites, and rituals. I lost a pawn when I ate the cheeseburger. I proceeded to lose one piece after another, until one day, I wasn't sure of God's existence. There was a meltdown of the entire system. When the king went down, I experienced the unknown, the abyss, the great mystery of life, untempered by my inherited religious story.

The abyss is a difficult place to be. The loss of a belief system can be devastating. Belief systems provide us with meaning and purpose, story and metaphor, inspiration, protection, guidance, truth, healing, community, service, and expansion of spiritual qualities such as love, compassion, understanding, and forgiveness. Whether we stay in our religion of origin or not, belief systems are monumentally important.

MEDICAL TRAINING AND EARLY RETIREMENT

I got into medical school after three years of premedical studies at

the University of Michigan but turned it down and decided to go back for a fourth year. The first three years were almost completely filled with science courses as prerequisites for the study of medicine. I was beginning to feel the squeeze on my humanity and was afraid of becoming a one-dimensional man, focusing on science to the exclusion of all else.

There was a degree of risk here. Perhaps I wouldn't be accepted to medical school after the fourth year but I purchased that risk in order to study the humanities. I took seven history courses and loved it.

I graduated from the University of Michigan in 1965 and did get into medical school at the University of Illinois in Chicago, had my internship at The Jewish Hospital of St. Louis in internal medicine, and was accepted at the Mayo Clinic in Rochester, Minnesota, for residency training in internal medicine. I was attracted to academic medicine. I admired those knowledgeable doctors in white coats knowing and teaching things to younger doctors like myself.

But there was a problem. The closer I got to the Mayo Clinic, the more anxiety I felt, to the point that I could not see my way through it. I broke the contract without a full understanding of the source of the anxiety but I was aware of that same feeling of being smothered, of being a one-dimensional man.

Some people are quick learners. They take one look at the material and get it. I learn but I learn with a great deal of effort, slowly, deliberately. To be that knowledgeable doctor and teacher with the answers for the younger doctors, I would have had to study internal medicine every day and night for the rest of my life. I felt metaphorically short of breath thinking about it.

I broke the contract with the Mayo Clinic and got into the United States Public Health Service. At that time, all physicians were obligated to give two years of service to our country either in the military or public health. I was accepted into the United States Public Health Service as a general medical officer stationed in an outpatient clinic in Portland, Maine, from July 1, 1970, through July 1, 1972.

Healing Power

In partnership with another physician, we served active duty Coast Guard, retired military, postal workers, and their families.

This was my first job after the internship with normal hours and decent pay. I had time to think, breathe, and decompress. I started to process some of the many problems I had experienced in medical training and practice—to the point that on July 1, 1972, when I was an M.D. and had fulfilled my two years of service to the country, I retired from the practice of medicine.

After four years of pre-med, four years of medical school, one year of internship, and two years in the service, I was lost and confused as a man and as a doctor. Who was Phil and who was Dr. Shapiro?

The eleven-year training and work experience had created an entity called Dr. Shapiro but I didn't know who I was as a doctor and how I fit into the story of medicine.

And who was Phil? How could I answer that? There had been no time for Phil. I didn't know who he was anymore. There was only one thing I knew for sure: this twenty-nine-year-old was exhausted and underdeveloped.

At that time, I had enough money saved up so I could stop working for a while. I bought a ten-month experience of exploration, a quest to find the answers to the questions Who is Phil? and Who is Dr. Shapiro? And thus begins the healing story.

PART 2

THE HEALING STORY

FINDING PHIL

THE ELEVEN-YEAR TRAINING TO CREATE THE ENTITY DR. SHAPIRO took its toll on my human and spiritual development. Medical training demanded all of my time and energy. At the end of the process, on July 1, 1972, when I was an M.D. and had completed the two years of required service to our country, I retired from the practice of medicine, lost, confused, struggling, and overwhelmed.

The first order of business was to find Phil, that part of me that was neglected if not abandoned by the medical system.

I had no particular plan. There was no teacher or guide, no mentor or counselor. I just started living. But as I review this ten-month period for purposes of this book, I realize my efforts focused on four domains of healing:

1. People
2. Activities
3. Belief systems
4. Self-knowledge

These are the healing elements that emerged in a model I created in 1980 while working as a staff psychiatrist at Harlem Hospital. I will describe this model in more detail in Part 3, Brutal Reality and the Illusion of Safety, Security, and Immortality, but will use it now as a way to describe what I was up to in that ten-month period of healing.

PEOPLE AND ACTIVITIES

People and activities are obvious major contributors to the healing process. We need social support networks filled with love, compassion, understanding, forgiveness, courage, strength, and humor; and we need constructive meaningful activities including culture, sports, literature, history, hobbies, music, art, and more. Due to the time constraints of medical training, these domains had been highly neglected. But finally I had time.

The first step was to simply live. I played chess, watched movies, read books, and met new people. I took a job washing pots in a restaurant. The owner was fond of bringing people to the kitchen to show off the “pot-washing doctor.”

I volunteered to clean up an oil spill. This seemingly easy task proved daunting. I didn’t know how to be with people as an equal. I knew how to listen to their heart with a stethoscope and interpret their lab values but I had lost the art of simply being a person. I didn’t know how to hang out.

I had to travel through self-conscious anxiety and paranoia to find my rightful place in the world of “just folks,” not better or worse than anyone else. I would find out later through my spiritual studies that on the spiritual plane, everyone is equal and when we find that equality, we discover the strength and peace of the true self or soul.

By learning how to be with people as a man and not a doctor, I was polishing my social skills and expanding my social support network. I came to a deeper understanding of the tremendous healing power available to us when we learn how to give and receive love with the right people at the right dose.

As well, I was learning how constructive meaningful activities contribute to the healing process. In my case, chess, reading, movies, cleaning up oil spills, and washing pots proved particularly useful in getting my feet on the ground and transforming anxiety and paranoia into the equality, strength, and peace of the soul.

But people and activities were not enough. Two other domains—belief systems and self-knowledge—had been neglected owing to the time constraints of medical training.

SELF-KNOWLEDGE

The loss of my religion of origin and resultant terror at the abyss—combined with my fair share of character defects—resulted in overwhelming emotional and psychic pain. I did not know anything about introspection or what to do with painful emotions such as anger, depression, fear, guilt, shame, embarrassment, or humiliation. I did not know how to process painful emotion into issues or problems let alone solutions or strategies, and I most certainly could not figure it out myself.

I knew I needed help. I went into psychotherapy. I had several therapists, but none helped until I met Dominick. He looked like Pavarotti. He was a jolly, fabulously brilliant, psychoanalytically oriented psychotherapist.

Dominick came highly recommended by two friends I thought were particularly cool so I figured he must be good, but I was not a fan of Freud and was suspicious of the psychoanalytic approach. When I entered his office, I saw a couch and a chair. I told him I would not lie on his couch, I would sit in the chair, we would have a direct relationship with face-to-face conversations, we would not dwell on the past, I would not free associate, and we would look at problems and solutions in the here and now and into the future. He said he could do that. Then I took out a banana, flipped it to him, and asked, “What is that?” He laughed and said, “It’s a banana.” I said, “Okay, let’s give this a try.”

I would walk into his office in pain, twisted like a pretzel. I walked out feeling better. The pain was gone. Sometimes I went with my wife, Sharon Whitney. We would enter his office frustrated, angry, and stuck, but right after the session, we would have a light-hearted breakfast. It was magical. How did this work? What did Dominick do to help us feel better? I started to think, "Pain and healing. Pain and healing."

BELIEF SYSTEMS

Some years later, my sons were having some trouble with the street and drugs. I went to Alanon, which didn't work, so I tried Alcoholics Anonymous. I would identify myself as Phil and state why I was in the room: "Although I am not an addict or alcoholic, we all have problems, and I have addiction in my family, so I would like to stay and just listen." Since the meetings were open, they would accept me and carry on. Again, I would walk into the meeting in pain and walk out feeling better. Pain and healing: what is this healing power? How does it work?

Psychotherapy was good and AA helped, but I needed more. I was still in great pain. My search for solace and healing expanded to the spiritual domain. The fervor of that Jewish Boy Scout came back but this time it went universal. I mined the great religious field for pearls.

I must have read one hundred books on spirituality. My studies included Christianity, Hinduism, Buddhism, Sufism, Native American spirituality, Judaism, Zen, and others. I reviewed the lives of the saints, sages, teachers, masters, and gurus. I studied Jesus, Buddha, Krishna, and other masters. Sacred texts described heroic and courageous events, gentle acts of quiet humble service, a promise of healing, and higher states of consciousness.

I thought, "What do I know? Maybe I should listen to the masters." But whom do I follow? What is spiritual truth? In the vast array of spiritual books and teachers, there are a variety of confusing, confounding, contradictory, and conflicting ideas and beliefs. Where should I place my trust?

EASTERN MYSTICISM

As part of my daily activities in the ten-month sabbatical, I would visit a number of friends to see what they were up to. Bear in mind, this was the early 1970s, the time of the counter-culture and great exploration.

Ken worked in a spiritual bookstore. I would visit him about once a month to see how he was doing. On one occasion, he told me he was going to India to get *The Knowledge* from a guru. I thought that was interesting so I told him I would see him when he got back to learn how it went.

About a month later, I visited Ken, who had returned from India with *The Knowledge*. He was excited and started his rap about the guru and his teachings. *The Knowledge* included a series of four meditation techniques. Practice of these techniques would lead to God-realization. The guru was a Perfect Master with a plan for planetary peace through personal transformation. He would convert up to 500,000 people a day! With the rational part of my mind I thought, “Ken flipped. He’s gone. He’s crossed over.”

However, at the same time that I diagnosed messianic grandiosity on the part of Ken and his guru, I experienced my first transformation of consciousness. While Ken was rapping ecstatically, I elevated to a higher state of consciousness that is difficult to describe, as are all mystical experiences. Suffice it to say, it was an exquisite feeling of enhanced energy, clarity, and peace.

For the past two years, I had been studying spiritual books and teachers who describe such states as bliss, nirvana, God, Christ Consciousness, the peace that surpasses understanding, ecstatic joy, intuitive wisdom, unfathomable stillness, and more. I wondered about such states of superconsciousness but had never had one. I remember that as Ken was rapping and I was elevated, I silently said to myself, “It’s The Buddha.”

Ken was talking crazy and I was experiencing The Buddha for the first time. The rational thinking part of my brain made its diagnosis: Ken is over the top. On the other hand, I perceived my first

empirical clue to match the spiritual teachings I had been studying. I was simultaneously experiencing crazy talk and an unmistakable transformation to a superconscious state, the most certain experiential clue thus far in my spiritual hunt. What to do?

Ken told me of a meeting I could go to the next night where I could meet some people who were giving a discourse on the guru and his prescribed Knowledge. I decided to go. I entered the living room in the home of one of the followers. A small group of people was seated around a young woman in the front with a picture of the guru at her side.

As she started her talk about her guru and his teachings, she completely disappeared only to be replaced by a beautiful light. The light was so strong that I could not see her physical body. At the same time, a sensational warm vibrational feeling I had never experienced before enveloped me. It was exquisite. This lasted for a few minutes after which I returned to ordinary consciousness. The light was gone. Her physical body reappeared. I understood the light to be her aura and that I was experiencing an aspect of Divine Love, the higher love referred to as Christ or Cosmic Consciousness in spiritual books I had been reading.

My dilemma was this: Some of the ideas presented by the guru and his followers made no sense. Under ordinary circumstances, I would have scoffed at such beliefs. At the same time however, I was having profound and life-changing superconscious experiences—two in the last two days—that corresponded to what I had been reading about for months in the world's sacred literature.

I had to make a decision. Do I follow my rational mind and drop this quest like a hot potato or do I trust my direct personal subjective experience? I decided to continue my exploration of Eastern mysticism and find out some more about this guru.

There was an initiation into the teachings of the guru in Boston. His name was Guru Maharaji and the organization was called The Divine Light Mission. I went to Boston, got *The Knowledge*, and became a follower of the guru. I committed to practicing those four

techniques of meditation and I would hold him accountable for what appeared to be his grandiose projections.

I came back to Portland, Maine, and began my practice that first day. I followed the instructions of the guru to meditate as a means of contacting God. After practicing the techniques and while still sitting meditation, I said to God, "Okay, show me. Who are you? Reveal Yourself."

Instantaneously, I elevated to a higher state of consciousness. This time I experienced unfathomable stillness. My energy was completely calm and clear. It was as though I was no longer in my body but in a state of pure consciousness and pure awareness.

The experience was so good and so immediate in response to my request that I freaked out, ran out of the meditation room, found my wife, and ranted about what just happened. She probably thought I was losing it but handled me as usual with gracious patience, understanding, and humor.

For the next four years, I continued my practice of the guru's techniques and had many superconscious experiences. His teachings helped me understand the nature of consciousness and reality. At the end of this four-year period, however, I left his organization. That battle between left brain rationality and direct personal experience culminated in my leaving the program. This particular guru was not as advanced as he thought or claimed to be. The organization and its leaders failed to keep their promises and what appeared to be grandiose and messianic proved to be so. As I learned later, there are many gurus with different levels of spiritual development.

THE SCIENTIFIC METHOD IN METAPHYSICS

For the next twenty years, my seeking continued but I was not a member of an organization. I continued my meditation practice and studied eastern mysticism, Hinduism, Buddhism, and other teachings on my own.

In my search, I instinctively resisted a “my way or the highway” approach. But if a teacher said, “There are many ways to climb the mountain—try this method and see if it works; you can prove it to yourself through direct personal experience,” I relaxed as this appealed to my sense of scientific inquiry and respected my needs and individuality.

To verify spiritual truth, I accept no idea on blind faith. I decide for myself via experimentation. My laboratory is human experience. My test tube is the body. My tools are the built-in equipment of the body: consciousness, energy, reason, feeling, intuition, and direct personal experience. I use these tools when I practice any of the spiritual disciplines described in my work, and I recommend you do the same.

We can decipher the difference between spiritual fiction and fact even without test tubes, lab tests, and x-rays. We can take life’s profoundly important questions and put them to the test. For example, saints proclaim compassionate service to humanity gives peace of mind and strength, meditation works, higher states of consciousness exist, God is love and the God of love can be found in the body temple itself. Are these claims true or false?

Each of the spiritual methods described in this work gives us an opportunity to test new ideas in the laboratory of personal experience. We can prove or disprove a new idea by developing a spiritual practice. This is the scientific method in metaphysics. It appeals to scientific agnostics who float a theory and develop a practice to see if that theory is true. True religious believers or true non-believer atheists may not be able to use this method as they already have all the answers.

Saints and sages recommend the practice of a variety of psychosocial and spiritual methods that help us cultivate love, compassion, understanding, forgiveness, courage, strength, and peace. If we surrender to their advice and practice, we evolve.

I practiced a variety of spiritual methods for years. Contemplation, affirmations, progressive muscle relaxation, prayer, meditation, mindfulness, service, yoga, breathwork, and the transformation of emotion proved especially helpful. This stuff works! I started to feel

better, became a better person, and experienced a variety of the wonderful superconscious states. I define this now as spiritual evolution. Spiritual evolution can be proven experientially again and again; it has become and remains to this day my magnificent obsession.

In summary, by working with people, activities, belief systems, and self-knowledge, I put together a satisfactory healing program. These four domains gave me a place to focus. I could pay attention there and get my life back. Upon these four developmental templates, I could build my humanity and spirituality and evolve for the rest of my life. I was finally able at least in part to answer the question Who is Phil Shapiro?

The next job was to figure out Who is Dr. Shapiro?

FINDING DR. SHAPIRO

SEARCHING FOR THE SOUL OF MEDICINE

It took eleven years of training and work experience to create the entity Dr. Shapiro but that entity did not work for me. When I retired from the practice of medicine at age twenty-nine, I was lost, confused, and overwhelmed; I couldn't see my way forward. I could not articulate what was wrong. I didn't know what the problems were. All I knew was that no specialty was magnetic or satisfying enough to pull me through the medical maze.

Over the years, however, the problems slowly made themselves known to me. As I look back, I realize my problem was in good part spiritual. I was searching for my soul, my medical soul, and the soul of medicine. The field itself did not address such issues. There was no articulated philosophy or story of medicine, a big-picture mission with a soul and spirit, to address the question of who we are, what we are doing, and why we get up in the morning to do it: an overarching mission, something as simple as healing and the relief of suffering.

Most of us come into the field with our own mission statement but the system grinds it down and buries it under the rubble of

managed care, fifteen-minute appointments, overbearing paperwork, inadequate resources, and more.

In addition, I had no mentor or guide. There was nobody to talk to. Without a mission statement and mentor to help guide me through the hazards of medical training, my identity as a doctor and as a person took a hit and I didn't even know it was happening. It would have been helpful to have someone there who understood and could help me navigate my way through the barriers.

There was another big problem. I call it "the elephant in the room." The elephant is the residual suffering not addressed by the medical model, the suffering the medical model cannot fix. The medical model has great power, which leads to high expectations from patients and doctors, but there was no synthesis of what it can do and cannot do and what can be done when it fails.

We end up playing tennis with our patients, hitting the pain-ball back and forth. The pain-ball is the patient's pain, the symptom and associated fear. Patients hit the pain-ball to the doctor hoping for complete relief and a return to their comfort zone. When the doctor and medical model can do this, the game is over. The patient and the doctor win.

But all too often, there is residual suffering the medical model cannot fix, and the doctor has to hit that pain-ball back to the patient's court. Patients don't want that suffering so they send the pain-ball back to the doctor hoping for more medication or some other intervention that will take away their pain.

With the pain-ball back in the doctor's court, the doctor will often feel pressure to continue prescribing but this is contraindicated as the medical model has fulfilled its purpose and can no longer fix the problem.

There appear to be two choices, both unsatisfactory: unhealthy polypharmacy or send that pain-ball back to the patient without an answer. Patients may then turn to unhealthy substance use or other bad habits that only make their pain worse. In this scenario, there is unskillful pain management on the part of both doctor and patient. The patient and the doctor lose.

The Healing Story

The pain the medical model cannot fix and the lack of options to help me address that pain for the patient created a terrible problem for me. I felt this pressure deeply but couldn't define it at the time.

Thinking about this from the point of view of mission and identity is helpful. The physician's mission is healing and the relief of suffering and we are given power, status, and a good salary to accomplish that mission. But that pain-ball in my court with no options was like a wrecking ball to that mission. I was not accomplishing the mission, my identity as healer took a hit, and power, money, and status seemed undeserved.

I couldn't justify the status I was given by the system. I was the healer that was not healing. I was supposed to relieve the suffering that was not being relieved. The original passion to be the healer was lost and replaced by deep frustration and burnout.

In my medical training, the focus was exclusively on the biological determinants of disease, symptoms, and treatment. There was no talk about alternatives or other options for professionals or patients. There was a lack of psychosocial and spiritual healing in training and treatment plans. There was no discussion about the inevitable suffering of life that the medical model cannot fix. There was no discussion about the big questions of life such as why are we here, what is the purpose of life, and how do we understand and deal with suffering. There was no attention paid to healing the healer.

These issues were never mentioned, not even once. It crushed me and it crushes others. We ignore this at our peril. Some of us lose our original passion for the mission of healing and relief of suffering—and burn out. What to do? What mission or story could reignite my passion?

HOLISTIC CLINIC

Toward the end of my ten-month retirement, I received a phone call from Dr. John Horton, who was a meditating doctor and one of twenty-five healers headed for New York City to form what may have

been one of the first holistic clinics in our country. He described a mission I could relate to.

Traditionally trained Western doctors would join forces with a variety of other practitioners to expand healing power. We would include naturopaths; chiropractors; herbalists; acupuncturists; and music, art, and dance therapists; and integrate such practices as massage, shiatsu, vegetarian diets, juicing, fasting, yoga, meditation, mindfulness, breathwork, and more.

The practitioners would live in three apartments in the Upper West Side of Manhattan and form a spiritual community with a three-fold mission: holistic medicine, meditation, and ego reduction.

This was exciting. I liked the idea of combining healing power with other disciplines. It spoke to that feeling of powerlessness when the pain-ball would be in my court with no options. Here were some options. I also liked the idea of ego reduction and meditation. I decided to do it.

My wife, Sharon, and I moved into one of the three Upper West Side apartments. Our children would spend the summer with their biological father in Alaska.

We started the clinic. It lasted about three months and then failed as a result of lack of start-up money, inexperience, and neuroses. However, it did provide one of the missing pieces in the puzzle: adding healing power to the medical model, a field some refer to now as complementary and alternative medicine.

That visionary model got me off the sidelines and out of retirement but now we were in New York City and our children were coming to live with us in the fall. We needed our own apartment, they needed schools, and I needed a job.

METHADONE MAINTENANCE

I got a job in the New York City Methadone Maintenance Treatment Program at St. Mary's Hospital in the Bedford-Stuyvesant neighborhood of Brooklyn. There were five hundred fifty patients,

mostly persons of color who were struggling with addiction and other medical and mental health issues. I learned a lot from this fascinating experience in cross-cultural medicine and addiction.

About one year into this, two staff members asked to meet with me to discuss my future. They said, "You're a psychiatrist." I said, "No, I flunked psychiatry in medical school," and proceeded to tell them the following story.

YOU ARE A PSYCHIATRIST

When I rotated through psychiatry as a fourth-year medical student, I was planning to specialize in internal medicine. I would be dealing with people with chronic and sometimes progressive illness leading to death. I wanted to understand the psychology of morbidity and mortality so I could help people go through these difficult experiences.

Instead, they gave me a patient with Obsessive-Compulsive Disorder and a psychoanalytic supervisor who was mostly unavailable. I didn't know how to deal with this patient, didn't get the supervision I needed, and didn't get any help with the training I thought I needed at this stage of my development.

I was anxious and angry and acted this out by not studying for the test. I flunked it. The dean in charge of training at the medical school called me in. He noted that I was doing very well in all of my work except psychiatry and wanted to know why. I explained, "The school is not meeting my needs. I want to learn about the psychology of suffering and death so I can help my future patients with these universal issues. Since I am going to be an internist, I don't need to learn about the psychoanalysis of OCD from a supervisor who is largely unavailable."

The dean listened carefully and then looked at me with his beady medical oligarchical eyes and replied, "Son, do you want to be a doctor?" "Yes sir." "Then pass the test!"

I was an assertive student participating in the development of my curriculum based on individualized needs, but there was no such

established pathway at that time. The dean really had no option, nor did I. I had to pass the test or not graduate. I studied for the test, took it again, and passed it. But this obviously soured my experience of psychiatry and the thought that I would become one of them was impermissible.

My friends in the methadone clinic were undaunted by my sorry psychiatry story and repeated, "You're a psychiatrist." Apparently they were seeing something in me that I could not see in myself. That persistence on their part planted a seed. I had nothing to lose and decided to explore the field and see what was going on in psychiatry in New York City at that time.

COMMUNITY PSYCHIATRY

At that time, the field of psychiatry was completely controlled by psychoanalysis and the medical model but one program caught my eye, The Tremont Crisis Center. This was one of five residency training program tracks at Albert Einstein College of Medicine. New York City has everything and then some!

The program description of the Tremont Crisis Center sounded different and interesting. It was a product of the expansive 1960s and 1970s, in effect the free school of psychiatry. Residents would choose from a host of fascinating options and participate in creating their individualized learning program.

One slot had opened from a person who dropped out. I went for the interview. Out came Ed Hornick, the residency-training director. He had long gray hair like Albert Einstein, an earring, platform shoes, and a cape. He was a surgeon who may have gone into psychiatry looking for the cure himself. He was narcissistic, grandiose, and charismatic, a guru of sorts. He sat down, opened my file, scanned it, looked up and said, "I see you've had a confused and chaotic life. How do you explain this?"

He was an intimidating man, playing with me like a cat with a mouse. I remember being afraid but undeterred and said, "I've gone through a lot of changes. That will help me become a better

psychiatrist.” That must have satisfied him. There were not a lot of other questions.

Then he went on to explain the nature of the program. The “straight programs” focus on the medical model and psychoanalysis but this is community psychiatry. In this program, we’re going to study the medical model and psychoanalysis, and we’re going to study everything else! Boom!

We are going to leave our white coats and our stethoscopes at the door. We are going to make our ears as big as an elephants, put those ears on the ground, and listen without responding so we can understand what’s going on in the street and in our communities. Boom!

We’re going to look at politics, philosophy, religion, spirituality, family, organizations, economics, poverty, and racism. Then we’re going to look at disease and healing within the context of those systems. Boom!

We are going to be equal members of an interdisciplinary treatment team and play our medical cards on a flat surface, connecting to other professionals and their expertise with timing and rhythm rather than top down, oligarchical command and control. This ego reduction is good for us as people and as doctors. Boom!

We will not be stuck in an office doing one-to-one psychotherapy. We will practice in a variety of settings, outreaching to the street, under bridges, and in people’s homes, community organizations, churches, jails, prisons, and more. Boom!

The residents will participate in the development of their own curricula. Boom!

We are looking for flexibility and creativity. Boom!

My heart nearly jumped out of its cage. What a breath of fresh air! I was enthralled with this vision. This was music to my ears, the song that I could not articulate, and a story I could identify with. Dr. Hornick tapped into a part of me that was there, that had been waiting for years. This was the antidote to the hypoxia of the reductionist, one-dimensional medical model.

We are going to be doctors but we’re going to practice medicine

within the context of the multilayered story related to what's actually going on in people's lives. We will do this as part of a team as no one can do this alone; it's way too complicated for that.

They offered me a position and I took it. I didn't know at the time that this was the first day of the rest of my life as a community psychiatrist. It took me a long time to find this, but it was worth the wait. I was born to do this. Widening the practice of medicine to include the story of life was in my genetic code. I felt like a made man. With this medical story and mission, my medical soul awakened.

At the end of my first year of training at the Tremont Crisis Center, the program itself ran into some problems. There was conflict between Dr. Hornick and a conservative, psychoanalytically oriented psychiatrist who had power over our program. The analyst was offended if not threatened by our freedom. The result was a shaky program and we were not sure of its survival so many of us, including myself, sought other more stable programs. However, this meant going back to psychoanalysis and the medical model, both of which have good aspects but alone, without the new opened systems theory, were stultified, rigid, and reductionist.

KINGS COUNTY HOSPITAL

I ended up at Kings County Hospital in Brooklyn for my second and third year of residency training in psychiatry. Indeed, this program was structured and organized by the psychoanalysts. It was not a good fit.

I was given five psychoanalytic supervisors. They required process notes. Process notes are in effect a word for word transcription of what is said in a psychotherapy session. We were to take notes on literally every word spoken in sequence during the psychotherapeutic hour—I said, she said, I said, she said. The supervisor would pick apart the content according to his or her psychoanalytic theory.

This was intolerable to me. It was micromanaging, nitpicky, intellectually obsessional, overly critical, and invasive. It got to the point where I could not stand those supervisory sessions so I actually

had to obscure the truth from the supervisor to allow common sense to dictate what was going on between the patient and me.

I had a lot of problems with psychoanalysis being the only model taught at this program. Its applications were confined to a narrow space in a large and complex world. But those in charge had a singular view of the world and pushed it on the residents in training with vigor and aggression. They tried to convert us to their point of view like evangelical fundamentalists. I was not mature enough to keep my mouth shut. I rebelled against the program by acting out verbally in classes and arguing with the supervisors.

On one occasion I didn't show up for supervision with one of my five supervisors, an expert on group psychoanalysis. This program ran like a Swiss watch. Any deviation was quickly noted. I was called in to see the residency-training director. He said, "Why did you not go to supervision with Barry?" I was provocative and brash. I told him, "I went to the day room to watch television with the patients, looking for an opportunity to engage. I learned more in an hour doing that than I learned in the last six months with Barry!"

The supervisor said, "I'm shocked." I said, "I'm shocked that you're shocked." He said, "Do you want to be a psychiatrist?" I said, "Yes." He said, "From this moment on, you are on probation and if your behavior doesn't change, you're not going to make it." I said, "I think I know what you want." He said, "What would that be?" I said, "You want me to be a good boy and a good doctor." He said, "Yes, that's what I want." I said, "I know how to do that and I will."

Obviously, I had acted out my anger to its logical conclusion; if I continued on this course, I was not going to finish the program. I decided to lay low and not make any more trouble. I took a three-month rotation in neurology to get away from the analysts, followed by a six-month rotation at the community mental health center in Coney Island, which was as far away from Kings County Hospital as possible. At the end of the day, I survived the ordeal and became a board-eligible psychiatrist.

My first job after I finished my psychiatric residency training

program at Kings County Hospital was at South Beach Psychiatric Center in Staten Island.

SOUTH BEACH PSYCHIATRIC CENTER

Even though it was a state hospital, South Beach Psychiatric Center had a modern, state-of-the-art, enlightened program and excellent interdisciplinary treatment teams. I was able to implement some of the principles that I learned in the public psychiatric training program at the Tremont Crisis Center. After one year, I left South Beach and worked at Harlem Hospital for the next four years.

PART 3

BRUTAL REALITY AND THE ILLUSION OF SAFETY, SECURITY, AND IMMORTALITY

BETWEEN 1978 AND 1982, I WORKED AS A STAFF PSYCHIATRIST AT Harlem Hospital, a fully funded psychiatric rehabilitation program similar to the well-known and highly successful program called Fountain House in New York City. This was no ordinary psychiatric job. There was so much devastation: racism, poverty, mental illness, and substance abuse.

A popular street drug at that time was Angel Dust, or PCP. Taking this drug is like playing Russian roulette. Experience ranges from euphoria to extreme agitation and acts of violence toward oneself and others. There could even be permanent brain damage. I couldn't understand why people would take this drug; the risk seemed so high.

I decided to call a meeting and focus on substance use. People came. We were just trying to understand what was going on. There

was no model. An agency in another part of town heard about this group and thought I knew what I was doing with dual diagnosis: mental illness combined with substance use. They invited me to give a talk and I accepted.

I look back on this incident with wonder. How could I accept this invitation and not have a model? I chalk it up to the male ego, which cannot refuse an invitation. Like a peacock, it wants to show its gorgeous tail and feathers. What feathers? I didn't have any to show. About four days before the talk, I thought, "You'd better get some feathers!"

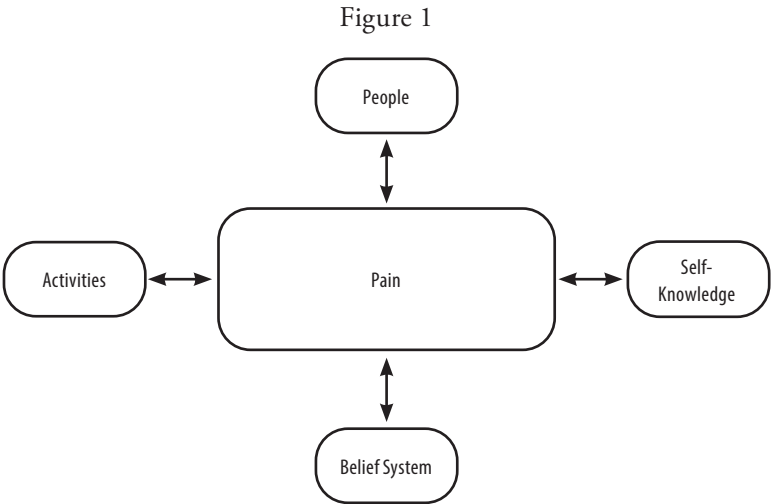
I took out my trusted clipboard and jotted down some notes. I reviewed with fascination the relationship of pain and healing: Dominick, the analyst; AA meetings; a host of psychotherapy healing models; the lives of saints and sages; spiritual practices. Thanks to this psychospiritual technology, I was feeling better, becoming a better person, and experiencing higher states of consciousness.

On the other side of the coin, I met brutal reality. On the same morning that I experienced a superconscious state in meditation, I walked the streets of Harlem. The devastation of mental illness, substance use, racism, and poverty were in my face.

In my notes, I lined up pain and healing and tried to connect the dots. After about four days, a model emerged on those pages. The day I gave my talk, I presented "Brutal Reality and the Illusion of Safety, Security, and Immortality," a model describing four universal domains where we can work to expand healing power and manage pain more skillfully. It was well received. People came up to me after the talk and told me this was publishable. I was surprised. I had no idea I could make a model or that it would be of use. It does. It can be used alone and it serves as a platform for *Healing Power*, developed some twenty years later.

Before we get to the model, let me ask you a question. You are in pain. You go to your doctor. The doctor makes an accurate diagnosis and gives you the right medication, diet, and exercise program. You follow the instructions and you feel better but you still have pain.

You may go back to your doctor or pursue alternative care. Now, assume you have reached maximum benefit from traditional medical and complementary and alternative remedies and still have pain. This can be any pain: body, mind, or soul. What do you do now? How do you try to heal your pain in the psychological, social, and spiritual domains? See Figure 1.



You may recall that I used people, activities, belief systems, and self-knowledge to describe how I used that ten-month period to rediscover Phil. Upon further inspection, you will see the universality of these four domains for healing our pain.

Here is an example of how this works.

PEOPLE

I lived in New York City for nine years and Alaska for two years before I came to the polite society of Oregon. New Yorkers and Alaskans are a little more expressive than Oregonians, and I may have been a carrier of that “assertive” vibration. People at work notice.

Feeling something different, they might say, “Phil, you are a little too New Yorky.” I am sensitive to criticism and feel bad. Fear, insecurity, worry, and doubt replace my peace of mind. I think, “Relax, these feelings are the natural human reaction to criticism.” But I ruminate and can’t seem to shake it.

The first thing I do when I get home from work is talk to my wife, Sharon. She is my best friend, a genius, funny, the goddess of culture, and a muse. She helps me. I tell my story. She might say, “Don’t worry. Once they get to know you, they will enjoy you more.” This helps, and I feel better. But she could say, “They are right. You are that way.” Sharon could be telling me the truth, and I just need to suffer more to see the light.

People may help the pain or make it worse, and, sometimes, they are just wrong. Examine any network closely enough and you will find good, bad, and ugly. Networks heal and create pain. The idea is to have the best possible network. We all need love, compassion, understanding, patience, kindness, and humor.

But no matter how good the network, even if it is perfect—and none of us has that—it is still incomplete. There is no way to eliminate all of our pain in the network. To try to do this creates codependency and more pain.

People are like medication. When we find the right people at the right dose, we get the most pain relief and healing. We can approach the “right people dose” and then turn to the second universal healer: constructive meaningful activities.

ACTIVITIES

Constructive meaningful activities are monumentally important for pain management and healing: work, training, volunteering, culture, the arts, hobbies, sports, recreation, Internet, TV, and more. I get my phone with my favorite playlists and listen to rock and roll as I jog in the city streets. I go to work and help people. I come home and eat dinner while I watch TV or go to the movies and eat popcorn. I run

on the track of activities from the beginning of my day until I reach exhaustion and, finally, sleep.

Sometimes this works, but not always, and even if our activity program is perfect, there will be residual pain. Most of us get into trouble with bad habits because we try to eliminate that residual pain by pushing those same activities past the point of their effectiveness. Instead of getting rid of our pain, we end up attached or addicted to drugs, alcohol, sex, food, power, money, things, TV, Internet, and so forth. This is described in more detail in Step 4 of the ten-step model in *Healing Power Revised* (2010), pp. 54–55, and in the chapters on habit transformation in *Healing Power Revised* (2010), pp. 207–219, and in *Healing Power: The Workbook*, pp. 166–169.

Activities are like medication. When we find the right activities at the right dose, we have more healing power and our ability to manage suffering improves. When we approach the “right activity dose,” where the most healing and pain management occur, we can turn to the third universal healer: belief systems.

BELIEF SYSTEMS

Belief systems are monumentally important for healing and pain management. I knew this from deep personal experience. I lost my religion of origin and lived with existential anxiety or terror at the abyss. I adopted another faith system, lost that, and went into a long period of personal study. I learned how it feels to have a formal belief system with backup social and organizational support, how it feels to lose such a system, and how it feels to build my own program without external support.

From these experiences, I was beginning to formulate my idea that it may not matter whether you are atheist, agnostic, religious, or spiritual as long as your belief system gives you a story with positive thought, meaning, and purpose.

It is staggering that working with belief systems is not part of every mental health training program. How can we even think about recovery unless we include belief systems and how they work?

Meaning and purpose are at the heart of the healing process. Positive thoughts lead to positive feelings and vibrations that in some yet-to-be-determined way combat disease and promote healing.

Many people go to church, synagogue, mosque, twelve-steps, DBT (Dialectical Behavior Therapy), or other healing models to get positive thought, meaning, and purpose. I turn to my belief system. I studied with the masters, teachers, and saints of the great faith traditions. I learned yoga, meditation, mindfulness, prayer, and affirmations. I would sit alone and contemplate a sacred text, reflecting the life and vibrations of a great soul. These powerful tools help a lot, but it still hurts. Now what? There is one more thing I can do: ride the pain waves.

SELF-KNOWLEDGE

Dominick, my brilliant counselor, changed the course of my life with these words, “Your affect is your greatest asset if you learn how to process it. You are not crazy or sick. You just have some work to do.” Dominick taught me how to turn the tables on my pain and make it work for rather than against me. Instead of feeling crazy, I understood that pain is my teacher.

I spend time alone with the pain. There are no people, activities, church, or twelve-step meetings. I just sit with the pain and let it teach. By going deep into the center of the pain, I discover my issues, problems, solutions, and strategies. This is self-knowledge, that part of my personal story that can only be discovered if I ride the pain waves alone.

For complete healing to occur, we need introspection or self-analysis. To succeed in introspection, we need to learn to successfully navigate our way through painful emotion. Painful emotion is a teacher that bears the gift of self-knowledge.

There is a lot going on inside of us: thoughts, attitudes, emotions, and desires drive our choices, behaviors, and habits. Introspection allows us to see our strengths and our limitations. If we don’t review and understand what is going on inside ourselves, we are more likely to make unwise choices that lead to trouble.

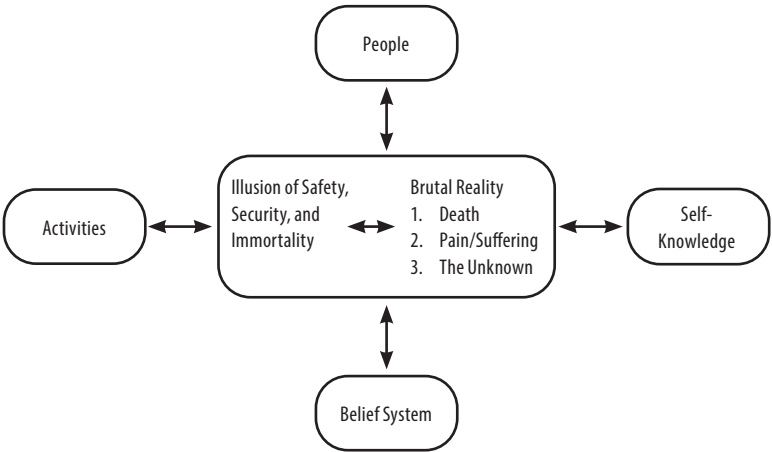
All of us experience emotional pain in response to ordinary daily events. Emotions are intelligent—they carry meaningful information about our story. We need to unpack that story, for it is there that we can find our problems and our solutions.

Peace and strength live on the other side of every painful problem; you will learn more about how this works in the lessons on Transformation of Emotion in *Healing Power Revised* (2010), pp. 345–357, and *Healing Power, The Workbook* (2015), pp. 236–243.

This completes a brief summary of the four healing universes: people, activities, belief systems, and self-knowledge; pain management and healing are optimal when these are balanced, at the right dose.

To complete the model, we need to bring back brutal reality and the illusion of safety, security, and immortality. See Figure 2.

Figure 2



BRUTAL REALITY

Brutal reality is death, pain and suffering, and the unknown. It has ultimate power. No one escapes. It asserts itself in the life of anyone,

anytime, in a seemingly endless variety of ways. It manifests as illness, disability, and trauma and includes other kinds of loss as well, both on an individual level, and—in the case of events such as war, earthquakes, and economic depression—at a cataclysmic, global level.

Ultimately, brutal reality manifests as the death of both individuals and of large groups of people. At death, we go somewhere or nowhere. Often, we have trouble with small changes, let alone a radical transformation into the mysterious unknown. We don't like this power arrangement. The ego is about control—we want to be in charge, but we're not. Brutal reality has the ace in life's deck of cards. We can get as many cards as possible, but we can't get the ace.

We try not to think about this part of reality, as it is so difficult to understand and accept. But avoidance leads to even more trouble. If we're not prepared, if we don't have a plan or a program, we can easily get overwhelmed when life gets rough. Remember this: how you manage your pain determines whether you move forward, slip backward, or stay stuck in this life. We need an antidote for brutal reality. What can we do?

THE ILLUSION OF SAFETY, SECURITY, AND IMMORTALITY

We have a need for absolute safety in order to function, but this is impossible on the physical plane where brutal reality has ultimate power; we all die in the end. Safety on the physical plane is temporary and limited, but we often take it for granted or regard it as permanent—this attitude creates what I refer to as the illusion of safety. The illusion of safety is all we can get on the material plane and we need as much of this illusion as we can get. When we feel safe, we have peace of mind. With peace of mind, we function at our best.

We get this feeling of safety by thinking we have more time. Immortality, in this case, does not mean life after death; it is the sense that we have more time. If you have an appointment later today, a dinner plan for tonight, and an expectation that you will have a

tomorrow, you are most likely living within an illusion of safety. But what happens if a gunman walks into your building at work or if the building shakes from an earthquake? The illusion of safety—and your peace of mind—is replaced by brutal reality and fear.

Safety is everything. We have to have it for our families, communities, organizations, and ourselves. It is the drug-elixir of life. And how do we get the illusion of safety? Through people, activities, belief systems, and self-knowledge. We can skillfully manage brutal reality and create the feeling of safety through positive action in the four healing universes.

The illusion of safety, security, and immortality is the universal balm we all use to try to cover up our universal phobia: brutal reality. To make our balm, to do the covering up, we use our support network, activities, belief systems, and self-knowledge.

The central theme in this model is that people, activities, belief systems, and self-knowledge offer a four-pronged defense against brutal reality to create the illusion of safety, security, and immortality. The ultimate goal is to utilize the four healing universes to create peace of mind and to hold that peace while facing death, pain and suffering, and the unknown.

There are six components in this model:

1. People
2. Activities
3. Belief systems
4. Self-knowledge
5. Brutal reality
6. The illusion of safety, security, and immortality

People, activities, belief system, and self-knowledge can function as a universal treatment plan we can use personally or professionally. Who doesn't need ongoing improvement in social skills, daily activity program, positive thought, and knowledge of our inner being? When

we move from negative to positive in each of the four zones, we can more skillfully manage the inescapable brutal realities of life.

I still use this model and teach it to patients, clients, and professionals. It can stand on its own, but its components are also the building blocks for *Healing Power*, the ten-step model that emerged some twenty years later, to be described shortly.

JUST FOLKS

Working in Harlem was a rich and rewarding experience. Aside from the emergence of *Brutal Reality and the Illusion of Safety, Security, and Immortality*, I learned a number of lessons about humanity, universality, and race.

Harlem Rehabilitation Center was a comprehensive program with a drop-in center, on-site high school, and in-house vocational training. It functioned as a community and I functioned as a community psychiatrist. I did spend some time in an office to work on medication issues or counseling requiring privacy but most of my work was in the milieu, engaging with people as people and not as patients. Back in the days of my training in the 1970s, this was known as milieu therapy or therapeutic community.

I took this job in part because it was in a neighborhood I knew nothing about. The program was located in Central Harlem, which was predominantly African-American. I was raised in well-resourced white neighborhoods in Chicago. The issues of race confounded me. I couldn't figure out why there was so much difficulty between the races. Why do we make such a big deal out of skin color?

Within a few days of my arrival at Harlem Rehabilitation Center, one staff member came to me and said, "There must be something wrong with you. The only white people who come to work here can't get jobs anywhere else." Another staff member approached me within a few days and said, "I love you for coming here." As it turns out, he had bipolar disorder although he was euthymic at the time.

Everyone else approached me with kindness and caution but there

was no talk about race until after about one year when another staff member said, “You’re in now.” I took this to mean I was accepted, that the history of the white race I represented was lessened, and that I was accepted as a person.

On my part, I got to the ultimate lesson, “just folks.” It’s “just folks,” folks. We have far more in common in shared humanity, each of us with a heart, psyche, and soul than we are different, and I love the differences; that is what makes it so interesting.

The problem with racism is that we don’t get to know each other to get to this “just folks” state of mind; as long as we remain separate, we can project our fear and anger onto the other, create stereotypes, judge, and release our aggression. Unless we get a chance to be with each other, we cannot work through our paranoid transference and beat history. We are equal, one, yet different. Create some space and enjoy the diversity show.

Getting back to the model, think about people, activities, belief systems, self-knowledge, brutal reality, and the illusion of safety, security, and immortality as universal variables that can be applied to any person regardless of race, gender, religion, ethnicity, and economic or educational status.

BRUTAL REALITY IN A STATE HOSPITAL

In 1982, Sharon and I moved to Anchorage, Alaska. Working at the Alaska Psychiatric Institute as a staff psychiatrist, I discovered an interesting application for the *Brutal Reality Model*.

The Alaska Psychiatric Institute was the state hospital for all of Alaska. Current inpatient psychiatry demands a short length of stay, necessitating a focus on medication and safety. When I worked at the Alaska Psychiatric Institute in 1982–83, the length of stay was longer. We worked with medication and safety issues but also did longer term treatment.

I participated in a community meeting attended by everyone, staff and patients alike. I gave a brief introduction to the *Brutal Reality*

Model. I didn't go into depth on brutal reality or death, pain and suffering and the unknown, and the illusion of safety, security, and immortality; this would be too complex, invasive, and likely overwhelming for the majority of people on an inpatient unit. Instead, I used the simple version, with pain at the center and people, activities, belief system, and self-knowledge as the healers of the pain (see page 27). This seemed less invasive and safer.

One of the patients liked the model and brought in a large poster with people, activities, belief systems, and self-knowledge written on it in big letters to the next meeting. We used the poster at every community meeting thereafter and asked the following questions: How did you get in here and how can you get out and stay out using people, activities, belief systems, and self-knowledge as a way to look at these questions?

The rules were few and simple. Don't interrupt. Don't monologue. Be respectful. If someone was too psychotic or manic to participate, he or she would be asked to leave.

The meetings were powerful and helpful to all who attended. The patients and staff loved the simplicity and depth of the model. It worked as a universal diagnostic and treatment tool. You can always find issues and problems and solutions and strategies in your network, activities, thoughts, and inner being.

The entire unit organized itself around the model. It unified the staff and the patients. The culture of the milieu became its own healing force. People felt safe. New patients would pick up on it immediately. They knew something was different and special on this unit.

As stated before, *Brutal Reality* is a stand-alone model but also serves as the platform upon which *Healing Power* was built. In the next section, I will review the process of creating *Healing Power*.

PART 4

THE BIRTH OF HEALING POWER

YOGANANDA

BETWEEN 1983 AND 1992, I WORKED IN ADMINISTRATION AS Director of Mental Health and Developmental Disabilities for the State of Alaska; Chief Medical Officer at Oregon State Hospital; and Medical Director of the Forensic Unit at Western State Hospital; in 1992, I re-entered the clinical world as a staff psychiatrist at Columbia Community Mental Health in St. Helens, Oregon.

During this period, I was doing mostly well. I was not seeing a therapist and was not a member of an organized religion but I continued to work on myself using the people, activities, belief systems, and self-knowledge format of the *Brutal Reality Model* as my guide. I was making slow, steady progress until sometime in 1994 when I experienced three distinct bouts of anger in ten days. I had a lot of anger as a younger man but I hadn't seen this anger for years. I got into a heated argument with my son; with a teenager in the street whom I didn't know but who was provocative and rude; and with a stranger in the airport who nearly ran me over on his way to getting his luggage. These were verbal and not physical confrontations but nonetheless disconcerting.

Again, I recall Dominick's teaching: "Your affect is your greatest asset if you learn how to process it. You are not crazy or sick. You just have some work to do."

Anger can be viewed as a signal, like the flashing yellow and red lights on the dashboard of a car, indicating the need to look under the hood and find out what is going on with the motor. When we learn how to process anger, we can find our issues and problems as well as solutions and strategies.

At that time, I was interested in occupational psychiatry, a field of study focusing on organizational culture. There was a meeting in Wisconsin put on by some experts in this field. I went to the conference, attended classes in the morning, and used the afternoons and evenings for retreat and introspection. I wanted to find out what was going on underneath my hood.

Before leaving for Wisconsin, I scanned the shelves of my extensive spiritual library and chose three books to guide my introspective search: *Real Magic* by Wayne Dyer, *The Tao of Healing, Meditations for Body and Spirit* by Haven Trevino, and *How You Can Talk With God* by Paramahansa Yogananda.

I read *Real Magic* first. In *Real Magic*, Wayne Dyer makes a case for unconditional love. It was crystal clear and hit me hard. I didn't have enough unconditional love. I had too much of the "eye for an eye" tough love of the Old Testament and needed more patience, kindness, compassion, understanding, and forgiveness, the unconditional love of the New Testament. I understood my anger was intimately linked with judging others harshly, and that unconditional love would be the cure.

The Tao of Healing was filled with beautiful pearls of wisdom that soothed and comforted.

And then I read *How You Can Talk With God*, by Paramahansa Yogananda. In this book, Yogananda promotes a relationship with a God we can communicate with and get a response from. I was struck by his clarity and thought he knew what he was talking about.

A few days after I returned to Portland, my wife and I went out

for dinner at the Rose Café. After dinner, we walked by the display windows of the nearby New Renaissance Bookshop. In the window, I noticed several books by Yogananda. I took note of the books and thought, “Wow, Yogananda has written a lot of books.”

About twenty years earlier, I had read Yogananda’s *Autobiography of a Yogi*, a world-renowned classic on the principles of yoga. I read this work in that initial intense period of seeking when I read about one hundred spiritual books. It was fascinating but did not rise above the other books I was reading at that time. Nor did I know that he had authored any other books.

Three days after that dinner with Sharon at the Rose Café, I found some time to go back to the bookstore and take a deeper look at his work. I found the shelves housing Yogananda’s books. I opened up several of them and scanned a few lines. Boom! Boom! Boom! The words leaped off the page and vibrated me to a higher state of consciousness. It was my time to meet Yogananda through his writings. I was attuned and receptive to his message. On that day, he had me at hello.

I gathered every book of his I could find and went to the counter to pay, a sum total of \$150. In a state of embarrassment with my glut-tony on such public display, I said to the young woman behind the counter, “It rains a lot in Portland in the winter. A man has to have his books.” She said, “Sir, you do not have to apologize.”

And thus started my relationship with Paramahansa Yogananda. I have followed him since. He is my teacher, I am his student, and the subject is love. He teaches that the road to God is paved with unconditional love. The recommended technique is Kriya Yoga.

Unconditional love is a tough taskmaster. I consider myself a beginner. Each day presents a new set of challenges and lessons. But it all points to what Wayne Dyer chose as the title to his book, *Real Magic*. Unconditional love is real and it has magical healing properties. It is a part of the solution to every problem.

At work, I never discussed personal belief systems. Any discussion of religious or spiritual preferences would be inappropriate and contraindicated. I continued to teach universal principles such as

people, activities, belief systems, and self-knowledge as the places to work for recovery and healing. I taught the power and importance of belief systems—we need a story to help us manage brutal reality. I taught the difference between simple and fixed belief systems, the mechanism of perpetuation of belief systems, and the cheeseburger effect. But I did not go into the details of anyone's personal spiritual program. This changed after I attended a conference on Mind-Body-Spirit Medicine in Chicago in 2002. This was a professional life changing experience. I learned about the possibility of finding and transferring the essential healing principle from religion to medicine safely and without controversy.

MIND-BODY-SPIRIT MEDICINE

In 2002, I attended a conference on “Spirituality and Healing in Medicine” sponsored by Harvard Medical School and led by Herbert Benson, M.D. This was an experience that changed my professional life.

On day one, a variety of speakers focused on the data: there is now ample scientific evidence that people with an active faith system have better outcomes in medicine, surgery, mental health, and addiction.

On day two, religious leaders—including a rabbi, a priest, a Hispanic Pentecostal, a Hindu, a Tibetan Buddhist, and an Islamic teacher and professor—described the healing principles of their great faith traditions.

Day three focused on integrating traditional Western medicine with the healing methods of religion. There were about eight hundred healthcare professionals in the audience. We were asked to begin thinking about translating the healing principles and methods of religion into mind-body medicine practices that we could use ourselves and teach to our patients.

This was exciting. I had arrived at the same conclusion experientially and intuitively. I included belief systems in the *Brutal Reality Model* in 1980. Now the support of science, Harvard, and mind-body medicine made it politically, scientifically, and medically correct to

work in this area. That was a big boost. I knew the importance of belief systems in healing and pain management from direct personal experience and empirical observation. Now, there was proof. My theory that belief systems impact disease and healing was confirmed. In parallel evolution, I realized my little story was a part of something much bigger. I am a molecule in the much bigger chemistry set of Mind-Body-Spirit Medicine.

The stage was set. Now we can extract and organize healing principles from the great wisdom traditions into cognitive-behavioral or mind-body medicine practices, practice these ourselves, and teach them to our patients.

After the conference, I returned to my work at Cascadia Behavioral Healthcare, a community mental health clinic in downtown Portland, Oregon, where a confluence of events ultimately led to the formation of the ten-step healing model described in this work.

SPIRITUALITY AND HEALING IN COMMUNITY MENTAL HEALTH

In public mental health, we are almost always functioning with precious limited resources and even those are sometimes subject to budget reductions. When I returned from the mind-body medicine training in Boston, the clinic was dangerously underfunded. We could provide case management, medication management, and crisis intervention, but there was no outreach, no groups, no classes, and minimal counseling.

Each case manager worked with between one hundred and one hundred fifty patients, and an additional two hundred patients remained unassigned in a float pool served by the case manager of the day. Most of the case managers were young, relatively inexperienced, and confronted with some of the most complicated problems in mental health. This was a dangerous and frightening time.

Eventually, some resources were added. New staff members were

assigned to the clinic, so we had the opportunity to reinstate some programming, such as a group or two.

We didn't know what the clients wanted, so we sent out a survey asking for feedback on what groups they might prefer. The number one choice was spirituality and healing. This option was listed along with mental illness education, medication and symptom management, cognitive-behavioral therapy, and other traditional subjects.

It seemed people wanted more than knowledge of illness and traditional treatment. They wanted to know something about their illnesses, but in a greater context. People wanted to discuss life's big questions and how those questions related to their personal struggles with disease and disability:

1. Who am I?
2. Why am I here?
3. What is the meaning of life?
4. Why is there so much suffering?
5. How do I understand suffering?
6. Is there a God, and, if so, what is its nature?
7. How can I find peace in the face of suffering?
8. How do I get through all of this?

I was known as the meditating doctor or the spiritual doctor, so the clinic program manager asked me if I would lead the group. I accepted the offer and created a manual of universal healing principles, methods, and qualities from the great faith traditions. Another staff member joined me to facilitate the group.

We formed the group and studied the manual. We discussed and practiced affirmations, meditation, mindfulness, breathwork, and other methods. We emphasized universal human and spiritual principles:

- You are a human being equal to all others.

The Birth of Healing Power

- You are not your illness.
- Your higher self is composed of wonderful qualities such as compassion, love, understanding, and kindness.
- Everyone suffers. We can learn how to manage that pain skillfully by practicing a variety of methods taught by great souls and proven effective across cultures and history.

People loved it. They said, “As mental health clients, we have never felt so respected.”

The success of the group was invigorating and inspired me to write my first book, *Healing Power: Ten Steps to Pain Management and Spiritual Evolution* (2005). I wanted to share my experience with a larger audience.

Writing that first book was challenging. I wanted to define, extract, and transfer the essential healing principle of religion to healthcare—safely, efficiently, and effectively. This was a complex and difficult task. Even though spiritual healing is now evidence based, belief systems are intimate, complex, and highly charged. People defend their belief systems with fierce tenacity. How can I enter this territory without getting into trouble?

What follows is a summary of the process I used to create *Healing Power*. I would follow the lead of traditional research and combine that with my personal experience using the scientific method in metaphysics. I was conducting my own experiment in consciousness and would share my findings. At the same time, I would try to respond to the many questions and barriers that came up.

THE SCIENTIFIC METHOD IN METAPHYSICS

Herbert Benson and other Mind-Body-Spirit Medicine specialists, using the traditional research methods of physical science, have demonstrated that people with an active faith system have better

outcomes in medicine, surgery, mental health, and addiction. Belief systems impact disease and healing.

I had demonstrated this to myself using the scientific method in metaphysics. With this method, as with the traditional scientific method, we can test an idea as a hypothesis but here we test metaphysical ideas for which there is no x-ray or lab test.

The vast array of spiritual books and teachers presents a variety of conflicting ideas and beliefs. We can pose these ideas as questions and put them to the test of direct personal experience in the laboratory of life.

The scientific method in metaphysics:

1. The body is the test tube.
2. The experiment is on consciousness, energy, thought, will, feeling, desire, choice, and behavior.
3. Test a theory: We can decipher the difference between spiritual fiction and fact by testing an idea as a hypothesis.
4. Assume the agnostic position. Don't believe or disbelieve the idea. Stay opened, neutral, and observe.
5. Practice a method.
6. Prove or disprove the theory through direct personal experience.
7. If a method or concept works, keep it. If not, discard it.

MY EXPERIMENT

I follow the recommendations of the saints and go to work but I accept no idea on blind faith. I use the scientific method in metaphysics. My laboratory is human experience. My test tube is the body. My tools are the built-in equipment of the body: consciousness, energy, reason, feeling, desire, choice, and behavior.

These are some of the ideas I tested in the laboratory of direct experience:

The Birth of Healing Power

- Knock and you shall receive.
- Seek and you shall find.
- The body temple harbors the God of the universe.
- God is Omniscient, Omnipotent, and Omnipresent.
- God is love.
- There is a conscious God of love to Whom we can appeal and get a response.
- We can experience higher states of consciousness: bliss, nirvana, and ecstatic joy.
- There is a higher self, composed of healing qualities such as compassion, love, understanding, and forgiveness.
- We can make healing qualities grow.
- Love is more powerful than any painful problem.
- Compassionate service to humanity brings peace of mind and strength.

I practice the methods recommended by the saints and sages of the great faith traditions: affirmations, breathwork, meditation, mindfulness, service, yoga, progressive muscle relaxation, and the transformation of emotion.

I stay opened and observe the results.

MY FINDINGS

Here are my findings:

- I can make love grow.
- As love grows, it contains, reduces, or eliminates my pain and guides me through the pain that is left.
- Service to others breeds peace of mind and strength.

- When I practice love and service, three things happen:
 1. I feel better.
 2. I become a better person.
 3. I experience a variety of superconscious states described earlier in this work. To summarize:
 - a. The Buddha: This was my first superconscious experience, a quantum leap in clarity, power, and energy. As I listened to Ken describe his guru, I thought, “The Buddha!”
 - b. The Light: The night after that and many times since then, I have experienced the actual light I had read about in sacred literature for years. The light can be so strong that it replaces ordinary perception and consumes my entire being, suggesting a part of my being is light itself.
 - c. Meditation: I speak to God in meditation and get a response: pure consciousness, pure awareness, the peace that surpasses understanding, unfathomable stillness, pure unconditional love, and ecstatic joy.
 - d. The Bag Lady: I am in midtown Manhattan having a rough day and scream silently into the ether, “Lord, I need a sign!” A bag lady shows up and gives me a book called *Physician Heal Thyself*. Questions naturally emerge:
 - ◇ Is this evidence of a Power behind the scenes that knows I am a doctor and that I need healing?
 - ◇ If it knows that much, does it stand to reason that it knows other things about me, possibly everything?
 - ◇ Is this evidence, as the bible says, that God is Omniscient, Omnipotent, and Omnipresent and can do whatever S(he) wants?
 - ◇ Could S(he) be giving a new follower a little clarity to let him know S(he) is there, helping and guiding?

The Birth of Healing Power

These experiences change my understanding of the nature of reality and the universe. I form some tentative conclusions:

- There is something here that ordinarily remains hidden but can be provoked through such techniques as meditation or prayer. That something is God.
- God is the Omniscient, Omnipotent, Omnipresent love described by the great faith traditions.
- When we make contact with God, we expand our healing power, manage our pain more skillfully, and evolve spiritually.
- Spiritual evolution means feeling better, becoming a better person, and experiencing higher states of consciousness.
- Love is the great healer and the great pain manager.
- Love is more powerful than any painful problem.

I tried to hold these conclusions lightly and to guard against dogmatic or fixed ideation, and I continued my experiment. To this day, my experience supports these conclusions.

SPIRITUAL HEALING IN MEDICAL PRACTICE: BARRIERS AND QUESTIONS

On a personal level, using the direct experience of the scientific method of metaphysics, I obtained the same results Benson had proven through traditional scientific studies: people with an active faith system have better outcomes in medicine, surgery, mental health, and addiction. In other words, healing power expands when we find the belief system that works for us.

With the help of Benson and others, we can now bring spiritual healing to the practice of medicine. The data are there and I have verified those data in my personal life. I can come out of the belief system closet and share my findings with a larger audience. I can

bring the wisdom of the ages to healthcare. This is exciting, but a host of challenges remain to be addressed.

Some of the barriers we face when we bring spiritual healing to healthcare include:

- We don't work with spirit.
- We are not comfortable talking about religion.
- We don't know what the essential healing principle of religion is.
- We have no language or map.
- We ignore or refer to spiritual counselors.
- There is a lack of training.
- Entering the territory of belief systems is treacherous.
 - Belief systems are personal, intimate, complex. There is enormous variation and levels of commitment.
 - Belief systems are the source of our comfort and solace. When an uninvited guest shows up in the living room and starts moving the furniture around, we not only lose that feeling of safety, we fear unraveling to the abyss (the cheeseburger effect).
 - All of us employ fierce feelings and tenacity to protect our inner living rooms decorated with belief system furniture.
- We need to address the problem of controversial, contradictory, and confusing dogma.
- On a more personal note, I wanted to create a self-help model for physicians, healthcare professionals, and the general public and I have to be true to my findings (as a scientist must be), but in my experiment, I landed right in the middle of the bible. How do I represent a God of love in a world where people have been killing each other in the name of that God for thousands of years? The resistance will be tremendous. I think doctors steeped as I am in the traditional scientific methods of physical science will scoff at me. I think about most of my friends and colleagues who are ethical humanists. They will wonder, "What happened to Phil?"

The Birth of Healing Power

I am concerned about religious fundamentalists who will balk at the flexibility and universality of my approach.

- We need to solve the problem of traumatic religious history and toxic language. For example, the God of love people will be happy to see their God embraced by medicine as a part of their healing process, but how do we talk about the God of love to hard-core scientists and physicians, ethical humanists, or those who have been traumatized by religion in the name of the God of love?
- How to avoid debate and confrontation in groups?
- How to set up a model that everyone can use?
- How to enter without losing life, limb, or property?

In summary, I needed to be true to my findings and write up the result of my experiment and at the same time create a model that is universal, inclusive, and safe for persons of all persuasions to use.

I needed to find the essential healing principle of religion and transfer it safely, efficiently, and effectively to medical practice. That healing principle had to be universal. It had to cut across all categories—atheist, agnostic, spiritual, religious—thus including the God of love people, Sufis, Baptists, and scientific atheists, among others.

I needed to find a way to involve those with traumatic religious history without destructive rekindling and replays.

I needed to put all of this together so everyone can get in the game, open up a dialogue, and have an enjoyable discussion without destructive debate.

This became my magnificent obsession. There had to be a way.

A ROUGH DRAFT

I started waking up at 4:00 AM and found myself at the computer, pouring my ideas into a word processor. I was writing my first book.

For decades, I mined the spiritual literature for pearls. Whenever I read a pearl of wisdom, I was and still am compelled to write it down. I do this because the pearl has something in it that I need. I'm afraid I

won't remember it so I write it down, hoping I'll have an opportunity to get back to it, think about it, contemplate it, and ultimately become it.

I have hundreds of note cards with pearls on them. I have the cards organized into categories: meditation, mindfulness, positive thought, will, surrender, service, and much more. Depending on my mood, I would choose a few cards and keep them in my shirt pocket at all times. When I had a moment between tasks, I consulted a pearl and rolled it around in my head, hoping that wisdom would drop down into my consciousness and move me in that direction. The pearls of wisdom I had been working with for thirty-five years poured out of me into the computer in the early hours of the morning. Thus came into being the first rough draft of my first book.

The next step was to let some people see the draft and get some feedback. My wife, Sharon, is a writer, so naturally, I asked her to look at it first. She said no. I asked why not. She said, "Do you remember when we tried to write a book together in New York City and we ended up separated? You lived in Brooklyn and I stayed in Manhattan for eighteen months." I said, "Yes. But there were other issues, and I'm more mature now." She said, "No you're not." I said, "Yes I am. I've been practicing yoga for thirty-five years and I am even-minded under all conditions." She said, "You're delusional." We laughed. Of course, I am not even-minded under all conditions, anything but. However, even-minded under all conditions is one of the affirmations I studied and isn't it a good idea? I persisted with my pitch to Sharon; she relented. With some anxiety, she agreed to look over the draft.

The news was not good. My writing was poor. The pearls of wisdom circulating in my head made total sense to me, but the way it was coming out in this first draft would not be easy for anyone else to follow. Sharon told me to go see Bill Johnson.

BILL JOHNSON'S GUIDANCE

Bill is a highly spiritual being, a professional writer, and a writer's coach. After reading the manuscript, Bill gave me some feedback. He

said, “Phil, did you know a book has a beginning, middle, and end?” I said, “No, I’ve read hundreds of books but never thought of that.” He said, “Not only that, every chapter is in sequence between the one before and after it for a reason as is every paragraph within a chapter and every sentence within a paragraph.” I said, “So, there is a logical sequence in a book from the first word to the last?” “Yes.”

The second suggestion was bite-sized pieces. He reminded me that I am working with the wisdom of the ages, that is it not just deep but very deep, that it takes time to digest, and can only be digested in bite-sized pieces.

Bill Johnson’s guidance was phenomenal. He gave me two simple suggestions:

1. Beginning, middle, and end with logical sequences
2. Bite-sized pieces

I applied these two structural elements to my first draft. In a few days the backbone of healing power in ten steps emerged.

In addition to Bill Johnson’s advice, I used the following guidelines to create the ten steps.

GUIDELINES AND CRITERIA USED TO CREATE THE TEN STEPS

1. Access: provide safe, efficient, and effective access to the territory of belief systems, including a map on how to properly access these systems.
2. Language: provide a common language that enables us to talk to each other about religion and spirituality without getting into trouble.
3. Universal and inclusive: include universal or near-universal spiritual principles, methods, and qualities that can work for as many people as possible: atheists, agnostics, spiritual people, and

religious people; must include persons of all persuasions—such as Sufis, Baptists, God of Love people, scientific atheists, and ethical humanists.

4. Individualize: support people to stay in their religion of origin and expand their practice, or to build their own program; there must be a cafeteria of options so people can take what they need and leave the rest.
5. Go deep: include the root causes of and solutions to our deepest suffering.
6. User-friendly: while looking at our deepest suffering, the model should be as user-friendly as possible.
7. Self- healing: design a set of healing methods that can be practiced anywhere, anytime—at home, at work, or at play.

Following these guidelines, I created the ten-step model in four stages:

1. Deconstruct religion into discrete pieces.
2. Eliminate dogma, ritual, and other nonessentials.
3. Extract the essential healing principle we can use in healthcare.
4. Organize the resulting principle into doable, practical steps and tools.

The model would be:

1. For any person: atheist, agnostic, religious, spiritual
2. For any problem: physical, mental, emotional, interpersonal, or spiritual
3. Composed of methods that can be practiced anywhere, anytime, at home, work, or play
4. Self-help
5. Self-healing

THE BOOKS AND WORKBOOK

Four books now describe the model:

1. *Healing Power: Ten Steps to Pain Management and Spiritual Evolution* (2005): This book introduces the ten steps.
2. *Healing Power: Ten Steps to Pain Management and Spiritual Evolution Revised: Introducing the Universal Healing Wheel* (2010): This book introduces the universal healing wheel.
3. *Healing Power: The Workbook* (2015): The workbook is a companion manual to *Healing Power Revised* (2010).
4. *Healing Power: Physician Heal Thyself* (2018).

Healing Power: Ten Steps to Pain Management and Spiritual Evolution (2005)

This book introduces the ten steps.

THE TEN STEPS

1. The Core Drive
2. Duality and Brutal Reality
3. The Compromise
4. Bad Habits
5. Tools Become Barriers
6. The Seeker
7. Soul and Spirit
8. School
9. Spiritual Practice
10. Spiritual Experience

A brief summary of the ten steps follows.

- Step 1: We have an absolute need for unlimited peace, love, joy, and safety. This is called The Core Drive. The Core Drive is the motivating force behind all of our actions. It does not shut off. It can't. It is built into the genetic code. We have to have it. We want *unlimited* healing qualities and higher states of consciousness.
- Steps 2–3: We try to achieve The Core Drive exclusively in the outer world of people, activities, events, and things but this is impossible. On the physical plane, suffering is inevitable, time is limited, and death wins in the end.
- Steps 4–5: When we persist in our efforts to achieve The Core Drive on the physical plane, our motor overheats. We get stuck in the mud. We become unnecessarily reactive. The restless mind, highly reactive emotions, excessive material desires, attachments, bad habits, hyperactivity, physical pain, and the ego present an imposing array of problems.
- Step 6: We see the need to get help. We become seekers.
- Steps 7–10: We discover the teachings of the saints and masters of the great faith traditions. They diagnose our problem: we are trying to achieve The Core Drive outside. They give us the good news: it can be realized inside. In fact, they tell us, it is already there waiting patiently for our discovery as the true self. They call it the Buddha, Image of God, Child of God, The Soul, love, or higher self. It doesn't matter what you call it. Just practice love and watch everything improve.
- Steps 1–5 describe our pain.
- Steps 6–10 focus on healing that pain with love.
- Steps 1–10: Love is the great healer. It is more powerful than any painful problem. We know how to make it grow. As it grows, our pain is contained, reduced, or eliminated. We feel better, become better people, and experience higher states of consciousness.

The Birth of Healing Power

- For a complete review of the ten steps, please read *Healing Power Revised* (2010), pp. 45–93 and pp. 115–123.

Steps 7–10 describe how to manage our pain (P) skillfully by practicing a variety of spiritual methods (M) resulting in the cultivation of healing qualities that add up to love (Q).

After teaching the ten steps for years, it became increasingly clear to me that Pain-Method-Quality or PMQ is the essential healing principle of religion—the operations of love—and I had not given it a name.

I decided to call it the Universal Healing Wheel with traction devices for the wheel being the stuff of religion and to introduce the wheel in my second book, *Healing Power Revised* (2010).

Healing Power: Ten Steps to Pain Management and Spiritual Evolution Revised (2010)

The first book is no longer relevant because the second book, *Healing Power Revised* (2010), has everything in it from the first book plus the introduction to the Universal Healing Wheel and some additional material.

As I taught this book to healthcare professionals, students, and clients in groups and classes, the Universal Healing Wheel continued to teach me. People shared their thoughts about how the wheel worked in their lives. The groups were powerful. I took notes. Eventually there was enough accumulated wisdom to write *Healing Power: The Workbook* (2015).

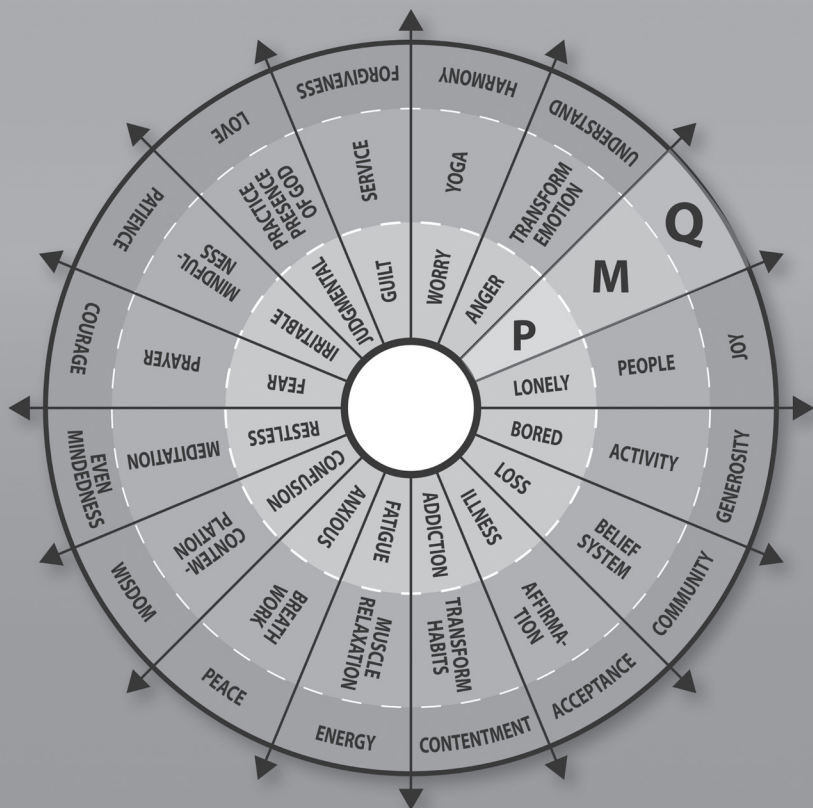
Healing Power Revised (2010) and *Healing Power: The Workbook* (2015) channel the wisdom of the ages from the sages to healthcare and the street. These two works comprise 875 pages. The material is deep and can be overwhelming. With this in mind I have produced a shorter training document I use to introduce students to the basics of the model, as seen in the following section.

HEALING POWER

THE WORKBOOK



PROBLEM, METHOD, QUALITY



PHILIP SHAPIRO M.D., M.P.H.

PART 5

THE UNIVERSAL HEALING WHEEL

HEALTHCARE PROFESSIONAL, HEAL THYSELF

- Today we will discuss a very important, practical, yet highly neglected topic: healing for the healthcare professional first and then our patients or consumers.
- I will introduce a self-help, self-healing model I use myself and teach to students, staff, and clients if they are interested.
- When healthcare professionals are in a self-healing program themselves, they will be better able to help their patients do the same.
- It doesn't matter where you are on the map. We all need more healing power. There is always a next step to take.
- Healthcare professional, heal yourself first. This is the best way to contribute to the healing of your patient and your organization.
- The way forward is the universal healing wheel or pain, method, quality (PMQ).
- P is any pain or problem: this can be physical, mental, emotional, interpersonal, or spiritual.

- M is methods. There are fifteen methods.
- Q is qualities. There are one hundred healing qualities.
- Those who practice the recommended methods in response to their pain will cultivate healing qualities such as love, compassion, patience, kindness, humor, forgiveness, courage, perseverance, strength, and more. When these healing qualities grow, we feel better and become better people.
- We will discuss PMQ in some detail today. Before we get started, we will read three powerful parables about pain and healing from the world's sacred healing literature. As you know, a parable is a powerful piece of wisdom stated with great economy. These parables set the tone and direction for the rest of the discussion.

PAIN AND HEALING: A MARRIAGE OF WISDOM FROM THE WORLD'S SACRED LITERATURE

The Last Place They Will Look

In a Native American parable, the Creator
gathers all the animals and says:

"I want to hide something from humans
until they are ready for it—the realization that they
create their own reality."

"Give it to me. I'll fly it to the Moon," says the Eagle.

"No, one day soon they will go there and find it."

"How about the bottom of the ocean?" asks the Salmon.

"No, they will find it there, too."

"I will bury it in the great plains," says the Buffalo.

"They will soon dig and find it there."

"Put it inside them," says the wise Grandmother Mole.

"Done," says the Creator. "It is the last place they
will look."

Two Wolves

An old Cherokee Indian was speaking to his grandson. “A fight is going on inside me,” he said to the boy. “It is a terrible fight between two wolves. One is evil—he is anger, envy, sorrow, regret, greed, arrogance, self-pity, guilt, resentment, inferiority, lies, false pride, superiority, and ego. The other is good—he is joy, peace, love, hope, serenity, humility, kindness, benevolence, empathy, generosity, truth, compassion, and faith. This same fight is going on inside you, and inside every other person, too.”

The grandson thought about it for a long minute, and then asked his grandfather, “Which wolf will win?”

The old Cherokee simply replied, “The one you feed.”

The Guest House: Rumi

This being human is a guest house.

Every morning is a new arrival.

A joy, a depression, a meanness,
some momentary awareness comes
as an unexpected visitor.

Welcome and entertain them all!
Even if they're a crowd of sorrows,
Who violently sweep your house
empty of its furniture,
Still, treat each guest honorably.
He may be clearing you out
for some new delight.

The dark thought, the shame, the malice,
Meet them at the door laughing,
and invite them in.
Be grateful for whoever comes,
Because each has been sent
as a guide from beyond.

THE UNIVERSAL HEALING WHEEL: THE MECHANICS

- Mind-Body-Spirit Medicine: There is ample scientific evidence that people with an active faith system have better outcomes in medicine, surgery, mental health, and addiction. This allows us to bring spirituality and religion into the practice of medicine.
- The next step is to find and transfer the essential healing principle from religion to medicine safely and without controversy. This is a difficult task. Religious belief systems present a broad array of complex, confusing, and contradictory principles. This model reduces complicated, controversial religion into a simplified practical spirituality.
- Here is the key principle: the entire story of religion is the triumph of love over pain. Love is the supreme healer. It is greater than any painful problem.
- Our job is to respond to our pain with love a little bit more every day. To do this we need:
 1. A definition of pain
 2. A definition of love
 3. A way to implement the principle that love is more powerful than any painful problem
- The universal healing wheel answers that call.

The Universal Healing Wheel = PMQ

- PMQ is the essential healing principle of all religion. It is the $e = mc^2$ of spiritual healing. You will find PMQ in every healing model.

The Universal Healing Wheel

- P = Pain
- M = Method
- Q = Quality
- Pain: Let's start with pain. Every healthcare visit has something to do with pain. We can take some of it away with the medical model, but we are stuck with a great deal of residual suffering. We get hooked to our pain story and can't shake it. We need a way to manage this pain skillfully, but nobody talks about this. We say, "Your pain is your medicine if you know what to do with it. You can turn the tables on your pain and make it work for you. You can become a more skillful pain manager." The saints tell us how to do this.
- The Qualities: The saints recommend adding healing qualities such as love, compassion, understanding, and forgiveness to the pain story to calm it down. After all they would say, "Isn't the whole of religion a story of the triumph of love over pain? Isn't love more powerful than any painful problem? Love, compassion, kindness, and understanding; these are the pain managers and the healers. But these qualities do not grow on trees. They are in the genetic code, and we need to cultivate them by practicing the recommended methods.
- The Methods: There are fifteen methods extracted from religion, psychiatry, and psychology. These include meditation, mindfulness, breathwork, affirmations, contemplation, the transformation of emotion, and more.
- Rolling the Universal Healing Wheel: In response to your pain, we suggest you pick a method to cultivate a quality. This is called rolling the universal healing wheel. This is universal and works for people of all persuasions.
- Traction Devices: Traction devices are the stuff of religion. We add back the stuff of religion as we think this adds even more

power to the healing equation. To stay out of controversy, traction devices are offered as a cafeteria of options with the proviso that one person's traction device is the next person's gag reflex.

- How This Works: An atheist or agnostic person with an anxiety disorder might choose meditation to cultivate peace of mind. The PMQ here is anxiety (P), meditation (M), peace (Q). There would be no welcome theological traction devices. A Buddhist with the same problem might want to meditate with the Buddha and focus on compassion. A Christian might add Jesus and the God of love. A Hindu might add Krishna and even-mindedness under all conditions. With the addition of these traction devices, these individuals may find more comfort and solace.
- In summary:
 - a. P is any painful problem: physical, mental, emotional, interpersonal, or spiritual.
 - b. M is the fifteen methods.
 - c. Q is the love = One hundred qualities and higher states of consciousness.
 - d. Traction devices are anything from the stuff of religion that gives you traction.
- Study the healing principles outlined in this work long enough to understand how they work. Then roll the wheel and experience the result:
 - a. Love contains, reduces, or eliminates pain and guides us through what is left.
 - b. Love grows until love is all there is.
- To see how this works, you have to unpack the wisdom through direct personal experience. You have to sit with your pain and ride the pain waves to get to your upgraded, refined love. This workbook shows you how to do this, but you must be the one

to do it. Think, reflect, and practice. Use every opportunity and experience—good and bad—to roll the wheel.

- Love is the great healer and great pain manager. It is more powerful than any painful problem. This message is needed now—sorely needed now—as there is so much darkness and pain in the world.
- In the next sections, we will focus on important points about pain, methods, and qualities.

PAIN

- Life is painful.
- How we manage our pain determines whether we move forward, backward, or stay stuck in this life.
- When we manage pain unskillfully, we make it worse. We get stuck and go backwards.
- When we manage pain skillfully, we hold our ground and move forward.
- Unskillful pain management is the number one problem on the planet. It can paralyze and eventually destroy our lives and the lives of those around us.
- We need help. We need to learn more about the origin of our suffering so we can manage it more skillfully. Then, instead of dragging us down, our problems become a source of strength and peace.
- This work is designed to help you become an ever-increasingly skillful pain manager.
- Skillful pain management will help you safely navigate your way through the many pitfalls that have already come your way and will continue to come your way. Is there anyone who does not need this?

Healing Power

- All of us need to improve our pain management skills, but few pay attention. Our society focuses on the opposite: pleasure seeking, immediate gratification, and pain avoidance. This can work for a time but inevitably leads to more pain.
- There is nothing more important than learning how to be a skillful pain manager. Skillful pain management is in the hall of fame of great ideas. It is the missing piece in our lives. It is a big deal.
- Pain is a complex and tricky subject. If we are to become more skillful pain managers, we need to study its ways.
- Facing our pain and learning how to work with it can be frightening. However, when we learn how to do this, we find our power in the story. This means we are going to participate in self-healing.

The following section reviews some principles to help us do this work.

Pain has two dimensions. It is a good idea to keep these in mind as it helps us see where we do the work. The two levels are:

1. The inevitable suffering of life: we cannot control this.
2. Reactivity: our reaction to the inevitable suffering of life. This is reversible.

The Inevitable Suffering of Life

- All of us have to face the minor irritations of routine daily living and major life problems such as disease, disability, loss, change, the unknown, and death. This is the inevitable suffering of life. Life is difficult and painful for everyone. There is no way around it.
- The pain can be physical, mental, emotional, interpersonal, or spiritual. It can be any disease, disability, stress, or symptom. While we may be able to reduce some of this pain, there remains a great deal of suffering, no matter what we do.

Reactivity

- Reactivity is what we add to the inevitable suffering of life. Most of us add a lot of reactivity to the pain equation.
- Here is a classic, near universal response pattern that occurs when we are confronted with a stressful problem:

Reactivity

1. **Mind:** The mind heats up, spins out of control, ruminates, and repeats the pain story. It attaches to the pain story and won't let go.
2. **Emotion:** Anxiety, depression, anger, fear, guilt, shame, embarrassment, and other painful emotions add up, overlap, pile on, and overwhelm.
3. **Desire:** Desire, attachments, and bad habits kick in—food, alcohol, drugs, power, sex, shopping, gambling, and more.
4. **Body:** We experience a medley of uncomfortable physical sensations: tremors, butterflies in our stomachs, tight muscles, sweaty palms, rapid heartbeat, and more.
5. **Activity:** We become hyperactivity junkies running on the track of life seeking pain relief through people, activities, and things. We distract ourselves from the time we get up in the morning until sleep. This can be good and works to a point, but we don't get to the root cause of our suffering when we use activity to avoid looking at our problems.
6. **Ego:** The trickster ego adds a layer of confusing maneuvers that get in the way: defensiveness, paranoia, pride, rigidity, judgmental attitude, greed, selfishness, fixed distorted ideas, power trips, and more.

Healing Power

- Unnecessary high reactivity is a source of untold suffering. But here is the good news. Reactivity is reversible. We can control these reactions. We have considerable leverage here. This is where we can do some work. This is where we can become ever-increasingly skillful pain managers.
- We can reduce reactivity when we practice the methods and qualities described in this workbook.
- When we reduce reactivity we have less pain, and we are better at managing the pain we cannot eliminate.
- In the next section, you will find a list of one hundred healing qualities followed by some important points about how these qualities help us manage our pain and heal.

QUALITIES

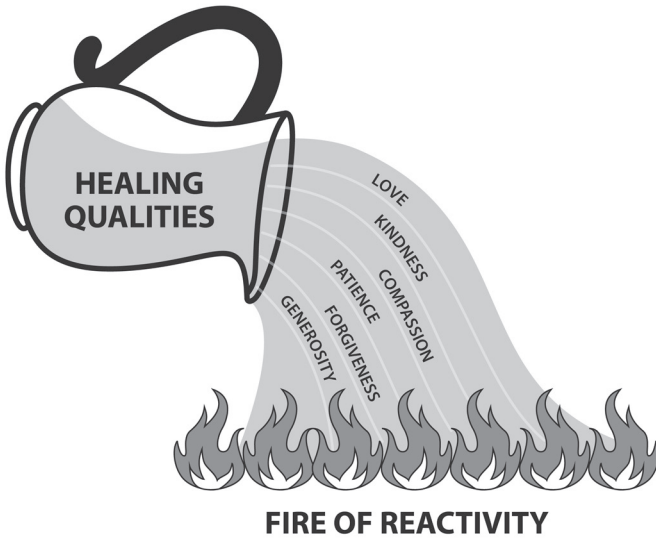
- | | | |
|---------------------|------------------------|------------------------|
| 1. Acceptance | 35. Honesty | 69. Pure awareness |
| 2. Appreciation | 36. Hope | 70. Pure consciousness |
| 3. Balance | 37. Humility | 71. Purity |
| 4. Beauty | 38. Humor | 72. Receptivity |
| 5. Belief | 39. Immortality | 73. Reverence |
| 6. Changelessness | 40. Infinity | 74. Rhythm |
| 7. Cheerfulness | 41. Integrity | 75. Safety |
| 8. Clarity | 42. Interconnectedness | 76. Security |
| 9. Community | 43. Introspection | 77. Self-control |
| 10. Compassion | 44. Intuition | 78. Service |
| 11. Confidence | 45. Joy | 79. Silence |
| 12. Contentment | 46. Justice | 80. Simplicity |
| 13. Courage | 47. Kindness | 81. Sincerity |
| 14. Creativity | 48. Knowledge | 82. Spaciousness |
| 15. Desirelessness | 49. Laughter | 83. Stillness |
| 16. Devotion | 50. Light | 84. Strength |
| 17. Endurance | 51. Listening | 85. Success |
| 18. Energy | 52. Loyalty | 86. Surrender |
| 19. Enthusiasm | 53. Mercy | 87. Sweetness |
| 20. Equality | 54. Mindfulness | 88. Tenderness |
| 21. Eternity | 55. Mystery | 89. Thoughtfulness |
| 22. Even-mindedness | 56. Non-attachment | 90. Tolerance |
| 23. Faith | 57. Non-injury | 91. Trust |
| 24. Fearlessness | 58. Oneness | 92. Truthfulness |
| 25. Forbearance | 59. Openness | 93. Unconditional Love |
| 26. Forgiveness | 60. Order | 94. Understanding |
| 27. Freedom | 61. Patience | 95. Unity |
| 28. Friendship | 62. Peace | 96. Usefulness |
| 29. Fun | 63. Perfection | 97. Warmth |
| 30. Generosity | 64. Perseverance | 98. Will |
| 31. Gentleness | 65. Play | 99. Wisdom |
| 32. Gratitude | 66. Positive thinking | 100. Witness |
| 33. Harmony | 67. Power | 101. Other |
| 34. Healing | 68. Practicality | |

Important Points About the Qualities

- You have an army of one hundred healing qualities.
- They are in the genetic code, the inherited wisdom of the body.
- They are not just words but actual healing powers.
- We can deploy them in response to any painful problem.
- They are more powerful than the painful problem.
- We know how to make them grow.
- Grow one, and the others grow with it. They are interconnected.
- The goal is to make them unconditional, spontaneous, automatic habits.
- As they become unconditional, spontaneous, automatic habits, the locus of control shifts from outside to inside.
- Expansion of healing qualities leads to higher states of consciousness.
- Life presents unlimited opportunities to evolve the qualities.
- Every moment of every scene is an opportunity to grow a quality.
- We can bring the qualities to every aspect of life: thought, feeling, choices, actions, listening, talking, working, eating, relaxing, relationships, conflicts—everything; you name it.
- There is no limit on the growth of a quality. There is always a next step.
- We always need more of all of the qualities, but from moment to moment some stand out as more important than the others. Work there.
- Reactivity is that part of our pain that is reversible. Healing qualities contain, reduce, or eliminate reactivity and guide us through what is left. This is skillful pain management.
- Armed with healing qualities, we are ultimately bigger than our pain.
- Good mental health is when the qualities are in charge.
- Good spiritual health is when the qualities are in charge.
- The most important question: are the qualities growing?

The Universal Healing Wheel

- Healing qualities are water on the fire of reactivity.



- But the qualities do not grow on trees. They are in the genetic code and we need to cultivate them by practicing the recommended methods.

METHODS

- This work presents fifteen methods we can turn to when doctors and other healthcare professionals can't solve our problem.
- The methods are a compilation of ancient wisdom and modern science. They are evidence-based and have proven to be effective over the ages.
- These methods help us manage the inevitable suffering of life and our reaction to it.
- The methods are organized under the horizontal and vertical axes.

Healing Power

- Horizontal axis methods include the outer world of people, activities, and belief systems.
- The vertical axis includes methods we use inside ourselves. These distinctions are made for teaching purposes only. The boundaries between the outer and inner world are arbitrary, and there is overlap.
- You already practice some of these methods. This review will help you become more conscious of what you are doing and help you expand your repertoire.
- These self-help methods integrate with traditional, complementary, and alternative medicine.
- The methods can be used by any person: atheist, agnostic, religious, or spiritual.
- The methods can be used for any problem: physical, mental, emotional, interpersonal, or spiritual.
- The methods help us manage our pain, problem, symptom, disease, or disability.
- The methods help us contain, reduce, or eliminate our pain and guide us through what's left.
- The methods help us cultivate healing qualities that contain, reduce, or eliminate reactivity.
- We can practice the methods anywhere and anytime—at home, at work, or at play.
- We can start anywhere. Pick the method that most appeals to you at this moment.
- Explore them all as time allows.
- No method is better than another.
- No method works for everyone. Pick the ones you want.
- Incorporate and balance the methods according to your current motivation and lifestyle.
- It doesn't matter if your pain is mild, moderate, severe, or extreme. These methods work no matter the size, shape, or complexity of your problem.

The Universal Healing Wheel

- When we learn how to deal with small problems, we will know how to deal with the big ones. The principles are the same.
- For chronic, severe problems, we will need to practice these methods in a variety of combinations for years.
- With practice, we can learn how to manage our deepest suffering with corresponding healing interventions to match.
- The methods guide us through the roughest patches, including the most brutal reality, dark night of the soul, and cave of darkness.
- The list is not inclusive. You are encouraged to heal by any method that works for you.
- A brief introduction to the fifteen recommended methods follows.

The Methods

Horizontal axis: external work

1. People
2. Activities
3. Belief systems

Vertical axis: internal work

4. Affirmations
5. Habit transformation
6. Progressive muscle relaxation
7. Breathwork
8. Contemplation
9. Meditation
10. Prayer
11. Mindfulness
12. Practicing the presence of God
13. Service
14. Yoga
15. Transformation of emotion

WHAT DO YOU DO WHEN YOU ARE IN PAIN?

Horizontal Axis Methods: External Work

1. People

- When we are in pain, we instinctively turn to trustworthy loved ones, friends, family, or counselors. We tell our story seeking understanding, validation, comfort, and relief.
- We have a deep and inherent need to give and receive love, compassion, understanding, patience, kindness, and humor. These qualities are the healers and pain managers.
- The idea is to have the best possible network of like-minded, warm, wise, and compassionate people: the right people, at the right time, at the right dose.

2. Activities

- Constructive meaningful activities contribute mightily to pain management and healing.
- We need a variety of activities such as school, training, volunteering, work, hobbies, culture, exercise, martial arts, sports, the Internet, TV, radio, music, culture, reading, the arts, and more.

3. Belief systems

- It doesn't matter whether your belief system is secular, spiritual, fixed, or opened as long as it gives meaning, purpose, and positive thought. (For more information on the difference between fixed and opened belief systems, see *Healing Power Revised* (2015), pp. 120–121.)
- Church, synagogue, mosque, twelve-step programs, DBT (dialectical behavior therapy), or other healing ceremonies?

Vertical Axis: Internal Work

- Many people make the mistake of trying to solve all of their problems on the horizontal axis of people, activities, and belief systems. Some problems can only be resolved by doing some inner work.
- When you have done everything you can in the world of people, activities, and belief systems and you are still in pain, you can use twelve additional methods to help you with your painful problem.
- Methods 4–15 describe the work we can do internally. These are the methods of the vertical axis. We can work these methods alone or in a group. Both are good, and they complement each other.

4. Affirmations

- The mind has great power to do harm or good.
- Fill your brain with powerful positive thoughts and pearls of wisdom.

5. Habit Transformation

- All of us have a mix of good and bad habits.
- Learn how to eliminate bad habits.

6. Breathwork

- Breath is always available. We can use it to get centered and calm.
- Breathwork helps dissolve painful emotions, curb addiction and craving, and convert mental restlessness to peace of mind.

7. Progressive Muscle Relaxation

- Calms the body and mind through tensing and relaxing the muscles.
- Reduces stress, anxiety, fear, panic, depression, insomnia, and fatigue.
- You might also do a body scan, as taught by Jon Kabat-Zinn.

8. Contemplation

- Crack open the shell of a wisdom pearl to release its hidden secrets and soothing healing powers.
- Learn how to fill your brain with wisdom.
- Convert such great qualities as compassion and any other healing quality or idea from the surface superficiality of mere words to feeling, experience, and action.

9. Meditation

- Right now, there is a place inside of us that is absolutely still and serene, but our mental restlessness bars us from entering. Meditation is the solution to this problem.
- When we learn how to meditate, we learn how to slow down the mind, replace negative with positive thought, and eventually get into the room of stillness.
- The experience of peace in the room of stillness surpasses understanding. Here you will find unfathomable beauty, joy, compassion, light, energy, power, elation, and ecstasy.
- In meditation: negative → positive → stillness → higher consciousness → infinity.
- Learn how to meditate. Experience deep healing in the room of stillness. This doctor charges no fee.

10. Prayer

- Communion with your higher self or Higher Power.
- Dimensions of prayer: oneness, humility, individuality, stillness, concentration, visualization, devotion, will power, awareness, acceptance, and peace.

11. Mindfulness

- Mindfulness is paying attention in the here and now to one moment at a time.

The Universal Healing Wheel

- Learn how to stay in the present and ride the pain waves just as they are, without adding unnecessary reactivity.

12. Presence of God

- This is the same as mindfulness for those who have a personal relationship with God.
- Make contact and get a response.

13. Service

- In service to humanity, we discover who we really are and what really helps.
- It is not what you do but how you do it. Add love to every action.
- The way is small acts of gentle humble service without attachment to outcomes.
- When we help others, we help ourselves. Healing power grows. We evolve.

14. Yoga

- Four practices:
 1. Love: Bhakti Yoga
 2. Service: Karma Yoga
 3. Wisdom: Jnana Yoga
 4. Stillness: Raja Yoga
- The science of yoga teaches us to still the waves of mental restlessness, excessive material desire, and emotional reactivity in both meditation and activity.

15. Transformation of Emotion

- Painful emotions are a part of the normal, natural, intelligent healing process.

Healing Power

- When we learn how to process emotion into self-knowledge, we gain strength and peace.
- Learn how to:
 - a. Let the pain story unfold.
 - b. Spiritualize the story: infuse the pain story with healing qualities.

LOCUS OF CONTROL

- When we learn how to balance external and internal practices, we become more skillful pain managers. Healing qualities expand. We evolve at maximum speed. At mastery, when your locus of control is deeply rooted inside, you will be even-minded under all conditions. For most of us, even-mindedness under all conditions is an affirmation, not a reality. On the way there, we can have fun with the challenge.
- In the next section, you will learn how to practice PMQ or roll the universal healing wheel.

ROLL THE UNIVERSAL HEALING WHEEL

- Now that you have completed your review of pain, methods, and qualities, you are ready to practice PMQ. This is called rolling the universal healing wheel.
- To evolve, all you have to do is find a problem, practice a method, and cultivate a quality.
- Problem (P)
 - Find a problem you would like to work on.
 - This can be any problem: physical, mental, emotional, interpersonal, or spiritual.
 - It can be any size: tiny, small, medium, large, or huge.

The Universal Healing Wheel

- Quality (Q)
 - Go to the list of one hundred healing qualities.
 - Pick one or a combination of qualities you need right now to help you with your problem.
- Method (M)
 - Pick one or a combination of methods that will help you grow that quality.
- Here is a sample of PMQs

Problem	Method	Quality
Any problem of body, mind, or spirit	15 methods	100 qualities
Lonely	People: meet a friend	Joy
Bored	Activity: volunteer	Generosity
Loss	Belief system: go to church or AA meeting	Community
Physical illness	Affirmation	Acceptance
Addiction	Habit transformation	Contentment
Fatigue	Progressive muscle relaxation	Energy
Anxious	Breathwork	Peace
Confusion	Contemplation	Wisdom
Restless	Meditation	Even-mindedness
Fear	Prayer	Courage
Irritable	Mindfulness	Patience
Judgmental	Practicing the presence of God	Unconditional love
Guilt	Service	Forgiveness
Worry	Yoga	Harmony
Anger	Transformation of emotion	Understanding

Healing Power

- Here is a simple technique you can use for any pain or problem. You can use this technique whether you are an atheistic, agnostic, spiritual, or religious person.
- When you realize you have gone for a ride on the train of thought and you want to get off the train:
 1. Stop
 2. Breathe
 3. Present moment
 4. Problem
 5. Method
 6. Quality
 7. Traction device (optional)

Roll the Wheel Without a Traction Device

- An ethical humanist with an anxiety disorder might want to use meditation to cultivate peace. The PMQ would be anxiety, meditation, peace. There would be no welcome theological traction devices.
- When you realize you have gone for a ride on the anxiety train and want to get off the train:
 1. Stop
 2. Breathe
 3. Present moment
 4. Anxiety
 5. Meditation
 6. Peace

Roll the Wheel with a Traction Device

- A Buddhist with an anxiety disorder might want to meditate with the Buddha and focus on compassion.
- The PMQ would be the same: anxiety, meditation, peace.
- With the addition of the compassionate Buddha as the traction device, the meditation would have more power.
- A Christian might visualize Jesus and the God of love during his or her meditation.
- A Hindu might add Krishna and even-mindedness under all conditions.
- With the addition of these traction devices, individuals may find more comfort and solace.

When you realize you have gone for a ride on the anxiety train and you want to get off the train:

1. Stop
 2. Breathe
 3. Present moment
 4. Anxiety
 5. Meditation
 6. Peace
 7. Optional: add the Compassionate Buddha or Jesus and the God of love to your meditation.
- Choose your PMQ
 - Now, gently bring the quality and method to the pain. Everything is done gently.
 - Focus on the method and quality, not the pain.
 - Practice your method and quality for a day, a week, or longer.
 - Read about that quality.

Healing Power

- Think about it.
 - Discuss it.
 - Contemplate it.
 - Affirm it.
 - Breathe it.
 - Feel it.
 - Visualize it.
 - Concentrate on it.
 - Permeate your being with it.
 - Invoke powerful memories about it.
 - Create from it.
 - Make it your faithful guide and companion.
 - Write your experience.
 - Share in a group or with a friend.
- The universal healing wheel works for any problem: tiny, small, medium, large, or huge. The dynamics are the same.
 - Choose any problem and match it to a method and quality. Practice the method, and cultivate the quality in response to the pain. The quality is more powerful than the painful problem. As it slowly grows, it will contain, reduce, or eliminate your pain.
 - We must still deal with the inevitable suffering of life. But now there is less reactivity and more strength and peace. This is skillful pain management by rolling the universal healing wheel.
 - With any pain or problem, fifteen methods, and one hundred qualities to choose from, the Universal Healing Wheel offers unlimited creative potential. It is like a palette of colors. You paint your own picture.
 - By changing the method and quality from moment to moment pending circumstance, there can be one continuous sacred ritual. For example, we can practice meditation in the morning and evening and mindfulness, breathwork, or affirmations during the day.

- When you practice PMQ, change occurs in four stages.

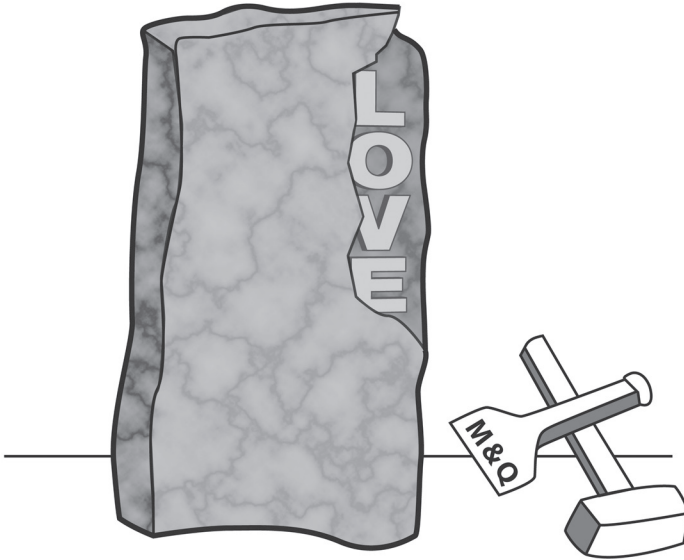
CHANGE OCCURS IN FOUR STAGES

When We Roll the Wheel, Change Occurs in Four Stages

- Stage 1: No change is noticeable: We do the work and nothing happens. The qualities are growing, but the increase is subtle and imperceptible. Many people quit here, as they are looking for immediate gratification and are not prepared for work, struggle, and discipline. Don't put a schedule on this stage. If we do—and our expectations are not met—we may become discouraged and give up our quest.
- Stage 2: We feel better and become better people: There is a tangible experience of ever-increasing peace, love, strength, courage, compassion, and the other love-qualities.
- Stage 3: Superconscious experience: Love qualities inflate by nature. At some point, they cannot contain themselves. They break into superconscious states that defy description. Words are only signposts. We have to go there. When we reach an expanded superconscious state, we know it, experience it, and feel it. These experiences last for a few minutes or hours to several days. But there is inevitably a return to ordinary consciousness. Back to school. Back to work.
- Stage 4: Mastery: A sustained state of superconsciousness reserved for masters. This is a very advanced stage and requires decades if not lifetimes of discipline. For a more detailed description of this stage, see *Healing Power Revised* p. 88 and pp. 134–135. Alternatively, you can study the lives of Jesus, Buddha, Krishna, Rumi, or any God-realized master.

Healing Power

- Practice PMQ. Chisel away what does not belong. Deconstruct to reconstruct. Bring out the love you already are.



POINTS TO REMEMBER

- The wheel with traction devices allows us to capture the power of religion and bring it to healthcare safely, efficiently, and effectively.
- PMQ is the final common denominator and cannot be reduced any further. It is necessary and sufficient. We have to have problem, method, and quality to heal.
- PMQ is universal. Anyone can do PMQ. You can be atheist, agnostic, religious, or spiritual and practice PMQ.
- PMQ is cognitive behavioral therapy in which one shifts from a negative painful problem to a positive healing quality. For some people, this is enough. Others need traction devices.

The Universal Healing Wheel

- Traction devices for the wheel allow those who are interested to add anything from the stuff of religion that gives inspiration or traction: the God of love, grace, Jesus, Krishna, karma and reincarnation, and so forth.
- The stuff of religion that can create such consternation and enmity is offered as a cafeteria of options with the following provisos: one person's traction device is the next person's gag reflex, nuke offensive language and substitute your own, stay in your own lane, reform yourself and not others, and take what you need and leave the rest.
- The wheel with traction devices solves the problem of toxic language and traumatic religious history, as PMQ has no theology and you control the traction devices.
- The wheel with traction devices is not invasive, threatening, or noxious. We can choose from any pain or problem, fifteen methods, one hundred healing qualities, and any traction device. With this many options, we can find a way to avoid those problems, methods, qualities, and traction devices that are offensive, invasive, and act as triggers, and work with those that are easier to take at the time.
- The number or type of traction devices we use doesn't matter. We can have none, a few, or full-on religion. What does matter is love. If a traction device leads to more love, it is good. If not, why use it?
- The universal healing wheel with traction devices is a major find. It reduces complicated, controversial religion to a simplified practical spirituality. It is the essence of and link to all religions. It is the $E = mc^2$ of psychosocial and spiritual healing. It is the unifying theory, what actually works, the Holy Grail. It seems too simple to be true, but this simplicity is its elegance; it has the essential building blocks for healing and the add-ons from the stuff of religion. The wheel with traction devices is the total package.

Healing Power

- Here are the steps followed in constructing this model:
 1. Deconstruct religion into discrete pieces.
 2. Eliminate dogma, ritual, and other nonessentials.
 3. Extract the essential healing principle = love = healing qualities.
- All you need is love and a way to make it grow. The wheel with or without traction devices answers that call.
- Roll the wheel with or without traction devices. Love grows until it is unconditional.
- Love is the centerpiece of religion. Everything else is a traction device.
- Spirituality = love = healing qualities and higher states of consciousness.
- We must have PMQ for full recovery and deep healing. When we roll the wheel, we evolve. We become love itself.

WHAT WE LIKE MOST ABOUT ADDING SPIRITUALITY TO OUR WORK

- It lights a fire of hope and possibility under traditional medical practice.
- It allows us to function under the umbrella of a great idea: bringing the wisdom of the ages to healthcare.
- It offers a boatload of additional healing tools for staff, patients, and clients who can take it as far as they wish.
- It improves healthcare outcomes.
- It gives the practice of medicine a story and a soul.

STAGING DISEASE AND RECOVERY

For Low-Income Persons with Chronic Severe Illness

SPIN → FLOAT → INTEGRATE → LIBERATE

- We understand psychosocial and spiritual recovery and healing is not for everyone. Some are unable or not interested. We respect people's decisions to engage or not. With this in mind, we present below a way to stage disease and recovery.
- SPIN. This is high acuity requiring multiple visits to the emergency room, hospital, and clinics. Those in the spin zone have one or more of the following: active physical illness, mental illness, addiction, low or no income, unemployment, and homelessness. These individuals often spin among the hospital, jail, and street. They may be a danger to self or others.
- FLOAT. With medication, housing, and financial support, mental illness, physical illness, and substance use improve. Symptoms if present are more manageable. People isolate in their rooms, watch TV, smoke, hang out, and wander aimlessly. There may be some social contact but little or no connection to meaningful social, recreational, vocational, or spiritual activity. There is often no meaning and purpose.
- INTEGRATE. This is community integration involving people, activities, and belief systems. People get their social, recreational, vocational, and spiritual lives back.
- LIBERATE: Integrating higher states of consciousness with good mental health.
- SPIN → FLOAT → INTEGRATE → LIBERATE: To move from spin to float to integrate, we need positive action on the horizontal axis of people, activities, and belief system. For deepest

healing and liberation, we may need to move from fixed to opened belief systems, and add vertical axis healing options including meditation and self-knowledge. This requires managing that gap between fixed and opened belief systems where even a little anxiety is perceived as the uninvited guest in the living room.

- **STAGING RECOVERY USING THE FIFTEEN METHODS:**
There are fifteen methods: three on the external horizontal axis and twelve on the internal vertical axis. Some will choose none of these. Others will apply all fifteen. An example of a way to stage recovery using the fifteen methods follows.

STAGING RECOVERY USING THE FIFTEEN METHODS

The Methods

Horizontal axis: external work

1. People
2. Activities
3. Belief systems

Vertical axis: internal work

4. Affirmations
5. Habit transformation
6. Progressive muscle relaxation
7. Breathwork
8. Contemplation
9. Meditation
10. Prayer
11. Mindfulness
12. Practicing the presence of God
13. Service
14. Yoga
15. Transformation of emotion

LEVEL 1: No options. This individual chooses none of the fifteen methods. There is an inability or lack of motivation for community integration. Some people are overwhelmed by stimulation and need to stay alone to remain stable. Others may lack initiative or energy. The illness may be too acute. There may be too much pain. This individual will remain in spin and float.

LEVEL 2: People and activities. This individual chooses people and activities. There is social and recreational recovery but an inability to engage in cognitive-behavioral work (belief systems) or vocational recovery. This person profits from day programs and drop-in centers.

LEVEL 3: People, activities, and belief systems. This individual engages with people and activities and has a belief system: traditional religion, 12-step program, or other healing models. This includes social, vocational, recreational, and spiritual recovery. This individual remains primarily on the horizontal axis and has an external locus of control.

LEVEL 4: People, activities, and belief systems with any one or combination of vertical axis options. There may be a need to move from a fixed to an opened belief system. The locus of control begins to shift from outside to inside.

LEVEL 5: As with Level 4 but add transformation of emotion and meditation, the two most difficult and advanced vertical axis techniques. With the addition of these two powerful digging tools, one can remove all traces of negativity, leading to the recovery of the higher self and Higher Power as the *unlimited* peace, joy, love, and safety we crave. The locus of control is primarily inside. There is an expansion to higher states of consciousness, sometimes referred to as liberation or enlightenment.

GUIDELINES FOR GROUPS AND CLASSES

Next you will find the guidelines we use for groups and classes. These

guidelines help us accomplish the goal of having entertaining discussions rather than destructive debates.

These guidelines are designed to take the air out of the sails of those who want to argue and convert. If people don't want to follow these guidelines, the model and group are not for them and they are invited to pursue other meetings with like-minded people who will support them in their system of thought.

- Please review the following guidelines. If we follow these suggestions, we can extract the essential healing principle from religion and apply it to healthcare safely, efficiently, and effectively.
- We use these guidelines for groups and classes. They work. We have enjoyable, educational discussions without getting into destructive debate.
- The model is a composite of universal healing principles from the great wisdom traditions.
- It does not push religion. It does try to equip persons of all persuasions with the essential healing principle embedded within religion.
- We do not promote a particular religion. We do promote your individual approach to spirituality. We have respect and tolerance for the great variety of ways to understand and practice spirituality.
- The model is for any person: atheist, agnostic, spiritual, or religious.
- The model is for any problem: physical, mental, emotional, interpersonal, or spiritual.
- The methods can be practiced anywhere and anytime—at home, at work, or at play.
- There is a cafeteria of options. You can add these options to your current belief system or build your own program.
- Take what you need and leave the rest.

The Universal Healing Wheel

- The term Higher Power is used to describe the God of your understanding, our higher self, higher states of consciousness, or your higher meaning and purpose.
- One person's traction device is the next person's gag reflex. Don't let language stop you. For some people, even the word spirituality is a problem. Nuke offensive language and substitute your own. For example, you might substitute Higher Power for God, higher self for soul, healing qualities for spiritual qualities, or cognitive behavioral practice for spiritual practice.
- Some chapters in this book speak to those who believe in a God of love. Other chapters are more universal. If you don't believe in God, let alone God as love, substitute with words like spiritual qualities, healing qualities, qualities, The Tao, The Way, The Great Spirit, Creator, compassion, or any other term that gives you traction. The universal goal is to become a more skillful pain manager, expand healing power, and evolve. As you proceed, use whatever term is most acceptable to you.
- Stay in your own lane.
- Reform yourself and not others. We are not here to change others. We are here to change ourselves.
- We do not proselytize (convert others to our point of view).
- We engage in discussion without debate.
- We are here to listen and share, learn and grow, study and practice.
- Although active participation is encouraged, it is perfectly okay to remain silent throughout the meeting.
- During the class, we take turns reading. If you don't wish to read, you are welcome to pass.
- The group lasts sixty minutes. Each person reads a paragraph followed by a discussion and contemplation of the material.
- We avoid giving advice or trying to fix other people's problems.

We focus on our personal experience using the spiritual methods for cultivating healing qualities in response to life's problems.

- When we finish the book, we return to the beginning and read it again.
- This is an open group. You can come and go as you please.
- We begin and end each class with a period of silent meditation for two minutes. The best meditation position is with the eyes closed, focused on the point just above and between the eyebrows, feet flat on the floor, hands resting in your lap with palms upward, spine straight, and slightly bent as a bow. You may repeat your focus word, mantra, or a favorite affirmation. You might also just focus on your breath.

TRACTION DEVICES AND HIGHER POWER OPTIONS

- The universal healing wheel is the essential healing principle of any psychosocial or spiritual model. The wheel is universal. It works for persons of any persuasion: atheist, agnostic, religious, or spiritual. For many, PMQ is enough. Others need traction devices for the wheel.
- A traction device is any concept, image, or aspect of a great wisdom tradition that gives inspiration. A few examples are ritual, story, metaphor, parables, Higher Power, mystery, the unknown, God of love, Father, Mother, Friend, Beloved, Omniscience, Omnipotence, Omnipresence, Christ, Krishna, Buddha, Image of God, karma, reincarnation, grace, nature, the collective unconscious, archetypes, the subconscious, reason, traditional worship, sermons, music, art, committee work, and many more.
- Traction devices help us get traction so we do not get stuck when the going gets rough. Healing is work, and traction devices help us do the work. They help us stay in the game when we feel like

quitting. Traction devices add more power to the healing equation. They help us manage our pain and heal.

- Traction devices include the stuff of religion and the nature of God. There is great controversy here. Arguments rage within and between religions, and between atheists, agnostics, religious, and spiritual people. The trails of history and current events are populated with tragic stories about confrontations concerning “the one true way.”
- We can do better. We can learn how to talk about these profoundly important principles without getting into trouble. If we do this, we profit greatly. Healing power expands. We become more skillful pain managers. We feel better, become better people, and experience higher states of consciousness.
- Now might be a good time to review *Healing Power Revised* (2010), pp. 78–81, and *Healing Power: The Workbook* (2015), pp.116–127. Here you will find a review of Higher Power options for atheists, agnostics, and spiritual and religious persons. In this work, there are four choices.
 1. Higher self
 2. Higher meaning and purpose
 3. Higher states of consciousness
 4. Higher Power or the God of your understanding: you are encouraged to find those aspects and images of your Higher Power that are comfortable, approachable, and accessible, to install that image in your consciousness, and to use it as a source of continuous guidance and inspiration.

Some key points to remember about traction devices and Higher Power options:

- To climb the mountain of healing qualities and higher states of consciousness, we may need some traction devices.
- *Healing Power* offers traction devices as a cafeteria of options but

does not promote specific traction devices. It does promote The Wheel, and you pick the traction devices.

- While other people's traction devices may be of interest and can satisfy our curiosity, they can become a distraction or a source of dissension, conflict, and fighting.
- When we focus on other people's traction devices, we can inadvertently kindle traumatic religious history and toxic language.
- We don't need to know each other's traction devices. What we do need is the qualities. The qualities will take us to higher states of consciousness. The most important question: Are the qualities growing or not?
- Love is what is there when we boil everything else off. It is the universal truth that links the great teachers and their teachings.
- The answer to the cosmic puzzle is love. Are we in love or something else?
- It doesn't matter how you worship or if you worship. What matters is love.
- Ethical humanists may have more love in their hearts than intensely religious persons and vice versa. Judge by love, not the vehicle. Love is the report card.
- Focus on the wheel. That is what we all have in common.

THE BUDDHA IS IN THE BUILDING: WHAT ABOUT JESUS AND OTHER MASTERS?

- The universal healing wheel or PMQ is the essence of psycho-social-spiritual healing and the backbone of any and all of the processes described in this work. The pattern of the Universal Healing Wheel is similar to that of the teachings of Buddhism.
- Twenty-six hundred years ago, the great metaphysician Siddhartha Gautama, the Buddha, began his campaign to relieve

human suffering with a simple diagnosis and treatment plan, known famously as the Four Noble Truths. The first of these truths is: life is painful. The Buddha outlines the root cause of human suffering and prescribes a set of healing practices designed to cure the pains of life. Compassionate service is the medication; peace of mind is the result. The Buddha shows us how to heal our pain with practices such as mindfulness, meditation, and service. The result is serenity and joy. In essence, the Buddha is a masterful pain manager. He teaches us how to transform our suffering into spiritual power.

- In his Four Noble Truths, the Buddha defines three simple variables that correspond with the elements of PMQ:
 - a. Problem: the inevitable suffering of life
 - b. Method: healing methods for the pain, including meditation, mindfulness, and service
 - c. Quality: the outcome of serenity, joy, and other spiritual qualities
- The Four Noble Truths are equivalent to the universal healing wheel or PMQ.
- Current evidence-based models such as Dialectical Behavioral Therapy (DBT), Mindfulness Based Stress Reduction (MBSR), and Mindfulness Based Cognitive Therapy (MBCT) are steeped with Buddhist principles or PMQ. These models work for such difficult-to-treat problems as borderline personality disorder, chronic pain, and depression. In effect, some twenty-six hundred years after his death, we find the Buddha in hospitals and clinics helping people with entities the medical model alone cannot fix.
- How did the Buddha get into healthcare? I imagine it went something like this. Healthcare professionals practicing mindfulness and meditation noticed ever-increasingly skillful pain management and healing in their personal lives and wondered if there was a way to help their patients do the same. They designed a

study and the data came in. Buddhist principles and practices help us manage our pain and heal. To hide the Buddha, they create boring titles with acronyms: Dialectical Behavioral Therapy (DBT), Mindfulness Based Stress Reduction (MBSR), and Mindfulness Based Cognitive Therapy (MBCT). No one gets nervous, but the essential healing principle of Buddhism, cited in The Four Noble Truths or PMQ, is brought to healthcare.

- You may not be aware that the Buddha is walking through the halls of medicine helping people with severe medical and psychiatric problems. Protected by the science of mind-body medicine and hidden in the quiet garb of such titles as MBSR or DBT, he improves healthcare outcomes in such notoriously difficult-to-treat illnesses as depression, chronic pain, and borderline personality disorder.
- I imagine Jesus on the outside of these medical buildings looking in with his nose pressed against the window, thinking, “I see how Brother Buddha got in the building first. His program has the essential healing principle of PMQ without the ‘baggage’ of a deity or God of love. But I have healing power too. How can I get in?”
- The Wheel with traction devices as a cafeteria of options with the protective guidelines for groups and classes answers this problem. Everyone gets the wheel. PMQ is universal and non-threatening. Then you pick the traction devices from none to full-on religion and follow these guidelines:
 1. Nuke offensive language and substitute your own.
 2. Take what you need and leave the rest.
 3. Stay in your own lane.
 4. Reform yourself and not others.
 5. Discuss without debate.
- With these protections, not only does Jesus get into the building but every other saint, sage, guru, teacher, master, concept, image,

or aspect—in short, any option from the “stuff of religion”—becomes a potential traction device to upgrade the intensity of one’s practice in the most individualized way.

- Traction devices are important because it is one thing to start a practice and another thing to keep it going. We need all the help we can get from inspirational traction devices to keep the pilot light lit.
- In the next section, you will find some suggestions on how to use *Healing Power* for skillful pain management and avoidance of burnout.

PART 6

THOU SHALL NOT BURN OUT

IN THIS SECTION, YOU WILL FIND A VARIETY OF WAYS YOU CAN USE the principles of *Healing Power* to skillfully manage your pain and avoid burnout.

BRING LOVE TO MEDICAL PRACTICE

- Love is the great healer and the great pain manager. It is more powerful than any painful problem. Love qualities contain, reduce, or eliminate our pain and guide us through what is left.
- Our problem may be complex, but the solution is simple: love and its consort qualities. We need love, compassion, patience, and kindness no matter the nature of our problems, however complex they might be.
- Adding love qualities to our story may not eliminate all of our pain, but it is the line of least resistance. Following the way of love is the least painful way to go through life.
- Love can help our medical practice if we can figure out a way

to integrate it without controversy. But the word love is not part of our current medical nomenclature. It is considered soft and unprofessional to use this word at work.

- Something is wrong with this picture. There must be a way to talk to doctors, scientists, and other healthcare professionals about love so we can get that boost in pain management and healing.
- To do this, we need a definition of love and a vehicle for its implementation.
 - a. This work defines love as one hundred healing qualities and higher states of consciousness.
 - b. The universal healing wheel or PMQ is the vehicle for its implementation.
- The simplest method is this: When you see that you have gone for a ride on the train of thought and you want to get off the train:
 1. Stop
 2. Breathe
 3. Present moment
 4. Pain
 5. Method
 6. Quality
 7. Traction device (optional)
- This method extracts and transfers love as the essential healing principle from religion to medical practice safely, efficiently, and effectively.
- When we practice this method, healing power expands, we manage our pain more skillfully, and we evolve.
- You will find variations of this method throughout this work.

FIND YOUR POWER IN THE STORY: FEED THE GOOD WOLF

Let us return to the parable—Two Wolves.

An old Cherokee Indian was teaching his grandson about life...

“A fight is going on inside me,” he said to the boy.

“It is a terrible fight between two wolves.

“One is evil—he is anger, envy, sorrow, regret, greed, arrogance, self-pity, guilt, resentment, inferiority, lies, false pride, superiority, and ego.

“The other is good—he is joy, peace, love, hope, serenity, humility, kindness, benevolence, empathy, generosity, truth, compassion, and faith.

“This same fight is going on inside you—and inside every other person, too.”

The grandson thought about it for a long minute and then asked his grandfather, “Which wolf will win?”

The old Cherokee simply replied,

“The one you feed.”

- Healing is not complete without a deep understanding of this parable.
- Think about the bad wolf as pain (P) and the good wolf as healing (Q).
- In this model, the good wolf is love, a composite of one hundred healing qualities.
- No matter what happens, you always have power in the story as long as you remember to feed the good wolf.
- *Healing Power* offers a choice of fifteen methods you can use to feed that good wolf in response to the difficult challenges you face at work and at home.

Healing Power

- When overwhelmed, we feel frail or inadequate. Nevertheless, we always have more power than we are using right now; this is true no matter where we are on the path of healing and enlightenment. We can tap into our latent healing power by rolling the universal healing wheel or practicing PMQ.
- To find your power in the story:
 1. Define your pain or problem.
 2. Choose a method.
 3. Choose a quality.
- You have one hundred healing qualities. The qualities are your power in the story no matter what form or direction your story takes.
- Find healing qualities most useful to you in the moment, and cultivate these with your method or methods of choice.
- The universal healing wheel is packed with wisdom. Practice PMQ and you will see how it works. You will learn how to sit with your pain, ride the pain waves, and find your power in the story.

SCHOOL: PAIN HAS A PURPOSE

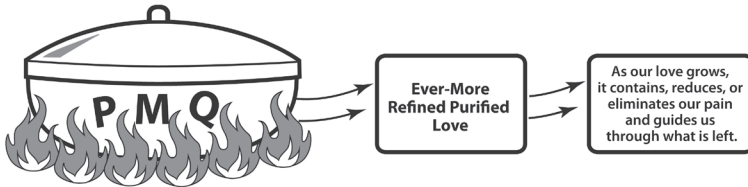
- “The cure for the pain is in the pain.” (Rumi)
- We can always turn the tables on our pain and make it work for rather than against us.
- When you are in pain, immediately invoke the following affirmations:
 1. Life is school.
 2. Pain is the teacher if I open to its lessons.
 3. The lessons always have to do with the cultivation of healing qualities or love.
- Review *Healing Power Revised* (2010), Step 8: School, pp. 83–86

- Every time you are in pain, you can use it to become a better person and a better doctor.
- Roll the wheel. Practice PMQ. You will hear the pain in that chair across from you better.

THE BIGGER THE P, THE BIGGER THE Q HAS TO BE

- The bigger the pain (P), the bigger the quality (Q) has to be.
- There will be times when your pain is greater than your ability to manage it skillfully. For example, you may become more patient with practice, but a big stressor might overwhelm your patience. You become irritable and inadvertently share this negative feeling with others. When this occurs, intensify your practice until patience replaces irritability.
- The greater the pain, the bigger the quality needs to be. When we master a certain level of difficulty, the bar is raised for the next problem, pain, or test.
- This is a lot of work, and it doesn't go in a straight line. There are ups and downs. We are skillful and then unskillful pain managers. We go forward and backward on our way forward.
- Pain has one purpose: to constantly push you to grow spiritually. With each new problem or repetition of a chronic deeply embedded problem, you can say, "Oh! I need even more of such and such qualities or I need to work with a new set of qualities." For example, you may need to cultivate more patience, kindness, compassion, understanding, and forgiveness. Or you might need more courage, strength, and endurance.
- Every bit of adversity goes into the P of the PMQ with the full knowledge that if you practice the M and the Q, the Q or love will grow until it is greater than the P and will ultimately contain, reduce, or eliminate your pain and guide you through what

is left. This is the triumph of love over pain as operationalized through PMQ.



- Pain is the driver. It forces us to upgrade our program to one continuous sacred ritual. Practice your methods and qualities until they become unconditional, spontaneous, automatic habits.
- This might be a good time to go deeper in your study of the qualities. See Chapter 12 on Qualities in *Healing Power: The Workbook*, pp. 78–96

ONE CONTINUOUS SACRED RITUAL

- Every moment is an opportunity to practice one of the methods.
- Keep increasing your practice at various points throughout the day.
- Practice the methods as much as you can.
- The more we practice, the better we get.
- When you get tired, bored, or overwhelmed with a method, try a different one. Mix and match. Over time you will be able to pair methods to moments with increasing effectiveness.
- Advanced students always try to practice one of the methods. This is possible since some methods such as meditation and contemplation require solitude, while mindfulness, practicing the presence of God, and service occur during activity.
- Slowly expand your practice until it is continuous and seamless.

When you are always practicing a method, you have reached the pinnacle: one continuous sacred ritual

ESTABLISH THE VIRTUES OF THE GREAT ONES

- There is a mountain steeped with healing qualities and higher states of consciousness. On the way up, we meet a host of saints and sages and at the top, God-realized masters: Jesus, Buddha, Krishna, Rumi, the Baal Shem Tov, and more.
- At the top of the mountain, there is no argument. All that is there is love. Do you think Jesus and Buddha would argue? No. They would have a blast and then come down to the plains and valleys to teach and help others.
- The masters are supernova cognitive behavioral therapists. They teach us how to transform painful problems into love and wisdom. The supreme goal is responding to painful problems with unconditional patience, peace, poise, compassion, love, understanding, and associated healing qualities. To do this, we need to practice the methods until they become our new mental habits locked in brain grooves so powerful that ultimately this is all we can do.
- Regular practice of the recommended methods will heal and transform your consciousness. Don't put a cap on your growth. You are unlimited.
- If you do this work, the virtues of the great ones will slowly add on to you: peace and strength, compassion and courage, wisdom and love expressed in acts of gentle, humble service to all of humanity.

SUPERCONSCIOUSNESS

- Roll the wheel with or without traction devices. Grind it out in your daily routine. Practice lovingkindness affirmations,

mindfulness, breathwork, service, and meditation. Expand your practice until it becomes one continuous sacred ritual.

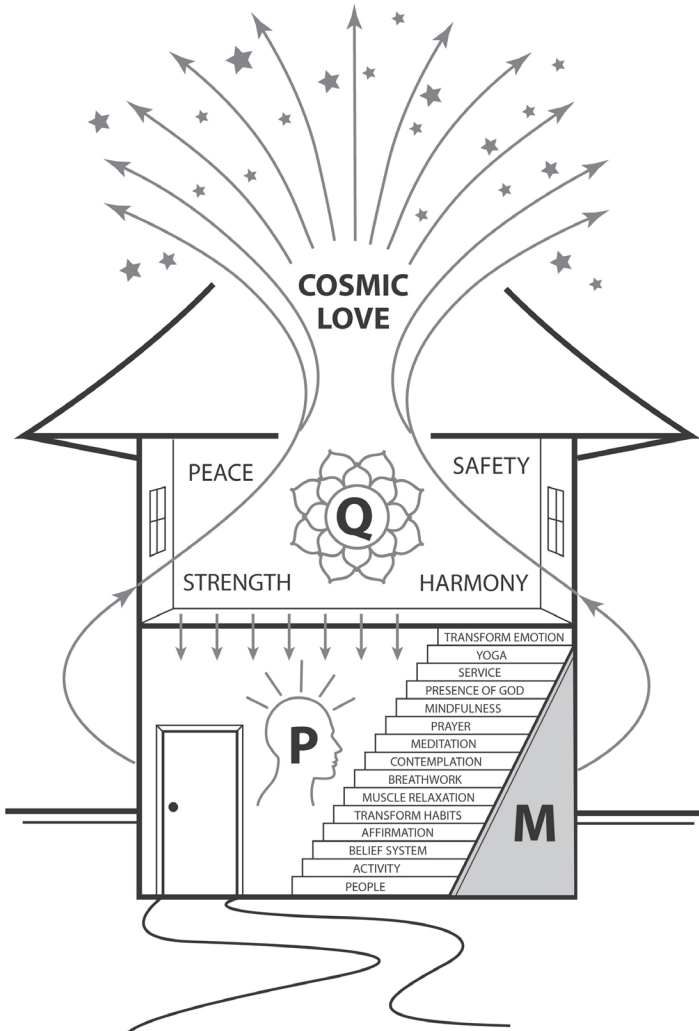
- At some point—and this can be in either meditation or activity—the door opens. Your consciousness expands. You have a superconscious experience.
- Some people refer to superconsciousness as the Buddha, Christ, Cosmic Love, the Big Space, bliss, nirvana, or God. It doesn't matter what you call it. What does matter is this: one taste of superconscious love is addicting. Hooked for eternity, we yearn for more forever. We are willing to do whatever it takes to get more until we become pure love itself.
- There are an unlimited number of rooms in your house filled with a variety of higher states of love you have yet to discover. Go there. Find those rooms. Absorb the love and give it to all whom you meet.

THE HOUSE

- This might be a good time to review Chapter 44, The House, in *Healing Power: The Workbook*, pp. 315–326.
- You live in a three-story house.
- The first floor is the human condition. This is the location of our painful problems (P) along with everything else: the good, bad, ugly, great, and terrible.
- The second floor is our higher self or soul, a repository of one hundred healing qualities (Q).
- The third floor is the land of Higher Powers and superconscious experience.
- The steps to the second floor are the methods (M).
- When we practice PMQ, we bring the qualities down to the first

floor for skillful pain management. We feel better and become better people.

- If we practice PMQ as one continuous sacred ritual, love expands until it can no longer contain itself. It breaks through the ceiling of the second floor higher self to third floor superconsciousness: the peace that surpasses understanding, pure unconditional love, and ecstatic joy.

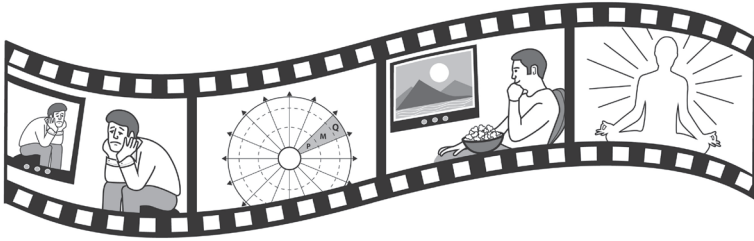


SKILLFUL PAIN MANAGEMENT IS LOVE ITSELF

- When I first heard the phrase skillful pain management, it was love at first sight. This phrase stuck to me like a tattoo. It hit the target, a bull's eye.
- It stimulated me to review my entire life as a movie with scenes I played either skillfully or unskillfully. It was striking. There was no in-between. In one scene, I was a skillful pain manager; in the next scene, not so much.
- Then I noticed it was the presence or absence of the qualities that determined whether a scene was played skillfully. If patience, kindness, and understanding were in charge of my behavior, the scene went well. When I was overly emotional or negative, there was not enough patience, kindness, or understanding.
- I looked at every scene I would edit out and replay if I could. Without exception, I would replace negative emotional reactivity with love qualities and call it good. In other words, skillful pain management is love itself.

THE MOVIE

- This might be a good time to review Chapter 45, The Movie in *Healing Power: The Workbook*, pp. 327–329.



- The Movie has four stages:
 1. Immersed in the movie.
 2. Spiritualize the movie.
 3. Watch the movie.
 4. What movie?
- 1. Immersed in the movie
 - We are actors in a movie. When we completely identify with our role, we have the feelings of that role. There can be a high degree of emotional reactivity.
- 2. Spiritualize the movie
 - Practice PMQ.
 - Permeate the story with ever-increasing love qualities.
 - As the qualities grow, we begin to develop a little space between the movie and us.
- 3. Watch the movie

- Now we can watch the movie without being completely absorbed in it.
- We are still participating as actors but we can watch it as entertainment at the same time.
- Affirm the witness: *I watch the cosmic movie with calm detachment.*

4. What movie?

- In advanced meditation, when love is so great it completely dissolves the story, we enter a state of pure consciousness and pure awareness.
- In this state of superconscious love, there is no form but the formless form.
- There can be no form in a love this strong.
- What movie?

WHO IS RUNNING THE MEETING?

- There is a committee in our heads that runs the meetings and makes the decisions that determine the course of our lives.
- It's a good idea to see who the members of the committee are and who is running the meeting.
- When I was a child, two prominent members of my committee were the Jewish Boy Scout, who liked to follow the rules, and Dennis the Menace, who liked to break them.
- As an adult, I use the story of the two wolves. The bad wolf is the dark side of the ego: what have you done for me lately; I, me, my, mine; territorial, self-important, excessive emotional reactivity, and more. The good wolf is the healing qualities or love.
- Make sure love chairs the meeting. If a negative quality tries to take over, replace it with a love quality.
- The entire practice of religion should be feeding that good wolf.
- Reduce your ego and feed the good wolf, a composite of one hundred healing qualities.

LOVE, MAP, AND A ROPE

- I come to work with love, map, and a rope.
- Love is the qualities. I make sure love is running the meeting.
- The map is the *Healing Power* model I teach to interested persons.
- The rope is skills training.
- In the beginning of my career, I would give interested students one end of the rope, hold onto my end, and try to pull them out of their own quicksand.
- After years of power struggles and frustration, I realized the need to let go of my end of the rope and tie it to a tree, the “tree of life,” and let people pull themselves out or not.
- I can’t heal others but I can teach healing and they decide whether or not to heal themselves. This works. It solves the problem of the messiah complex or wanting to heal others when this is not possible. It is the same thing as love and service without attachment to the outcome. In a pure service call, there is no ego.

GLORIFIED WAITER

- A doctor is nothing more than a glorified waiter.
- We go to our patient’s table and offer a menu of options. In addition to your medication, would you like to cut down on your smoking, eat a better diet, or exercise? Would you like to learn affirmations, breathwork, mindfulness, yoga, and transformation of emotion? Here is a schedule of groups and classes. Does any of this interest you?
- Waiters don’t argue with their customers. They might point out the daily special and make a recommendation but then they back up and take orders.

SPIRITUALIZE THE PRACTICE OF MEDICINE

- We need a way to spiritualize the story of medicine. This is not hard if we remember our mission is healing and the relief of suffering and that at some level, every patient care visit has something to do with this mission.
- The patient brings his or her pain, symptom, and fear to us. We provide our healing technology. This is the sacred territory of medicine and it is a privilege to be a part of it. But, after hundreds and then thousands of patient care visits, it is easy to lose sight of this mission and lapse into ordinary consciousness. When this happens, that same patient care visit becomes routine, boring, or frustrating. How do we renew and maintain our passion?
- Remember this: Although a patient care visit may be routine for you, for the patient it is likely the most important event of the day. What's at stake is the patient's illusion of safety and brutal reality. These dynamics are always at play even in the most routine visit. For example, the results of a routine lab test will determine whether your patient will remain in his or her comfort zone and illusion of safety or be thrown into the fear associated with brutal reality.
- My wife, Sharon is a brilliant woman. About fifteen years ago, she lost about forty points of IQ in six weeks. A lot of tests were done but revealed no apparent cause for the problem. Finally her doctor took an x-ray of her skull and called us in for the results. The doctor was hypomanic and insensitive, probably sped up by managed care issues and fifteen-minute appointments. In any case, she flipped the x-ray up on the view box and said, "Look, good news! We found it. You have a brain tumor. It's the size of a golf ball. Take this x-ray across the hall to the neurosurgeon and make an appointment with him right now."
- That was it. She got on her roller skates and moved on to her next appointment, I'm sure thinking she had just done a very good job of making the right diagnosis and moving us along to the next

appropriate person. I'm also sure she had no thoughts about flipping our lives upside down, removing our illusion of safety, and thrusting us into the brutal realities of morbidity and mortality.

- Be aware of the power of the word. Approach these moments with reverence. This is sacred territory. Infuse every medical act with patience, kindness, love, compassion, and understanding.
- If you are not in the right mood, ask, "How would you behave if you were in the presence of Buddha, Krishna, Jesus, or God?—because you are." Medical practice is one continuous sacred ritual when we get it right.

THE TEN COMMANDMENTS: EGO REDUCTION AND HUMILITY

- We always want every patient to get completely better, an expression of that original compassion which brought us to the medical field in the first place. But this outcome is obviously impossible. Illness is often chronic and progressive and death wins in the end. So what is our job? Who are we supposed to be in the story?
- Our job is to apply our medical technology correctly but the outcome is ultimately not in our hands. Attachment to outcomes is natural and human but leads to unhelpful reactivity and burnout.
- How can we maintain compassion and want only the best for the patient yet remain detached from the outcome at the same time?
- How do we get some distance from the drama with a corresponding reduction in reactivity but not so far away that we become cold, distant, and lose our compassion?
- How do we stay concerned but unencumbered?
- Please review *The Route to Compassionate Detachment: Shapiro's Ten Commandments* to avoid burnout.

THE ROUTE TO COMPASSIONATE DETACHMENT
"THOU SHALT NOT BURN OUT"

Shapiro's Ten Commandments

1. Know the illness: often severe and persistent with remissions and exacerbations. Such knowledge involves lifelong study and learning.
2. Know the treatment: the medical model, the recovery model, living skills training, crisis intervention, case management, relationship, problem solving, community integration, cognitive behavioral therapy, stress management, spirituality, and so on. Study and learn forever.
3. Know the delivery system: severe and persistent with remissions and exacerbations.
4. Know yourself: practice daily introspection. Passion, idealism, and sensitivity unless tempered by reality become narcissistic, grandiose, and messianic. The way out is the serenity prayer.
5. The Serenity Prayer: God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference. This is about will and surrender. Our job is to apply the healing models with good clinical judgment. This is will. Surrender is to accept the outcome. Attachment to outcomes is a major problem. Stay away from outcomes. Helping others is not about me. The world does not respond to my wishes or my schedule. So what can I attach to? Try service, teamwork, and humor.

6. Service: Service to humanity is the reward itself. All work is sacred. We are privileged to participate in the lives of people who are suffering.
7. Teammates: We need love and safety. Unconditional friendship is the route.
8. Humor
9. Mindfulness and Meditation: the center of our being is peace itself. Here, we cannot be touched. Mindfulness and meditation create more space. Clear the zone every day. Build stillness into your program. Bring even-mindedness to all conditions.
10. Do your best and leave the rest.

- The Serenity Prayer is about will and surrender and the wisdom to know the difference. Our job is to apply our medical knowledge with good clinical judgment. This is will. Surrender is accepting the outcome.
- Now add ego reduction and humility to the equation.
- Ego reduction and humility are two sides of the same coin. When the ego is right sized and we are correspondingly humble, we can see our true place in the universe: *tiny but not insignificant*.
- It is no small thing to get the medical intervention right even though we would love to do more. Remember, getting the medication at the right dose and minimizing side effects, while routine for you, may be the most important event in the patient's life that day.
- When all these factors are in alignment and we get this right, we

can be in in the zone, the flow of things. You know you are there when you are even-minded under all conditions.

The Serenity Prayer + ego reduction + humility →
The Zone = Even-minded under all conditions.

- This might be a good time to review the following chapters:
 - The Serenity Prayer, *Healing Power Revised* (2015), pp. 141–160.
 - Humility, *Healing Power Revised* (2015), pp. 393–405
 - The Ego, *Healing Power: The Workbook*, pp. 340–353

HEALING THE HEALER

- In New York City when I was working at Harlem Rehabilitation Center as a staff psychiatrist, I was in couples counseling with my wife, Sharon. Our sessions were in the morning before work. For an hour, we would work on our problems with the therapist. Feelings were intense. Sometimes I felt crazy. An hour later, I was the therapist helping others. This felt strange at first but I found myself becoming more comfortable as I saw that I was better at helping others having gotten help for myself. We are all in this together. Everyone gets a turn. There but for the grace of God go I.
- If you are in psychotherapy or are learning mindfulness, meditation, yoga, and other healing methods, you will be better at helping those patients who are doing this work. Even when the medical model and fifteen-minute appointments preclude going into the psychospiritual domain of healing, you can touch on the subject.
- For example, it is likely your clinic or hospital offers classes on meditation and mindfulness. When you finish your work with the medical model—physical examination, lab results,

medications, and so forth—you can ask your patients if they attend these classes and how things are going with their practice. If you are practicing yourself and experiencing the healing power of these techniques, you can tell your patients with conviction that you know this works and will help. You may even be able to help them with a barrier or two because you are intimately familiar with a technique they are using.

- Biological medicine has great power: medications, radiation, surgery, and more but there is a great deal of suffering it cannot get to. Get in the game of psychosocial and spiritual healing for yourself and then download these skills to your patients to help them with their residual pain.
- Know what the medical model can and cannot do so when we can't heal with medications or surgery, we can still teach self-healing. When doctors are healing themselves, they can support their patients to do the same. Pay attention to healing the healer and then pass your skills, realization, and vibration to your patients.

LISTEN TO THE MASTERS: PROVE IT TO YOURSELF

- The traditional scientific method and the scientific method in metaphysics complement each other. We need both for optimum growth of science and humanity.
- The traditional scientific method is rational, objective, and mathematically precise. Water freezes at thirty-two degrees Fahrenheit every time.
- The scientific method in metaphysics opens up a new kind of learning. We try to prove metaphysical truths through direct personal experience. Here there is no ordinary school, teacher, lecture, or books. The universe is the library, the test tube is the body, and the material worked with is consciousness.

- Each of these methods has applications in Mind-Body-Spirit Medicine. For example, there is scientific evidence that meditation leads to the relaxation response (*The Relaxation Response*, Herbert Benson, 1976). But we can prove this to ourselves with the actual practice of meditation. Meditation is in effect an experiment in consciousness. It requires our active participation. We deconstruct to reconstruct. We go into the unknown to get new knowledge. There may be anxiety but then a deeper level of inner strength and peace. With this new source of experiential data, we prove the truth of the relaxation response in the test tube of our own consciousness.
- When I was in that phase of personal and medical identity confusion, I became an avid seeker and voraciously read spiritual books and sacred texts. I found stories about the heroism, courage, power, and selfless service of the saints and masters. I read anecdotes about miraculous healings, descriptions of eternal life, and discourse on the nature of truth. Prayers, poems, affirmations, and pearls of wisdom allude to unlimited peace, unconditional love, ecstatic joy, and intuitive wisdom. The world's religions claim that the body is the temple which secretly harbors the actual God of the universe, or, similarly, that the body carries higher states of consciousness.
- I wondered what the saints were talking about. It seemed true but I didn't know and would never know without developing a spiritual practice. This became my magnificent obsession and remains so to this day.
- What I found is this: spiritual practice leads to concrete, tangible results reproduced across cultures and historical periods. The methods described in this work have withstood the test of history. Millions have found their value as tools for the cultivation of healing qualities and higher states of consciousness.
- The truth can be proven experientially again and again. Surrender to the advice of the masters. Practice their teachings. The

results come in: we feel better, become better people, and experience higher states of consciousness. I define this now as spiritual evolution. There is a recipe. Follow it. It works.

THE UNIVERSAL HEALING METHOD

- When you find yourself attached and overreacting on the horizontal axis of people, activities, events, and things, try the Universal Healing Method.
- This ten-step method for problem solving helps us detach from the horizontal axis and go deeper into vertical axis healing.
- When we practice this method, we turn the tables on our pain to make it work for rather than against us.
- We learn how to use any pain to stimulate the growth of healing qualities.
- Following is the ten-step universal healing method you can use to skillfully manage any painful problem.

UNIVERSAL HEALING METHOD

1. Define the problem: This can be any problem: physical, mental, emotional, interpersonal, or spiritual
2. Higher Power: Ask for help from your Higher Power
3. Outside action: Take necessary action on the horizontal axis as needed
4. Method: For residual suffering, practice any of the twelve recommended vertical axis options
5. Quality: Cultivate any one or combination of healing qualities
6. Will: Apply all of your will power to the chosen method and quality
7. Grace: When we do our part at maximum effort, ask for help, and endure the problem as long as it is there, Grace follows
8. Expansion of healing qualities
9. Repeat steps 1–8
10. Mastery: Finish the problem. Go around again with a new problem.

Healing Power

- With this method, we use every unresolved painful problem on the horizontal axis as an opportunity to go deeper into vertical axis healing.
- When we add vertical axis methods, we are less attached to the results on the horizontal axis, thus avoiding burnout.
- We can always upgrade our vertical axis program.
- We can always practice vertical axis methods to cultivate healing qualities from the inside out.
- This method helps us balance our work to change the world on the horizontal axis and change ourselves on the vertical axis.
- This method helps us spiritualize any problem by responding to that problem with healing qualities.
- With the practice of this method, healing qualities become unconditional, spontaneous, automatic habits.
- We shift our locus of control from outside to inside until at mastery, we can stay even-minded under all conditions.
- For a more detailed review of the universal healing method, please read:
 1. Chapter 9, A Universal Healing Method, in *Healing Power Revised* (2010), pp. 125–140
 2. Chapter 48, A Universal Healing Method, in *Healing Power, The Workbook* (2015), pp. 333–335

THE ABYSS IS IN THE LIVING ROOM: OMNISCIENT LOVE VERSUS TERROR AT THE ABYSS

- How we manage our pain will determine whether we move forward, backward, or stay stuck in this life.

- When we manage our pain unskillfully, we get stuck or go backward.
- When we manage our pain skillfully, we hold our ground and move forward.
- The number one problem on the planet is unskillful pain management. This work is dedicated to ameliorating this problem by teaching us how to become ever-increasingly skillful pain managers through the practice of PMQ or rolling the universal healing wheel.
- It doesn't matter whether our problems are physical, mental, emotional, interpersonal, or spiritual or whether our problems are tiny, small, medium, large, or huge: the principle is the same—we can manage our pain skillfully by rolling the universal healing wheel.
- This sounds good and it is. But it is not easy. Skillful pain management is difficult. We find ourselves in a grand mess internally, interpersonally, and internationally because it is so difficult.
- The biggest rate-limiting factor in learning how to become an ever-increasingly skillful pain manager is fear of change. For a review of the dynamics of fear of change, you might review the following two chapters. There you will find a description of brutal reality and the illusion of safety, security, and immortality, or you might prefer, the abyss is in the living room.
 - Chapter 8, Shift the Locus of Control, in *Healing Power: Ten Steps to Pain Management and Spiritual Evolution Revised* (2010), pp. 115–123.
 - Chapter 51: Omniscient Love and Terror at the Abyss, in *Healing Power: The Workbook* (2015), pp. 354–357.
- The living room is that part of our inner being where we feel loved and protected. Most people get this feeling of safety from

the horizontal axis of people, activities, belief systems, and material possessions. For many, this is sufficient.

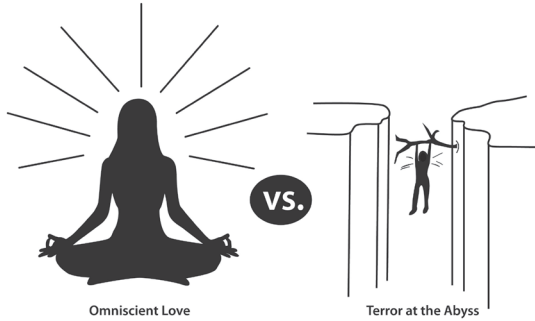
- Others require additional tools on the vertical axis. But moving from the horizontal to the vertical axis may be a problem itself as it requires:
 - Movement from a fixed to an opened belief system
 - Adding self-knowledge born of introspection
- Moving from a fixed to opened belief system with introspection leading to self-knowledge is difficult. It is like remodeling a house. We have to deconstruct to reconstruct. There will be anxiety in the gaps, which can grow into a feeling of terror at the abyss. It can feel like God is holding us over the Grand Canyon by the scruff of the neck.
- The abyss is in the living room. In other words, even when everything is going well and we feel safe and loved, brutal reality or death, pain and suffering, and the unknown can show up at any time and in a variety of shapes and forms. We don't like this arrangement as we have the need for absolute safety and unconditional love but this is impossible on the physical plane where change, limitation, and suffering are the rule.
- The abyss in the living room is arguably our number one problem. Because the pain of change is so great, we do anything to avoid it: alcohol, drug, and sex abuse, codependency, hyperactivity, fixed false beliefs, egomania, power and control trips, materialism, violence, homicide, suicide, and more. We will do almost anything to avoid the fear and pain of change. But these behaviors don't work. Although pain may be reduced in the short run, this is fool's gold. A debt is built that will have to be paid sooner or later. There is no way to escape this pain. If we manage it unskillfully now, it comes out bigger later.
- There is only one healthy choice: cultivating love from the inside out through the practice of vertical axis methods. But the fear

associated with change prevents us from getting to the vertical axis. Fear is the rate-limiting factor in individual growth and our collective evolution.

- Recall that Native American parable, “The Last Place They Will Look” (page 58). This is the last place we look because it is the most difficult and the most painful. For it is here that we have to face not just our anxieties and fears but the ultimate pain: terror at the abyss.
- When we start a spiritual practice, the goal is to get rid of everything that isn’t love. This is a tall order. We have to find and eliminate our character defects, bad habits, destructive emotional reactivity, mental restlessness, excessive material attachments, and egotism. These are like the trees at the base of the mountain that keep us from our climb to higher states of love and ultimately Big Love at the top. We have to let go of these trees to start our climb.
- Jesus came with Big Love from the top of the mountain. There weren’t a lot of rules, just one: love everybody, all the time, no matter what. For some people at the base of the mountain, he was a great threat. They held on to their trees—their fixed beliefs, rituals, rules, bad habits, and character defects—with great tenacity. They could not let go of those trees and experience the anxiety of change on the way to bigger love. Rather than confront their own problems, they did away with him. We do this every day—we fight with and kill each other rather than face our own problems.
- While fixed belief systems work for some people, they all too often lead to destructive political and religious fundamentalism, a source of untold damage to our families, institutions, and international relations.
- Fixed religious belief systems are geared to keep the abyss at bay and give us the peace and love we seek. But this task may remain incomplete unless there is a shift from horizontal to vertical axis

Healing Power

love. The ultimate answer to terror at the abyss is the Omniscient Love of the vertical axis.



- The abyss is in the living room but so is Omniscient Love. Follow the road map. Use the tools. When we practice vertical axis methods, especially meditation and transformation of emotion, we learn how to burn off and replace our impurities, problems, and egos with higher love. This is a slow, gradual, and difficult task but it is the root solution to our deepest problems.
- Build stillness into your program. In the stillness of deep meditation, love burns up hate, hope replaces despair, kindness replaces cruelty, and courage defeats fear. The locus of control shifts from outside to inside and we come to the ultimate realization that we already are the love we seek. In the end, when we are completely immersed in the Ocean of Love, we can ask, "What fear, what terror? Love, love, only love."



Points To Remember About the Abyss in the Living Room

- Fear of the unknown and of death managed incompletely and unskillfully by a fixed belief system gets acted out against others, leading to polarization and fighting rather than solving the problem internally by engaging in the battle of omniscient love vs. terror at the abyss.
- When we shift our locus of control from outside to inside, we stop projecting our problems onto others and blaming them for our pain. Even when it looks like our pain is coming from other people and sometimes it is, all too often, our own reactivity is an even more important source of our pain. Reform yourself first and avoid the temptation of judging and trying to change others.
- The abyss in the living room is the rate-limiting factor in evolutionary growth and perhaps survival of the species.
- The shift from a fixed to an opened belief system with self-knowledge is the next step in individual and human evolution.
- The missing piece is vertical axis healing. Build transformation of emotion and stillness into your program. Then you will experience higher states of consciousness and ultimately liberation.

PEARLS OF WISDOM

- Change is slow, painful, and difficult.
- If you don't deal with what is bothering you, it will come out in other ways.
- Embrace suffering. Ride the pain waves and throw love at it.
- Go deeper and deeper into the stillness of meditation.
- Listen more and more to your Higher Power.
- "Believe in something good if you can. Or even better, believe

Healing Power

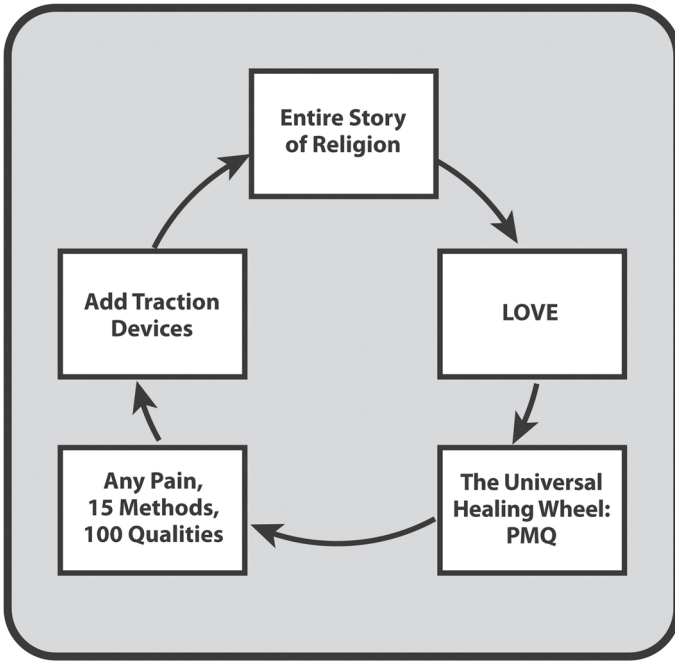
in something better than anything you can fathom. Because for us mortals, this is very profound medicine.” (Herbert Benson, *Timeless Healing*, 1996)

- Religion is a story of the triumph of love over pain.
- The ultimate spiritual battle is between terror at the abyss and omniscient love.
- Love is the religion. The universe is the book.
- The universal wheel is the physician within. Roll the wheel and you expand healing power, become a more skillful pain manager, and evolve spiritually.
- Do good. Avoid evil. Appreciate your lunacy. Pray for help. (Buddhist slogan)
- Read the lives of the saints and masters. Then you will not be confused about the role of pain. They often suffer more than we do but they respond with patience, kindness, compassion, love, understanding, and forgiveness. They are skillful pain managers. Jesus was a master pain manager. He said, “Father, forgive them for they know not what they do.”
- When you practice PMQ, Buddha is your therapist.
- Big Love is the answer to every problem. This is yoga.
- Affirmative wisdom travels from your sacred book to your head, then to your cells, and then to surrounding space and other people as healing vibrations.
- The healing power in your cells will do the work but it wouldn’t mind your cooperation.
- Build stillness into your program. In the room of stillness, the ego shrinks, healing qualities expand, and problems burn up.
- God is exquisite love beyond words.
- God is always greater than we can think or imagine by infinity.
- Jesus and Buddha are inside. They will cool off your hot potatoes.

- Is there a love, a drawing together of any kind that is not sacred?
Rumi
- Cultivate gentle spiritual strength.
- Think soft.
- To the doubting scientific mind, religion can be understood as CBT or Cognitive Behavioral Therapy. There is a shift from negative to positive, from painful problems to comfort and solace, from the bad wolf to the good wolf. The entire story of religion is about feeding the good wolf.
- *Healing Power* is a prescription for skillful pain management. You can frame your pain as sin, karma, suffering, or simply a painful problem. Use whatever works for you. However, no matter your frame, this work is about how to manage your pain skillfully by deploying fifteen methods and one hundred qualities.
- The medical ego: Do you know who I think I am?
- When we reach the limits of the medical model, we can teach psychosocial and spiritual healing. When we can't heal, we can teach healing.
- Each of the one hundred qualities is a skill. Love is infinite. There is no end to its teachings.
- Spiritual healing or PMQ is the inner physician. But you have to practice. Use the scientific method in metaphysics and prove it to yourself. Convert these pearls of wisdom to their reality in you. Love is a place, an experience, a vibration in your consciousness.
- Jesus came without a book or a church—only Big Love. We can melt our addictions and attachments with this love by rolling the universal healing wheel. It's all about love. Start your climb. Take the love pill. Practice love until love is all there is.
- Drench your spirit with these pearls of wisdom.
- Don't let your pearls go back into their oyster shells.

FINAL IMPORTANT POINTS TO REMEMBER

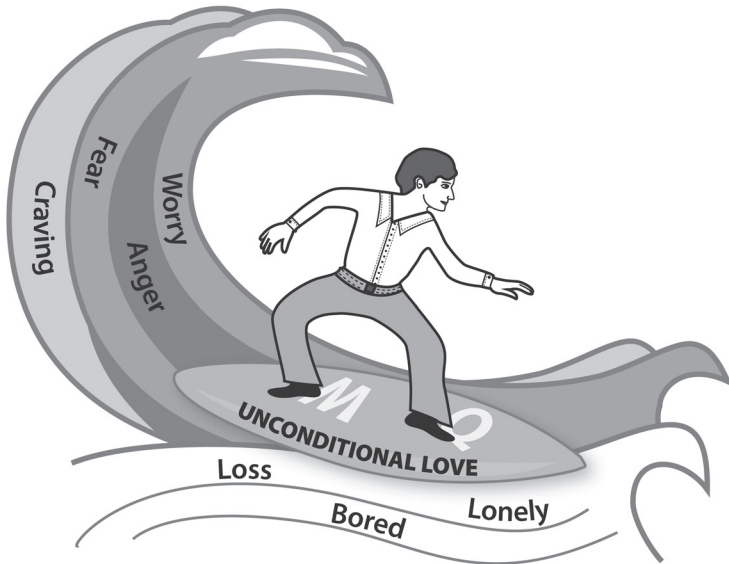
- The model reduces complex, contradictory, and confusing religion into a simplified practical spirituality.



- Love is more powerful than any painful problem.
- All you need is love and a way to make it grow.
- The wheel answers that call.
- Roll the wheel with or without traction devices.
- Love grows until love is all there is.
- To see how this works, you have to unpack the wisdom through direct personal experience.
- You have to sit with your pain and ride the waves to get your upgraded enhanced power.

Thou Shall Not Burn Out

- This model shows you how to do this but you must do the work.
- *Healing Power* integrates physical and mental health with spirituality and consciousness.
- It brings the wisdom of the ages to the street and healthcare.
- It bridges the deepest suffering to the deepest healing.
- Study, think, reflect, and practice.
- Use every opportunity and experience, good and bad, to roll the wheel.
- Become a skillful pain manager.
- Ride the pain waves.



RX: TAKE THE LOVE PILL

Whether your problems are physical, mental, emotional, interpersonal, or spiritual, love is the answer. It doesn't matter whether your problems are tiny, small, medium, large, or huge, throw love at them. When your body gives you trouble, throw love at it. When people are difficult, throw love at them. When you regret the past, throw love at it. When you worry about the future, throw love at it. When you find yourself in the gap-abyss, the cave of darkness, or the dark night of the soul, hold onto love. Bring your love to brutal reality and serve there. Respond with love no matter what the world or your body does. Love is the great healer and the great pain manager. It is needed now more than ever. Take the love pill. Learn to love a little bit more every day for the rest of your life.

APPENDIX A

CURRICULA AND APPLICATIONS

- Applications of *Healing Power* include:
 - Personal, professional, and organizational healing
 - The avoidance of burnout for physicians and healthcare professionals
- There are now three books: *Healing Power Revised* (2010), *Healing Power, The Workbook* (2015), and *Healing Power: Physician, Heal Thyself* (2018).
- There are a number of ways to study this material. If you have all three books and you are a new student of this model, scan the table of contents in *Healing Power Revised* (2010) and *Healing Power, The Workbook* (2015) to see what is there and how it is organized. Then choose from the following options.
 - READ IN ORDER OF PUBLICATION: You can read *Healing Power Revised* (2010), then *Healing Power: The Workbook* (2015), then *Healing Power: Physician Heal Thyself* (2018).
 - START WITH THE WORKBOOK: You can read *Healing*

Power: The Workbook (2015) first. If you do this, you will find references to corresponding sections in *Healing Power Revised*, (2010) should you want additional material on that topic.

- START WITH THIS BOOK: If you are interested in my story and how *Healing Power* evolved out of that story, you can start by reading this book first. If you have already read one of the other books, you will notice some overlap and repetition between this work and those two books. This is necessary to create a sequential understanding of events and principles for the first-time reader. You will also find some new material in this book.
- STUDY THE METHODS: You may have enough theory and are ready to practice.
 - Read Chapter 11, Getting Started, in *Healing Power Revised* (2010), pp. 161-180 and Chapter 3, Getting Started, in *Healing Power: The Workbook*: (2015), pp. 11-24. Here you will find a host of suggestions on how to start and maintain a spiritual practice. Then proceed with your study of the methods as described below.
 - You can find chapters on the methods in *Healing Power Revised* (2010), pp. 181–357, and *Healing Power: The Workbook* (2015) pp. 59-77 and pp. 135-257. You will find a chapter on each method in each of these books.
 - When you study a method, I recommend you read about that method in *Healing Power Revised* (2010) first, as the basic principles and techniques are described there with supplemental material in the workbook.
 - You can build your program of practice methods in the sequence and combination of your choice. For example, you can choose affirmations and breathwork to get started. If you do this, you would study these chapters in *Healing*

Power Revised (2010) first, and then study the corresponding chapters in *Healing Power, The Workbook* (2015).

- We all need the three horizontal axis options of people, activities, and belief systems but all of us don't need twelve vertical axis options. A recommended core curriculum would include affirmations, breathwork, mindfulness, meditation, and service. This is a good place to start and will suffice for some. You can build from there as necessary.
- STUDY THE QUALITIES: You might want to focus on the qualities.
 - Read Chapter 43, Fill Your Brain With Wisdom: One Hundred Healing Quality Pearls, in *Healing Power, The Workbook* (2015), pp. 288–312. Here you will find one hundred healing qualities with corresponding pearls of wisdom. This is a good chapter to read when you are alone and in a contemplative mood. You can also use this chapter in groups. It works wonders. Read a pearl and ask members what it means to them. There is plenty of wisdom in each of us. These pearls stimulate that wisdom. Shared wisdom is a powerful healer.
 - You might want to focus on a quality in detail. There are ten qualities each with a chapter in *Healing Power Revised* (2010) and *Healing Power: The Workbook* (2015): love, peace, humility, faith, courage, forgiveness, truth, intuition, oneness, and healing. Again, I recommend you read the chapter in *Healing Power Revised* (2010) first, as the material in the workbook is supplemental to that chapter.
- READ ANY CHAPTER: Scan the table of contents in one of the books and choose a chapter that captures your interest at the time.
- FOCUS ON THE UNIVERSAL HEALING WHEEL: If

Healing Power

you want to focus on the dynamics of the Universal Healing Wheel, read Chapters 8–15 in *Healing Power, The Workbook* (2015), pp. 45–132.

- CHECK OUT THE ILLUSTRATIONS AND TEXT BOXES: In *Healing Power, The Workbook* (2015), on p. x, you will find a list of illustrations, metaphors, exercises, and pearls of wisdom. I recommend going through these carefully. They are important and fun.
- FOCUS ANYWHERE: You might want to open the books anywhere and focus on whatever shows up.

