

The patient as cure

Heal Your Self !

Jean-Luc Mommaerts, M.D., M.A.I.



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INTRODUCTION

Present-day medicine is a weapon targeted toward disease.

The current medical philosophy is one that embraces attack and defense as a principle. Western medicine can be considered as the arms of war; disease as the enemy.

First of all, the enemy is mapped out. In the field of research this is done by 'discovering' new syndromes based on a number of patients with similar symptoms. In the field of medical practice the mapping of the enemy is done by diagnosing a specific patient. At least, this is the scenario that suits the philosophy best.

In a next stage the offensive weapons -drugs, surgery, psychotherapy- are placed in position in order to wipe out the enemy as quickly and efficiently as possible. This is called *curative medicine*.

Preventive medicine belongs to the same philosophy. Its goal is to prevent diseases by reinforcing the line of defense, with e.g. vaccinations.

This philosophy, which today still shapes medical thinking and acting, is not recent. Its origins can be traced back to 17th- and 18th-century Europe, the era of philosophical enlightenment and enormous technological progress. Characteristic of that time, and ours as a matter of fact, was the great optimism about the practicing of science and technology within medicine. With our present knowledge it has become obvious that in those times all drugs and medical actions were – apart from a few exceptions- ineffective (unless by suggestive influence). This philosophy is definitely *not* developed on the basis of scientific data !

This does not imply that this philosophy and modern medicine that originates from it, would not be very valuable. Current western medicine has finally enabled us to help many people, and even save many lives. But the least that can be said about it is that it is biased, which is attributed to the philosophy behind it. ***In practice there is little attention for psychic factors.*** An important manifestation of this one-sidedness is that extremely little attention is being paid to psychological factors and the self-healing powers of the patient. Such ideas do as a matter of fact not fit in the war philosophy. They are difficult to define and as such insufficiently 'amenable' for use in battle, not in the own lines nor those of the enemy. In addition, they blur the distinction between friend and enemy.

The same mental capabilities, such as the capability to interpret a situation as threatening or reassuring, can be seen as the cause and solution of ill-health.

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In the course of the 20th century, western medicine has handled a number of problems very well. Think for instance of the combat of infectious diseases or the development of urgency-medicine. We have so got used to this that we often tend to forget the dangers our grandparents were faced with in the case of puerperal fever, pneumonia or a fractured leg.

The efficient medical treatment of this sort of problems also throws more light on the shortcomings of our current medicine, especially in the large field of psychosomatics. This is not limited to just a few diseases. **Nearly every disease is partly psychosomatic.** In scientific medicine too the thesis prevails that psychosomatics play a part in almost every ailment.

However, that same medicine finds it hard to come to terms with this domain. Since it cannot find any proper offensive weapons, it feels obliged to pull out the old arsenal. Too often these weapons bring little benefit. Moreover, they can turn out to be very negative for the patient, not only because of their side-effects, but particularly because they create an 'acquired helplessness'.

All this made me interpret the success of alternative medicine as a sound reaction. The consequences of this reaction are not necessarily healthy ones. An alternative medicine can be called 'healthy' to the extent that it can act as a 'poetic suggestion' that can enhance the patient's self-help. In spite of their pretensions many alternative healers do not show much difference in this respect; they trip over one-sidedness. **Alternative healers too mostly ignore the potential for self care of the patient.** Worse, they only replace scientific weapons by a shroud of mystery, at the same time mostly ignoring the patient's self-help.

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As a medical practitioner, I myself have been permeated by the 'war philosophy' for years. To my own defense I have to admit that I always had difficulties in doing so. I saw that I was unable to help many patients the way I wanted to. Unfortunately I then lacked the insights and possibilities to deal with the matter differently.

After eight years of medical practice I felt it was time to switch to what interested me most then, namely medical 'computerized decision support'. A few years later I again graduated at university, after having studied cognitive science and artificial intelligence. This quite uniquely enabled me to examine a large number of diseases and their possible treatments from a completely different angle and with a new background. In doing so I reached a number of conclusions that were quite surprising. I will briefly sum them up; they will be further developed in the book:

- The major part of medicine as I myself practiced it, is symptomatic; i.e. not the causes of ill-health are tackled, only its manifestations, the symptoms.

- Most drugs and other medical treatments work mainly through the placebo effect, meaning the power of (auto-)suggestion. Compared to 100 or 200 years ago, not that much has changed as what seems at first sight. And in fact this is how it should be.

- If patients are cured, it is *usually* and *mostly* through their own power. The principal thing a doctor can do, is to stimulate this power.

For me many experiences from my practice-years make so much more sense now. The treatment of illness should not be the only matter of concern. At least as important is 'healing' the patient as a person. In doing so, the patient should be recognized as a unique person rather than as an element in statistics. ***Illness can be seen as a message.*** Disease is no longer the enemy, but a message sent by a total person. This message can be a warning of an 'enemy' (e.g. a bacterial infection or a fractured leg). But it could just as well be (possibly at the same time) a request for deeper healing. This healing can only occur from within the total person, from the own mental ('inner') power.

Mental power can partly be tapped by e.g. a placebo-drug. However, a placebo is a misplaced lie when there are other means that draw on mental power directly.

This book, together with the computer program AURELIS are two attempts to fulfil this for a broad public. I hope they will both find their way in this complex world, in which the use of inner power becomes less evident for many people, although it is more and more pursued and necessary.

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This book opens with a few chapters that explain the

phenomenon of autosuggestion in a general sense, comparing it to willpower, prayer and placebo effect. You also get general advice in order to use autosuggestion effectively.

Then there are six chapters on domains which are very suitable for working on self-change with the use of autosuggestion. These are examples. In fact autosuggestion can be applied on all aspects of your life. The chapters on the fields of application all have the same structure. In them you find suggestions which you may now (consciously or not) be using on yourself and which increase your problem. To every suggestion some explanation is added about how you can take the edge off it partly or completely. Each chapter also supplies you with advice on how you can apply autosuggestion in a general sense for a specific problem. I have also included a few examples of visualizations. These are all developed in the computer program AURELIS, which is explained in the last chapter of the book.

Jean-Luc Mommaerts

Part 1: What is (auto)suggestion?

Autosuggestion is like talking to a leaf that falls from a tree. Before it reaches the ground, you both have told your life to each other.

Once upon a time there was a monkey who insisted on learning to speak. He did foresee a few problems, such as his larynx that needed to be slightly stretched. He could have despaired if he had lingered over the fact that his task could not be completed in one lifetime. But as he then already believed in reincarnation, this was not really a problem. He was a very optimistic monkey.

And so about 500 (or was it 5000?) lives onwards his larynx had developed so much that his vocal chords were able to vibrate as the strings of a violin. He could now form all the letters of the alphabet. In the meantime he had also learned that letters are not yet words. So he coined words for all the things he met, thus finding in a wonderful way that everything he named also had a meaning. This gave him so much pleasure that he would like to capture the whole world in such words

The rest of the story is familiar. The monkey lost most of his hair. He proudly straightened up on his hind legs and kept on walking like this.

What is the moral of this story? The monkey conquered the world, but in doing so lost his hair and the contact with himself.

The 'subconscious' as social phenomenon is not a recent discovery. Freud has indeed brought it to an important place in psychology books. The principle however is as old as the hills of Old Greece or Egypt, where the world of the gods was in fact nothing but an outwardly projected subconscious. But Freud did something improper with the subconscious. With a scientific glance in his eyes he claimed that it *existed* whatsoever, just like a tree in

his garden or the stars in the sky. Mind you, he did not prove any of this, but he could talk so fluently and he wrote such smooth books that this idea formed the basis of one of the major psychotherapies for about a century. And Freud saw that all was well.

But things were not well at all. To start with, his pupils Jung and Adler (who were once considered as his spiritual sons) concluded that Freud's subconscious did not completely comply with their own subconscious. Or better, it did not comply in the least. As a matter of fact, everyone had and still has his own ideas about the phenomenon 'subconscious'. With regard to this, we can say that the subconscious is impervious to reason. ***The subconsciousness remains a big mystery.*** We have conquered the world and may soon conquer the universe, while we still cannot make any sense out of that what is nearest, namely our own self. We ourselves remain our biggest mystery.

The subconscious does not exist, long live the subconscious!

Freud carried the matter too far when he described the subconscious as a rutting horse you can tame in therapy with a Grandmaster. Because, rutting or not, the subconscious is not a 'thing', neither a horse, a plant or a mineral, not even a sea. Nevertheless, there are as many substances in a subconscious as there are fish in the big ocean.

The subconscious has been compared with the part of the iceberg underneath the surface of the sea. It had better be compared with the sea itself. In any case, the subconscious is tremendous. But that still does not make it a 'thing'. ***The subconsciousness is not a 'thing'. One can only speak about it by means of a metaphor.*** It is not something you can meet. It is forever volatile and fickle and so huge that it becomes the thing it sees, whether this is a house or the universe. About the 'subconscious' one can only talk in terms of a metaphor. And if you keep in mind that this metaphor substitutes something that cannot be grasped itself, then you are on the right track. Only then can you safely continue to speak of the subconscious. This is the way it should be understood throughout the book. Whenever I mention the contact with the subconscious, or the subconscious that takes care of you all the time, it should be clear that I am not talking

about a rectangle in a smart scheme of the human mind.

In the subconscious there are no thoughts present as we know them consciously. That is only logical, otherwise they would by definition not be subconscious any longer. There is no such thing as a 'fence', behind which thoughts outside consciousness are kept and from where we could peep through a hole at these thoughts. The 'subconscious' aspect of subconscious thoughts is precisely a characteristic of these 'thoughts'. In other words, these are not thoughts at all. Watched from a distance it could briefly look as if they were. It is far better to compare subconscious substances with clouds which are intensely enlaced and which can usually not be spotted individually unless one of them is illuminated by local flashes of lightning. From close by you will still not be able to see the cloud. From far-off you may see something that could give cause for a conscious thought.

What the subconscious is capable of

Imagine all the things we do in one day... without mentioning feeding the cat, taking the children to school, or putting the dustbin out. No; so much more is going on. It was once calculated –do not ask me how- that each day about 50,000 conscious thoughts fly through our head. Can you remember what you were thinking yesterday between 10 and 10.05 ? It must have been about 173 thoughts. How is it possible that we think of so many things without getting insane?

The solution for this strange problem, as with many weird problems, can only be found in the subconscious. Remember this non-thing, the ultimate elusive chameleon. We have already seen that there are in the subconscious only thoughts that *look like* thoughts. The thoughts that come up from there and that someone has obviously been counting all day, are seldom finished. It is the cream floating on top from an unconscious activity that is infinitely much more complex in itself.

Hundred billion tiny computers under your skull. We all have 100 billion brain cells which can basically be working continuously, each on its own. Together they are 100 billion tiny computers which all do their thing, day in day out. Together they create an event so complex that it may never be completely understood. What's more, these computers also closely cooperate with all the

other computers in the body. Scientists discover in this cooperation an increasing number of astounding facts; it is as if we are at the very beginning of the knowledge about it.

The subconscious takes care of you

Fortunately your subconscious has undertaken the task of looking after you. ***Your subconsciousness has the task to take care of you as well as possible.*** This is quite evident, since that subconscious *is* you. And if we go back in evolution, we see that the monkey whose subconscious wanted to do something else than to look after the monkey itself, would not have lasted long.

So while my daughter Evelyn is tying her shoelaces before leaving for school, her subconscious is busy doing 1000 different things. A precise adjustment of her respiration makes that she receives enough oxygen and can shed sufficient volatile waste in order to do what she wants and do it in good health. Perhaps she has to walk to school today and she will be needing much more oxygen than when she is taken there by car. Fortunately, the subconscious takes care of this. Consciousness would not be able to.

On her way to school Evelyn seldom falls over. If you think this is simple, you had better change your mind! When walking she makes use of her balance organs and her eyes, together with the receptors and nerve tracts that incessantly determine the position of her limbs. Add to this the fact that her brain continually compares all neural impulses and all information with yesterday's and last year's experiences, all of which is essential for the balance. Needless to say this is not exactly a piece of cake. Luckily the subconscious takes care of all this, as consciousness would not be able to cope by itself.

And so Evelyn lives from one activity to the other throughout the day. In the meantime her subconscious makes her withdraw her hand from a hotplate, before she realizes she could sustain a nasty blister. In giving her an appetite, her subconscious makes her eat and later on makes her feel the food is digested and it is time to go to the toilet. Etc. etc.

The subconscious is an unremitting healer

The subconscious not only thinks of 'plain' things as balance and oxygen in the short term. It also considers Evelyn's future, taking care of her growth and at least the possibility of a happy and healthy life. It is, for instance, a scientific fact that every day very small cancers originate throughout my child's body. These cancers, often no larger than a few cells, are immediately cleared up by an efficient defense mechanism. ***It is scientifically proven that there are close connections between the immune system and psychological factors.*** Well then, scientists discover ever closer links between this defense mechanism and mental factors such as an indefinable feeling of helplessness and hopelessness or the contrary of this. The subconscious likewise constantly influences Evelyn's future health.

Suggestion = communicating with the subconscious

The term 'suggestion' is a flag that covers many cargos. Entering a restaurant you notice the menu saying 'Chef's suggestions'. Looking at the other customers you discern a lady wearing a suggestive dress. Later that night you go to a performance of a hypnotist who calls himself 'master of suggestion'. Are these three totally different meanings of the word?

Suggestion in the narrow sense has rightly so an 'eerie' sound. It makes us think of hypnosis, or the covert injection of ideas. Before you realize, you are eating a sour lemon as if it were a juicy melon; or you find yourself on a stage, cackling as a chicken. Or even worse, before you know what is happening, you have been 'brainwashed' and reduced to an unresisting robot.

Suggestion in a broader sense – as meant in this book – has nothing to do with these creepy matters. Suggestion is here synonymous to communication with the subconscious. In other words, there is no such communication without suggestion, neither is there any suggestion without this communication. ***The subconsciousness speaks a very uncommon language.*** However, since the subconscious speaks a very strange language, we cannot have communication based on a simple vocabulary and grammar. It is further explained in this book how you can deal with that in a very practical way.

You could rightly ask yourself if all we believe, feel or do is not, one way or another, related to suggestion. You experience suggestion when you start yawning, just by having seen someone else yawn, or just by thinking or reading about it. You encounter suggestion when you go to the dentist with a toothache, but in the waiting room the pain has reduced and once you are in the chair it is completely gone. You experience suggestion when you suffer from fear of failure: 'I will not be able to handle it'. And so it happens. Suggestion is embedded in the ads and commercials that daily sweep down on us like an avalanche. Suggestion is what makes poetry poetry (but not necessarily good poetry). Suggestion is orientating yourself by means of all kinds of ideas. These could be negative: 'I cannot stop smoking; I lack willpower' or positive: 'I can do it because I want to'. (For more examples of positive and negative suggestions, see frame). Suggestion includes everything we think and feel and all that attends physical processes. You are exhausted, but you flare up because of a thriller on TV. You blush with shame. Watching something tasty makes you hungry. Your breath catches in your throat when you witness a dangerous manoeuvre in traffic, etc.

Suggestion is even indispensable in the fulfilling of vital needs such as sexual excitement: the atmosphere, the right circumstances, the not being distracted by financial or emotional/relational problems, the letting-go. **Suggestion is necessary in order to fulfil basic needs.** In order to reach orgasm part of the normal conscious control is to be left behind. You will as it were come to a deeper communication with yourself, a communication or 'suggestion' to which your body responds. You can be conscious of this communication in various forms. It can be a mere feeling, or a visualization such as an erotic image or a complete scene, a memory or sheer fantasy.

When walking, your legs make the necessary movements to progress. Most of the time you do not reflect on how exactly you should put your feet, keep your balance etc. in order to walk from place A to B. This happens largely automatically. The information needed for walking is not processed by your consciousness. You 'auto-suggest' to yourself that you want to go to place B, and without even so much as a thought, you are suddenly on your way to it. If, however, your attention is not focussed on the goal, but on the process instead, the 'automatic' aspect disappears at once.

Under certain circumstances your attention can be focussed on the goal and the process at the same time, while the process is still

made to happen 'automatically'. In that case the first impression is one of amazement. We may start looking for an unusual explanation (e.g. 'hypnosis') of this 'weird' phenomenon. There is nothing strange to it whatsoever, as will be shown with a small exercise that is successful with about everyone.

.....
FRAME: some examples of positive and negative suggestions that may influence you too

- negative suggestions that are carried along as constraints

I cannot achieve anything, how hard I try.

I am so and so and I cannot change without losing my parents' love.

I cannot do anything about it. This is the way I am.

I am basically bad. That is what my father also used to say.

I cannot or should not forgive myself for what I did to my parents by being born.

- positive suggestions that accompany us as a blessing

I do not understand it myself, but everything I take on becomes a success.

I can rely on myself, because I am competent in what I do.

I am basically a leader.

I am worth the others' concern.

.....

Suggestibility is not simulation

As a principle, suggestion has nothing to do with simulation, as simulation is a non-spontaneous choice to behave differently from what you really are. Someone can e.g. simulate a disease to get rid of a boring job, while still being able to end up in a good social system. **Autosuggestion offers the choice to become more the person you already are inside.** Autosuggestion, on the other hand, leads to a spontaneous 'choice' to behave true to nature.

Both domains are, however, sometimes confused. In the past, when suggestion was not yet well understood, it used to be a rather general presumption in medicine that the patient's reaction to a pseudo-drug should be considered as 'proof' of the fact that this patient was a simulator. Even today certain doctors are steeped in this conviction. From a scientific point of view it has

become clear that suggestion has nothing to do with simulation.

Stage hypnosis shows rather much simulation in response to 'hypnotic suggestions'. People on stage can more or less feel obliged to cooperate in the show, so as not 'to spoil the fun'. In doing so some of them see a chance to act extremely silly in a socially accepted manner, because after all, they are in a 'trance', aren't they? Stage hypnosis is clearly a mixture of suggestion and simulation. Nevertheless, these remain two totally different phenomena.

Suggestibility is not a byword for gullibility

In the past people assumed that suggestibility was a characteristic or a trait of a minority. This suggestibility was then rather a negative trait, a sign of 'naïveté' or 'gullibility', and anyhow a sign of weak personality or even pathology.

In the meantime it has become obvious that this is not the case at all. ***Even the most critical persons can open up themselves for (auto)suggestion.*** The most critical people can at the same time have the possibility to open themselves to communication with the self. On the other hand the most gullible people can be so afraid that they are never able to let themselves go to a degree necessary for the suggestive happening. In the end it is precisely the rather intelligent people who can more readily make use of the advantages offered by a correctly applied suggestion.

Is everyone susceptible to suggestion?

In a broad sense we could state that everyone is susceptible to suggestion. ***In a broad sense, everybody can use suggestion.*** It is even doubtful if life would be possible for one day without suggestion. The extent to which someone is susceptible to a therapeutic use of suggestion, depends on the 'techniques' used, on the situation and the time. Some people respond better to authoritarian suggestions, whereas others -or the same people in different circumstances- are more susceptible to open suggestions. If the therapist is able to adopt a flexible attitude, it is possible to help everyone with an approach that uses or teaches explicit suggestion.

In circumstances of panic or emotional turbulence, you could

very well end up in a situation of enhanced susceptibility for suggestion, particularly for suggestions that have not been integrated in the total personality by nature. In these moments someone may well contract a mental trauma, not just by the meaning of the traumatizing situation itself, but more specific by the increased suggestibility that will then occur. The latter will confer the meaning of the situation more influence, which could lead to permanent 'post-traumatic stress' symptoms. A good example is the 'shell shock' so many soldiers suffered from during the two world wars and which was so often disposed of as simulation or even attempted desertion.

Suggestion gives power

Some people are born leaders. Only few of them are lucky to recognize this in themselves. And even fewer still can profit from a concurrence of circumstances which makes that this particular person can then and there excel in the history books. The way in which someone like that distinguishes himself from his contemporaries, is food for many psychological studies. However, I assume that an explanation is largely to be found in suggestion. A successful leader is first and foremost someone who has the capacity to inspire the others with his suggestive behavior.

Suggestion plays a huge role in the history of the world. To name a few of the types of people I am thinking of: Julius Caesar, Bernardus of Clairveaux (inspirator of the first crusades), Napoleon Bonaparte, Winston Churchill, and probably no-one to a larger extent than Adolf Hitler. They are all famous, not just for their influence on history, but also for the way in which they got this influence by means of impassioned speeches. With these they had individuals as well as crowds think in the same direction. They were able to win the others for their own ideas, not so much by purely rational power, neither by explaining the advantages and disadvantages of their position intellectually. No, they reached their goals rather by speaking in strong metaphors and inspiring words, and so making suggestive use of the ideas and symbols people live and die for: 'the motherland', all kinds of 'isms', religions and personal cult, or just an idea in itself: "We will not surrender!" as opposed to "Ein Volk, ein Führer!"

In battle too the 'moral strength' of an army is of primordial importance. This strength finds its origin mainly in the soldiers'

conviction that they fight for the irrefutably right cause (God, the Motherland, Freedom, the Führer and the like). Suggestion makes politicians triumph; it makes that wars are won or lost. This is beautifully put into words in the novel 'War and Peace', which is a reflection of Tolstoj's own war experiences.

It should be obvious that in this respect suggestivity can be abused, which is only human. Perhaps the only way to prevent this is insight in the matter. A shrewd politician will e.g. not flinch from creating a sufficient degree of fear with large parts of a population. **Politicians can use suggestion for the wrong purposes.** This is aptly known to increase the degree of suggestibility of an individual and of a crowd. By capitalizing on already present, smouldering fears this result is quickly within reach. Take e.g. fear for a particular population group, or fear for an uncertain economic situation. In kindling this, our politician creates a feeling of helplessness and hopelessness. In their turn these make people vulnerable, in the individual sphere (for cancer, e.g.) as well as in the sphere of a complete population. This vulnerability is easily abused, whether by malignant cells, or vicious politicians. The trick performed by certain politicians, spontaneously or well-considered, is quite simple: first create fear and helplessness; then push yourself forward as the solution.

Summary

The subconscious is not something we can hold or describe in detail. It is constantly moving and irrefutably active. Without this continuous functioning of the subconscious we would come to a standstill as a computer without electrical supply. We are also indebted to the subconscious that we stay in reasonably good health.

By means of (auto-)suggestion we communicate with our subconscious. Although this is what we do all day long, we feel something lacking. Modern man has lost the contact with his subconscious for a major part. This is the cause to many problems, as illustrated by psychosomatics. It is of utmost importance that we learn to use suggestion to improve the contact with our own subconscious.

Part 2: Practical applications of autosuggestion

*Autosuggestion is a travel, a growth.
It brings you closer to the person that you always were.*

1. APPLY SUGGESTION YOURSELF

When the monkey had lost his hair and his 'self', he suddenly could not understand how it could have happened for God's sake.

So, with the word he had found, he started to look for someone willing to help him. And he found ... a lonely wizard who explained him that his 'self' was a top that kept spinning round until he would—using the blood of two chickens—draw a circle round himself with next to it a nice big cross. And yes, the wizard also knew that in order to find his 'self' he should be able to forget his words, even for a short while.

Unfortunately the monkey was unable to let go of his words, and sad because of all this injustice, he continued travelling the savannah, in search of someone to help him. After a long time he found ... a doctor with a very busy practice, who could just spare some time to explain him that his hair loss was probably caused by too much stress. He proposed taking pink tablets with rounded corners, 3 times a day before meals and one before going to bed. The monkey was overjoyed when his hair started growing again, until two months later he realized that he was in fact faced with an even bigger problem. He threw away the remaining pills and sobbed for a whole week. When after that week the effect of the tablets had worn off and his hair had gone, he noticed that, as a result of the medication, his skin was covered with small pink pimples all over. He was not able to regain his self in his lifetime.

A word of warning about positive thinking

I would like to include a warning about 'positive thinking'. Too often this is depicted as a solution to all problems without going into the precise meaning of 'positive thinking'. It is then represented as if it suffices to detect negative feelings and thoughts and replace them by positive ones, the way you would replace a blown fuse by a new one. This can soon become a pretty superficial state of affairs, which could result in exactly the opposite. The concrete positive thoughts are not what really matters ; what does is a positive approach, a positive attitude as regards the things you are taken up by. ***Not positive thoughts are important, but a positive attitude.*** This attitude goes much deeper. It has to do more with what you *are* like than with what you *think* you are like. If you think you can change your 'self' by just changing your concrete thoughts, then you assume in fact that you can deceive yourself undisturbed.

If this is still not clear, let me stress the fact that autosuggestion is something totally different. In fact, it is more of the opposite. With autosuggestion the change ultimately results from a spontaneous conversion, a growth that occurs inside yourself without you being aware of it. Even though you can define the goal, you cannot choose the way in which this goal is reached inside yourself. It is not concrete thoughts that are altered directly, but the subconscious that influences concrete thoughts from within or even has them originated. When positive thinking happens superficially, you attempt to influence your thoughts from outside. ***Using autosuggestion, the change starts from the inside.*** So the direction is totally the opposite.

A specific autosuggestion could be drawn up in the same phraseology as you would expect with positive thinking (see e.g. frame in previous chapter). With autosuggestion however, the words and the thought are not the finish, but an entrance to the deeper self. With autosuggestion it all starts there, where superficial positive thinking ends.

Why then is positive thinking not necessarily positive? There are several reasons for this. You can 'force' your own mind to temporary positive thoughts. After a while you will notice that these positive thoughts diminish automatically. In the end you will be forced to make sure no negative thoughts enter your mind. You are constantly repressing parts of yourself. ***To force yourself into positive thinking is very energy consuming and never stops.***

Finally this will absorb so much energy that you will not be able to cope any longer. If the negative thoughts do pop up, they are very loaded. They shoot up like mushrooms and their influence on you is contrary to what you wanted to attain. If you are busy detecting and repressing your negative thoughts during the day, then they will be inclined to have their fling at night, when your 'critical mind' is not present to censor them. Sigmund Freud was well aware of this when he talked about the compensating function of dreams.

Positive thinking can be a symptom of exaggerated fear to pay attention to suffering and pain. This can have far-reaching negative consequences. By repressing all negative thoughts, you do not allow yourself the vital self-pity which can accommodate your own weakness, fears, suffering and pain. **Accept your negative thoughts and make the best of them.** In contrast to the repression of negative thoughts and the negation of feelings, is it much 'healthier' to accept them and make the best of them.

A theory about the possibly favorable influence of positive thinking on e.g. cancer could wrongly result in fear for negative thoughts and feelings. The fear that negative feelings and thoughts could imply a higher risk of cancer, has negative consequences in itself. It leads to a repression of important parts of the self. In the end you start to hate all negative thoughts, which is of course in the first place an additional negative thought. To this can be added that you could start feeling more and more hopeless, because it never works to have nothing but positive thoughts all the time. Together with the guilt and the disgust you could acquire a mixture of thoughts and feelings that are described in literature as a pattern that often precedes cancer in time.

So you can have negative thoughts. Not to say that you should have them. Anyway, you should learn to accept them when they occur spontaneously. Fear of negative thoughts only leads to more problems and inner conflicts. The same applies when you are working with autosuggestion. According to the 'law of opposite effect', the repression of negative thoughts only causes even more negative thoughts. Pain and fear, also of negative thoughts themselves, should be 'outgrown'. Getting rid of them can hardly be a conscious decision. If they are repressed as demonstrated in superficial 'positive thinking', the problems will only increase.

Some advice for efficient autosuggestion

Whatever way you want to apply autosuggestion, it would prove very helpful if a few basic principles –which will be discussed in the next paragraphs- are respected. These principles are assembled under three headings: concentration, relaxation, and motivation. ***Concentration, motivation and relaxation are the conditions for optimal autosuggestion.*** A combination of these three is in fact very common.

It is what you experience when reading a thrilling book or watching an interesting film. When used correctly they reinforce each other, which is one more reason to pay enough attention to each of them. Relaxation helps in attaining a suitable concentration and vice versa. In a condition of intense relaxation and concentration it is easier to find motivations typical of your total personality, as opposed to e.g. a wish to lose weight which is imposed by the environment. Motivation in its turn helps to continue doing relaxation and concentration exercises while being more open to a possible change in yourself.

You may have seen at once that assembling concentration, relaxation and motivation leads to a kind of meditative condition. You do not have to picture yourself a fakir or a monk in a Buddhist monastery. Neither is it necessary to practice for years, months or even weeks before getting results. With the correct counseling you can be successful after one hour.

Some people call this condition 'self-hypnosis'. I consider this term completely senseless, or at least extremely misleading. The term is meaningless if you draw the obvious conclusion that in fact everyone continually experiences short periods of self-hypnosis: while driving a car, while reading a book, while attending mass or a play, etc. This is not the meaning one would link with the concept spontaneously. It becomes absolutely misleading when the term 'self-hypnosis' is used with the expectations that surround the word 'hypnosis': a very special condition of 'altered consciousness' in which a subject would be unresistingly surrendered to hypnotic suggestions. In order to avoid this kind of deception, I myself will never use the term 'self-hypnosis'.

Concentration

Concentration is the focussing of your mind on a limited part of

your possible field of attention, excluding everything outside that part and what can distract your attention from it. We distinguish between directed and open attention. In *directed attention* you are doing one thing exclusively. The rest does not or hardly enter this narrowly defined field of exclusive attention. Only the thrilling novel, film or business memorandum is what matters. In open attention on the other hand, everything comes as it pleases, but at each moment your full attention is present only in one aspect of reality. Your thoughts are not jumpy, but more or less float from one to the other. Of course directed and open attention can fade into one another at any time.

However, in normal circumstances the human mind is usually rather confused or absent-minded. You are easily distracted, even when you deliberately want to concentrate. ***Make your mind into a powerful instrument by means of concentration.*** By means of a suitable concentration your mind becomes a (more) powerful instrument to attain your goals. Precisely this may be one of the secrets of many successful people.

If you find it difficult to concentrate, you should not immediately despair. With some counselling your concentration can easily be enhanced, using specific exercises. Some simple advice can prove to be useful in a concrete case. When doing a concentration exercise you are easily distracted by the noise of traffic in the street or your neighbor's lawnmower, then you had better learn to use those disturbing noises instead of fighting them.

Start to determine your attitude in respect to these noises well in advance. Consider noises as challenges or, in the best case, as friends. A monotonous sound (e.g. the lawnmower) can act as a temporary focus for your attention. Muffled noises from the street or from a distant train can form the background to which you can perceive inner silence all the better.

Motivation

There is a substantial distinction between conscious and 'total' motivation.

Total motivation needs the subconscious part of yourself.

Total motivation also involves the side of our personality of which we are only partly conscious. To quit smoking for instance, it does -as most smokers are aware of- not suffice to take the conscious decision not to light a cigarette, if you are not motivated to do so

with your complete personality. Total motivation is important for any lasting change. When quitting smoking e.g., making a list with motives to continue smoking or not can be of great help. Putting down reasons on paper helps many people in realizing how important it is for them to give up smoking. Also the reasons *not* to stop are significant. Ignoring these is a considerable, if not the most important cause why so many attempts fail. By ignoring motives they do not disappear. On the contrary, they will continue to simmer in you, in order to come forward much stronger in a moment of weakness.

Before conducting a change in yourself, it would be interesting to picture yourself in the future with and without the change. Visualizations can be used to do so. ***Learn about the pros and cons of a future change by visualizing yourself in the future.*** Immerse yourself thoroughly in both future situations and try to clarify from there the advantages and disadvantages of the change (and the 'non-change'). This enables you to investigate the feasibility of your goals carefully. And on top of that it helps you to explore extra motivations in favor of or against the change.

Autosuggestion will only elicit a response if it corresponds with a 'total' motivation. The only direction in which you can actually change with the help of autosuggestion is that of a spontaneous growth. Suppose you deliberately have the will to lose weight. As you were unable to reach this goal spontaneously (otherwise you would not be wanting it), certain motivations are present in you that object. All these motivations are unspoken suggestions and therefore extremely powerful. 4 groups can be distinguished: imprints from childhood or later ("I am fat", "I lack willpower"), negative expectations ("I will never be able to do that"), identifications ("I look so much alike to good fat aunt Julia") and compulsive desires as in self-punishment ("I am not worth having a nice, slim figure").

With autosuggestion these negative suggestions can not *directly* be adjusted into their positive counterparts. It may sound paradoxical right now, but the only way you can 'grow' through these negative suggestions is by 'accepting' them. I hope this idea will become clearer in the course of this book. You can only really change if your motivations in general point to more or less the same direction. It is obvious that these negative suggestions are indispensable. By repressing them or changing them militantly, you will never get rid of them. On the contrary, you will even lose the possibility of coming into contact with them.

On the other hand it is not necessary for you to stir up all negative motivations in order to cope with them consciously. ***Insight alone is seldom a good way to resolve negative motivations.*** Gaining insight into hidden motivations is, as sole measure, seldom a good way of solving them. Anyway, it has never been proved that insight in unconscious motivations would lead to cure or mental growth [45][5]. If a therapy based on insight does 'work', then it is likely that this is so because of the *suggestion* that it works, again because of the so-called 'placebo effect'.

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Relaxation

There are many ways to come to a condition of deep relaxation. Some of them are very old, established paths, as in yoga. Other ways are western, more recent developments such as autogenic training or progressive muscle relaxation. With all these ways it is possible to make use of visualization to ease and deepen relaxation.

Relaxation is an efficient step towards the broaching of your inner power because it enables you to reach sufficient concentration faster, to aim your mind and to let positive motivation and autosuggestion play their part. ***Relaxation brings you closer to your own inner strength.*** Relaxation is not necessary to do so; it is just one of the means.

Start practising in a comfortable and quiet environment (e.g. with the exercise at the end of chapter 5). Once certain techniques have been mastered, they can be put to use anytime and anywhere, even in a less quiet environment. You can as well use 'key-signals', which you build up with autosuggestion. You could for instance take a few deep breaths and link this action –using so-called anchor-suggestions- with a relaxation that will emerge spontaneously when breathing in and out a few times. Each time this is repeated correctly, the relaxation response will become deeper and deeper.

Make use of cognitive strategies

Cognitive strategies are thought-techniques such as distraction

of attention, autorelaxation, imaginary exercise, changing the self-labeling, direct autosuggestion, etc. These are spontaneously used by common people, whether or not from a conscious decision and for all kinds of purposes. In this context they are often used with a positive effect, but often also with a negative effect. E.g. acute or chronic pain perception is strongly influenced by the attention paid to it, as well as by the meaning the pain acquires in a certain situation. **An example of a cognitive strategy is: leading your attention away from the pain you have.** Soldiers who are injured on the battlefield usually feel less 'pain' than a civilian with a similar wound. For the soldier the wound has indeed the additional meaning that he may be able to escape mortal danger. As to its influence on pain, this sense-giving can be considered as a cognitive strategy with positive effect. The same wound can inflict much more pain on the same person in peacetime. The pain can increase because of the additional meaning that the injury can lead to loss of functions or to continuing pain during the following hours or days. In this case the sense-giving is a cognitive strategy with negative effect.

A strategy successfully applied by some managers to enhance their stress-resistance, is to fully identify with someone who reacts very stress-resistant in any situation. A strategy that may help many people in quitting smoking consists of linking the smoking-automatism (cigarette in hand – cigarette in mouth) to another automatism (breathing a few times – relaxing deeply – consciously deciding whether you still need this cigarette).

Cognitive strategies should be flexible in order to use them successfully in different situations and at different times. It is best to learn a variety of strategies and learn to use them under different circumstances. **Make your cognitive strategies as flexible as possible.** This can yield fruit preventively. In doing so an enhanced stress-resistance can make someone less prone to stress-related diseases. Sometimes people spontaneously use cognitive strategies to make themselves more stress-resistant; however, they receive as good as no help in learning this. You are supposed to find it out by coincidence.

As a matter of fact, this is -especially nowadays- as absurd as expecting from everyone that they would learn to calculate without any help. Very few people would be able to think of an efficient way to do a simple multiplication on their own, whereas most 8-year-olds now already have this skill. Stress-resisting skills and other cognitive strategies are at least as important in order to lead

a happy and fulfilled life. Therefore it is absurd that they are not taught to everyone.

To rectify this rather superseded situation, AURELIS has been developed. **Cognitive strategies are very important.** With it you can learn plenty of cognitive strategies effectively and practice them directly on various domains that are all reviewed in this book. You can then make optimal use of the enormous possibilities offered by these ways of thinking if applied in a structured manner.

Summary

To use autosuggestion correctly, it should be clearly distinguished from superficial positive thinking. With the latter you try to force yourself to particular thoughts from the outside. This could lead to negative consequences. With autosuggestion you come in contact with your complete self, as a result of which the change happens from within and will be more efficient and durable. Autosuggestion can become even more effective, if you bring about a combination of relaxation, concentration and motivation in yourself. Cognitive strategies are thought-techniques which enable you to aim suggestions at a target more efficiently. They are sometimes used spontaneously. With AURELIS you can learn to apply a select number of these techniques in various domains.

2. THE USE OF VISUALIZATION AND METAPHORS

Where poetry comes to life, you feel the power of a simple metaphor over you and over the railing and sailing of the world.

Visualizing, background

It is sometimes claimed - by people who enjoy strict schemes with beautiful titles – that in our consciousness we reason with words, whereas in our subconscious we use images. This would be a nice classification, were it not that nature itself does not like these lovely schemes. Moreover, an abundance of research shows that neither of both allegations makes any sense. Consciousness does not ‘work’ with words and images alone. The subconscious neither ‘thinks’ in images, nor in words. ***The unconscious uses its own language.*** It has completely its own ‘language’, which can only vaguely be denoted as a unity of patterns and associations.

On the other hand, visual images can be used to communicate with your subconscious. ***Visualization helps you in the translation.*** Associate these images with suggestions or with a suggestive intention and you will get a remarkably enhanced effect. Visual images can have all kinds of contents. Apart from your own imagination there is really no limit to what you can use. You could thus imagine yourself in a future where your present problem is solved. You could see yourself in a period in the past when your problem did not yet exist. Or you could picture yourself in the form of someone else, someone you look up to or who has – about this one aspect – the quality you desire. You could even visualize the problem or symptom as a form, a figure or a color. All variations are possible.

Top sportsmen often use visualization as part of their mental training. With it they exercise their technique mentally, in various circumstances, with various opponents or in different surroundings. In addition they use visualization to confer themselves a message of an enhanced stamina or self-confidence. A study by S. Ungerleider about 633 candidates for the Olympic Games of 1988 showed that 83% of them did mental training in one way or

another.

Many people stop visualizing, even when they profit from it. Stopping often occurs from a feeling of guilt for the time they spend on themselves. You could also be afraid that others think you are just sitting there, dozing in your armchair, while there is always some work to be done or children wanting you to play with them. In a situation like this you should point out that what you do is important for you and your health, and indirectly for your environment too. Make sure you have a place where you are not disturbed. Regard a potential feeling of guilt as an obstacle that has to be overcome on the way to a better health and a better person. 'What is right and what is not', as the reason of an unjustified feeling of guilt, is often in itself a significant cause to stress and disease.

What precedes should not create the impression that applying visualization without any help is easy. It is comparable with learning to dance e.g. the Argentinian tango. Although it is perfectly feasible to learn some steps from a book, without the help from a dancing teacher or coach you will hardly progress beyond a few movements that faintly resemble the tango.

Developing the capability / ability of visualization

We can all use visualization, since everyone has imaginative power. But we are not all as skilled in it. **Everyone can effectively use visualization.** Unfortunately in education there is not always much room to develop fantasy. After kindergarten it is even often considered as a vice when a child displays a lot of fantasy. Daydreaming too is regarded as sheerly negative. This repression of the natural capacity for fantasy and visualization can continue throughout life, but at least the opportunity of visualization will always remain.

Thus visualization is not just useful for very creative people. If you have the misfortune of not having been stimulated much as a child, then some practice can strongly improve the vividness of your fantasy. Very simple exercises may astonish you of the progress you can make with them. There is only one condition: that you practice regularly and long enough, e.g. daily during a month. You need not spend more than 5 to 10 minutes on this, whatever moment of the day. Make sure you are not too tense.

You could practice e.g. in the car on your way home or to work. Or you may prefer your easy chair before turning on the TV.

Start looking closely at an ordinary object for one minute. Absorb as many details as possible: color, shape, various parts. Watch the objects from all angles. **A visualization exercise.** Then close your eyes and try to evoke as many details as possible. Let your other senses join in. You can not only watch and feel an orange, but also smell it. While doing this, imagine how it tastes. Or you can cut out a piece and enjoy the taste intensely before actually closing your eyes and doing it all over in your imagination.

After plain objects such as a piece of fruit or a simple drawing, you can now practice on more complicated objects, people or complete scenes. It is also interesting to practice on your own mirror image. Experiment with everything that arouses your interest. Your prime concern should be that you enjoy this.

Healing by visualizing

Within the scope of this book, visualization is primarily intended to speed up healing. Visualization (or autosuggestion in general) should NEVER be considered as a substitution for regular medicine. It should be used as a supplementary treatment, or with minor symptoms. **Visualization never replaces regular medicine.** This way you could use visualization in the case of slight recurrent stomach trouble to come into contact with that symptom. Try to 'accept' the symptom. Better not use visualization just to 'beat the symptom to death' the way a drug would do this.

In their 'Simonton-clinic' Dr. Carl Simonton and his wife Stephanie apply visualization for cancer patients. They are taught here to apply visualization together with other forms of autosuggestion in order to control their emotional reactions, which result from the diagnosis of cancer. The Simontons are working on the general stress-level, and on the reduction of fear and feelings of hopelessness and helplessness. Apart from this they also use visualization in an attempt to increase the natural chances of recovery with cancer, or to lessen the chances of relapse after medical treatment. They claim having achieved good results this way. Practically speaking, they ask the cancer patient e.g. to choose a color that symbolizes his cancer. This is best a color that spontaneously comes into the patient's mind. The patient then practices, in his imagination, the changing of this color into

another color that represents healing. Another example of visualization frequently applied in the Simonton-clinic is the following: the patient spontaneously pictures his cancerous tumor and his immunologic defense system. Afterwards, during his visualization exercises, he then changes the cancerous tumor so much that it looks a lot weaker. The immunologic defense system on the other hand, is made to look much stronger and combative. The patient then repeatedly imagines how his defense system goes to battle against the cancer, beating all cancer cells.

The Simonton methods are sometimes applied by others as a kind of cookbook-recipe. The patient is being led to practice a particular type of visualization in a strict framework. In doing so healing is enforced, thus leading to tragedies since a subconscious can not be forced this way. The patient who does not get any better is then loaded with feelings of guilt because he has not, as it were, done his exercises properly. A result may be that the patient will stick to the training schedule more strictly and anxiously. It should be clear that this can not be any form of communication with the subconscious. Communication not only implies a large extent of flexibility, but also a good mix of relaxation, concentration and motivation.

Scientifically speaking it is very difficult to give a decisive answer to the question if cancer has a better chance of healing by this kind of exercises. ***The possible psychological influence on cancer is difficult to prove in a scientific manner.*** Much research is being done into the psychological influence on the origin and prognosis of cancer. And each time this investigation is faced with the enormous complexity of the human mind. Mental stress in particular can not be derived unambiguously from the number and the gravity of the psychological circumstances someone meets. A thousand factors play a role in the appreciation attributed to these circumstances. It is precisely that appreciation together with the ideas and *expectations* about it that have turned out to be important, although difficult to study scientifically. Many data all point to the direction of a mental influence on cancer, possibly even of a very large influence, provided one does not start from the extremely vague notion of 'stress'.

Whatever, in so far that an influence exists, it has to pass via the subconscious. After all, on a conscious level we have no idea at all of how to control our immunologic defense system. If we want a conscious wish to cure cancer with mental power, to become reality, then we have to use autosuggestion and visualization to

do so.

Of course cancer is only an example of a chronic disease in which the psyche can play a part. Other studied examples of chronic diseases are diabetes, chronic asthma, rheumatism and various auto-immune diseases. An ever recurring conclusion is the possibly large, but nevertheless difficult to prove role of psychological factors.

Apart from chronic diseases, visualization can also be used e.g. to stop smoking, to cure insomnia, to relieve pain, or as an important tool in the reduction of overweight. In each of the chapters on these practical problems you will find a few examples of visualizations that have proved to be useful.

A previous chapter started with a warning against a superficial way of positive thinking. I would like to repeat the same warning once more. Visualization is not a wonder-drug that can be used without a thorough and personal engagement; it is only an aid. What really matters is the contact you can establish with your own subconscious through visualization or any other form of autosuggestion. **Visualization without personal involvement is not very effective.** If you are a cancer patient and you do not succeed in visualizing clearly, then this should not lead to despair. First of all is a less clear visualization usually just as effective. Secondly, you can look for other means of communication with your subconscious, apart from visualization. Every person is completely unique and can only from this unique self build the road to personal growth. The message of a chronic disease can almost always be translated one way or the other, as a need for change and growth. If you understand this message, you will never overestimate the importance of just one technique or a strict scheme of techniques.

The power of the metaphor

Visualization is in fact just one way of drawing on and using the power of metaphors. Basically a metaphor is very simple: something stands for something else. **In principle, a metaphor is just something that stands for something else.** With a metaphor there are always resemblances and differences between that what it is about and the metaphor itself.

An example: to understand the functioning of the human brain, various metaphors have been used in the cause of time. In the

past there was the notion 'book', in which information could be written and also removed. In the beginning of the 20th century the metaphor that was in vogue was that of a 'telephone exchange', where information is continuously transported to all sides and where connections are constantly made and broken. About 50 years later the computer became a popular metaphor for the 'information-processing theory' of the brain, with a long-term memory, a 'working memory' and a number of programs. According to the computer-metaphor or brain (or better, our psyche) contains many fragments of information that have been stored as such, each in its own space and with its own 'address'. We have come to realize that this is a bad metaphor too. Our brain is so much more complex. Every bit of information is not stored in its own memory space, but is built again (or rather 'lit') each time this is required by the joint activity of a number of nerve cells.

As shown in these examples a metaphor can be quite powerful because of the simplifications it involves. Something extremely complex can be better understood by comparing it first to a simple metaphor and then add the complexity gradually.

An autosuggestive metaphor (one that works as a suggestion, thus being a kind of suggestion itself) has this power too, but at the same time another, even stronger power. **An autosuggestive metaphor is a link to the unconscious.** In using an autosuggestive metaphor, we are able to touch something we can not name or 'grasp' in any other way, namely a subconscious content. This way a metaphor (e.g. a visualization) can be used to communicate with the subconscious. Through the metaphor we choose that the subconscious can also 'talk back' to us. When the Simontons have a cancer patient make up a story about the 'good white blood cells' that destroy the 'bad cancer cells' in the shape of white knights on horseback, then the subconscious can react in depicting the cancer cells as strong or weak. This indicates the 'opinion' of the subconscious on the strength of the cancer. In making the knights deliberately 'stronger', one can incite the subconscious (and the body) to fight harder. Beware: it is an incitement; the own defense system is not directly made stronger by it.

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If during a 'Simonton-therapy' a patient is unable to visualize this metaphor, he can just as well make good use of it by just 'thinking' it, whatever this may mean for that particular person.

In identifying yourself with a part of a metaphor you can make

this metaphor more powerful. E.g. instead of 'I imagine a deep lake' you can immerse yourself in 'I am a deep lake'. ***A metaphor usually gets more powerful if you play a role in it yourself.*** If you feel the need to join in a visualization, to become something in it, you will make that visualization more vigorous. This may or may not be the purpose. For instance, if you want to get rid of an unreasonable fear through visualization, you should only join in when you feel you can handle it, and no sooner. You can first use the metaphor to create the distance needed between you and the frightening subject. Afterwards you can get involved gradually and from various angles in order to adapt your own relationship with the frightening subject.

'Result' and 'process' metaphors

A goal-oriented metaphor is aimed at the eventual goal or result you want to attain. You could for example link a desired action or condition (being slim) to a successful action or an intended condition as the one present in your memory. Such a metaphor is a message to your subconscious about the goal, whereas the way of reaching that goal is to be left completely to the subconscious itself.

A process-metaphor on the other hand is all about the process that leads to the result. E.g. to prevent an attack of migraine or to stop it in an early stage, you can imagine your hands and feet to be comfortably warm, close to an open fire, while your head feels cool and without pain. The 'process' visualized in a process-metaphor is not necessarily a realistic one that can be translated as such to a physiological answer. The visualization of a cool head against migraine is based on the hypothesis that migraine would be provoked by vasodilatation. However, this has not been scientifically proved. It should be added that some test subjects also experienced a relief of their migraine when visualizing a warm head. [xxx].

In the end probably all active metaphors are goal-oriented. ***Probably all active metaphors are result metaphors.*** Your subconscious should just be granted the freedom to realise an intended result in the way it prefers. As a matter of fact, your subconscious knows infinitely more about how to influence your physiology than the little you are consciously aware of.

Interpreting a metaphor

You can deliberately 'create' a metaphor, or it can be the result of a spontaneous impulse as in a 'spontaneous' visualization or a dream, which is basically nothing but a metaphoric communication from the subconscious. (The following applies as much to dream interpretation as to the interpretation of visualized metaphors.) In a conjured up metaphor too spontaneous changes may occur. What is the meaning of this?

Immensely much has already been thought and written about dream interpretation. Sometimes dream images are directly interpreted as a text that is to be 'translated'. A cellar then quickly becomes an analogy for the subconscious; flying represents sexual arousal, etc. The idea that this straightforward translation is possible, is closely connected to the image of the subconscious as something at the other side of the fence, but for the rest closely resembling consciousness. Nevertheless, a century of psychoanalysis has not been able to prove the possibility of such a translation. It is high time we draw the conclusion that the subconscious can not be understood reasonably. 'Insight' in a subconscious content does not mean you 'understood' it. **A metaphor is never simple to translate.** The 'interpretation' of a metaphor is not the phrasing of its one and only correct 'meaning'. A metaphor is rather a living part of yourself. And what could be the correct 'meaning' of you ?

Due to a twist in the history of the human mind, certain kinds of psychotherapy started from the idea that the interpretation of a living metaphor is not only possible, but is best performed by an 'expert', who is someone else than the person in whom the metaphor lives. Now an expert may help you in doing so, by adding the motivation to concentrate deeper on your own images, by handing you some useful ideas, by investigating your reactions to certain images, by introducing his own associations as examples or possibilities, by referring to mythological symbols that fertilise associations with them. However, an expert could also counteract, in the first place by providing your very personal images with a standard explanation 'from a book'.

A metaphor in you eventually 'lives' in you only and consequently only makes sense to you. Your meaning is not someone else's. An explanation by someone else says more about that person than it does about you. **Only you are able to fully live your own metaphor.** The major part of a living meaning is in fact very

difficult or to express in words, if it can be done at all. E.g. if, according to the exercise at the end of this chapter, you let a water lily rise up with a special meaning to you, then this meaning is not necessarily to be captured in words.

I have already pointed out that the subconscious has a totally different structure from the consciousness. At this stage this is very relevant. In order to bring the meaning of a metaphor to life for yourself, you should pay attention to elements as well as the total image and the context in which the metaphor feels significant for you. If you happen to encounter a string of similar images in visualizations and possibly in your dreams as well, you can be sure that your subconscious wants to tell you something very important with it. Check how your attitude towards the image changes when you adapt some elements. Also take into account feelings and emotions that come up spontaneously and intellectual associations made during the 'normal' thinking, possibly memories wakened by the visualized images. Try, however, not to attain too much in the short term. Although 'self-knowledge' may be the beginning of all wisdom, it is only useful if you can actually do something with it.

Summary

Visualization is frequently applied in top-sports, but in fact everyone can put it to good use. If you have (too) little imaginary capabilities, it can be improved with some practice. Visualization can be used for your own health, as a means for self-help. However, it is not a magic remedy. If you cannot manage to visualize, there is no need to panic. Visualization is just one way of having the power of metaphors work for you. A metaphor in its turn is only one way of applying autosuggestion. Through metaphors you can start a dialogue with your subconscious. As a metaphor speaks a very 'foreign' language, it cannot be 'translated' or understood just like that. This is not at all needed in order to be effective.

A technique: a water lily rises, unfolding a personal meaning

Sit or lie down comfortably and spend a few minutes on relaxation. Feel how, with every breath, your body rids itself of a little tension ...

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Imagine how in the middle of a beautiful pond with some duckweed and reed on the banks, how in that lovely pond surrounded by gorgeous nature ... the stem of a water lily slowly rises up from the deep.

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Slowly the stem nears the surface of the water, headed towards the light and the warm sunbeams ... and in this rising is couched a promise which you know will be fulfilled.

୩୩

And you realize you yourself are linked with that water lily. One way or another there is something in you that craves for light and clarity and that can rise in the water to where a completely new world suddenly reveals itself. A world of a thousand new colors and possibilities.

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And in that world you finally bloom into a magnificent full-blown water lily, embellishing the pond even more.

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All is well now. Whatever happens, the love and beauty of this one moment are sufficient for the water lily to be contented and to grasp the meaning of a whole lifetime.

3. THE IMPORTANCE OF RELAXATION

Stress and relaxation are not enemies to each other. Together they lie at the basis of every form of life.

Many people are never relaxed

For many people the stress, characteristic of a society aimed at performance, mounts up to such a degree that they are unaware of living in a constant state of tension. **People who are always stressed, ultimately forget how a real relaxation feels like.** They have simply forgotten what it is like to feel relaxed, since they experience the condition of stress as 'normal'. Even asleep they are not completely relaxed. Because of this they often feel mentally exhausted from early morning onwards and throughout the day. Passing concentration disturbances, a vague feeling of 'unwellness' and all sorts of small physical discomforts, are the first signs of the stress-level going the wrong way. If the small symptoms are ignored, it will go worse. Stomach trouble becomes an ulcer; small heart complaints grow into angina pectoris and finally into a heart-attack. Stress is such a widespread cause of illness that relaxation should be considered as part of the treatment of most diseases.

People who have long forgotten what relaxation feels like, sometimes experience difficulties when they take up relaxation exercises. Real relaxation and the feeling of letting go can be so new to them that their first impression is of something rather frightening. If you experience something similar with a first relaxation exercise, you should not think that relaxation is not for you. To the contrary, you have a greater need for it than someone else. **A daily short relaxation is very effective.** But take your time; give your body and soul the opportunity to adapt slowly to the new experience. It is very important that you practice regularly, while making each session so short as to feel well at it. Remember that a daily relaxation of 5 to 10 minutes is already very effective, on condition that you keep practicing on a regular basis.

People sometimes wrongly assume that only drastic events

account for tension and that, if they can be spared these, they cannot have stress. Scientists too used to believe this and therefore they composed 'stress-meters' consisting of questionnaires about important events from past years. However, since the 70s it was recognized that daily stressful events have an influence on the general stress level that is at least as important. Since then psychologists also make use of questionnaires to measure this daily stress.

Very deep relaxation is something that most people in the western world never experience unless in their early youth. It is therefore not advised to go very deep too quickly. This really needs time. ***A very deep relaxation lies in the grasp of everyone.*** But if this is your goal, you should not think it is outside your capabilities. As a principle, you could even do it on your own; it is nevertheless advised to look for good counseling.

Advantages of short-term relaxation

Relaxation offers obvious short-term advantages. Apart from the good feeling during relaxation itself, this feeling can also be experienced in between sessions. After a well-performed relaxation one feels fit and rested. People come out of relaxation and mental focussing with a clear head and a keen mind. The slate is wiped clean for new ideas and possibilities. This enhances mental activity, concentration and creativity. A short relaxation offers a fast recuperation and an energetic feeling afterwards.

Modern life demands us to walk on the tips of our toes almost continually. ***A human being is not made to continually stand on tiptoes.*** Nevertheless, we still have body and soul of a thousand generations ago. Man is not made to be constantly on the razor's edge. A short but efficient relaxation can give us back the balance we otherwise tend to lose. After some practice with anchor-suggestions a five-minute relaxation may work wonders. Indeed, there is no need to strive for a relaxation that goes as deep as possible. It is quite something if you can just let go the surplus of tension.

It is no surprise that sufficient relaxation is also important for your health at short notice. ***Relaxation is important for your health at short notice.*** In scientific studies 'stress' is usually considered as a major cause of e.g. a common cold and other viral infections. A relaxation at the right time will take the edge off stress at e.g. an

important meeting or a public speech. This way a temporary oxygen deficiency round the heart (in other words angor or even a heart-attack) can be avoided. For a sound sleep too short-term relaxation proves salutary. On the one hand it is easier to fall asleep from a state of relaxation; on the other hand rest brought about by simple relaxation is recuperative, reducing the need for a specific number of hours of sleep.

A reasonably deep relaxation forms a good basic attitude to continue working with autosuggestion. You will be much less disturbed by the thousand thoughts that fly through your mind as monkeys through the trees. This rest facilitates the dialogue with your subconscious and makes it more effective. The 'normal' limitations are omitted and you will get more opportunities for self-change.

In a broader sense relaxation refers to an unambiguous orientation of the mind. This does not necessarily imply physical relaxation. For instance, during jogging or running you can reach a state in which your worries float away from you (the so-called 'flow phenomenon'). Some practice in relaxation can even bring about a meditative state while running.

Advantages of long-term relaxation

A regular thorough relaxation is often recommended by many authors as generally good for health and well-being in the long term. ***A regular relaxation response lessens the effects of chronic stress.*** Both body and mind come to rest, much faster than during sleep. This rest counteracts the negative influence of a long period of too much stress. The 'stress-response' that has so well integrated in our hectic society as part of normal life, is kept in balance by a regular 'relaxation-response'. Ideal for your health is an appropriate alternation of both.

Stress has an impact on almost every chronic disorder, as well in its cause as in its increase or continuation. Therefore stress and relaxation are important factors for 60 to 90% of the patients consulting their GP. Relaxation is for many health problems the most cost-effective treatment that exists. Nevertheless, most doctors pay very little attention to it. At the very most they prescribe some sick-leave (which may also function as a nocebo), advising the patient to 'take it easy' for a while. The next step is usually a tranquilizer. The one to blame is not the doctor, but just a

shortage of possibilities to integrate relaxation in the daily activities in a way that is culturally acceptable.

The exact effect –in the long run- of sufficient relaxation on specific disorders is hard to define scientifically. However, much research underlines the major importance of it.

Relaxation should be a hygienic ritual, just like brushing your teeth. **Relaxation deserves a place in your life as familiar as brushing your teeth.** It certainly does not require much time: 5 to 10 minutes daily is enough, for example as part of the sleeping ritual. This time is not wasted, since you will need a little less sleep because of this brief relaxation. If you feel the need for it, you could of course relax several times a day, in a sort of pattern that itself induces the 'relaxation-response' after a short while.

For many people the motivation to sustain this causes a problem. In the past this was solved by religious regulations: a short prayer before the meal and before going to bed, moments at which relaxation is precisely very significant. **A religious context can also take care of the psychological health of the believers.** At least once a week this was combined with a somewhat longer 'session of contemplation'. This way the believers' mental health was taken care of within a religious context. However, in a number of western countries does the loss of these healthy habits coincide with the decline of established religion, this happens at a time when they are needed more than ever.

Nowadays you have to supply sufficient motivation for your relaxation-sessions yourself. Make sure you always enjoy them. You should at least have the feeling of working at it efficiently, while getting pleasure out of it as well. Supply sufficient variation so that you will not get bored after a while. Make sure you are not disturbed. You could even reserve a special place in your home for regular sessions. It would of course be ideal if the other members of your family did some relaxation exercises regularly too. This way you learn from each other how good it feels while experiences can be discussed together. It can only bring you closer to each other and it motivates to keep on doing the relaxations. Of course you should avoid these sessions becoming a drag or a duty.

A motivation can be broken when you start with high or frightening expectations of 'meditation'. **Start with reasonable expectations.** If the relaxation-sessions do not immediately supply spectacular results, people stop them before having given themselves the opportunity of gaining something from them. Also fear of loss of control can prevent people from easily letting go, so

that they do not see much use of it at the beginning. Nevertheless, after a while these people have as much –or more- profit from regular relaxation as those who are able to relax sufficiently from the start.

Autorelaxation or relaxation with a therapist?

A whole range of relaxation-exercises exists, from varieties that stress physical muscle relaxation to pure meditation. ***Finding a good therapist is not easy.*** There are also different types of therapists who concentrate on this. Often their skill is limited to one or a few varieties. It is certainly not easy to find a good therapist in your vicinity, who first of all suits you, and secondly teaches you a way to relax that fits you. Apart from the methods used, there is also a large variation in the level of therapists. Some therapists rather reinforce the aspect of 'learned helplessness' in their patients, instead of reducing it. Especially what relaxation is concerned, this should not be the intention. On the contrary, the emphasis should be on the fact that it is always the patient himself who has the biggest merit. If a therapist is important at all, it is primarily in the way in which he can keep this learned helplessness minimal by judging for each client how fast he can proceed alone.

There are advantages in learning a suitable method of autorelaxation yourself. Needless to say there are disadvantages as well. It is quite difficult to learn it 'from a book'. Motivation - needed to practice regularly without 'instructions'- alone makes that many people do not get down to taking (auto-)relaxation seriously by just reading about it. Besides, it also demands a study of the various methods. The average user does not need to build up the knowledge of a therapist before starting his relaxation exercises.

A solution is to be found in the use of AURELIS, a computer program that can coach you through a large number of relaxation methods.. This way you can keep the aspect of self-help as much as possible, while making use of all knowledge contained in the development of the program.

If you have problems relaxing

While relaxing, all kinds of problems may turn up that are especially annoying since they can hamper the smooth course of the relaxation, or that could even lead to giving up autorelaxation altogether. **Problems during relaxation are almost all easy to avoid.** They are all small problems that can be avoided or handled easily. I will list the most frequent ones, while proposing what can be done about them.

coughing or hacking

Try not to restrain this. Autorelaxation does not imply sitting or lying motionless. Concentration always fluctuates and when you are distracted for a moment by a cough, you can return straightaway to that condition of deep concentration and relaxation.

itching, pain

Here too, moving will not do any harm. After being distracted, returning to relaxation can be seen as a deepening. In other words, it can help you to reach an even deeper level of relaxation.

distracting noises in the background

Try to ignore noises in the background, or to include them in your relaxation. Noises in the surroundings can be interpreted e.g. as a background that enhances your inner peace and silence.

muscle contractions

Slight muscle contractions are normal symptoms with deep relaxation. They sometimes occur with someone who just fell asleep. If it annoys you, you can simply stretch the muscle slightly, keep it like this for a short while and then slowly relax it.

obtrusive thoughts

Try in any case not to oppress these thoughts through willpower. Simply let them come and go, even if this means that in this session you do not get round to a deep relaxation. By handling disturbing thoughts this way, you will notice that your concentration will be improved without much effort. You will actually profit from enhanced concentration, even outside your relaxations.

disorientation and unwanted dissociation

These symptoms are to a small extent quite normal with deep relaxation. If this makes you anxious, you had better briefly return from relaxation to let them disappear naturally, what happens all the time. Learn how you can always return from a deep relaxation, until your potential fear fades away naturally. The symptoms can be interpreted as an indication that your relaxation is deep and that it may be of good use to you.

❑ fear of loss of control during relaxation

It could happen that relaxation makes someone more nervous. This can be explained by the fact that deep relaxation takes away the normal diversion from worries and fears, thus enabling fears and emotions that have been blocked for a long time to emerge. If the control of these blocked fears and emotions threatens to be reduced, it is only normal that this should be converted in nervousness. If relaxation comes to you always accompanied with some nervousness, then it is advisable to proceed slowly and to start with auto-relaxations that are not much longer than 10 minutes. If you feel an acute anxiety during a session, then it is better to stop for the time being. If this happens only once or twice, you can just continue after a few days. However, if you suffer from an acute anxiety every time you try to relax, I advise you to discuss this with a good psychotherapist.

❑ falling to sleep

Falling to sleep during a relaxation exercise means that in fact you suffer from an acute or chronic lack of sleep. Your body immediately reacts to the occasion to try and catch up with sleep. Do not start a session when you really are very tired. If during a relaxation you fall asleep, take this message from your body seriously and from this moment on try to get sufficient sleep at night.

❑ increasing pain

With some kinds of nerve pain it is possible that the pain increases during the relaxation. This happens very rarely. If you intend to relieve your pain with the use of mental power, you can learn to apply some cognitive strategies without relaxation. Relaxation is beneficial for this, but not necessary.

Summary

Many people in western countries are tense all the time and therefore do not know (anymore) what a state of relaxation feels like. They are no longer aware of their tension. A very deep relaxation is rare in the West and very difficult to attain. Most western people do not think it worthwhile. Regular sessions in which one can attain a reasonably deep relaxation offer many advantages in the short term (weeks, months) as well as in the long run (after many years). In the short term, relaxation promotes well-being, lessens symptoms such as pain, and is a good starting point in order to work with autosuggestion. In the long run, it lowers the chances for serious illness. The degree to which these chances diminish, is (still) difficult to determine on a scientific base. A number of problems that come with deep relaxation are mostly easy to manage.

A technique: practising relaxation by focussing and breathing slowly

Sit or lie down quietly and spend some minutes relaxing. Feel with every breath how a bit of tension leaves your body...



And now start looking at a point, it does not matter at all which point, as long as it is somewhere before you... Look at it as intensely as possible without looking aside, without letting your attention wander away...



If you notice that your attention strays away, bring it back to the point... and while you keep on looking intensely and breathing slowly in and out, you become totally relaxed... more and more relaxed...



And while you go further and further into this relaxation, you keep on looking at the same point. Maybe your eyes are becoming a little bit tired. Maybe there is a light veil coming before your eyes, so that you see the point less and less clearly.



While you slowly breathe in and out, you feel your eyes getting

more and more tired of this concentrated watching. Your eyes become more and more tired by this long fixation. They start to twinkle and to glow.

ॐ

Slowly breathing in and out... and the pressure on your eyes grows stronger. The pressure on your eyes grows stronger and stronger... and then just give in to the desire to close them.

ॐ

Close your eyes... and with your eyes closed, you feel the peacefulness and the relaxation grow stronger... You feel how you become more and more detached from the busy occupations and worries. You feel completely detached from the world around you, loose and free as a bird flying high in the vast and endless space...

ॐ

The sensation to be free as a bird gives you a great feeling. It warms you inside as well as outside...

4. LEARN TO LISTEN TO YOUR SYMPTOMS

*People can only listen to each other
after having learned to listen to themselves.*

Most drugs are sheer symptomatic

'Doctor curat, natura sanat' (the doctor treats, nature heals). This slogan should in fact get a place of honor in every physician's waiting room. This becomes more obvious when you check how many medicines only alleviate the symptoms, until the sick person heals himself in a natural way to body and mind.

The following is more or less a complete survey of the present offer of medicines: first comes symptomatic medication, then non-symptomatic products.

A list of symptomatic medicines. Under the symptomatic medicines are sorted: corticosteroids, tranquilizers, pain killers, antihistaminic medication, bronchodilators, anti-cough medication, anti-gout medication and immunosuppressors. Apart from these, a doctor can prescribe medication against acne, itch, dry and scaling skin, common cold, hemorrhages, angina pectoris, heart rhythm disturbances, hypertension, diseases of blood vessels, heart failure, high cholesterol, vomiting, obstipation, diarrhea, migraine, heartburn, Parkinson syndrome, epilepsy, depression and schizophrenia. And in compensation of one or the other deficiency, it is possible to prescribe hormones, minerals, vitamins and digestive enzymes.

It should be obvious that *all* of these merely relieve the symptoms. Not one of these means takes away the physical or psychological cause. This means that if you take one of them and stop medication after a short or a long period, only three possibilities exist:

- ° You at once or quite soon fall back in the same symptomatology shown before you started medication.

- ° In the meantime you have been cured and from now on free of the symptoms for which you started medication.
- ° In the meantime you have received an other, non-medicinal treatment, such as a psychotherapy, surgery or radiation, which 'took away' the physical or psychological cause of the symptoms. Often these treatments too appeared to be symptomatic, though.

And so we proceed to the list of medicines that do take away a physical cause. ***There are only two groups of non-symptomatic medicines.*** This list is much shorter than the previous one, actually it is super-short. It consists of the means against infections and those against malignant tumors.

Infections and cancer are two domains in which medicine gains large triumphs. Nevertheless these two are also problematic. The question remains whether the aggressors that are handled with medication – namely the foreign micro-organisms and the malignant cells - are in fact the conclusive causes? According to recent findings, the importance of the 'domain' is also very large with infectious diseases. The 'domain' being the ill person himself, his defense mechanisms and in the end his psyche too (to which extent is not known yet). Should then antibiotics and such also be considered as 'symptomatic' in many cases? And what cancer is concerned, there too the causative disorder is rather molded by a defect defense mechanism than by malignant cells. Again the issue of a possible strong influence of psychological factors is raised. Here too little is known of how big this impact is precisely.

You may wonder: if an individual patient is 'cured' of his symptom in a symptomatic way, which influence will this have on the psychological causative components? ***A symptomatic cure can be dangerous.*** Does here not lurk the danger that these are 'forgotten', suppressed, considered important? And is this possible without nature taking revenge, for example by means of a long-term disease that is even more serious than the first one? There is no evidence to prove this. It is indeed very hard to prove methodically. However, evidence of the opposite is missing as well.

What has been proved is the fact that an ailment such as tension headache recidivates faster with people who take medication for it. Here a symptomatic treatment revenges itself by the headache returning faster. It is even so that if you do take a lot of medication for it, you will end up with as many days of headache as when you

would not take anything at all. In other words: medication banishes the acute attack, but results in a faster repetition. To what extent this applies to other medication as well, has barely or not at all been investigated.

The symptom as message

The symptomatic medication summed up above do not in the least work by 'accepting' the symptom. On the contrary, The medical philosophy behind this medication is based upon an attack strategy: the symptoms are considered as enemies that have to be fought as quickly and thoroughly as possible. Of course a symptomatic treatment is necessary and useful in a number of cases. In patients with a high blood pressure a cause is only found in 5 % of the cases. Hence 95 % of the patients can at the present state of the medical science not be treated causally. **A symptomatic cure can be useful.** It is then better to treat high blood pressure with symptomatic medication than to let it exist with an increased risk of an brain hemorrhage or other organic damage. Unfortunately these medicines have to be taken for life; and they all have known and unknown side-effects. As it happens, this applies to all western 'scientific' medicines. If there were another way of performing in a curing way, then this should be studied seriously!

In spite of that, avoiding side-effects is just one reason why you should not too quickly reach out for a symptomatic treatment, be it in the form of medicines, surgery or something else. Symptoms are not merely annoying elements in our daily lives, they are also messages from our body and our subconscious. Symptoms belong to the language of the subconscious, which is spoken whenever something is amiss with how we manage our lives. As we have too little contact with our subconscious, we often have difficulties in understanding this language. If we ignore the symptom or if we 'beat it to death' with a symptomatic treatment, the reason for the message will not disappear. It is as if we would 'treat' a flashing indicator light in our car by simply unscrewing the lamp or by covering it with a green sticker. Although this may seem a solution at first, we will sooner or later be confronted with another message from under the hood.

Neglecting physical symptoms can for a longer stretch of time be the cause of burning indicator lights. It seem nature has more

patience than automobile manufacturers. But at the same time we should have more patience and readiness to listen with nature than with our car. Because the language of the symptom is a very strange language. Books are being written in which every symptom is nicely described and explained. Do you suffer from an inflammation of the intestine? That kind of book will tell you that you are afraid of an own opinion and of an own life philosophy. Does your child suffer from bed-wetting? In that case you will read that he wants to get rid of an authoritarian parent. And yet, it does not work like that. The author of such a book should be aware of the fact that in doing so, he causes a lot of problems. Not only is the real symptom left out in the cold, but a truly unjustified feeling of guilt can be brought to life by it.

A symptom is seldom or never a message that can be translated straightforwardly. This is because the subconscious is *no* reservoir of concrete thoughts which we happen not to be able to reach consciously by chance. The subconscious is a waterfall of patterns that influence each other incessantly and that flow into each other. It can never be grasped somewhere, unless it pops up by itself. A symptom can be compared to a poetic symbol. Books can be written in which an 'explanation' is offered for each poetic symbol, but such an explanation can never grasp the poetry itself and it is mostly utterly wrong. A veracious attempt to 'explain' a poetic symbol merely leads to ... another symbol, behind which there is yet another symbol, etc.

The actual meaning of a symptom is therefore not to bring us to an 'insight' about *the* 'cause' lying behind. And if an interpretative psychotherapy leads us to a mere intellectual insight about something behind the cause of the symptom, then we should not deceive ourselves into believing that we have become wiser there, one way or the other. An 'insight' can just as well mean (in the sense of: being a message from our deeper self) that we are completely stuck and that we had better put aside our problem handling for a while. In that case the insight itself can be considered as a symptom that wants to tell us we are handling things wrongly, too cerebral for example.

Accept your symptom

The above mentioned might wake the impression with you that it is hopeless wanting to do something with a symptom as a means

of communication. This is not the case. If you have that impression, you can now contrast it with the following. By the way, I hope that by now you feel that listening to symbols can never be forthright.

Listening to a symbol – for example a chronic tension headache - in the first place means: accepting this symptom. **A symptom cannot be 'understood' just like that.** This attitude totally conflicts with the medical philosophy of attacking and beating to death. Before throwing this book on the pyre, allow me to explain it further. With 'accepting' I do not mean that you should not reconcile yourself to it. On the contrary, to reconcile yourself to it is the same as to ignore the symptom completely. It implies that you not (longer) interact with it, that there is neither dialogue nor possible growth or progress. Accepting a symptom does mean: you take it for granted that it always has a cause or a purpose, or both at the same time. Cause and purpose make up the symbolic 'message' of which you know it is present, but of which you should also realize that it can only be felt.

Acceptance means dialogue, growth, openness to the message. Accepting a symbol also means: you don't look for something that is in fact detached of it, such as a psycho-analytical meaning behind it that stays the same in itself, irrespective of the symbol through which the meaning is expressed. The symbol which presents itself as symbol, *is* at the same time the thing symbolized. If you get behind the symptom with your intellect, then this signifies that you don't take the symptom seriously. A symptom as well as what's behind it, belong to the world of the subconscious. And a subconscious is by no means a library in which you can browse as much as you want after having obtained the key to the door. At the same time the subconscious is mainly that which - as a principle - is not known, cannot be made conscious or put to words.

Only by accepting your symptom can you come to a real change. Of course 'accepting your symptom' does not imply that you refuse to become healthy (or to get rid of that symptom). It means first and foremost that you now already love yourself, *with* the symptom. You don't want to postpone loving yourself until the symptom has gone. You accept yourself (with or without symptom) and you love yourself and that is the only attitude from which to start a real change. Accepting yourself *with* symptom namely assumes that you will change from an idea of 'I want to change', as opposed to 'Unless I change, I am inferior'. The first is far more

agreeable, more efficient and more complete. It is a change of your whole being. The altered part of yourself has become integrated in the totality and hence it also is automatically much persistent.

Listen to your symptoms

‘To listen to your symptom’ is here not synonym to fully having to understand the meaning of the symptom. The ‘meaning’ of a symptom (e.g. chronic pain) usually contains two components:

- ° The *purpose meaning* (function): the purpose being to have the one who suffers make changes in his environment.

- ° The *source meaning*: this is what psychoanalysis tries to determine. In most cases the question remains whether this can more or less be made conscious after all.

The purpose meaning can just as well be a cause of the (chronic) pain as the source meaning. Probably in most cases both play a role. But neither purpose nor source meaning has to be cleared up in order to make the pain stop. Should nature have asked for an interpretation, then she would have put it more clearly. An ‘interpretation’ – if possible – costs a huge amount of energy and time anyway. Think of the long-lasting psychoanalytic therapies necessary to treat e.g. a conversion hysteria. The question is whether the only alternative exists of ‘putting the lid on’ and then learn to proceed with a mere symptomatic improvement. (Because of this shortcoming, psychoanalytic oriented therapists often point their finger at modern behavior therapy.) The book you are reading now, is a plea for a third way leading to a maximum use of the own ‘inner strength’. This is neither a superficial symptomatic treatment, nor a raking and clearing up of conflicts lying behind.

Through autosuggestion, you can let your symptom ‘speak’ to you more clearly. Autosuggestion is namely not only a way of passing a message to your subconscious. It is also applied to open yourself to a symptom, to let the symptom ‘speak’. Very concretely, you can do this by visualizing about the symptom as following. You evoke a deep relaxation by means of autosuggestion. The you open yourself to all that presents itself spontaneously in connection with your symptom. These can be colors or sounds, maybe they are complete pictures rather than loose thoughts or even an ‘insight’. Unprejudiced you try to accept

everything that is presented. Everything is good and welcome. Try not to 'grasp' anything by 'understanding' it. Keep hold to the idea that everything that pops up in you, has a sense and is worth your consideration.

In fact you can now go two directions. You can keep the things presented to you in the focus of your meditative attention for a while. When you notice that your attention starts to drift from that focus, you bring it back at once. Stay concentrated on one thing, until you feel that it becomes fruitful to proceed to something new. Don't worry about this sensitivity now. When you do this you will see it will all go by itself. Another possibility is that you let the things presented to you fly through your mind. You don't hold anything. The focus of your attention just comes into contact with that one color, then with the other thought, etc.

Two basic forms of meditation Actually these are the two basic forms of meditation which recur in all meditative traditions: the first being the *focus meditation* as in Hatha yoga or transcendental meditation; the second being the *flowing meditation* as in ecstatic prayer or in many forms of Christian mysticism.

In order to listen to a symptom, such a 'high-flown' meditation is of course not needed. An ordinary exercise of concentration and relaxation is sufficient – if correctly supervised – to reap all fruits necessary to work at a better health.

Summary

Most medicines work merely symptomatic, meaning that they only relieve the symptoms without influencing the cause of the illness. Hence it is 'nature' or the patient himself who has in the meantime brought about the healing. A purely symptomatic method of treatment ignores the importance of the symptom as message. Still this message can be essential for the health at the short and the long term. A symptom is not directly 'translatable', as is the case with all communication from the subconscious. In order to receive the message, you first have to accept the symptom as message. With the use of autosuggestion, e.g. in the form of a visualization, you can start a dialogue with your symptom. 'Insight' into the meaning of the symptom is much less important than the experience of it. This experience no one can give to you; it has to come from yourself.

A technique: in dialogue with your symptom

Sit or lie down comfortably and spend a few minutes relaxing. Feel how with each breath a little tension can be removed from your body ...

☺

And while you can feel how you are more and more relaxed ... imagine being somewhere in nature. Choose a nice spot where you feel energetic and full of a certain form of 'empathy' for all living creatures around you.

☺

At this special place in nature you find something (a tree, a lake, a plant) of which you spontaneously and with great certainty feel that it is intensely linked to your symptom (headache, rash ...), a symptom you've suffered from for a long time.

☺

Now send small waves of love to this place and notice how your symptom reacts. Accept everything what comes up in you spontaneously: all feelings, all thoughts ... and feel how all this is involved with your symptom. Feel how everything you touch, hear, smell or see at this special place in nature is involved with your symptom.

☺

And by just being in this spot ... and by enjoying all things you encounter, feel how your symptom dissolves in all these things, leaving you a wiser and more loving person than before...

☺

Be convinced that your symptom wants the best for you in the end. Together you can come to a solution that makes you grow as a unique person.

☺

Then set your symptom free as it also sets you free now among this splendid nature... No musts ... You are free to return to this place, whenever you feel like it. You can come and go and you are always welcome from now on.

Part 3: THE PHENOMENON SUGGESTION IN A BROADER CONTEXT

5. SUGGESTION IS MORE POWERFUL THAN THE WILL

*Where will and suggestion meet each other in friendship,
mountains yield spontaneously and respectfully.*

An interesting experiment that you preferably only do in thought, is the following. Put a plank of approximately 20 cm to 4 m on the floor. The plank should be rather thick so as not to break in half when you will later stand on it, at a height. Now slowly walk the plank from one side to the other. Probably this won't cause you the least problem. Then put the plank between two chairs at a height of about 40 cm. Again slowly cross the plank from one side to the other. Any problems yet? Then put the plank between two adjacent apartment buildings. Try to walk slowly from one apartment building to the other, over the plank. You realize that you will not survive a fall. Still, it will be much more difficult to walk the plank and you will likely fall off, unless you squat down in time and seize the plank never to let it go.

What you can do not to fall off a plank

What is going on here? Of course you don't feel like crashing.

You do know that you are able to walk the plank when it's on the floor, as you've just done it. Then why do you fall? Below, your attention is focused on the accomplishment of the assignment, while above your attention is almost completely taken by the possibility that you may fall. The falling is forced to take a central place in your attention. And this is precisely what constitutes a forceful suggestion that leads to a fall – whether you want this or not. ***The giving of attention can by itself be suggestive in a powerful way.***

What is there you could do then on top of this plank to increase your chances of survival? Well, you could try to be very cold-blooded and to focus your attention on the target or on something else, as long as it is away from the abyss. If need be you could revise the tables of multiplication. A short prayer could do the trick, especially when you are religious, because it will then work extra suggestively to your advantage. Relaxation too may be a good support, by neutralizing negative suggestions ('I cannot keep my balance'; 'I will fall'). And if you have a very powerful imagination, you could imagine that you are walking on a plank that simply lies on the floor.

Willpower is not a sacred duty

In western culture, willpower is usually considered as a moral duty. People who 'made it' often make use of their extraordinarily large willpower. People who have ended up at the outer edges of society are often considered as weak-willed individuals, since 'where there is a will, there is a way'. An obese person is also frequently and unthinkingly regarded as a spineless person. But what exactly is this 'willpower'?

In my view there are different kinds of willpower. ***There are different kinds of willpower.*** Every human being is a motley range of desires, of goals he wants to reach. Taking one out and making the other goals inferior to that one, is what is usually regarded as willpower, without taking into account the reason why precisely that goal was chosen. This could just as well be a thoroughly considered philanthropy, as a neurotic frustration or even a psychopathic obsession. When many factors and the desires of others are taken into account, a 'powerful attitude' will be much harder to reach than an oversimplified one-sidedness. Oppressing the own desires in favor of one goal is often

considered as 'strong-willed' in our culture. At the same time it is the cause of much psychological suffering as well as of an attitude towards others that shows very little sympathy. Desires are not necessarily to be oppressed in order to come to a strong-willed attitude. If different desires are well geared to one another, if they are 'integrated', we will reach a different kind of willpower, namely willpower that will not lead the individual to neurosis, but to psychological growth.

Globally seen, willpower is not a good moral indicator. Willpower is not more than a tool that can be used for the wrong means.

If suggestion or belief are opposed to the will

With the experiment described above you were able to experience personally what happens when suggestion faces willpower. The experiment may be far-fetched, but in daily life too you regularly come upon situations in which suggestion and willpower can measure up to each other. At the end of each day, for instance, comes the moment of going to sleep. For many people – approximately 10 percent of the population – this means an ever recurring assignment which can cost them at least two hours of waiting, turning and fretting [8]. You may have experienced a period of 'insomnia' or serious sleeplessness yourself. In that case you will have felt that it is no use forcing sleep through willpower. To the contrary, the more you want to sleep and the more you try, the less you will succeed. **Where there is only a will, sleep is away.** Apparently willpower has an opposing effect on sleep. If you put willpower aside and you can let yourself go, then sleep will come automatically.

Easier said than done, of course. Otherwise not so many sleeping pills would be taken and the pharmaceutical industry would not make a profit of billions. No sensible person with some knowledge of this matter will dare to claim that the chronic use of sleeping pills will have no negative side effects. I'm thinking of e.g. the derangement of the natural sleeping pattern with a negative influence on the dream stages which are so essential in order to keep an optimum psychological balance.

There is another solution, namely the calling in of something much more efficient than willpower; indeed: autosuggestion, a highway that can lead you to using your own incredible mental powers. **Autosuggestion is much more powerful than**

willpower. With AURELIS an attempt has been made to make this as good and easy as possible, for you too. Sleeping disorders are merely an example of a domain in which you can gain much more with the use of suggestion than with willpower. Another domain in which autosuggestion is clearly the better solution is smoking. How many people would like to give up smoking? To give an idea of the extent of the problem: in the US 30 percent of the population smokes; about half of these (approximately 40 million) would like to stop, but lack the 'willpower' to do so [8].

Many people would like to do something about their overweight and keep trying to do so with willpower and a diet, only to see themselves delivered to the 'yo-yo effect'. This is actually the worst you could do to your metabolism, much healthier than keeping a constant moderate overweight.

In modern western life a lot of situations occur in which mere willpower will not often get you very far, ranging from a lack of stress-resistance and libido disorders to getting off tranquilizers or alcohol, etc. **With willpower alone, one mostly gets only temporary results.** Moreover, the results attained with the use of willpower will in general only be temporary and at the expense of a large dose of energy. Are we then – in spite of all commercials that dish up the easiest of all lives - still living with the idea deep inside that we cannot accomplish anything unless we do a lot of effort for it?

Summary

In our culture willpower is generally considered as a big virtue. There are however different kinds of willpower, depending on whether it is based on a neurotic oppression of desires or an integration of them. If suggestion is confronted with willpower, the latter will have little chance. A good illustration of this is falling asleep, which you cannot force. A large number of problems that are traditionally handled with pure willpower, can much better be solved with the use of autosuggestion.

6. THE RELATIONSHIP BETWEEN RELIGION AND AUTOSUGGESTION

Talking to God is talking to your Self.

'When Jesus approached Jericho, a blind man sat begging along the road ... Jesus stopped and instructed that he be brought to Him. When the blind man had come nearer, Jesus asked him: "What do you want Me to do for you?" He replied: "Lord, make that I can see!" Jesus spoke: "See! Your faith has cured you." Immediately he was able to see and he followed Him, while he praised God ... ' (Lucas, 18; 40-43)

'Whether we "remember" the peace of God because God wants us to, or we "remember" a life-transcending power because our evolution made it a requisite for survival, faith in a supreme being is a supreme healer.' (H.Benson , *Timeless Healing*, 1996, p.299).

The power of prayer is the power of faith

The phenomenon 'prayer' occurs in almost all religions and often one of its possible purposes is interfering in being ill and healthy. Faith, as well in the established religion as in the many forms of superstition, is considered everywhere as a powerful cure. In the New Testament too, Jesus repeatedly refers to faith as the conclusive effective 'power' in healings. Miraculous healings by Jesus only occur if the subject (the person through whom the healing happens) believes in God and in God's possible intervention in his illness. The subject who negotiates the healing may be the patient himself, or someone who loves him.

It is obvious that praying mechanically without faith will not do a lot. **Praying without faith is ineffective.** Not the prayer in itself can produce an effect. Of greater importance are: the meaning which the person praying gives to his prayer; the state of mind in which he wants to lay contact with God; the surrender and the positive expectation that God has the best intentions with mankind.

One could and should approach this phenomenon with some rationality and ask the question: if faith is effective, what exactly is effective in faith then?

Similarity between praying and giving suggestions

First I would like to make clear the following. Pointing at the similarities between prayer and suggestion is by no means meant to show any disdain for the prayer or the praying believer. If a religious person wants 'to do autosuggestion' through prayer and he is heard on that basis, this does not imply that God does not exist. It simply means that God can be reached in various ways. Praying and autosuggestion are closely related and in fact this is only normal. 'Praying' is a historically developed and most valid way of autosuggestion.

Praying and autosuggestion do lie near to each other. At first sight praying seems to be turned to the outside, to a God that exists outside man and created by man, while autosuggestion seems to be turned to the inside, to a 'subconscious' that is for many people the source of the concept of God itself. But what does one or the other say, apart from the fact that we find ourselves in regions where we cannot find a way out with our rational thinking alone? We can only speak in metaphors here. Anyway, God – if He exists – exceeds these metaphors completely. The same is true for the subconscious. And whether we turn to the inside or the outside is not important because we can find the same everywhere, as long as we stay open and keep looking.

Characteristics of a 'good prayer' are characteristics of a 'good suggestion'

A number of characteristics of the 'good practice of suggestivity' match the way of praying that has grown spontaneously in the major world religions. For prayer, and for autosuggestion alike, repetition is important, but not essential. Usually the message is passed more clearly when, by repeating, 'evidence' is given of being earnest in what one asks. Repetition also draws a clearer

pattern of the thing asked. There is more time to meditate and to decide for oneself if the thing wanted is exactly what one has asked for, or maybe something laying behind. **Ask for what you really deeply want yourself.** If, for example, a patient asks to be cured, does he then simply want a cure for his disease, the repair of a defect similar as the one expected by a mechanic for his car? Or does he actually more want to 'grow' through his illness, without being conscious of this? Anyhow, it is obvious that if what is asked for does not coincide with what is wanted deep inside, neither prayer nor autosuggestion will have much effect.

As mentioned before, faith, trust and a positive expectancy are essential. What suggestion is concerned, there is even a 'law of the opposite effect': the more you try your best to reach something while in fact you don't believe in it, the bigger the chance that you will never attain your goal [9]. It is clear what is meant with faith in the context of prayer. With autosuggestion, faith firstly refers to the positive attitude which is – among other things – increased by the belief in a model of explanation behind, as well as the knowledge that others were helped the same way.

When formulating a good suggestion it is important to focus on the result. A result is 'asked' for without requiring a way in which this should be reached. **Ask for a 'what', not for a 'how' (or use a good result-metaphor.)** A good suggestive phrasing contains only the 'what', not the 'how'. One could work with partial results, thus more or less directing the way in which the final result is reached. Towards each partial result, a good suggestion however demands a certain degree of openness, of uncontrollable spontaneity. In prayer too you ask for a result. To the exact way in which God attains this result you cannot expect to contribute much.

In connection to the preceding it is fundamental that you are able to let go for a while, to abandon control. A suggestive working has nothing to do with the willpower with which one can 'conquer oneself'. In this respect it is the same as with falling asleep: the more you want to force sleep on you with willpower, the more awake you become.

Suggestions seem to work better in a 'state of relaxation'. With this I don't necessarily mean an externally relaxed condition. In some religious rituals – as in candomblés in Brazil - people are brought to a condition of extreme excitement, precisely in order to tackle their suggestibility to a maximum. **A 'state of relaxation' is a good basis.** A 'state of relaxation' implies that the psyche as

such stays coordinated; that the attention doesn't jump to all kinds of issues that have basically nothing to do with the focus of what is suggested; that the person's aspirations keep pointing in the same direction. The same applies to praying, where it is better not to be distracted by all sorts of thoughts that have nothing to do with the prayer. A religious congregation could enable this by creating a special atmosphere in the church e.g., or by supplying religious images, actions or thoughts on which the believer can focus his attention. Autosuggestion is improved by an externally relaxed state, the more so when combined with a focus on the attention, such as your own breathing.

A further condition for a 'good prayer' as well as a good way to do autosuggestion, is in the revealing of an appropriate degree of respect. ***An appropriate degree of respect is important.*** You should not ask for something that contravenes your own larger self or a broader context (such as a religion) in which you feel assimilated. This condition should not be seen as a limitation. With respect you simply get more things done. What matters is that you look for the correct phrasings and find the right way of communication, and above all that you learn to acknowledge what it is precisely that you want in your own deeper self. Only then will you have advanced on your road.

You have the most chances of success if you find a phrasing that includes such an improvement of yourself that others will benefit from it. That way you could phrase 'earning more money' in terms of what you want to do with that money, for instance take better care of yourself and the other members of your family.

Summarized are the similarities between a good prayer and good autosuggestion the following: the importance of repetition; the necessity of trust and expectation; the more or less letting oneself go; the goal-orientedness; the advantage of relaxation; the need of respect; and the 'asking' of something broader than the own small profit. Of course more similarities can be found, as well as differences. But I think that it has become sufficiently clear from a number of facts that prayer and autosuggestion are closely related.

Lourdes

In the course of history and almost all over the world there have always been well-known 'sacred places' where miraculous

healings took place. These healings were usually attributed to a deity. In the western world alone there have been thousands like these. One relatively recent and famous example is the place of pilgrimage of Lourdes. ***Each year five million pilgrims come to Lourdes.*** Our Lady of Lourdes receives five million pilgrims each year. Many of them come with incurable chronic diseases; others come with a troubled heart, or just out of devotion.

The atmosphere in Lourdes is most suggestive. ***In Lourdes reigns a very suggestive atmosphere.*** The worshippers go from one healing ceremony to the other. There are baths to immerse in, communal prayers, candles, the drinking of holy water, processions, etc. All this happens in a special religious atmosphere. And of course there are the miraculous healings, well documented cases of patients who had been 'given up by their doctors'. Through the years thousands of remarkable healings have been reported, only 67 of which were acknowledged as miracles by the Catholic Church. The procedure is indeed very strict and lengthy.

What also contributes to the large suggestive power of Lourdes are circumstances such as: the broader entity; the century-old belief ruling people's lives; the mental support of the group that stayed at home: family, friends, priests; the group happening of most ceremonies; the presence of a large number of touchable symbols. It is a fact that the impact of this whole environment is much more suggestive on the pilgrim than on people who have lived their whole life in the neighborhood. It is remarkable that with those living close to the sanctuary, miraculous healings have never occurred [2].

Miraculous healings, especially those of other cultures, are easily ridiculed. For instance, people who believe in the originality of Lourdes will attach no credit to wondrous healings in an antique shrine of Aesculapius, and vice versa. Nevertheless, the claim that it is 'merely suggestion' does not imply anything about the actual extent of 'working' of such a place of pilgrimage, neither about the explanation of the 'cause' of such working. ***If God helps you, it is through the power within yourself.*** If God wants to help people, the most direct way to do so is through the strength that is already present in themselves.

So-called wonders can just as well be 'explained' with as without godly interference. They nevertheless deserve a lasting respect. On the one hand there is the large investment from the Church, particularly on the moral and on the human level through the

devotion of many worshippers now and in the past; it is simply not proper not to pay respect to these oceans full of basic commitment. On the other hand there is the belief that is so deeply engrained in the human soul that in the end one could wonder: is it still important whether an objective 'God' *the way we can deliberately imagine him*, is at the origin of it all? Perhaps the Human Mystery itself is big enough ...

Are atheists left in the cold?

'Faith' is an efficient way to influence the own illness and health. This faith can be directed at various things such as: Lourdes; all kinds of 'healers'; alternative medicine; placebo medication; science. All of these can, irrespective of the issue whether they are legitimate or not, determine a better health. Is it essential then or at least beneficial for the health to believe in at least one of them? Are atheists left in the cold? Perhaps they may become ill quicker, thus enforcing on them an evolutionary disadvantage?

Or a more practical question for the present: is it possible to make use of the healing effect of faith without having to 'believe' in a specific doctrine? In other words: is there something *behind* faith what makes that this faith has an impact on health? ***Behind faith stands autosuggestion.*** The basic message of this book is clear: yes, *behind* the belief there is the effective mechanism of suggestivity in the broader context of the word. Faith works because it *suggests* that there will be an effect. For someone who believes deeply, this suggestion is so much stronger. Although the believer has the advantage of his faith, the atheist is not (longer) left in the cold, as soon as he is able to reach and use the suggestion itself directly that is *behind* the belief. Another practical question can be the following: in the context of faith and the expected healing through this faith, is it possible to organize the situation to the extent that it has more effect for the believer? From the idea that faith works through the suggestion behind we could point to a number of powerful issues such as: concentrating the attention on an item of belief or an idea (as opposed to a continuous aimless flying of the thoughts); repetition; the positive impact from a personal investment (e.g. money, energy, time).

To conclude I would like to emphasize that believing can have disadvantages as well. Faith too often leads to all kinds of aberrations, ranging from spiritual 'devil exorcism' (still applied

according to regulations from the Vatican) and utterly commercially exploited faith healing , to negative aspects of placebos (so-called nocebo-effects, and even 'black magic' and 'voodoo-death'.

Summary

Prayer has always and in all cultures been used as a means to influence the own health or that of a beloved person. Praying can be considered as one way of applying autosuggestion. Characteristics of an efficient autosuggestion resemble the traditional characteristics of a 'good prayer'. This vision on prayer has no implications on its worth. The place of pilgrimage Lourdes is a fine example of how closely prayer and autosuggestion can be related. Faith is thus an effective way to come to a better health, but *behind* that faith is the same power as autosuggestion. There is no need to believe in order to make use of this power.

7. PLACEBO: THE PILL OF THE QUACK

When a placebo is prescribed together with a large dose of love, the placebo becomes redundant.

Is milk a placebo or a medicine for stomach ulcers? For a long time milk was considered a good medicine for stomach ulcers. Patients usually experienced a relief of their pain fairly quickly... Until in the seventies laboratory research concluded that milk intensifies the acid secretion in the stomach. Milk dropped from high on the scientific scale to the low status of placebo... Until new research again confirmed that milk protects the stomach lining by stimulating the epidermic growth factors. Milk can again be recommended (for how long?) and patients (again) feel well at it. Is milk a placebo or not?

'If everything were known about the etiology of the placebo effect, the terms placebo and placebo effect would disappear and be replaced by a hugely powerful mega-psychotherapy.' (A.K.Shapiro & E.Shapiro, in: *The Placebo Effect*, 1997, p. 29)

What is placebo?

A placebo is any treatment or part of a treatment whether or not used on purpose, because of the psychological or psycho-physiological effect [11]. ***The placebo-effect of a medicine is the effect it has through psychological means.*** Hence the placebo-effect is based on the *expectation* of a working. A placebo medicine then works as a suggestion in the broader sense, as defined in the beginning of this book.

The established medicines, usually unfamiliar to the one who prescribes them, in fact worked until recently primarily through the placebo-effect[2]. ***Until 50 years ago, nearly all medicines were pure placebos.*** Before the twentieth century there were only a few medicines with a real pharmacological working. In retrospect, until

the second World War most medicines were pure placebos too [12]. On the pharmacological level the effect of these 'medicines' was often merely harmful. In connection with this Oliver Wendell Holmes wrote that 'if most of our current medicines were to be brought to the bottom of the sea, it would be so much the better for mankind, but so much the worse for the fish' [13].

At the same time quacks were regularly accused of being 'healers' who helped their patients by beguiling them. Although the link from the term 'placebo' to medicine is only 200 years old, before that time the medication that was purposely offered as placebo was already closely coupled to deceit and charlatanism. This was entirely justified in those times, as it was recognized that the placebo no longer worked from the moment the patient realized that he had been given an 'ineffective remedy'. Since the term 'placebo' was coined, it also received a bad reputation through the connotation with deceit, self-deceit, 'it doesn't work when you know it'.

Placebos can influence almost every physical function or organ, as has been proved for - among other things -, angina pectoris, rheumatoid and degenerative arthritis, hay-fever, coughing, stomach ulcer, high blood-pressure, and many more.

The term placebo not only covers medication. All 'healing' actions and aids can have a placebo-effect, hence also surgery and psychotherapy [2]. **Placebos can influence nearly all organs and bodily functions.** In order to invoke the placebo-effect, it is always important to create a framework for changes, a frame in which the expectations are higher inside than outside. This invariably offers the 'suggestion' that something positive may happen, whether this frame consists of a psychotherapist's or a doctor's consultation room, the atmosphere created by a faith-healer, an acupuncturist's Chinese symbols, or the proximity of the sanctity in a place of pilgrimage. The special and impressive environment will always expand the placebogenic efficacy (what does of course not imply that this is necessarily the only effective factor in these circumstances).

The placebo-effect as suggestion

The placebo-effect has all the characteristics of a suggestive phenomenon 'in a broad context'. The placebo-effect disappears when the person (the subject, the patient) knows that it is a

placebo. The factor 'expectation' is therefore essential for the placebo-effect, just as it is for suggestion. ***The placebo-effect always 'happens' in a context of expectations.*** A deep-rooted faith in the phenomenon itself is not necessary. A certain degree of expectation is enough. In a double-blind study a subject (the patient) does not know whether he is administered a placebo or the medicine being researched, but it suffices that he expects the possibility of a specific working of the medicine to swing the placebo-effect into action. As a principle, a placebo can be anything, but what placebo medication, surgery and a psychotherapeutic action have in common is the expectation, the hope, the suggestion that an effect will occur in the anticipated direction. Of course this is a suggestion in the broad sense, an implicit (not pronounced as such) suggestion: 'By taking this pill (or doing this, undergoing that ...) you will/ I will get better.'

The effect of a placebo depends, similar to other suggestions, on the subject's specific conviction about the domain (e.g. convictions about the activity of medication in general) and the previous history (e.g. experiences with previous medication, examples of others and others' beliefs...). A placebo that is administered 'dryly' in a laboratory scores much less effect than the same placebo administered in a clinical surrounding with plenty of decorum, a surrounding which is in itself very suggestive, like a hospital, clinic or consultation room.

Placebo in double-blind studies

From the historical viewpoint the scientific acknowledgement of the placebo phenomenon coincides with the need to distinguish in double-blind studies the specific working(s) of a medicine from its non-specific noise. Non-specific noise being everything what is not caused by the specific pharmacological working. As soon as it was realized that every medicine also has a working that is conceived by the patients' expectations – apart from the strictly physiological (physical) impact of the chemical product – it was necessary to search for a method to filtrate this 'noise' out of it. This explains the coming into being of a control group. This consists of a number of patients who get a placebo (e.g. milk powder) instead of the medicine that is being researched, a placebo of which the working is either nought or pharmacologically irrelevant.

In a single-blind study the patients are not informed prior whether

they are in the control group or in the group that is administered the medicine investigated on until the research is concluded. In a single-blind study the physician knows exactly when he administers a placebo and when a pharmacologically active remedy. In a double-blind study neither the patient nor the doctor are informed while the study is going on; hence physician as well as patient are 'blind' in this case[11].

Almost every double-blind study clearly proves that the placebo-effect seriously contributes to the working of the medicine. Since this recurs with all possible pathologies, it is most appropriate to talk of the placebo as the strongest cure of all times!

What is most remarkable so far is the fact that the placebo has been investigated on in thousands of double-blind studies as annoying 'noise' factor, but that very seldom the conclusion was drawn that this 'noise factor' could very well itself be the principal phenomenon of all those studies put together. ***Double-blind studies prove that the placebo is an enormously powerful medicine.*** Or could it be that economic interests are involved that would rather not emphasize the patients' enormous psychological capacities which may well be bigger than those of any marketable 'health product' whatsoever?

In the course of history it has happened repeatedly that what was first considered as disturbing 'noise', later brought about an enormous breakthrough in science and technology. Think of the noise in Newton's laws, a noise that afterwards led to the relativity theory and thus to one of the major developments in the 20th century. Could the placebo noise result in something similar for medicine at the beginning of the 21st century?

Here a certain criticism is justified on double-blind studies that use an ineffective substance or action as placebo. An inactive substance is a substance without effect and also without side-effects, for instance plain milk powder. This is very relevant because double-blind studies are by many physicians regarded as 'proof' of the correctness of a medical decision or of the effectiveness of a medicine. R.P.Greenberg et al. [14] showed that most double-blind studies make use of inactive placebos. Time and time again this proved to have broken the double-blindness. Hence the results of the studies become strongly biased (among other things: [11], [15]). Actually, the side-effects (of which one is the aimed effect) perceived by doctor and/or patient as well as the subliminal side-effects (of the product studied, as opposed to the inactive placebo) suggest that a good and strong working has to

follow. For thousands of years this has been the main principle according to which medication had a healing effect. Nothing indicates that this principle would have disappeared suddenly in the present times. This makes that in a study by R.Thomson the discrepancy in effectiveness between tricyclic anti-depressants and an inactive placebo is definitely less big than in the set-up in which an 'active placebo' was used, i.e. a placebo *with* side-effects. In this study atropine was used [16]. This proves that side-effects definitely increase the placebo response substantially.

For a double-blind study it is even insufficient to chose any placebo that has a few physiological side-effects. It is also essential that the side-effects of the active placebo approach those of the studied product as faithfully as possible. ***Double-blind studies should as much as possible make use of active placebos.*** This is certainly the case for specific side-effects which are expected by a doctor (and a patient who has experience with products of the same category). An example of this is the fall of the blood pressure that occurs when getting up and that is caused by most antidepressants. Another issue is of course the question to what extent the use of active placebos is morally justified with respect to the testees in that study.

Who is susceptible to the placebo-effect?

Assume that you cooperated as a subject to a double-blind experiment for the development of a new medicine and you reacted very well to it. Afterwards it turned out that you were in the placebo group. In that case you may well feel betrayed. This is of course worsened when doctors have started to call you a placebo-sensitive hysteric or a sufferer from 'somatic hallucinations'. Hard to believe? Only a few decennia ago the chance to this was real. Labels stuck on such patients were: '... hysterical, neurotic, extrovert, introvert, docile, coquettish and not advanced'[17]. ***Susceptibility to placebo was formerly seen as an affliction.*** Other research showed that doctors considered placebo-sensitive patients as: less intelligent, less developed, more frequent neurotic, of a lower social class, more dependant, immature, impulsive, atypical, depressed, etc. [11]. However, more recent research shows with ultimate certainty that one and the same person can be very 'responsive' in one situation, but much less or not at all in different situations. This also implies that in case of

sufficient openness, the circumstances can be created for everyone in which he or she can react ultimately to a placebo (or any other form of suggestion). Nowadays it is generally accepted that typical characteristics of the 'placebo-sensitive person' do not exist. ***It is clear that everyone can react to a placebo.*** It is most obvious that under the correct circumstances everyone can react to placebo (or suggestion) to a high extent [18].

How effective is placebo?

F.J.Evans [19] studied 22 published scientific studies in which the effect of a painkiller was compared to placebo. He reached extraordinary results: the effect of the placebo in fact strongly varied with the power of the painkiller studied. Considering the whole spectrum from weak to very strong painkillers (from aspirin to morphine injections), to everyone's surprise the placebo always kept 55 to 60 percent of the power of the active product! This was more than the then generally accepted placebo working of 30 percent. In other studies Evans also found that placebos had 59 percent of the effectiveness of antidepressants (meta-analysis of 93 studies from before 1985). Later antidepressants are nonetheless regarded as not much more effective than former ones. Moreover, in those studies (and as today still in most studies) active placebos (placebos with particular side-effects) were hardly ever used, although they generally show an even greater activity than placebos without any side-effects.

It has now become clear that the placebo-effect can heavily fluctuate, depending on the method of administering of a medicine, and even on subtle variations in presentation. ***The degree of the placebo-effect is very variable.*** In this respect, capsules with colored dots turn out to be more placebo-effective than colored tablets, which in turn are more effective than white tablets with bands, which are more effective than round white tablets. Intravenous injections of the same medication is more potent than intra-muscular ones; intra-muscular injections are then more effective than oral administration. Two placebo-pills often score better than one. Bitter pills have more effect than tasteless pills. And so on.

The largest placebo-effect is seen to occur – very logically- there where the expectations are highest. In clinical reports of treatments that were generally accepted, but of which the only

working was afterwards proved to be placebogenic, very large placebo-effects are to be found. This way a substantial improvement was established with 82 percent (!) of the patients treated for angina pectoris with medication that later turned out to be ineffective [20].

The process of a new treatment (e.g. for angina pectoris or rheumatism) shows a frequently recurring pattern that gives a good illustration of the placebo-effect. Immediately after its launching onto the market the optimism is huge. With most of the patients (with an average of 70 to 90 percent effectiveness, e.g. in the domain of painkilling) a positive effect is then perceived. **The placebo-effect can be very big.** After that, 'skeptics' conduct better controlled studies under circumstances that minimize the placebo-effect. These studies show that the new therapy does not score better than a placebo (on the average 30 to 40 percent effectiveness). Afterwards the effectiveness of the medicine will slightly rise, so that the final effectiveness is somewhat higher than that of a pure placebo. Already at the end of the 19th century this pattern of initial but short-lasting effectiveness was recognized by the French physician Armand Trousseau; his advice was 'to cure as many patients as possible, as long as the new medicine still has the power to heal'.

Nocebo: placebo with negative effect

Suggestion in a broad sense can have negative effects. A proof of this, which we are not able to get round, is the domain of psychosomatics (this word means: psychological influences causing physical illnesses). The percentage of patients consulting their GP with primarily psychosomatic complaints is estimated at 40 to 70 percent. That these figures are so wide apart can be explained by the fact that different definitions of psychosomatics are used and that estimates about it are always rather subjective.

Nocebo-effects are frequent too. That medicines not only have placebo-effects but also nocebo-effects, has been confirmed in numerous scientific studies. Nocebo-effects can imitate the side-effects of plain medicines: nausea, vomiting, headache, even fluctuations in the blood pressure, pulse etc. It is a well-known fact that patients in a chemotherapy frequently vomit. However, many patients already start vomiting after a few chemotherapy sessions before receiving the medication. This too is a nocebo-effect.

Placebo and nocebo are omnipresent in the medical world and often occur together with medical treatment or medication. Nocebo-effects can even contribute to the placebo-effect, thus making the distinction very vague. This is illustrated by the fact that in double-blind studies the placebo-effect is much larger if the placebo is not an inactive substance (e.g. milk powder), but a product with side-effects that are detached from the desired effect. In a case like that the side-effects themselves heighten the suggestion that the product must indeed be very effective. Perhaps this explains the old familiar idea that strong medicines always have to taste badly? This is also the criticism sometimes uttered on double-blind studies in which a new medicine is compared to an inactive placebo. The side-effects do increase their suggestivity, causing the pharmacological working of the medicine in the end to be less substantial than is disclosed by such studies. In my view, the most important nocebo-effect in western culture is the 'learned helplessness' which actually implies that an individual can not look after his own health. Since this phenomenon is so widespread and because it is so important that you should resist it, I shall elaborate on it in the next paragraphs.

How acquired helplessness is established

Learned helplessness is brought about in several ways. **Learned helplessness can be instilled by others ...** Generally speaking a number of social prejudices have a large impact. Women for example are not able to take care of themselves in case of male aggression; they need brave knights to protect them. General ideas on health have this effect too. The individual becomes dependant on the available health care for the 'good life'. If an exaggerated importance is attached to this, we talk about 'medicalization'. Innumerable people are e.g. dependant on pain-killers or sleeping-pills and they have the idea that they are no longer able to live comfortably without these remedies.

... or by the person himself. Learned helplessness is also maintained by the *person himself*, for instance when he does not first try to reach a solution of a problem, and afterwards is left with the idea that he would not have managed on his own. Thus giving himself the strong autosuggestion that the situation is completely hopeless and therefore it has to be solved by others. But how is he to know that when he has not even tried himself first?

Unfortunately in the education much helpless behavior is needlessly being taught. As a child we all got experiences with situations in which we felt helpless and dependant on adults handing us a solution. A child remains, relatively spoken (when compared to other animal species), very long dependant on his parents. Hence there are many opportunities to learn helplessness. If this is insufficiently handled later on, a basic attitude of helplessness will last throughout life. Educators should much more take this into account.

Two kinds of experiences that induce helplessness. In general, learned helplessness can be sustained by two kinds of experiences:

- ° Experiences with important situations which one cannot handle. The suggestive influence coming from this can, after a few such experiences, be generalized to all situations in this domain. This implies the warning not to push children too much towards performances which they are not ready for yet, considering their age.

- ° Experiences with situations one can handle, but in which one is unnecessarily treated as if the situation were unmanageable. The self-realizing suggestion here being that one is not able to do it oneself and never will be. The person (child or adult) identifies himself as 'the one who cannot manage'.

Helplessness through imprints. Apart from experiences, *imprints* too can bring about a learned helplessness. These imprints are often a form of direct suggestion. When dealing with a child, you had better avoid imprints such as 'you cannot do it', 'you're a bad child', 'you're a "scaredy-cat"', 'you will never accomplish anything'. Every child that is sufficiently immersed in this from the mouth of authoritative figures, will also perform such suggestions in the end. Imprints can also be non-verbal (by small movements, spontaneous reactions etc.), which makes them – most probably- even more effective. Non-verbal suggestions of that kind are examples of indirect suggestions which are usually more effective than direct suggestions. Probably sex-related characteristics can partly be explained by this: everyone assumes that girls need help faster, while boys (have to) react aggressively faster. This idea can be seen executed in stories, children's programs on TV, etc. All sorts of adults' reactions are based on these presuppositions, especially when these grown-ups do not willfully think about it. All this together forms a very powerful suggestion to which children are almost incessantly exposed from

a very young age onwards. If toddlers affirm the cultural role patterns in their games and in their contact with each other, then this does not prove that these patterns should be genetically defined. In this respect toddlers have had years of effective suggestive influence.

Plenty of experiences, ideas and presuppositions lead to learned helplessness. To illustrate this I shall sum up just a few:

- ° The belief that illness can only be suppressed by a physician, or that only the doctor's actions can give 'decent' treatment, even if it makes one sicker in the end. If in addition that doctor also beams out omniscience and omnipotence, then the negative suggestion is extremely powerful.

- ° The assumption that the body is a machine that can in a relatively easy way be tuned as you please, with the help of a number of medicine buttons and therapy switches. This idea has been remarkably strong in western culture since Descartes.

- ° An unconditional belief in progress that will finally be able to solve all kinds of human suffering without the patient's personal involvement. In view of this faith all present medicines are considered as precursors of that promised land. And as such they are worth almost every investment. Pharmaceutical firms are the miracle workers who have to fulfill this promise.

- ° The remolding of normal human conditions (e.g. a normal dose of stress, a somewhat crooked nose, [too?] small breasts) or events (e.g. a normal mourning process that is treated with tranquilizers) into 'pathology' that is to be treated. For the latter, medicines or even surgery are presented as the only hope to attain this artificial ideal of perfect health. This is medicalization carried to the extreme.

The insight into how important this learned helplessness can be, in your life as well, is only interesting if you can do something about it. The next paragraph contains a few pieces of advice that can help you in transforming 'learned helplessness' into a 'learned ability to cope'.

How to discourage learned helplessness

In his thorough research with victims of the holocaust [21], A Antonovski wanted to find out why some victims were left with a lifelong psychological trauma, while others suffered a great deal

less. He reached the conclusion that the major distinctive factor between these groups was to be found in the possibility of bestowing a meaning to the awesome experiences. The individuals who were able to place their experiences in a broader meaningful totality (such as their religious belief), had apparently less difficulty in distancing themselves from it. **Having a life goal heightens resistance.** Antonovski used the term *sense of coherence* to indicate the positive suggestion that everything has a purpose and a meaningful context. This sense of 'coherence' heightened the ability to cope in these people and hence their resistance against the psychological trauma.

The same is true for the study by M.A. Visintainer et al. which is discussed in the next chapter. This study concluded that the increased resistance against cancer with rats that were able to escape electric shocks was attributed to an increased ability to cope.

Self-efficacy according to Bandura. A. Bandura [22] distinguished four processes according to which the feeling of self-efficacy can be enhanced:

- ° Earlier experiences of success. Real experiences. Some meaningful advice: don't avoid difficult situations too fast and make sure that you are not without prospect in a difficult situation. Look for situations in which you have a fair chance of being victorious over yourself, on condition that you do a serious effort. Afterwards take your time to enjoy that victory. This is not only pleasant, but also very healthy.

- ° Imagined experiences. With the use of visualization you can imagine difficult situations. By then seeing you reach a successful solution your own idea about your ability to cope will be increased. An advantage is that you don't have to take any real risk. Another advantage is that you can repeat this exercise as often as you want to.

- ° Verbalizations. Rationalizing about what you can gain in difficult situations will enlarge the feeling of managing those situations well.

- ° Interpretation of the present physiological condition. An emotion of excitement before a daring situation can be interpreted as fear or as readiness for the challenge. Naturally the second interpretation leads to a heightened feeling of coping.

In contrast to learned helplessness, learned ability to cope will restore your confidence in yourself. This offers you the opportunity,

the freedom to heal in a natural way; to 'heal', become whole, a person standing as one unity in the world. This at once radiates a forceful energy. It can quickly be sensed that such a person can accomplish a lot, at the level of the own health as well as in other domains: emotionally, professionally, financially.

Having faith in yourself does not mean that you stick – at all cost – to the idea of having 'control' over yourself. **Balance between your feeling of control and your feeling of required control.** Self-confidence depends on the right balance between your feeling of control and your feeling of *required* control. For the rest it mostly depends on your own personality. Perhaps you don't want much control in certain aspects of your life and this makes you feel well. This too indicates self-confidence.

In all you do you should take enough time to give yourself at least the opportunity to reach smaller goals and to enjoy it. If you have a larger aim in mind of which the end is not immediately in view, you had better divide it in smaller aims and make use of the small successes to motivate yourself on your way to the bigger aim.

A positive expectation is very important. Make use of 'positive expectation'. Imagine having reached the goal already. In giving up smoking for instance, you visualize yourself as someone who has stopped smoking for some time. Don't consider this as self-deception, but as an autosuggestion, a communication thus with yourself. Your proposition 'It will be like that' or even 'That's the way it is' in fact means: 'I want it to be like that'. If you don't succeed then, there is no need to become demotivated. It was a communication, nothing more. You just start all over or you choose smaller targets. Don't feel guilty of a feeling of 'false hope'.

Summary

The placebo-effect is the effect that every medical treatment can have, not brought about by its own specific working, but by the *suggestion* that it would have such a working. Hence every placebo is proof of the mental power which every individual can use in becoming and staying healthy. Under the correct circumstances everyone is sensitive for the placebo-effect. The part of placebo in present western medicine varies from 20 to 80 percent of its total effect (i.e. of the difference someone apperceives after taking a medicine, compared to what the same

person would experience if he takes nothing at all). This effect has been confirmed in thousands of double-blind studies; nevertheless, placebo is not really applied deliberately in western medicine. The deliberate use of a placebo implies that the patient is being deceived one way or the other. Hence autosuggestion is a way to attain the 'placebo-effect' without the 'deceit' inherent in a placebo.

Learned helplessness impedes psychological self-help. Unfortunately, in western culture countless factors lead to this. However, every one of us is able to work at the opposite, namely learned ability to cope, as well with himself as with his children and people who ask for help.

8. A FEW FACTS ABOUT THE PSYCHOLOGICAL IMPACT ON DISEASE AND HEALTH

Psychosomatics: the body that cries.

'Our remedies oft in ourselves do lie
Which we ascribe to heaven: the fated sky
Gives us free scope; only doth backward pull
Our slow designs when we ourselves are dull.'
(Shakespeare, *All's Well that Ends Well*, I.1.235-8)

In this chapter are gathered a few results of scientific research into the psychological impact on illness and health. This is all scientific research of the highest quality, published in the most renowned medical magazines.

The image we get from this research is of course very incomplete. The purpose of the chapter is to show the interested reader that with the current scientific knowledge the extremely important psychological impact on illness and health is a fact. The reader less interested in this matter can safely skip this chapter, as it is not vital for the understanding of the rest of the book.

Psychological impact on infections

In a prospective study with a hundred subjects it was concluded that stressful events in life four times more frequently preceded than followed throat infections which had or had not been caused by streptococci [23]. A large number of control-variables (under which sex, family size, past history of allergies) showed no correlation with the number of throat infections, but did show the degree of chronic familiar stress that was judged independently. Similar results were reached in a study with 235 subjects, conducted by N.Graham et al. [24].

Psychological stress makes you more vulnerable to

common colds. In a study by S. Cohen et al. ¹² a number of testees were infected with common cold viruses [25]. The incidence (percentage of new cases of an illness occurring during a specific period) of succeeding head colds was directly connected (dose response) to the degree of mental stress. A large number of other variables (such as age, sex, weight, alcohol consumption, education, diet, physical exercise, introvertness/extrovertness, season and allergies) had no impact on this incidence.

A study by L. Temoshok et al. [26] made clear that mental factors such as an optimistic attitude may lead to a slower progress from HIV-virus to clinical aids. Also in a study by Blomkvist et al. [27] an association was found between active-optimistic coping-behavior (behavior shown to resist a difficulty, an ailment or stress) and a longer time of survival with aids-patients. Other studies to the contrary do not point to a correlation between stress and aids. So far, the cause of this apparent contradiction in scientific conclusions is not clear yet.

Placebo-effect of surgery

Surgery is expected to have a strong placebo-effect. Patients are often very scared and cannot but trust the surgeon's competence and good care. This accounts for their state of strong dependence [2]. **Operations have a strong placebo-effect.** Operations are dramatic performances often preceded by a thorough preparation. The expectations of an immediate improvement are high-pitched.

Double-blind studies with surgery can now not be justified morally. Still, a few decennia ago a number of such studies have been conducted.

A specific surgical treatment of angina pectoris (cramp of the heart muscle caused by an oxygen shortness) often took place between 1955 and 1960, after two uncontrolled studies had 'proved' an obvious improvement in 68 and 91 percent of the cases. This treatment, applied on women, consisted of the binding of the arteria mammaria (the artery that irrigates the mammary gland). The explanation given was that the heart would get more blood this way. But then a controlled double-blind study was conducted, with surprising results: 67 percent of the cases improved after the complete surgery; 71 percent improved after a simple incision of the skin. Now a similar experiment would of course no longer be justified morally and judicially. As a

consequence, this type of operation was at the time abolished right away [11].

More recent is one study in which various other studies on sciatica (low back pain by entrapment of a nerve at the level of the spine) were looked upon together. In these studies a total of 346 patients were operated on for hernia without a real hernia having been found during the operation. With these people no real surgery was conducted; still 37 percent of these patients were completely without symptoms afterwards. This is completely attributed to the placebo-effect of the operation.

Psychological impact on asthma

In a study by C. Butler and A. Steptoe the inhalation of a neutral product combined with the suggestion that it would close the bronchial tubes brought about clear asthmatic symptoms, and even induced a blatant attack of asthma [28]. In itself this can seem a surprising conclusion, but the true amazement came afterwards. ***The same placebo-product can start and stop an attack of asthma.*** It turned out that the asthmatic symptoms no longer occurred when the same subjects first received an inhalation with the *same* product, only this time combined with the suggestion that it was a powerful medication for asthma! It was also obvious that the subjects' reactions in this study were not caused by stress. The only variable that could be responsible for the effects in this study, was (auto)suggestion.

Already in 1953, the famous psychologist B.F. Skinner had a deep insight into the close relationship between the psyche and the evocation of an asthma attack: 'An asthmatic attack is not the result of fear, but is part of it. There is no mental condition causing physical symptoms. There is only one complex condition from which the concept of "fear" can be abstracted.' [29]

Psychological factors in heart diseases

Various studies show consistently that feelings of fear [30], depression [31], anger [32] and hostility [33] are associated with a heightened incidence of cardiovascular diseases.

E.C.D. Gullette et al. 's study [34] revealed that mental stress in

daily life too – with among other things feelings of stress, frustration and sadness – more than doubles the risk of cardiac ischemia (lack of oxygen in part of the heart muscle) in the following hour.¹⁴ Positive emotions (such as joy, a feeling of control) were, although somewhat slighter, correlated with a decrease of the risk. Mere excitement, without taking into account the specific feelings, appeared - somewhat surprisingly maybe – not to show any correlation. ***The influence of stress on heart diseases is very complex.*** The latter illustrates what has been brought to light in various studies: not stress is the cause of illness or health, but the feelings and meanings that are linked with stress. Stress in itself then merely functions as a catalyst. The final impact is defined by other factors. Studies that ignore this (most studies thus about the influence of 'stress') become most dubious because of this conclusion.

Important in this study is also that it explains that not only strong emotions can lead to an increased risk. The authors conclude that specific interventions that lessen mental stress are essential for these patients, also due to the fact that the traditional anti-ischemia therapy with beta-blockers has little impact on ischemia by mental stress.

In one of their articles H. Benson and D.P. McCallie discuss five totally outdated treatments for angina pectoris, of which three medicinal and two surgical [20]. All five are known to have not one specific effect. Still, in their hey-day (in the thirties and fifties respectively) they have been presented as very effective for years. Thirteen optimistic studies of 1187 patients in all noted an improvement of 82,4 percent (considering a standard deviation of 9,7) for these five treatments taken together. An exceedingly high score for pure placebos!

Psychological factors in infertility

Stress can influence fertility Psychological distress (stress with negative consequences, e.g. a huge quantity of stress which the individual cannot manage) is by many scientific authors accepted as a factor contributing to infertility [35].

Stress can influence fertility: in the woman through chronic anovulation (not occurring of a normal ovulation) and menstrual disorders [36] ; in the man through a diminished number and a decreased quality of sperm [37]. A lot of knowledge has been

gathered about the exact neuro-chemical mechanisms that function as intermediaries between stress and reproductive functions [38].

This may also explain the recurring phenomenon that couples with fertility disorders after years of (most stressful) attempts at pregnancy – among other things with hormone treatments – are suddenly blessed with parenthood, shortly after having given up all treatments. One may wonder if the problem was not partly maintained by the stress of the therapy (and the feeling of helplessness attached to it). Anyway, with couples who have fertility problems, plenty of attention should be given to psychological factors. Of course these people should not be burdened with the idea that they themselves would have ‘guilt’ in their infertility. This implies a sensitivity which, unfortunately, is sometimes hard to find in the medical world.

Psychological factors in dermatology

The skin is traditionally regarded as the ‘mirror of the soul’, think of normal changes such as blushing or becoming pale at certain emotions. This may correspond with the fact that, from the embryological point of view, the skin is created from the same tissue as the nerve system. What probably matters is that the skin is the most ‘accessible’ organ of the body, keeping in mind scratching, rubbing, chafing, picking etc. Moreover, the skin is visible for others, making it a direct means of communication. ***Lots of skin diseases are influenced by psychological factors.*** Countless dermatological diseases are now also scientifically considered in the broad context of genetic predisposition, personality and biopsychosocial factors. In addition, a more refined diagnosis will certainly cast more light on these associations [39].

Skin diseases which are definitely also caused, aggravated or maintained by mental factors are among other things: neuro-dermatosis, pruritus, hyperhidrosis, atopic eczema, herpes zoster, psoriasis, alopecia, rosacea, urticaria, trichotillomania, acne and seborrhea. In this frame it was also revealed that various psychotropic medicines can influence dermatological conditions, among which sedatives, antidepressants and antipsychotics. A number of studies clearly prove a certain influence of the following factors: stress, fear disorders, emotional disorders, social support and specific psychological or personality factors (such as

perfectionism, hostility or a low feeling of self-value) [11].

It seems only right to give a word of warning here. If someone suffers one or other skin disease, this is not necessarily a result of an 'abnormal mental disorder'. It is rather so that with some people the skin is intensely sensitive for normal mental factors. With others this could be the case for the stomach and the intestines, the autonomous nervous system or something else. A psychiatric disorder does not occur more frequently in people with skin diseases than in the average population. The first category can on the other hand use mental powers to employ a positive influence on their symptoms as well as on the causes behind. Let it be clear that this is not possible by mere willpower or 'positive thinking'. What is needed is the following: communication with the self; suggestive performance; integration of the symptom-as-symbol in the total personality. The major aim of this book is to point out that this belongs to the possibilities, and that it is even within everyone's reach.

Psychological factors in diabetes

Several studies have revealed that the blood sugar content can as well be increased as decreased by stress. This effect has been noticed with healthy people and diabetics alike. In animal studies it was also shown that stress in itself can heighten the chance of temporary and permanent diabetes type I [40] and type II [41]. A well controlled study showed that human diabetics had gone through significantly more serious stressing events in life in the three years before they were diagnosed [42].

Relaxation exercises with diabetics give mixed results. *The influence of stress and relaxation on diabetes is yet largely unknown territory.* In a study by Surwit et al. a clear improvement of the blood-sugar content was spotted in a number of diabetics type II. This study also predicted the degree of improvement on the basis of psychological variables [43].

Effect of placebo and relaxation on migraine

In a study by S. Shee et al. [44] 67 patients with moderate to serious migraine were followed. They were all administered an oral placebo. Of these patients 37 percent experienced an

improvement of their headache within two hours after having taken the placebo. Moreover, 48 percent improved within four hours. These percentages are much higher than with patients who did not receive medication.

The preventive influence of placebo on migraine has been investigated as well. In a study by R. Kaniecki [45] the frequency of migraine attacks was seen reduced with 19 percent (6/32) in patients treated with a placebo.

The possible psychological influence on migraine mounts to more than 40%, and possibly much more. Relaxation and treatments enhancing stress resistance appear to be effective for the majority of the migraine patients. The effects of such treatments usually remain longer than one year [46]. The combination of relaxation training and thermic 'bio-feedback' is even more effective and reduces migraine-like headache with 41,3 percent averagely [47].

Rheumatic arthritis as a psychosomatic disease

Psychosocial factors are essential for the process and the treatment of rheumatic arthritis. ***The psychological influence on rheumatic arthritis is clear and big.*** Important events in life lessen the symptoms, whereas a negative state of mind and small irritating events clearly intensify the symptoms [48]. Psychological variables influencing the pathology are among other things: pain; religious belief; expectation pattern; functional handicap [49].

Cognitive behavior therapy – using cognitive strategies – lessens the pain and improves the way in which negative aspects of the illness are handled [50]. Another study reported a definite link between the heightening of stress-resistance and self-confidence on the one hand, and the rheumatic activity, pain and depression on the other [51].

Psychological impact on cancer

M.A. Visintainer et al. conducted a study with rats which were, after implantation of a tumor, whether or not administered electric shocks from which they could or couldn't escape [52]. Afterwards

the number of rats that rejected the tumor (and thus were cured) was checked. The ratio of rejection was the following:

- ° 63 % for the rats that could escape the shocks;
- ° 27 % for the rats that could not escape the shocks (and received as many shocks as the first group);
- ° 54 % for the rats that did not get any shocks.

What is more, the mortality for the second group was twice as high as that of the first one.

For rats, a subjective feeling of control has a marked influence on tumor growth. From this it can be concluded that with these rats a feeling of lack of control led to a diminished rejection of the tumor and to a decreased chance of survival. Thus stress, combined with a feeling of helplessness, can literally be lethal!

Also worth noticing is that the first group – with shocks and thus more stress – performed better than the third group which did not get any shocks at all. Most likely the conquering of a threat has a cognitive meaning for these rats. The obvious conclusion being that a feeling of self-efficacy has for these animals (which are supposed to be less complex emotionally and intellectually than we are) an important impact on the prognosis of cancer!

L.S. Sklar and H. Anisman induced mastocytomas in male mice by injecting cancer cells after these mice had gone through social and physical stress [53]. Abrupt changes in social conditions were responsible for a clear increase of cancer (size of the cancerous tumor and time of survival after the injection). The social isolation appeared to increase the tumor in mice that had been raised in a group, but not in mice that had been raised in isolation, and vice versa. The behavior of the mice itself was able to influence this more or less: there was no increase with mice that expressed their aggression in frequently fighting. Social conditions also had an impact on the growth of the tumor by physical stress: small electric shocks at their feet made the tumor grow with mice living in group, and decrease with socially isolated mice.

The conclusion is indisputable: there is no uniform relationship between stress and the growth of tumors. ***The concept 'stress' is much too vague to uniformly denote its influence on cancer.*** This relationship is under complex influence of coping-response, chronicity of stress, type of stress, social conditions and their changes, and social past history/experience – even with relatively simple creatures such as mice. Research into the carcinogenous

impact of stress in people has to take these factors strictly into account (something which is, unfortunately, often too poorly in present research).

Many studies have already been conducted into the possible influence of psychosocial stress on breast cancer in human beings. Together they point at a relationship between seriously stressing events in life and the origin of breast cancer [54]. This is by no means necessarily a *causative* relationship, although the results strongly point in that direction.

In a first study by C.L. Cooper et al. [55], a strong correlation was found between the seriousness of the breast cancer if they particularly looked at the perception (emotional and intellectual interpretation) of stressful life events by the woman. The correlation was the biggest after events related with a loss or an illness in herself or a personal relation. Away from this, the correlation was also larger in women who thought they had no control whatsoever over the negative events that happened to them.

A second study [56] revealed a straight correlation with personality factors such as patience, thoughtfulness, introversion, with little ambition and competitiveness and few social contacts.

A third study [57] mainly studied coping behavior. Positive correlations were found (mutual dependence or manipulation) with strategies as denial and internalization of problems, with a weaker expression of emotions and with the rarely looking for help with family or friends. There was also a positive correlation with the not using of strategies to handle stress.

Many findings point to a possibly very big influence of the psyche on cancer by humans. Taken together, all these conclusions indicate a considerable impact of mental factors on the prognosis of breast cancer. For certain other forms of cancer (for instance a specific skin cancer [58]), scientific studies point in this direction too.

9. TWO APPROACHES OF BEING-HEALTHY

*A perfect health can only exist
with perfect – and thus non-existing – people*

What being-healthy is not

Health can be considered as the absence of illness. It has often been defined as such in the past centuries. A modern definition of the World Health Organization (WHO) clearly shows another view: 'Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'.¹⁵ **Being healthy has a broader meaning than just the reverse of being sick;** It is realized that health is linked to 'being-healthy' in different domains. However, the definition does not give a picture of what exactly is to be understood with this being-healthy.

As opposed to an intuitive idea, 'illness' is closely connected with health. **In a certain way, illness can be seen as a useful part of health.** In order to function well, the human defense system needs to be exposed regularly to diverse stressors. Fortunately, there are continuously small infections and inflammations to be wiped away; fortunately there are continually own cells that do not function properly, or that are old and therefore need to be demolished. Mentally too, a health without small fears, neuroses, fixations etc. is not possible. Everyone's individuality is mainly built up from such small 'imperfections'. Body and mind aim at a balance that is constantly being broken and restored.

A pianist friend once told me that if you analyze the playing of even the greatest pianists with the help of a computer, you will see innumerable 'mistakes'; small ones but also bigger ones. If you correct these mistakes with the computer, your score will be faultless, but... all life will have disappeared from the music!

Something similar happens in all domains of our health. A perfect health is not human, not only because it is not feasible, but also because the two are *incompatible*. It is just that it is not nature's (or

call it God's) intention to attain 'perfection' in natural creations. A 'good enough' amply suffices in most cases.

In the next two paragraphs I describe from two personal viewpoints how a health definition as the one by the WHO can be complemented. Don't consider this as the 'ultimate truth'. In fact it is good that the WHO-definition remains vague, thus permitting everyone to fill in for himself an ideal of health in a creative way. Anyway, a few examples of such an interpretation can do no harm.

It is interesting for you to reflect on this and to form your own idea of what health means to you. This gives you power, as it gives you an aim at which to focus your self-help and autosuggestive capacities.

Being-healthy = being able to enjoy

Health as idealized picture of a condition without illness is unattainable. The strive for it can lessen the enjoyment or even make it impossible. This seems very obvious, but it still has many people making their lives to a burden unnecessarily. They want a 'perfect' cholesterol proportion in their blood and feel guilty when they have something tasty but fatty to eat for a change. With the least physical complaint they start panicking and they have difficulty believing their doctor's reassuring words. While always looking for the 'healthiest' lifestyle, they forget that one of the healthiest things they could do is simply enjoy themselves.

The prevention and treatment of illness should be no aim in itself. Don't get me wrong: I don't say that you should live from one day to the next, stacking everything that's unhealthy. I mean that health only matters in function of other goals. Personally I find 'enjoying' a good aim. It can also be filled out very personally. If you agree with this, make sure you enjoy now *and* that you have enough health left to go on fully enjoying in the future.

To me, 'enjoying' is first and foremost: appreciating life as it comes. ***Enjoying is accepting and appreciating life, but also choosing for what life brings to you.*** This is not synonym to waiting fatalistically what life will bring you. Caring for the own health is part of that what modern man is entitled to. It is part of his way of being human. Caring for my health belongs to life as it comes to me and which I want to delight in. Of course calling in medical science is also part of it.

Nevertheless, the shoe starts to pinch as soon as that medical

science is being used in an improper way. The individual in need can learn to see himself as a failure as long as he does not comply to an artificial image of being-healthy. In a consumption society as ours the difference between enjoying and being dependant on an absurd number of industrial products – among which are plenty of medical-diagnostic and therapeutic means -can quickly fade. In his appeal to this the individual can be driven to the idea that enjoying is only possible in a state of perfect health. The enjoyment is then postponed until that state of perfect health is reached, in other words: enjoying is postponed forever. This way, any health worker who participates in this, becomes an ill-maker himself!

To me, being-healthy means: to feel life flowing and to feel myself alive in times of joy as well as misery and pain, not fearing illness but enjoying what I now have, my hope for the future and my memories of the past. 'Now' is the only moment *at* which I can enjoy, but that of *which* I can enjoy is endlessly big and eternal.

Being-healthy = being able to change

Health is not possible without a continuous adaptation to changes of the internal environment (what happens inside my body) and external circumstances. When an adaptation passes well, it will be the cause of a better health and a larger capability of adaptation in the future. This is what mostly happens in case of a small infection or a slightly depressed feeling. If the individual cannot manage the adaptations, they will be the cause of a specific disorder: a clinical infection or a real depression. ***Change and adaptation can make you healthier in the long term.*** These too can be conquered and they can reinforce the individual, especially if the triumph is obtained through his own power (which can of course be helped or stimulated).

If the adaptations continue to fail, then the changes are cause of a more general ill-being which is translated into a reduced resistance of further changes. The immunological defense becomes unsettled. The psychological defense falters. In the end the individual drops out. He becomes chronically ill, chronically tired, a chronic-pain sufferer. A diagnosis of 'chronic fatigue syndrome' can then come morally as a rescue. However, at the personal level – in so far that it takes away the own responsibility for the major part – it often means a catastrophe.

Someone can change at the surface and for example stop

smoking or lose 15 kilos overweight, but has that person therefore automatically become a 'non-smoker' or a 'healthy eater'? ***There is a big difference between a superficial and a deep change.*** I don't think so. The smoker and the over-eater have not disappeared; they nurse a continuous unhealthy tension. A true change goes much deeper than the mere behavior or merely an idea about oneself. Moreover, the smoker has every interest in becoming a non-smoker, even *before* he actually stops smoking. This is further discussed in the chapter on giving up smoking.

A true change does not leave the subconscious alone. It involves a change of the total personality. In the present western culture this is looked upon with some suspicion at first sight. A 'change of personality' is usually not on the repertory, not even with psychotherapy. It is considered as something extremely difficult. How can it then be so simple as I make it appear here? Well, simply because I start from the enormous possibilities offered by autosuggestion. These possibilities are in almost all of medicine and psychotherapy *not* used explicitly. Implicitly (without the patient nor the therapist being aware of it) it is used very frequently. Probably implicit autosuggestion (i.e. the patient himself) is even the most used and the most efficient cure of all times, including the present!

Through good use of autosuggestion, a deep change becomes more possible. Nevertheless, an implicit use of autosuggestion is little organized and relatively little efficient. By opening it and studying it for what it is, you can learn to use autosuggestion in a more powerful way. At the same time this openness returns the power (and the responsibility) to where it belongs, namely to the patient himself.

For someone who is willing to use his own strength in sickness and health, being ill is an 'activity' carrying a responsibility, namely not just to become healthy again, but to become healthy in the 'right' way. This implies *always* listening to the illness as the possible carrier of an important message. This responsibility should not lead to feelings of guilt, but instead strengthen the person each time he takes up his responsibility.

A serious wish to self-change is unavoidably linked with self-acceptance: accepting oneself as the person from before the change. This seems to be a paradox: accepting oneself and still wanting to change. Well, I even want to go further: *there is no other way!* Of course this does not mean that you should first adore your overweight before being able to lose it, or that you

should first totally comply to your smoking behavior before being able to quit it. Self-acceptance means that you are open to your whole person, hence also to what may arise from your subconscious. **Self-acceptance is also the acceptance of your own will to change.** In so far as your wish to change really belongs to you (and not to an idealized image with which you don't feel 'at home'), self-acceptance is also the acceptance of this aspect, the wish to change.

The contradiction is thus solved: self-acceptance implies that you accept yourself completely as you are, your wish to change included. No battle is waged with the self. That one direction that is ideal for the total person is being looked for by means of the dialogue. This direction being the change you have always wanted, one way or another. Beware: it might be a change that leaves everything as it is at the surface! The 'change' is then to be found in the attitude you take towards yourself. Perhaps finally your weight may not change, but you simply learn to realize that you are contented with your current shape. I can guarantee you one thing: if, by means of autosuggestion, you learn to communicate with your subconscious in a reasonable manner, you *will* one way or the other change into someone who is more pleased with him/herself.

Being-healthy in illness

It belongs to the present medical philosophy that health and illness are not compatible with each other. How could it be otherwise, if you have to fight every form of being ill in order to be healthy. If the absence of an illness is regarded as a condition for a 'perfect' health, then the ideal is: the sum of a state of illness + the healing of that illness. However, what happens then to chronic, incurable diseases and to fatally ill people? Are these people doomed to a state of inferiority for ever?

No, this attitude is completely unacceptable. The actually very strange idea that being-healthy is only possible in a state without disease, makes that no one is really healthy. A medical joke suggests that the definition of a healthy person is the following: 'someone with whom insufficient examinations have taken place so far'. Behind this hides a big truth, because if the physician does plenty of examinations, he is bound to find something 'not right' and 'treatable' in everyone. But also someone with a clear

handicap or illness should not be excluded from a 'human' definition of health. *Even* in a state of medically diagnosed illness (such as cancer, aids or paralysis) you can be 'healthy' on condition you are able to enjoy or change, or whatever it is that makes you feel 'healthy'. **Someone with a very serious illness can at the same time be 'healthy'**. I don't pretend this is easy. Neither am I saying that I, who to my knowledge do not suffer from a chronic disease at present, would be able to continue to feel 'healthy' without any problem. But I realize that my 'health' finally is something what I define myself, and I know that in this definition I can and may have a large freedom.

Thus if you are a 'chronic-pain sufferer' or even a cancer patient, you should know that you are not excluded from being-healthy after all. Health does not depend on an idea that is by the way always culturally defined.

To make it even clearer and more penetrating: every doctor with a number of years practice experience has probably at least once witnessed the dying of someone who lucidly and serenely said goodbye to life and his loved ones. After a death like that the relatives stay emotionally close to the deceased while there is a feeling of a certain 'growth' because of the event, a growth that also brings the relatives closer to the mystery of life and death. The meaning of this is something huge, namely that 'being-healthy' can actually be stronger than death!

In addition 'choosing for health' has another, more practical importance connected with the suggestion that comes from it. The phenomenon is known and scientifically studied that people who, after a diagnosis of e.g. cancer, lose courage and take up the sick role, have a larger chance of a bad prognosis. The same applies to people who suffer from other chronic diseases. Anyone who takes up the sick role has literally a larger chance of getting more and more ill. How this works in medical-physiological terms is not really clear.

It is a fact though, that whether to choose for health or not implies to a large extent a self-fulfilling suggestion.

Summary

Illness can somehow be considered as an essential part of health. At the same time health is more than the absence of disease. What that 'more' may be, can be filled in by anyone in a

creative manner. Being-healthy could e.g. be considered as the possibility to enjoy all aspects of life. Next to this, being-healthy can be seen as the opportunity to change, to adapt to ever changing circumstances, to grow as a total person towards a state of bigger contentedness and happiness. Reflecting for a moment on what being-healthy means to you, could help you to better aim your own mental power.

Being-healthy is not incompatible with a state of illness. Being-healthy is something you can partially choose for yourself. 'Choosing for health' implies a suggestion that in itself can be important for health itself.

Part 4: AUTOSUGGESTION APPLIED ON SPECIFIC DOMAINS

10. WORKING ON SLEEPING DISORDERS WITH THE HELP OF AUTOSUGGESTION

*In every night's rest treasures are hidden
that we can't imagine at daytime.*

Martin, a 45-year-old man, looks end 50. He still lives with his mother, who is a very bossy woman. I see them regularly together at my consultation. Neither of them ever comes alone. Each time both have small complaints. Especially the mother has a thousand-and-one complaints and one could ask oneself how much warlike effort it takes her to keep looking after herself and her son in spite of all that.

Martin chiefly suffers from recurring stomachache. Mother and son have suffered from sleeplessness since a very long time. Each night they take a sleeping pill. This is sacred to both of them. It is something like the 'ultimate remedy that keeps them from a slow sleepless death'. The only thing I can do is refrain them from increasing the dose.

When the above happened I was still a GP and had little knowledge of autosuggestion, to the detriment of myself and my patients.

Better not take sleeping pills

Too many people are inclined to take a sleeping pill each night, as if they would not be able to sleep without the little pill. And they are more or less right ... for a short while. This is because they have forgotten how to fall asleep in a spontaneous way. When used daily, the chemical working of sleeping pills lasts only one or two weeks. **Chemically, sleeping pills are effective only for some weeks.** (Provisional results show that this could be different with the latest medicines.) After that period you will sleep as good or bad with a pill as before you started using them, i.e. chemically speaking. In addition there is of course that working which we discussed earlier on in this book: namely the placebo-effect. The expectation that the sleeping pill works, acts as a strong suggestion.

Why is it important to know this? Isn't it important then that it works, no matter how? Well, in the first place sleeping pills create a learned helplessness this way. The user feels helpless and dependent on the 'cure'. This learned helplessness can further influence on other aspects of the health (cf. § 7). Secondly, sleeping pills are not without side-effects. Older sleeping pills oppressed the REM-sleep – the stage in which we dream. That way it is possible that you dream less, which causes you to become rather touchy during the day and upsetting your emotional balance in the end. This could, in its turn, result in more chronic pain complaints or in a 'hidden' depression. More recent sleeping pills rather oppress the deep sleep than the REM-sleep. It is not clear what the consequences of this are in the long run. Furthermore, each category of sleeping pills has a number of side-effects you'd better be aware of.

Use sleeping-pills as little as possible. Thus: use sleeping-pills as little as possible and only for a brief period. Try to reduce the dose as quickly as possible. If used more than a few weeks, they may enlarge your problems. You will forget how to go to sleep naturally and other symptoms may occur that have seemingly little to do with the sleeping pill.

How much sleep do YOU need?

Some people who complain about sleeping disorders, have in fact no problem in this field. They simply have a wrong idea about

the number of hours of sleep needed for their health. This varies from person to person and over the years. Most people require between six and nine hours a day. We should not forget the hours that may be spent in the arms of Morpheus during the day. Having a siesta is by no means unhealthy, considering the many southerners who have a daily siesta and who are in a perfect condition.

Actually the only thing that matters is that you feel restful when awake. ***If you feel restful when awake, you do not have a sleeping problem.*** I've had a few patients who claimed that 4 hours were sufficient for them; for the rest these people were in good health. Next to these there were patients who found they needed at least eight hours of sleep a night, if need be with the help of a sleeping pill. By complying with their request for a recipe for sleeping pills, the doctor in this case helps the patient in turning a normal phenomenon into a medical problem. This is an example of 'medicalization' and learned helplessness. Try not to make a medical problem of your sleep, if possible. First of all try to find out for yourself if you do indeed need more sleep than is the case at the moment.

Negative suggestions that deprive you of sleep – and what you can do about them

'I am simply a bad sleeper.'

A few frequent varieties to this are:

'It is always the same. Throughout the day I am tired and at night I don't sleep a wink.'

'I've been sleeping badly for years and it will probably stay that way.'

'I've tried all kinds of things, but nothing helps.'

If you recognize yourself in one of these sayings, then they presumably apply to you, partly because you think them. By working on your sleeplessness with the use of autosuggestion you will notice that these negative suggestions each time apply less to you, and in doing so also automatically diminish their suggestive power. Don't worry too much and let them disappear out of themselves.

‘I will again lie long awake tonight, as usual.’

This is a very concrete and direct suggestion that continually affirms itself, thus gaining strength. Don't just turn the negative suggestion above into a positive one without having tried different ways to work on a better sleep.

Some people have the impression that they hardly sleep at all at night. This impression could be the result of a distorted time span. In a sleep laboratory, where the sleep is being measured with the use of an EEG, it is often found that these people have frequent short periods of lying awake, but that they globally sleep a sufficient number of hours. In their perception, however, they lie awake 'almost' the whole night.

You are also able to negate this suggestion on rational grounds, although you have the impression that it is correct. If you think it's worth the trouble, you could discuss with your GP whether you could take a test in a sleep laboratory. There it is possible to compare your subjective impression with the 'truly' achieved hours of sleep.

‘I can't sleep when I hear noise.’

Don't do your best to sleep throughout the noise. The more you fight it, the stronger the energy becomes that refrains you from sleeping. You can build a fantasy in which there is room for the noise. Night trains become means of transport that carry 'sleep' and sprinkle it everywhere. The whole world becomes a place where deep sleep rules, throughout the night. Street noise becomes a distant background which acts as a sounding board for the silence of the bedroom. Practice this at an ordinary relaxation by using background noises in order to relax more deeply.

‘All those problems I have during the day keep me awake.’

Countless people take their problems from the day with them to bed, where they fret for hours without gaining anything, except a sleepless night. This brooding could after a while turn into a forceful habit. With specific autosuggestions you can practice not to do this, what is difficult without help. You could also write down your problems on a writing pad that serves this purpose exclusively, so you can be sure you won't have forgotten them the following morning. This makes it easier to let go of them in the evening and to resume them in the morning. You might give your subconscious the 'mission' to deal with your problems at night, without waking you up. This can neither be realized like that

without any help. You could try the following: embrace the idea of such an assignment each time before going to sleep, after which you let it loose again. After a few weeks you will be able to evaluate the result for yourself. The saying 'to sleep on it' implies that this is a strategy that people sometimes use spontaneously.

If you have been brooding for some time in bed, it is better to get up for a while or to read a book, until you feel fatigue strike. It is often advised to link the bed only to sleep and sex. That way the bed would keep its 'anchor function'. This is all well, but if you keep fretting in bed, this will work as an anchor in a negative sense. I don't see any harm in reading a book while in bed. For many people reading a while is part of the ritual they need to drop off.

'Pain always wakes me at night, preventing me from sleeping.'

Here are two problems that need some attention: sleeplessness and pain, two opportunities to ask your subconscious for help. You could work on the pain itself, or use it to improve your sleeplessness. With specific autosuggestions you could transform the pain from a well-defined area into less pain over a larger area, and this in turn into a commanding feeling of sleep for your whole body and mind. This is an example of a cognitive strategy. Of course it is not so evident for you to apply such specific strategies merely after having read the theories about them. A good therapist can be of help in its realization. In AURELIS you will find a large number of such strategies which you can learn while doing, with the programme as your coach.

'I've been taking sleeping pills for so long that I cannot do without.'

As mentioned previously, this is an often recurring example of learned helplessness. People who have been using their daily sleeping pill for years and then stop taking it, often (not always!) go through a period of enhanced sleeplessness. This is attributed to the physical habituation of such medication. However, it is in each case so that sleep will mend itself after this brief period to the former level. Scientifically, there is a 100% certainty that you can do without! Feel free to discuss this with the doctor who prescribes you the sleeping pills.

A positive approach through autosuggestion

Bring suggestivity into your sleeping environment

A pleasant bedroom is a good suggestion for a beneficent sleep. Show yourself that you are worthy of a sound sleep. The room in which you sleep should always be well-aired and sufficient shielding of light should be possible. Make sure the sleeping temperature is comfortable (slightly cooler outside the covers than in the living room during the day). The bed and the sheets should be comfortable, the lighting soft, and the trimming of your bedroom esthetic and restful. If feng shui seems a good way for you, then work on it. There is plenty you can do, and it all works very suggestively.

The suggestivity of a sleeping ritual

Many people need the support of a sleeping ritual. In principle, such a ritual can consist of anything: brushing teeth, washing or bathing, changing clothes. For some people, part of the indispensable ritual can be: to read a chapter of a good book ('pillow book'); a story before going to bed; a big hug; or even – and why not? – a good cup of coffee. All this again works very suggestively: because of the experience of the ritual being followed by a sound sleep, the expectation or suggestion that next time the ritual will again lead to a sound sleep, is strengthened.

As you see, suggestion is not merely limited to suggestive phrasing! The effect of preparation and sleeping ritual can be increased by letting the correct verbal suggestions act on you in a condition of sufficient relaxation.

Don't try too hard!

Many people have problems in catching some sleep precisely because they do so much effort for it. They think in phrases such as: 'O dear! I am still lying here far awake. It's always the same. I'll be exhausted again tomorrow if sleep doesn't come fast now. I have to drop off quickly now. Why am I such a difficult sleeper?'

You could play a game on the basis of this assignment: 'Find the six negative suggestions.' It will probably not be hard to find them, although you stay awake each night with a bunch of these 'keep-astirs'. But what is there to do about it if you don't recognize yourself in this? We have seen that it won't do any good when you actively retrieve these negative thoughts in order to convert them

to positive thoughts. This activity would only prevent you more from sleeping.

The only way to enfeeble these negative suggestions is by working with autosuggestion in advance to create a different expectation of sleep. This is not only possible by taking care of your bedroom and sleeping ritual, but also by specific suggestions or visualizations.

Anxiety is the pillow of sleeplessness

An anxious attitude to life is often a cause of sleeplessness, the more so in present times of change and insecurity. Fear of losing your job; fear of emotional suffering; fear of illness and pain; fear of aging; fear of loss of identity; fear of sleeplessness; and in addition also fear of future fear. Anxiety is the big fiend of a peaceful sleep, because, once you are afraid, it is difficult to let yourself go, to drift in carefree sleep. Falling asleep is withdrawing, from the past day as well as from the next day. For someone with a basis of anxiety sleep can be a black hole in which he has to jump, not knowing where he will turn up again. For someone like that the only way to end up in such a hole is to keep resisting it until he, having lost his grip on the day out of exhaustion, can only let himself get carried away. This frightening experience is repeated every night, thus reinforcing time and time again the suggestion that 'it will be the same tonight'.

If you recognize yourself in this, you should realize that your main problem may not be your sleeplessness, but your anxiety. It is then recommended to work thoroughly on your fear at any rate. Apart from that you can work on your sleep by reducing its awesome aspect. For an adequate night's rest sleep is – besides a strict minimum of a few hours – less important than a calm absent-mindedness. All the time you are in bed, fighting the black hole – while it is at the same time the place where you would like to go – you are busy with extremely tiring things. You had much better spend that time leading your attention from one thought to another, until your thoughts 'solve' themselves in a spontaneous sleep. In the meantime, take the rest you deserve as well as possible.

Visualizations, a few examples

Let annoying thoughts disappear behind a curtain

‘Let all your worries disappear behind your bedroom curtain. What is left, is a wholesome rest that invites you to sleep.’

Swatting annoying thoughts with a magic fly swatter

‘If you want to sleep really fast but annoying thoughts keep on disturbing your sleep, you can swat them with an imaginary fly swatter.’

To sleep in a sacred circle

‘Draw an imaginary circle or space around you. Inside this circle you are completely free of all problems that hamper your sleep.’

The safe spot

‘In your mind you go to a place you choose yourself, from your memory or fantasy. At this spot you place an anchor that will perpetually help you to fall asleep easily.’

Sleep spreading over you as a sheet

‘A ‘magic’ sheet comes over you. Everywhere you touch it, you feel an intense need for sleep enter.’

A technique: launching balloons and sinking into a deep sleep

Sit or lie down comfortably and spend a few minutes relaxing. Feel how with each breath a little tension can be removed from your body ...

✪

See yourself in thoughts lying on a large board ... To this board a number of balloons are attached that pull the board with you on it up. Each balloon carries a cause of your sleeplessness.

✪

And you can feel how all these balloons together pull you up slowly, preventing you from falling asleep, while you badly want to go down.

✪

Now imagine a pair of scissors with which you can cut the threads of the balloons one by one. Each time you cut a string, the

balloon flies away ... making the board on which you lie rise slower ... or maybe you stay at the same height or you start descending very slowly.



Now focus all your attention on this. Cut the strings one by one and feel how you become more inclined to descend. Relaxing deeper and deeper ... and closer to sleep ... closer and closer to a sound sleep.

11. YOU DON'T NEED WILLPOWER TO SLIM

There is a world of difference between being slim and being slim. The first is a one-ton rock, the second a flying carpet.

Maria has always been rather plump, although she was never really fat. Now, being 1m80 and weighing 74 kg she can't be called obese. Still, she has always been unhappy with her weight. She likes cooking and enjoys eating but there is always this feeling of sadness and guilt about her weight problem. She has already tried a few diets, without a lasting result, though. Over the years, she slowly gains weight. She once did a short course of treatment with slimming pills, but the side-effects worried her. She is convinced that she lacks the necessary willpower to become and stay as slim as she would like to be. She remembers going on a diet for the first time when she was a teenager. Her father had told her laughingly that she would not have enough willpower to succeed. In the meantime her life is constantly spoilt by this idea she has of her overweight. It is difficult to ignore the slim ideals on TV, in magazines and all around us. What is she looking for then ? She doesn't know it herself. Perhaps for a very structured diet she can follow from day to day. At the same time she realizes this is not a long-term solution. If she only was to have enough willpower to stick to it for the time being...

Are you always setting out for the promised land too?

Many people are continually on their way to the land of milk and honey **and** a slim figure. They are very often supporters of the 'yo-yo diet': with some effort in a period of strong willpower they are able to shed a few kilos that are quickly regained after a short while.

With clock-like regularity all kinds of diets are being invented.

About every ten years a new diet appears that beats all previous diets, a real world hit. However, ten years later it will almost completely have sank into oblivion.

So far not one diet has been able to stand the time. This is only logical, if you expect from a diet that it makes you lose weight. **Not one diet actually makes you lose weight.** A diet never *makes* you slim, which is rather obvious when you consider it for a moment. Still, salesmen of diets covertly make you take it for granted that their diet will give you that blissful result you expect from it. And as always, we have to endorse the fact that the idea that a diet 'works', can in itself be a positive suggestion ... as long as your belief in it lasts. So, if you want to put forward a new successful diet, you should spend as little energy as possible on the diet itself. Instead, spend a lot of time and money on its charisma, on marketing. As long as you can convince sufficient people of its working, it also has a (suggestive) working. The moment you feel that this working is coming to an end, you just start all over with another diet. You will undoubtedly become incredibly rich.

Another way to become incredibly and horribly rich (or should I say: a horrible way to become rich) is to invent a slimming medicine. It is unbelievable how new, so-called harmless wonder drugs are constantly being praised , while they are in fact very dangerous and do have every chance of side-effects. **Slimming medicines bear a huge chance of side-effects.** Of course it is everyone's right to put his health at stake for a higher goal. Should you decide to take this magic potion, make sure you are well informed about the real risks you are running. You could discuss this with your GP.

Another disadvantage of these slimming drugs is that they don't change you in the long run. It is the same as with symptomatic medicine: once you stop taking them, you will -after a while- find yourself at the same point you started from, not counting the money wasted and the possible side-effects. The positive aspect to this is that being slimmer for a while may enable you to create a self-image of a slender person. The negative factor is that you will associate this idea of slimness with medication, thus making you dependent while creating a self-image of someone with a small ability to cope.

Negative suggestions that establish your overweight – and what you can do about them

‘Slimming is difficult.’

The most negative autosuggestion and probably the most widespread is the idea that losing weight is difficult. Everything that could help you to turn this idea into the opposite, is of major importance. Don't try to do this as such, since it implies fighting yourself. You should assess this autosuggestion regularly during your journey to a slimmer figure, with the help of your total person. On this journey make sure you use every success to recognize the relativity of this negative autosuggestion. You may have experienced a number of attempts to slim that have each time reinforced this suggestion because they fight a war against the kilos. IF this is the case with you, then you know in advance that you will never win that war. You'd better be convinced of the fact that a diplomatic relationship with yourself will have much more chance of success.

‘I lack willpower for it.’

Many people, especially women, go through life with the self-image of someone without willpower, only because they do not succeed to comply with the ideal image of being slim. To those people the title of this chapter will probably seem the biggest contradiction they can imagine. And in a way this title is not totally correct, as in order to work with suggestion on a regular basis, some willpower may be useful. But apart from that ... Look at it this way: if the biggest part of you wants something badly and there are no contradictory desires, then willpower is no longer needed to reach your goal. You will no longer have to deploy your power to fight yourself.

Autosuggestion offers you an instrument to tune your own desires better, so they become a stream on which you can just let yourself float at that precise moment. A first step can be that you write down what you personally consider as the advantages and disadvantages of your pursuit of a slim figure. Seeing your own motives in writing will make it easier to come into contact with them. Then calmly visualize a future in which you have already reached the desired weight. Ask your future self which advantages

and disadvantages tilted the scales. Was it really worth the effort? Emotionally speaking, what helped you most in losing weight?

‘Dieting makes me nervous.’

To most women going on a diet means constant frustration. They even take it for granted that it is impossible without frustration. And if you are convinced that only a sufficient amount of willpower can make you lose weight, then this is indeed so. Periods of frustrated dieting will alternate with periods of delicious over-eating, which is the only thing that can make you forget the frustration ... until subsequent regret and guilt lead you to new frustration. For your subconscious too it becomes more and more clear: eating is bliss, dieting is dreadful. Less would make one nervous. In the end eating and dieting becomes an obsession that fills your day and spoils your life. You are frustrated when you eat and you are frustrated when you don't.

The first thing you need is a thorough reconsideration of your motives and of the emotions that you feel to be connected with food. Try to be as honest with yourself as possible without getting tough. If dieting makes you nervous every time, then your first problem is that nervousness itself. Learn one or more methods for relaxation and practice them regularly. Do some physical exercises, not to burn calories in the first place, but to let off steam. Another advantage of sport is that you can quickly feel the effect of having lost a few kilos of fat on your condition. This means success and the feeling of success is precisely what should replace the too familiar feeling of frustration.

‘Dieting doesn't help. We are all fat in my family.’

Obesity can be caused by a family disease. Discuss this with your GP. He will ask for a few tests when necessary. It makes no sense to repeat these tests if they have ever been done before. More frequent than genetic factors, the bad eating habits of the family and the exemplary function of the parents are the cause of overweight with children of fat parents. However, don't blame your parents for your current overweight, because this will only reinforce the negative suggestion (by assuming that your fat parents still have a lot of influence over you).

Imagine yourself in a future where you are slimmer. Then try out this idea: ‘In my family they are all fat ... except me’. What does this statement do to you? Are you still part of it? Are your parents proud of you? And you yourself? Will you be able to carry on

without constantly fighting yourself?

‘I’m still looking for the diet that suits me.’

You can search a long time for a diet that *makes* you slim. Take care that this is not what you want from a diet. The only thing that can *make* you slim, is you. Of course there are plenty of diets. As a doctor I feel I have to point out the following: the only thing that is effective in a diet is merely the amount of calories you burn. In principle you only need a calorie-chart and a calculator in order to find out how many more calories you burn than average and how much effort you have to put in, in order to lose 1 kilo of fat (8000 Kcal) a week. But a diet does more than just this: it also motivates. A diet that suits you is first of all a means for you to stay motivated in the long run, while you have the feeling you don’t ‘miss’ much. A short strict diet should be discouraged because it strongly links the experience of not-being-allowed-to-eat with frustration (although this will vary individually) and because it could damage your health when repeated regularly.

Not only pay attention to a diet but always focus on your own motivation to control your weight in the long term. Don’t wait for a diet to start working on this motivation.

‘I’m fat.’

At first sight this may seem a conclusion, but it is first and foremost a very effective suggestion. ‘Being fat’ is an attitude one adopts, part of the identity one creates for oneself. With this identity we live our life, we exist. After a while it has also become the identity of the one you once were, the one whose permanent memories you carry along. Very often these are very dear memories, of parties, or of snugly being together with friends and relatives. It is the identity of the one who has learnt to cope with all kinds of situations in life. But often these situations are also frightening, such as a long-term frustration at work or in the relationship which is made more bearable by eating.

Thus, ‘I’m fat’ means: ‘I am I, the one who’s fat’. The suggestion implied is that you can not be yourself, that you have to renounce yourself if you want to leave being-fat behind. It is similar to the thought: I will have to learn to live with it (otherwise I’ll die, or at least a little). The only way out from this overpowering suggestion is through self-acceptance. Of course this sounds more simple than it really is. Your environment could be of help, for instance by giving you attention, a listening ear, and warm sympathy when

experiencing a human problem. However, in the end self-acceptance is something you have to do 'yourself'. Point out to your environment that you appreciate their help. Point out to yourself that you especially appreciate what you do yourself.

Changing is human. Change is life. Changing is not 'dying'. Changing is not denying oneself, but respecting oneself, finding oneself worth to grow into a better 'me'. In order to do so you are also prepared to leave certain things behind, such as superfluous kilos of fat and a self-image in which you have invested a lot of energy for years. Beware: IF this change is what you really want. You should in the first place try to build up the necessary self-knowledge to do so. You could ask your deeper self that question by means of a visualization (for example seeing yourself in a future as a slim person). Try to avoid going too fast here. Your subconscious is not an instant-product. Try to find out what you want as a total person, with respect, patience and thoroughness. When you get an answer from yourself on this basis, you will find that you have put a big step towards a solution.

A positive approach through autosuggestion

Do you want to be a slimmer person?

The wish to be slim can also be interpreted as the wish to be content with your ('ideal') weight, while this ideal weight that would satisfy you, is lower than your current weight. You want to slim in order to be content with the slimmer figure you have at that moment. More basic than the wish to slim is the idea that you want to be happy with your weight. This could, in principle, be your current weight, although this is not the case at the moment. A possible result of a communication with your subconscious is that you become pleased with your current weight!

Of course you can have well-founded reasons for wanting to lose weight. It is a medical fact that certain forms of obesity are very unhealthy, especially when there are family-members who have metabolism disorders or cardiovascular diseases. Apart from this there is also the omnipresent 'idealized picture' of the hyper-slim woman, who as a matter of fact cannot really be considered as 'ideal' from a medical point of view. Taking into account the suggestive pressure that comes from it, it is obvious that countless

girls and women strive for the ideal picture and are willing to do anything for it. This pressure does not only come from outside (blame that stupid society, or better even: men!), but from inside as well. And I don't refer directly to the super-slim aspect, but to the will to have an ideal image and to strive to conform to this oneself. This is the way of the world, for male and female! Of course this does not apply to every individual: nature always takes care of ample variety! But it is an aspect one always has to keep in mind. The ideal image may also 'dip' and as it were take possession of someone. At the moment this happens with the slimming ideal, anorexia nervosa is born.

If you or a member of your family is frequently busy counting calories, slimming and the ideal of being super-slim, then communication about this is of the utmost importance: communication *between* people and communication *within* people. Needless to say this doesn't imply worming the latest secrets out of each other, and certainly not that you should have endless discussions to convince the other one (or yourself!) of a 'wrong'. Anyway, it is best to assume that neither intellectual nor emotional 'wrong' has anything to do with it. What matters in the end is giving and receiving love and all that directly results from it.

'Do you want to become a slimmer person?' then becomes: 'Do you want to receive love from yourself and from others and is it your opinion that you will get more when you are slimmer? Is this really the case? If you answer this unhesitatingly with 'yes', then I wish you all the success on your way to fulfillment.'

With autosuggestion you change yourself

I want to point out here once more that a suggestion is not the same as a positive thought. When I refer to an idea that works as suggestion, then I'm not talking about the idea in itself, something you can put on paper or computer and send to whoever. No, an 'idea' that works as a suggestion, is an intense, almost 'living' belief and expectation that is coupled with that idea. A 'suggestion' is not synonym to a sentence or a story in itself, but a living pattern that can only exist in a total personality. Computers will never be able to understand a suggestion, unless they will ever, in a far future, attain a complexity that will approach the human one. But that is a different story altogether.

Slimming is at the same time extremely difficult and almost absurdly easy. It is as in the case of a belief or a conviction that you want to change without being able to use reason. Once you

believe –for example in God and the dogma of the holy Trinity– it is very easy to continue believing, unless something happens that breaks your belief. However, deliberately choosing to believe, in an active and original manner, demands something far above the capabilities of the average person. This is an unbelievable, not to say almost incomprehensible paradox that can only be resolved by appealing to the subconscious.

It is not possible to choose deliberately to become overnight the slim person who will manifest him/herself in you for the following weeks and months without any effort or the use of willpower. Therefore you should appeal to your subconscious. But once your subconscious has this conviction, then it will carry you further towards your goal, and this in the most spontaneous way. Once you've fired an arrow in the right way, there is nothing more to do. The arrow will score the bull's-eye with ease.

If being slimmer is your wish, then your current weight is a 'symptom' in a broad sense. In chapter 4 is explained why it is better not to suppress a symptom. You should 'accept it as a friend'. Don't reconcile yourself to your current weight and eating habits; instead, start up a dialogue, a communication with it.

Looking for causes

Looking for a 'cause' of your present eating habits and overweight is important. For instance, in your youth you could have been confronted over and over again with the presumption that you lack willpower, or that you are just as fat as your elder brother. Too often it is supposed that finding the causes in itself would be sufficient for the solution. The reasoning behind it is that, if you are able to turn an unconscious problem into a conscious one, your consciousness does not experience any further difficulties in solving it. However, this is not evident at all. It is not because you can think deliberately and 'rationally' about an issue, that the solution should have influence on your subconscious just like that. You are well aware of the fact that the solution for your overweight is very simple: take less calories. It is neither because you consciously know this, that your subconscious wants to go along. The same happens with a cause of your overweight that may have become conscious.

On the other hand is paying attention to the possible causes of your overweight an excellent way of making clear to your subconscious what it is that you want. In the end it may not be the insight in the causes that matters, but the *idea* that insight can lead

to a solution.

Accept your present eating habits

Make sure that every meal is a satisfactory happening to you. Many people overeat, at the table or afterwards, because they are looking for a deeper satisfaction in the food. It is important that you find something of this feeling of satisfaction at the table. If you lack personal security for example, you should make sure that the table is snug and a place you like to be. You can look forward to the meal as something that satisfies your feelings appropriately. Avoid ever feeling guilty about your own eating habits. This may be the precise opposite of what you have always done so far. Probably you will often feel guilty (or sad, something that usually hides a feeling of guilt) about your eating habits. Perhaps you see them as inappropriate satisfaction. However, guilt is never a good basis to build on. Guilt makes that you will fight yourself and deploy a huge amount of willpower with an uncertain outcome. Not reaching your goal once or a number of times will make you even more guilty. This will also create the idea (the negative suggestion) that you are a person without willpower and that you will never succeed in becoming and staying slimmer.

So, however paradoxical this may sound, you must start with the 'acceptance' of your present eating habits. Pay plenty of attention to this. Think about it. With autosuggestion you make use of your own inner strength. The same inner strength that is now behind your present eating habits. Your subconscious is at this moment convinced that – everything put together – your current eating habits are the best for you. If you go against this just like that, you in fact start fighting yourself in a battle you can never win. Instead, what matters is that you can set the different parts of yourself in the same direction. – the conscious parts as well as the subconscious. This can only be attained by opening up the lines of communication, in other words: by making ample use of autosuggestion.

Do not work off your tensions at the meal

From the first days of your life food has been a means to reduce tension. In the beginning this tension was the result of hunger and the need for physical contact. Afterwards you may have noticed that food could also reduce different kinds of tension. The idea of food as 'comfort' is deeply ingrained in us. It is not right though to work off tension with something if this leads to further frustration. It

is a bad way of stress resistance.

There are plenty of other ways to deal with tensions. For instance, you could practice sports or enter an open dialogue with the one(s) who heighten(s) your tension, including yourself. On the other hand, your subconscious could be taught to disconnect relaxation from the need for over-eating. A good start is when you take care to be relaxed at table. To many women (and men too) getting the meal ready in time itself implies a tension. Sometimes they even combine cooking with e.g. doing some ironing. During the meal they are thinking of all the things that have to be done afterwards ...

I readily admit that this kind of stress is indeed hard to avoid. But if this means that you are more tense at dinner, it is worth laying down priorities. Discuss this with your family-members. Many women feel guilty when thinking about priorities. Should you recognize yourself in this, think about it that your 'diet-nervousness' is also noticed by your family-members. You are not the only one to take advantage in reducing them. Be honest about everything and make some clear agreements. This way you have the whole family cooperate with your slimming.

Another way to sit down to table in a relaxed state is a short relaxation just before the meal. In the past this wisely happened in religious families by a thanksgiving or a short prayer. Of course a brief relaxation or meditation are possible too. One or more anchors could be used to have dinner in a relaxed state. Practice eating relaxed, using visualization. See how slowly you eat , enjoying the food without over-eating. Experience how satisfied you leave table and how this satisfaction makes that you don't want to snack in between meals.

Set your goals in a suggestive manner

Make sure you have concrete aims on the short, middle and long term. You may e.g. want to lose 1 or 1,5 kg per week. That makes 8 or 10 kg after 2 months, and so on. It is important that you re-assess these aims regularly. Consider the setting of a goal as the determination of a destination for your subconscious, that is to say, as a continuing suggestion. So it is important that you are involved with the goal itself. Immerse yourself as well as possible in your aim. Feel now what you will feel once you've reached your goal. By means of a visualization exercise you could e.g. see yourself in the future, wearing that lovely ensemble you have had in mind.

Make that you never feel guilty when you don't reach a goal. If

you haven't lost any weight after a week, don't consider this as a failure. Look upon it as a week in which you have learnt something about yourself. Dare assess yourself as a total person *without* feelings of guilt. 'To fail' only results in frustration and diminishes the possibilities in keeping a positive image of yourself afterwards. If you have eaten a little more for a day or a week, then your subconscious will leave it at that, assuming it had got good instructions. It will start afresh, working on the next goal. If, time and time again, you don't attain a short-term target, it is probably time you pay more attention to the communication with your subconscious.

Stick to the long-term goals as long as possible. But if you realize you won't reach them, you should shift them while you concentrate on short-term successes. It is important that you focus your attention on every success you have. Reflect on this for a while. Reward yourself from time to time, with an outing or a nice garment for example. This way you pass your subconscious the message that this is the correct way.

To taste of a previous success is a very effective suggestion and it costs you not the least of willpower at that moment. The subconscious often reacts as a small, unspoiled child (or a very wise old man). If you give it a reward from the bottom of your heart, it will do anything for you. But it *must* come from the bottom of your heart!

Visualizations

Future image focusing on ideal weight

'Immerse yourself deeply in a future image in which you have reached your ideal weight. In doing so you give your inner self the signal to take care this future image is also turned real.'

Seeing yourself eat little with ease

'Imagine yourself a situation in which the temptation to eat is often very big. You see yourself as in a film and you notice how all goes well. You stay in control of the situation, your emotions and your eating habit.'

Imagination: you are a lake as well as a swimmer in that lake

'In your imagination you feel yourself becoming one with a lake

as well as with a swimmer in that lake. The swimmer is symbol of that part of you that takes deliberate decisions. The lake symbolizes the whole of nature, including nature within yourself. If swimmer and lake are well tuned, you will -as a complete person- attain the weight that is ideal for you in an elegant way.'

Imagination: push away the surplus of food on a cloud

'In your imagination you put all the high-calorie food that you would normally eat on a cloud that is meant to pass by for this purpose. You give it a good push and the calories, together with your crave for them, move away from you further and further.'

Imagination: 'circle of excellence'

'You form an imaginary circle around you. As long as you are inside, the usual craving for high-calorie food touches you far less. You can learn to apply this circle each time you need it.'

Imagination: putting yourself in a slim person's shoes

'Children learn exceedingly fast by taking over role models. As an adult you can spontaneously take up this way of learning through this exercise.'

A technique: future image focusing on ideal weight

Sit or lie down comfortably and spend a few minutes relaxing. Feel how with each breath a little tension can be removed from your body ...



And in this deep relaxation it is easier to show your deeper self what you want ... and one of the ways to do so is to intensely imagine yourself in the future , when you have already attained the desired result. Now imagine yourself a future in which you have the figure you desire ... imagine clearly how many kilos you have lost and reflect on this for a while.



Focus all your attention on your ideal future image, a future full of fantasy, fun and creativity. You can swim or play tennis without being bothered by overweight. You can buy all the clothes you

want. You get on the scales and see that your weight is stable and ideal.

☞

You feel healthy, energetic and Completely fit ... and you know that your weight problems belong to the past.

☞

And by focusing your attention strongly on this, you signal to your deeper self to keep up. As soon as the motivation to work on your overweight starts to slacken, you use this thought of the future image as an anchor. This can then help you to take courage spontaneously.

12. SUGGESTION IN PAIN TREATMENT

Chronic pain is as one long 'saying goodbye' while not being able to depart.

Martha (65 years old) has a long history of complaints of pain. Every time she consults her physician, she complains about the newest pains and aches: headache, stomach ache, lower back pain, rheumatism... The physician listens patiently to her story. He has known her for many years now and understands that behind the pain is a woman with a strong and combative character. However, he seldom leads the conversation to possible psychological causes. He does not want to open up closed closets out of fear that he should wrong his patient. After all, he does not believe very much in all this talk about psychological causes. Moreover, 'even if it were the case, there is not much one can do about it in the context of a private practice.' (As if only the physician himself may *do* something about his patients' health.) The pain-killers prescribed by the GP do help, but they provoke stomach aches after a while. A course of antidepressants was stopped after a month because of the side-effects. Their effect on the pain was little. Without her GP knowing it, Martha sometimes goes to an acupuncturist or a chiropractor. She feels that this does her some good, but only temporarily. Over the years, her pain has grown stronger and stronger. She sees her future very bleak.

A modern pain-epidemic

In our age medicine has provided us with possibilities never seen before in the area of pain relief. To begin with, there are many types of pain-killers. **Modern pain-killing encompasses many techniques.** There is transcutaneous nerve stimulation, stimulation of the spinal cord and of the brain. Moreover, there are

the many kinds of infiltration techniques and nerve destruction techniques. This is a broad spectrum of medical high tech holding the promise of a life without pain. The absence of pain has become a product that one can purchase and to which one seems to have a natural right – provided one can pay for it.

But what does reality show us? Probably never before has so much pain been suffered as in this present age. We can even speak of a real pain epidemic if we see that no less than 50 million people in the US consider themselves chronic pain patients. In The Netherlands there are officially 600.000 pain patients. In other western countries, the percentages in relation to the total population are not less. In the western world, pain is one of the most frequent reasons for consultation in general practice. This brings about many questions regarding the cause. **Possible causes of the present-day pain epidemic.** Do we have to search for an explanation in the ageing of the population, related to an increase of chronic and painful pathologies? Or is it because people in general have become more sensitive to pain (lowering of the threshold for pain)? Is pain more visibly 'in the news' (and in advertisements for pain-killers) and does pain get more attention through this from the viewers, enhancing and perpetuating the pain sensation? Are modern tensions and stress strong provokers of pain, such as through chronic muscle tension in the neck and the lower back? Is chronic pain in many cases the expression of an underlying suffering that might well go very deep, even to the existential level? Is it related to another epidemic, that of 'masked depression' for which enormously many antidepressants are being prescribed nowadays?

Right now, we will not search for an answer to this list of questions. They indicate that the problem of the chronic pain patient in many cases is a very complex problem, in which physical and psychological factors are tightly interwoven.

Distinction between acute and chronic pain

A distinction has to be made between acute and chronic pain. To begin with, there is the distinction in time. Chronic pain is often described as pain that lasts longer than half a year after the initial trauma. Often the causative lesion has been healed by then.

While acute pain is related to the damaging of tissue and is less dependent on the psychosocial constitution, this is different with

chronic pain. The distinction between acute and chronic pain is especially important because they have to be treated in very different ways, namely as two very distinct 'afflictions'. With acute pain, the emphasis lies on directly decreasing it. **Acute and chronic pain need to be treated very differently.** With chronic pain, apart from relieving it, the emphasis has to lie on psychological and emotional aspects. This demands an approach that is often contrary to that of acute pain.

Chronic pain comes with an avalanche of symptoms such as: concentration disturbances, fatigue, sleep disturbances, nausea, the feeling of helplessness, loss of social status, incapacity to work, financial insecurity, relational conflicts etc. Moreover, chronic pain is oftentimes associated with other psychological suffering. This suffering can be caused by other factors such as: anxiety, frustration or anger related to the underlying disease; loss of self-image through mutilation; a sense of helplessness; threat of impending death; depression. This all adds to the fact that the pain itself has become an immense suffering.

Chronic pain never comes alone. So chronic pain never comes alone. It is closely related to others forms of suffering that are heightened by the pain or that can themselves increase negative aspects of the pain. Sleep disturbances do not only heighten the irritability, but also lower the amount of energy with which one can defend oneself against the pain.

Acute pain has a clear goal. It is a kind of built-in alarm installation. We react to it by direct action or by looking for the cause of the pain. There is a very rare condition that causes an insensitivity to pain. People suffering from this condition are to be pitied. They continuously hurt themselves and inflict to themselves lesions that do not heal, simply because they are unaware of the fact that the lesions exist.

Contrary to acute pain, chronic pain often has no clear goal or even no goal at all, such as in the case of a painful tumor. In many cases, chronic pain does have a purpose, but this lies more on the level of communication and sense-giving.

Why not just a painkiller for chronic pain?

A chronic use of pain-killers is not without side effects or dangers. There are many different products on the market, but each of them has its known side effects. Apart from these, the

effects in the long run are often not well investigated. Even in the case with the old and trusted aspirin that performs its duties already for over a century, now and then a previously unknown effect or side effect makes headlines in the medical news.

Countless people are unfamiliar with the fact that chronic headache is often a side-effect of a chronic intake of medication, even of pain-killers. In these cases one speaks of *toxic headaches*. The only possible treatment to this is to stop the medication and enduring a severe headache for a while, after which this returns to the level of before the quitting or lower.

A chronic use of pain-killers leads to dependence. As in the case of tranquilizers, a chronic intake of pain-killers causes dependence. To stop taking the pain-killer then heightens the pain, so that the patient gets the impression that he can not cope without the medication. Of course a huge difference has to be made between the terminal or pre-terminal patient and the chronic pain patient who still has a life before him. The latter one will not die from the affliction that causes him all this pain. With present-day possibilities and techniques, it is no longer justifiable that a terminal patient has unwanted pains. However, it regularly occurs that physicians in such cases are reluctant to prescribe strong pain-killers out of fear for side effects or of an addiction of the patient. Of course this is not right. In stark contrast to this, for the non-terminal chronic pain patient it is very important not to become dependent on medication.

Pain-killers should get the place they deserve. The present overconsumption can impossibly be good for the general health.

Pain-killers deserve their proper place. The ideal is a proper combination of medication and the use of psychological power. A mere symptomatic pain relief as is the case with medication can heighten the pain in the long run, a situation that again will cause the need for more medication. The goal with chronic pain therefore has to be two-sided: on the one hand the diminishing of pain, on the other hand taking seriously the message that pain uncovers from the deeper self.

Negative suggestions that hurt – and what you can do about them

‘I have tried everything and nothing helps.’

If your pain has an inner function or an inner goal, then external pain-killing products are purely symptomatic. In the case of chronic pain, this is so with a few exceptions. This does not mean that you are guilty of your own pain, or that you do this to yourself. But when external means fail, then it is high time to give more attention to your own psychological possibilities.

If you think about this negative suggestion, you can see that it belongs to the philosophy of attack and defense. You are searching for something that may help you defend yourself against this cursed pain. This attitude in which you stand against your pain with weapons in hand, makes every real communication with your pain impossible. The use of present possibilities for chronic pain-killing *without* giving attention to the meaning of this very pain, in most cases is not right. It makes the ‘enemy’ more and more determined and brings your pain further away from a spontaneous resolution.

Imagine yourself with your pain in a small vessel. You are both pulling at a rope that hangs from the **mast**, but you are pulling in opposite directions. The harder you pull, the harder your pain will pull in order to keep the boat balanced. But the harder your pain pulls, the harder you think you have to pull, and this way you are stuck in an endless battle. Try to loosen the rope, but not too quickly because then you will both fall into the water. Try to look at your pain as a friend with whom you have to co-operate in order to find a solution together, this is to say: a life in which your pain is no longer necessary. Pain-killers then become one of many aids. The most important pain-killer –the one to which in any case of chronic pain you have to give enough attention- is your own psychological strength. This is not something that helps you, because it IS you yourself.

‘I will suffer again today / tonight’.

You have to see this type of suggestion as a self-fulfilling prophesy. Of this you can say: ‘Whether you mean it or not, you are always right’. Try not to suppress such a suggestion or to

change it just like that into a suggestion with a more positive content. It is better to first try to feel how you can exert some influence on your pain, such as with the use of the technique at the back of this chapter. Then evaluate this suggestion again and decide for yourself whether you can do without it. A more realistic proposition may be: 'Maybe today/ tonight I will have much pain, but I will try to manage it the best I can with my own psychological means.'

'I shall have to learn to live with pain.'

Is something inside you going to die when you no longer feel the pain? This is what this suggestion literally means and it can be understood as such by your subconsciousness. Of course this will then try to hold the pain as long as possible. However, there is not much use in trying to analyze, at the cost of much time and energy, what exactly is threatened with death. Maybe an idea about this spontaneously rises in you. Try to have as much pleasure as possible in your life *with* the pain. At the same time be always very conscious of the fact that this pleasure and this life may well outlive your pain for a very long time.

Sometimes this kind of negative suggestion is spoken out by a physician: 'We can do nothing more for you. You will have to learn to live with it.' The physician may not mean this in a literal sense, but as a suggestion it can be understood literally by your subconsciousness, especially when it comes from a physician for whom you have much respect and admiration.

If a physician has ever said something similar to you, be conscious that inside yourself you have a power with which your physician most probably will not have acknowledged at the time. When you have proved yourself that after all there *is* something you can do about it, then maybe you can send this physician a kind letter. You may even invite him to send another 'hopeless case' to you. People who want to be cured, are often helped very much by a heartily talk with others who have been cured from the same ailment. You may even find inside yourself the talent to gain satisfaction in standing by and helping other patients...

‘My pain is not psychological (and thus I cannot do anything about it).’

However physical the cause of your pain may be, the experience of it always has at least a psychological component. This has been proven in *all* scientific studies on this domain. A psychological influence on your pain therefore does not prove that your pain has a purely psychological cause. If you can diminish your pain with the use of autosuggestion, this does not mean that a medical examination in order to find a physical cause has become completely unnecessary!

The assertion that their pain is purely psychological, is to many people more or less the same as a moral judgment: ‘It is only a thought. It is not real. You are faking it.’ The reaction is to defend oneself against the suggestion above. With this however, people depart from their responsibility and from a chance for a better life. Take care! Pain is *always* real and psychological. Pain is *never* a reason to be morally judged. If others are trying to manoeuvre you into the position of an ‘accused’, then actively defend yourself against it. This is very important to you if you eventually want to get rid of the chronic pain.

‘His nagging gives me a headache’.

Nothing external to yourself gives you a headache, not even his driveling on. It is your reaction to it that you feel banging inside your head. You may analyze why this reaction is so important to you that you’d rather finish having a headache. Is there an alternative? Discuss this with each other and in doing this put the emphasis on what may diminish the power of this suggestion. Is there a possibility for a compromise? For instance, you can reach the agreement: ‘Driveling is only allowed in the morning.’ This may be enough to make both parties satisfied and to give them both a feeling of control.

‘When I feel a tension headache coming up, it is too late to do anything about it.’

The rising of such a headache and this suggestion form a vicious circle: the suggestion gets strengthened by the headache and through the suggestion, the headache gets worse. Try to think of attacks of tension headache (or migraine) as little hills of different

height. At the start of a headache, you don't know whether it will be a very small hill or a big one. Try to hold the image of a small hill as long as possible, while at the same time you may try to lessen the headache with the use of a relaxation exercise.

‘Every month I have a headache and abdominal pain for a few days. It’s my hormones.’

Not one single kind of pain is purely physical. By having the experience of pain month after month, a suggestive expectation is created that is heightened by the hormonal fluctuations. Look at your hormones as helpers who keep your body fit and healthy. Hormones that hurt, are mostly a cultural ‘invention’ against which, concerning yourself, you may pose a personal veto.

Most women do not have the same amount of pain each month, even as they do each month have the same amount of hormones. The variation is mostly explained by the meaning that is attached to the event by yourself. Try to make a distinction between the objective complaints and your own subjective reaction to them. You will notice that both do not fluctuate in proportion to each other.

The appropriate time to learn to use relaxation and autosuggestion is not when the complaints are present. By then you should have some experience with it. Don't forget that besides self-help there are different pharmacological therapies for premenstrual syndrome and menstrual pains. These work symptomatically, but they can be a help in heightening your level of comfort.

‘What did I do to deserve this pain?’

Lots of people with feelings of guilt find their way towards chronic pain. The physical pain then has a clear function and is often resistant against physical modes of therapy. To take away the physical pain without involving the feeling of guilt, can be dangerous. It is possible that the feeling of guilt translates itself into another pathology. There is even a chance that in the long run this may be a factor that heightens the possibility of cancer!

In any case, it is not advisable to ignore a present feeling of guilt. Do not indulge yourself in your guilty feeling, but try to build a relation with it in different ways. Visualization offers many

possibilities for this. Very often the feeling of guilt is related to certain persons. Involve these persons in your visualization and plainly ask them the question what is needed in order to obtain their forgiveness. You can visualize your feelings of guilt themselves (such as in the guise of an inner adviser) and then you can directly enter into a dialogue with them.

An approach with the help of autosuggestion

You can control your pain

Using autosuggestion for a concrete goal such as the relief of chronic pain is at the same time difficult and easy. It is difficult in the sense that it needs a complex technical mastering if you want to have an optimal effect. It is easy in the sense that the way that autosuggestion works –the ultimate step in ‘communication with your own pain’- is eventually spontaneity itself. The element of battle against the pain at that moment is far away. The pain relief happens ‘as if out of its own’, an idea that understandably needs some adjustment for someone who for many years has been losing the battle against the pain, even with the aid of different ‘experts’.

For yourself, you have already had many occasions in which you have felt the possibility of a psychological influence over your pain. Maybe at the very moment that you are reading this, somewhere in your body you have a sensation which you could call ‘pain’, whether it is in your neck or in your back. Lots of people have constant pain. The only thing that has to be done to feel this pain, is to give attention to it.

Suppose that you have a headache, and suppose that your daughter suddenly does something mischievous. For a moment you lose your headache. Or suppose that you have pain somewhere and you take a tablet. More than half of the pain-relieving effect that you feel from this comes through psychological means. This has been experimentally proven time and again.

Pay attention to relaxation

Stress and tensions make each kind of pain worse, on the one hand through a diminishing of the pain threshold, on the other hand through muscular tensions that locally cause or increase a

painful shortage of blood supply. Relaxation thus principally works with every kind of pain (unless the pain is so heavy that relaxation is not possible to start with). This has been proven in lots of scientific studies. Because the pain lessens spontaneously during the relaxation, this gets an additional suggestive meaning. After a couple of times, you start to expect a relief of pain as soon as you start the relaxation exercise. Between sessions and when the pain is very heavy, of course you can take some time to relax too. With an anchor suggestion, you can carry the possibility of quick relaxation with you anytime, anywhere. This is a good idea, because in that way you always carry about the instrument that you need for pain relief. If you feel that a local muscular tension heightens your pain, then you should practice with muscular relaxation.

Whenever there is a change in your pain symptoms, consult your doctor

Self-help does not mean that you forget where your physician lives. Even with chronic pain that has a clear psychological cause, after some years for instance the irritation of the gastric mucosae can become an ulcer. So always be aware that a possible complication can result when you feel a change in your pattern of pain, such as when the pain grows stronger, lasts longer or appears in different circumstances. However, avoid an obstinate search for a purely physical cause after several negative investigations. Some people build a long list of physical investigations and therapeutic trials. Continuously repeating physical investigations and therapeutic interventions carries the strong suggestion of 'learned helplessness'. Apart from that, some investigations and many therapies of course have physical side effects or dangers. Especially with chronic pain you have to search for a good balance between the physical and the psychological side of your affliction.

It is often necessary to accept chronic pain in order to recover

'Acceptance' of pain probably is much less easy than is the case with most other chronic symptoms. However, chronic pain is par excellence something against which you should not fight too much. It is itself the expression of what you could call an inner fight, a

conflict between opposite concerns and desires. Such an inner fight should of course not be taken personally. It is not the way that humans would fight each other. But as long as you continue to 'fight' against your pain, you will feed the conflict with psychological energy. You strengthen the walls that make both parties separate from each other. In the short term this can give some diminishing of the pain, but in the long run it absolutely is not a good solution.

Accepting the pain does not mean that you may never again take some pain-killers or other medication. You may do everything possible in order to get rid of the pain, but not as an *enemy*! The message that your pain carries, is not that it has to remain as long as possible. The message is that you both should enter into a dialogue, and that you have to give more attention to listening to yourself. There are many kinds of visualization and many cognitive strategies possible that can help you with this. At the end of this chapter you find some examples that you can learn to use for yourself with the aid of AURELIS.

Have others to accept your pain too

Try to obtain that other too accept your pain. Discuss this with those who live together with you or with whom you have frequent contact. Show attention to the feelings of others and demand their attention for yours. Take care not to be pampered, because this is a suggestion that the love of others from now on has to be shown to you through caring for you as a pain patient. Your subconscious will then do whatever it can in order to let you be a pain patient as long as possible. Not receiving any attention at all for your pain isn't ideal either, because this may mean that your pain isn't big enough yet.

Chronic pain usually varies in an unpredictable way. On a sunny day or with positive distraction, that pain can temporarily fade to the background. This may give others the impression that it's not so bad after all. Be clear and make clear to others that these fluctuations are normal. Maybe you can even establish a little system with which you can make clear what the situation concerning your pain is today, for instance by keeping two scores from 0 to 7. One score denotes the level of your pain as you 'objectively' feel it, while the other score is an indication of your own emotions concerning the pain. A score '0' means: 'very bearable; it doesn't bother me today'. The score '7' is reserved for

'awful; it cannot stand this any longer!'. One day you will have the scores 3 – 4; another day 5 – 2. With this you make very clear to yourself and to others that your pain has a strong psychological side.

Your pain is not uninteresting and not unworthy to discuss. Try to play an open card with your emotions and needs. You may deem your own feelings very important. This immediately works very efficiently in a suggestive way towards others who at their turn will find your feelings important enough. Do not exaggerate, though, because this engenders doubts concerning the reality of your 'very big pain'. This can –as we have already seen- have a huge suggestive impact in the wrong direction.

Play with your attention

The level of your pain is highly dependent on the attention that you give to it. The relation between attention and pain is, however, very complex. Distraction always leads to some diminishing of pain. For instance, you can focus your attention: to other body parts that feel well: or to an interesting occupation; or in an exercise of concentration, to a special focus, word or idea; or in your fantasy to a very agreeable situation. You can even make use of the phenomenon of 'dissociation', meaning that in fantasy you temporarily leave your painful body behind and go to another room or another place in order to enjoy pleasant things.

Focusing your attention to the chronic pain does not lead necessarily to a heightening of the pain. By regularly leading the pain right into the center of your attention, you may even learn how to play with it. For instance you can try to actively 'keep' some of the pain, so that you spontaneously may lose the other part of it. You can let all or part of your pain change itself into a different sensation, such as numbness. You can try to change the anatomic borders of your pain, so that the area in which you feel your pain, gets smaller or changes otherwise.

Many cognitive strategies are possible that you can learn with some guidance. This concerns chronic pain. But what to do when your daughter has had her lip cut and has to go to hospital in order to have the stitches removed, or when your son comes stumbling inside with a heavily abraded knee? In such cases of acute pain, most frequently the best thing to do is divert the attention away from the sensation of pain. Some fantasy is needed then. The unpainful aspects of the wound may be used in order to distract

attention from the pain itself. A beautiful, impressive plaster can do the trick. If this does not help, make a performance with your most exciting fairytale or other story and try to involve the child into the story as much as possible. If possible, try to 'forget' yourself that your son or daughter has pain. This is an autosuggestion that can be transmitted to the child even without you knowing it, by all kind of little gestures, intonations, eye movements and facial mimic.

Change the time

Time as a subjective factor only slightly conforms to our subjective idea of it. In the same amount of time, time can fly like an arrow when we are in pleasant company, or it can crawl when we are looking out for a pause during a boring lecture. Subjective time plays a huge part in the sensation of pain. Somebody with a cancer can get a maximum of pain-killers and still have excruciating pain to endure in the episodes between pain relief. The anxious expectation of these episodes can put the pain into the centre all day long. Through this, the relatively short pain periods seem to last very long, while the painfree periods are quickly forgotten.

Changing the experience of time actually is a way to direct the attention. You can best practice this in a state of deep relaxation, by concentrating on a painfree episode in which you are experiencing something very agreeable. You are watching an exciting movie. You are slowly flying in an hot-air balloon over quiet fields. You fully enjoy your painfree condition. You know that the pain may come again, but that seems very distant. Through practice, you can more and more direct the attention of a whole day toward the painfree periods and make yourself forget a painful episode as soon as it ends. The objective time should not have a monopoly on your experience of time. Your time is your property and you may lengthen or shorten it as you please.

Choose an interpretation of your pain

Pain is never mere pain. Pain is a pain that makes numb; it is a burning, tearing, excruciating, never-ending, unbearable, silent or frightening pain. These are more than just some adjectives, they are very important parts of the complex feeling of pain. At the same time these are aspects of the pain toward which you are not without defense. Thinking about the pain as 'unbearable' or

'forever' has an autosuggestive influence on you. By re-interpreting the pain as something else, you can choose yourself for a different kind of autosuggestive influence. Preferably you can do this while in a deep relaxation, by 'meditating' about these words. Try not to fool yourself because it won't work. Only honesty matters. Can you diminish 'unbearable' into 'hardly bearable', 'sometimes unbearable' or 'most of the time reasonably bearable'? Or can you decrease 'forever' into 'maybe I can find a solution inside myself'? Do think very carefully about this. If you can reasonably convince yourself that the weaker terms more accurately denote reality, then your reason itself is at that moment your best suggestion therapist.

Choose an interpretation of the mechanism of pain reduction

People always search for an explanation for the things they feel happening within themselves. This way you can better choose for your own diminishment of pain one or more plausible physical explanations. Two examples are the 'gate theory' and the 'endogenous morphines'.

According to the *gate theory*, on the nervous track between pain receptors and the brain exist different 'gates' that can be closed or opened more or less, such as through your own psychological influence. The theory of *endogenous morphines* holds that part of the brain produces a morphine-like product as a reaction to for instance pain-diminishing psychological suggestions. The presence of this product in the brain is scientifically proven.

Although it is not yet certain that these theories are right, they can provide a frame in order to give the diminishment of the pain that you actually feel, a sense of reality. If you are less scientifically and more esoterically inclined, you may of course search for another explanation, such as the contact with the all-pervading god of nature. Eventually the practical importance of an 'explanation' to your psychological power only resides in the choice of metaphor that fits you well.

Provide reasonable expectations in spite of your pain

You shouldn't let your life become governed by your pain. In the long run, this is very important in order to keep a comfortable level of activity. If you let yourself be lured too quickly into idleness, then you give yourself the suggestion 'that activity is not possible anymore'. On the other side, try not to demand too much from

yourself, for then you will sooner or later have to do with disappointing experiences that also carry the suggestion that you cannot handle things anymore. Try to always keep your pattern of expectations within the boundaries of the reasonably possible – taking account of the circumstances-. If you keep yourself to goals that you can fulfill and that keep enough pleasure in your life, the function of the pain will diminish. Your pain is no longer decisive for what you can or cannot do.

Countless pain patients try their best to fulfill the expectations that others demand from them, something that often leads to cramped over-activity and failure. For instance at work one may try to go at full speed as soon as possible. A second or third 'failure' that comes from this, can even knock down the strongest character. Therefore it is necessary that you yourself hold down your expectations as honestly as possible. Don't shun talking about this with others, so that they understand your expectations and limitations and so that you get full support on your way toward a life in which pain plays as little a role as possible.

Some visualizations

- ❑ The control panel in a control room
Through imagination, you gain direct control over your pain. A deep empathy is necessary for this.
- ❑ Changing numbers
Each number is an anchor for a specified amount of pain. By changing the numbers, you learn to gain control over the amount of pain.
- ❑ You are a lake as well as a swimmer in that lake
In fantasy you feel yourself becoming one with a lake, and at the same time with a swimmer in that lake. The swimmer is a symbol for that part of you that takes conscious decisions. The lake is a symbol for the whole of nature, thus too for the nature inside yourself. If swimmer and lake are well tuned to each other, then chronic pain loses its reasons of existence.
- ❑ Fantasy of setting sun
You connect aspects of your pain to the setting sun. Just like the sun, the pain changes its color etc. before completely setting.
- ❑ Diminishing the headache before an agreeable fireplace

In your thoughts you are sitting next to an agreeable fireplace. It is pleasant and warm and at the same time your head feels cool, nice and painless.

A technique: a feeling of numbness instead of pain

Sit or lie down quietly and spend some minutes relaxing. Feel with every breath how a bit of tension leaves your body...

☪

At your own pace, let your attention go to your left hand... and take all the time you need for this... you feel a slight numbness in your left hand, a feeling as if your hand is completely immune for all possible pain. Pain no longer exists in your left hand for the time being.

☪

And then this numbness spreads itself as if completely spontaneously through your body or it moves itself toward the painful area... away from your hand and toward the painful area. Feel how the numbness moves itself... and you are curious about what will happen if the feeling of painlessness reaches the area where you felt your pain.

☪

You can help this process by actually moving your hand into the direction of the painful area or by touching that region...and then you can feel how the pain and the painlessness melt into each other.. and at that very moment the painlessness can be where the pain previously was.

☪

In this way the area can become totally painless, a feeling of sleep.. like wood... almost separate from your body, calm and quiet.

☪

Maybe this is not the first time for you... but every time again you can be amazed with how easy it comes and how again and again.. each time better and more easily... the pain is relieved by doing this exercise.

13. ENHANCE YOUR STRESS-RESISTANCE

The highest form of stress-resistance is being able to take into account simple feelings, under all circumstances.

Peter works in a law firm. He is one of the partners. His work is of utter importance to him and he doesn't mind working long hours. But the last few months there have been a lot of problems. Two of the five partners left at the same time for another firm, supposedly because they 'got too few opportunities in their present position'. Replacing them on short notice is not easy. Furthermore, an important associate has been on sick-leave for a few weeks. Everything is messed up. To make matters worse, at a medical examination it turned out that Peter's blood pressure is far too high. Added to that he has palpitations and stomach trouble. He was urged by his GP to take things calmly. Peter however doesn't see any possibility to do this. His GP prescribed him a tranquilizer, stressing the fact that this should only be a temporary solution. Peter hasn't taken any of it so far, but tomorrow there is another stressful meeting on his agenda and he doesn't see how he can cope without any help. And by the beginning of next week this report for one of his best clients should be ready ...

Stress is essential but ...

We all need a certain amount of stress to live. We would get osteoporosis if we didn't put stress on our skeleton ; muscle-atrophy if we didn't stress our muscles regularly; we would become demented untimely if our brain didn't experience any stress in the form of intellectual efforts. If we never experience any stress psychologically or emotionally, we run the risk of not being able to cope with the first stressing situation.

In the experiment by M.A.Visintainer and staff (cf. chapter 8), rats that were exposed to stress with the possibility of conquering it, turned out to have less chance of developing cancer. **A certain**

amount of stress is necessary for good health. Apparently stress as well as stress-resistance have a positive impact on the health. This became obvious in several studies, also with people. This way people who are not exposed to a sound dose of stress, have more chance of getting ill. Psychological stress also supplies the energy necessary to be creative and to perform.

In general we could state that a regular exposure to acute stress that can be overcome, is healthy for mind and body. Too high stress-peaks, to the contrary –stress we can no longer cope with or chronic stress- are the culprits. So, if you want the best of both worlds, you shouldn't avoid stress, but make sure you can handle it. Autosuggestion and visualization enable you to work efficiently on increasing your stress-resistance.

Stress-resistance is closely linked to self-confidence

Whenever someone finds himself in a stressful situation, without disposing of the capabilities to bring it to a good end, this may lead to a learned feeling of helplessness and low self-esteem. In order to learn self-confidence you require plenty of support to build up good experiences in coping with stress. This is among other things of utter importance in education and in psychotherapy. **Building self-confidence is a learning process.** Support can also have a negative impact if e.g. in the relationship tutor – child or psychotherapist – client the emphasis is too much on the 'expertise' of the one and the helplessness of the other. Support then becomes something patronizing, even humiliating, not only at the conscious level but also through suggestion: 'You are in need of help whilst feeling inferior. You can't manage on your own.' Unfortunately this happens too often, also with the best intentions of tutor or psychotherapist.

Nevertheless, the focus should always be on the child's or client's ability to cope. If this ability is not present yet, then it should be cast as a certainty, at least in the near future. If this happens in a friendly and supportive atmosphere, then the suggestive influence coming from it is so strong that the ability to cope may well be the most important therapeutic factor. The best help a therapist can supply, is to make his help no longer needed. This also immediately increases the importance of the person(ality) of the psychotherapist in relation to his psychotherapeutic theories.

No stress-resistance without self-confidence. Without self-confidence stress-resistance is not possible, since you are not able to build up the subjective feeling that you can manage the situation. Working at stress-resistance should thus be coupled with working at the increase of your self-confidence, at the reinforcement of your feeling that you are able to cope. Having a few cognitive strategies at your disposal to adjust your own level of stress, can have an enormous impact on this.

Working on stress-resistance is not a sign of weakness

Stress-resistant persons work on their own stress-resistance. Stress-resistance has to be earned. Working on it is not a sign of weakness. On the contrary; stress-resistance seldom originates from the genes. A stress-resistant person is someone who has had and used plenty of opportunities to make himself stress-resistant. If your education was lacking this aspect, e.g. because your parents were too patronizing or too authoritarian, then you can do a lot yourself to make up for this shortcoming.

Many members of staff are proud of their 'iron constitution' that enables them from nature to work hard for hours on end under considerable stress, while –next to this- they lead an unhealthy life with little sport, unhealthy food, smoking and drinking a lot. They should realize that stress-resistance does not only mean coping *right now*. If the spring breaks, after years of overstraining, then this indicates that the 'stress-resistance' was partly pretence during that whole period. Those who don't see the need to work on their own stress-resistance are the ones who often benefit most in the long run. Stress-resistance is situated in the relationship between individual and environment. If the stress at work is simply too heavy and you are not offered sufficient means to solve the problems in a satisfactory way, then it is no use working solely on yourself without adjusting your environment to your needs. Standing up for a better adapted working environment - without treading on your boss's toes – is also part of your stress-resistance. Everyone benefits from a better 'person-environment fit', so don't consider standing up for it as a weakness.

Negative suggestions that increase your stress – and what you can do about them

'I am a bundle of nerves. I simply cannot control my nerves.'

A bundle of nerves cannot be turned into a calm person straight away. Try not to force yourself to being calm if you are not by nature. Regular relaxation sessions can be of help. The time used in this is a time that you can't let anyone take away from you.

Don't continually avoid stressing situations or events out of fear for loss of control. This way you will never get to know if you were able to cope with them or not. Combined with the suggestion above, your conviction that you will never be able to cope will grow stronger.

'It will go wrong, as usual.'

Other varieties of this are: 'this will never turn out right' or 'they will see that I'm a failure'. This type of self-fulfilling suggestions can be seen with every problem area. Don't just turn them into positive thoughts, but try to work your way around them. Build up good experiences and enjoy the smallest success.

Repeat, as often as you can, in thoughts that one time when it did go well. Remember how others reacted to you and imagine how you had control over things in other circumstances with a certain cold-bloodedness. You are the director, cutting films as you please, with yourself in the leading role. Try to hold on to the good feeling this gives you. With some help and exercise you can even 'anchor' such a feeling, e.g. by turning your ring. Just before your intervening at a stressful meeting you bring this feeling of cold-bloodedness to the surface, after which you empty your mind for other emotions.

'Last time I blew it.'

Don't shun a memory of a failure, but don't linger over it. Use your common sense to analyze how the next time can vary from the previous time(s). Find out what exactly went wrong last time. This way you know what to avoid next time and you will stand stronger from the start. You can also use a visualization in which you see yourself at it in the same situation. Experience in your fantasy how you could have done better and practice this a few times without any anxiety. This way the necessary positive experiences are built for your subconscious. Persuade yourself

that you are worth the following suggestion: 'Should I fail once, then I will get up again and do better next time.'

An approach using autosuggestion

How you can relax everywhere

Everybody is able to reduce his own stress-level in a peaceful environment and with the help of relaxation exercises. But this won't be of much help in the middle of a busy meeting, during negotiations with a troublesome customer or when your boss is grumbling about. These situations can usually not be interrupted for 10 minutes in order to go and 'meditate' quietly for a while. However, anchor-suggestions can spontaneously take your own relaxation to the exact point where you need them. A well-constructed anchor (e.g. taking a few deep breaths while you think of the word 'relax') can be applied anywhere without anyone noticing. You can reinforce this anchor by including something from the stressing situation. Thus your boss's grumbling could become something you enjoy a lot ...

The *possibility* to relax anywhere is in itself relaxing, since it supplies you with the means to cope with a stressful situation. In doing so the situation loses much of its threatening character. Much stress is indeed invoked by the fear of and the anticipation to the stress, which is stressing in a suggestive way: 'I will not be able to cope. Stress will overpower me once more'.

Practice creates stress-resistance

Although relaxation is very important, it is certainly no the only necessity to talk about stress-resistance. You are also required to capitalize actively on all kinds of unpredictable needs and changes in the situation. Visualization is a suitable instrument to practice this. During relaxation you can practice on different stressful situations and developments. By the way, this is frequently applied by stress-resistant managers. They 'train' on future stressing situations by imagining themselves in a peaceful and relaxed condition. There's no need for you to exaggerate this! If your fantasy is improbable, you will very likely not get the effect you wanted. Make sure that, during your visualization, you don't start worrying about all that might go wrong. The purpose is that you

create experiences that will afterwards work as memories, and that you work on suggestions so that you can handle the next meeting or discussion well.

It is important that you practice different circumstances. Stress-resistance is situation-bound. For instance, someone can be solid as a rock at work, whereas the first setback at home or on a business-trip abroad will make him clam up completely.

Nothing but your own interpretation is stressing

A situation is never stressing in itself. Psychological stress does not exist outside the psyche. A stressful situation can mean a threat for one person, whereas for another one it can be a stimulating challenge and a pleasure. The personal interpretation is right in between the event and the thrill. One step further the interpretation also determines the definition of that thrill: fear or pleasure.

Autosuggestion will help you to take advantage of this. For example, you picture your stress as a specific color. If possible let a color emerge that will from then onwards become your color of stress. Then imagine that your stress slowly converts into the feeling of an exciting challenge, and watch how the color changes. If the color doesn't change spontaneously after a few attempts, then you can deliberately choose a color yourself. Do the same with a shift from stress to stressing fear. Practice this regularly during deep relaxation. After some time you can deliberately replace your stress color by your color of challenge or your color of fear, and you will notice that the feeling concerned comes along automatically. You have, as it were, turned your own automatic interpretation of stress into a conscious decision.

When things are at their worst

When you find yourself in an acute stressful situation and when other ways have failed or are impossible, then it is best to make use of a fairly paradoxical approach. Try to locate your tension; this could be your stomach area, or maybe you strain the muscles of your neck or jaw. Focus your attention on an area of much tension and add a little extra. Feel briefly how you control your tension by increasing it slightly while you take a deep breath and hold it. Then release your breath, at the same time slowly letting the tension flow from your body.

Visualizations

Imagine yourself after a stressing situation that you handled with success

'Imagine as clearly as possible that a stressful situation ended well. Try not to allow any doubt. Enjoy the feeling of self-conquest.'

Give your stress a color and then change it

'Give your own stress a color, or just let a color come up in you. Make the link as well as possible. Then change the color and notice how the actual stress acquires a different aspect through this change of color. Practice a few times with the same color. Then pick another color and discern the difference in yourself.'

Your inner advisor

'*Everyone* has in himself an inner advisor who is always there for you. The more you make use of him, the better he helps you. Some (usually very successful) people are well aware of this and often use it inadvertently.'

Imagine yourself in the shoes of a stress-resistant person

'Children learn exceedingly fast by taking over role models. As an adult you can spontaneously take up this way of learning through this exercise.'

Inflating balloons with stress and launching them

'By inflating balloons with stress in your mind and then launching them, you can quickly feel the surplus of stress diminish in yourself. You decide how many balloons are launched. Once you've managed this technique, it can be used anywhere and anytime.'

The 'circle of excellence'

'You form an imaginary circle around you. As long as you are inside, stressing situations touch you far less. You can learn to apply this circle each time you need it.'

A technique: converting stress into a pleasant feeling

Sit or lie down quietly and spend a few minutes relaxing. Feel how with each breath a little tension is able to remove itself from your body...

☺

And you know that stress is not always unpleasant. In many sports stress and tension are deliberately looked for and not avoided. What you consider a stressful job can also be seen as a job full of challenges. In many cases looking for tension is just part of the fun.... furthermore, this type of tension is often just relaxing afterwards.

☺

You can interpret stressing circumstances themselves as thrilling. In fact it is up to you which interpretation you attribute to the circumstances. Nobody does this, but you yourself.

☺

Also physical changes that you experience under stress, such as palpitations or slight shaking, can be given your personal interpretation... because these are exactly the same changes of your body that you experience under a pleasant tension. Much depends on your own interpretation.

☺

And the next time you are involved with profuse stress, you can start looking for the pleasure that may be derived from it ...

☺

and looking for the pleasant aspects of it, you will find the situation far more enjoyable than negatively stressing...

14. TO STOP SMOKING

If smoking were a medicine against headache, it would never be allowed onto the market because of its side-effects.

Elizabeth (48), English teacher, is married and mother of a daughter at university. In the happy little family she is the only one who smokes. She smokes one to two packets of cigarettes a day and this for 25 years. In that period she stopped smoking a few times, always with short intervals of a few months; once even for four months. She is well aware of what it means to quit. She could write a book on all different ways to give up smoking. Her father and grandfather both died of chronic asthmatic bronchitis. This affliction almost only occurs with smokers. Elizabeth still remembers her father's simple question two days before he died, when she was sitting alone at his bedside. He then asked her for the first and also the last time to stop smoking for good. It wasn't a plea, not a 'last wish of the dying'. Two days later he died a painful death. She then persevered for four years but started again in a silly way, accepting a cigarette from one of her colleagues without thinking. Elizabeth can't understand how she can keep on ignoring her doctor's and her father's advice. It is strange that she hasn't shown more symptoms than this light smoker's cough in the morning. What exactly is she waiting for ?

Are you too an expert in giving up smoking ?

According to official estimates, in the US one out of three people smokes. About half of them would really want to stop and did an effort to do so. Many people stop smoking but restart after a while. Smoking is obviously in their blood, or better: in their subconscious. If you have smoked for a long time you have built a mental addiction that will become included in your self-image after a while. The world is divided in smokers and non-smokers and you belong to the first category. Your self-image of a smoker then travels with you everywhere, linking itself to the memory of all important events in your life. This way it becomes even more

unmistakenly a part of yourself.

By giving up smoking you can't get rid of that self-image just like that. ***Your self-image of a smoker does not disappear just like that with your last cigarette.*** After some time it is possible to build a self-image of non-smoker next to this of smoker. Both will remain in you next to each other. By smoking one cigarette at a moment of weakness the smoker in you could appear once more with full energy. In fact you stay a smoker for life, even after not having smoked for years. If this were not the case, then there would probably be far less smokers now.

In order to assess a method to stop smoking it should be determined how many people are able to stop with that method and if they can keep it up, for example one year later. It would actually be appropriate to go one step further and examine who of those people has lost the smoker-within-himself. A 'malevolent' researcher could e.g. have all those who stopped a year ago smoke a packet in order to check who is able to stay off cigarettes easily after that one packet. Since not one method that makes use of plasters, chewing-gum or fake cigarettes takes into account the subconscious, the results of this experiment will certainly not be overwhelming.

Negative suggestions that perpetuate smoking

'I lack willpower to stop smoking.'

As with slimming or other forms of habituation or addiction, willpower is not the ideal method to stop smoking. Using willpower means starting a fight with yourself, a battle you will have to wage for the rest of your life, unless you slowly change into a non-smoker on your way. If still you are a type to make use of willpower, try to turn this suggestion into the following: 'I have plenty of willpower to *help* me to stop smoking'.

'If I can't smoke I become hyper-nervous.'

If you are an anxious type, it is better to learn a way of autorelaxation first that uses 'anchor suggestions'. This will be explained further on. Otherwise you may link smoking with a period of explicit nervousness. In fact many smokers use the ritual of lighting a cigarette itself as an anchor to some relaxation. The

specific actions and the effect of the nicotine are then linked with situations in leisure time, very often also with an aspect of togetherness with friends, or with the pleasure of a cigarette after the meal. Lighting a cigarette also offers room for a short break, although for many smokers this 'break' gets lost in time, the ritual becoming fully automatic. Half of the cigarette has been burnt before the smoker realizes having taken and lit one. Should any relaxation remain, then this is completely acquired by the anchor-effect. Therefore you should make sure to have different anchors *before* you stop smoking. This way you can have 5-minute breaks at set periods to go and have a cigarette after e.g. having worked an hour without smoking.

'If I stop smoking I will get many withdrawal symptoms.'

It is quite paradoxical that a number of smokers are not only in search of the relaxation aspect, but also want the stimulation of the nicotine. In addition, nicotine is the product leading to physical addiction and thus to withdrawal symptoms in a number of people (not all!!) who quit smoking. These withdrawal symptoms are most likely the result of a placebo-effect for the major part (in this case rather 'nocebo'). They can then be considered as the battle the smoker in you fights against the giving up smoking. This implies that withdrawal symptoms are not inevitable when quitting smoking, even if they bothered you a lot in a former attempt. You can reduce them or avoid them altogether by mentally becoming a non-smoker before you actually give up smoking.

'For me, smoking is not really unhealthy.'

This is a fallacy some people still take seriously, in spite of all evidence of the opposite. Smoking considerably increases the risk of chronic asthmatic bronchitis and of various sorts of cancer. Unfortunately this is reality. Heavy smokers are twice as much ill as others.

This book lacks room to look deeper into these health aspects. But it is easy to find information on this topic and it is interesting as well to get a good picture of it. However, as a deterrent it should not be relied on too much. It may even heighten your anxiety. Moreover, the subconscious is not so easily deterred and generally speaking, it is better to set your goals positively. Instead of thinking about a possible disease, you had better focus on long-term health and wellbeing without smoking.

'It is too late for me already. There is no point in stopping now.'

It is never too late to consider the quality of your life. Even if smoking has caused a serious illness, then quitting can still increase your wellbeing. Don't fool yourself. Weigh –in all honesty– the advantages of smoking against the disadvantages in the short and long term. Composing lists on paper always works.

'I need to have a cigarette.'

To many, this thought automatically leads to smoking. They have a cigarette in their mouth before they realize having taken a packet. You can more or less avoid this when you see to it that there is not always a packet near. For instance, put your cigarettes always in a specific place in the house and make sure you link this place with the idea of a choice. Here you alone decide whether you still need that cigarette or not. In your visualization exercises you could use this place as a place where you change into a non-smoker.

A positive approach using autosuggestion

A proof of autosuggestive power.

Hocus-pocus as hypnosis may be, it gives proof of the fact that suggestion is very effective at giving up smoking. After four to five sessions of hypnosis the percentage of success is about 60 percent, also in the follow-up after one year. This is not less than the maximum achieved with any other method.

However, you don't need hypnosis in order to let suggestion work for you. Suggestion is a daily recurring phenomenon. When you learn to denote its possibilities purposely, then you have a very effective instrument in hand for and through yourself. If you don't depend on a therapist, you can do as many 'sessions' as necessary to accomplish what you wish.

Knowing what you want with the use of visualization

No one can stop smoking unless he really wants to. If you don't know whether you really want to quit smoking, the easiest way is simply to ask your subconscious. Do a visualization exercise on

yourself, somewhere in the future when you will have stopped smoking completely. How does that feel? Is it difficult or rather easy not to smoke any longer? Which advantages can you think of? But also: which disadvantages? Have you become more nervous for example? Perhaps you should during the quitting or even before that, already pay attention to an increase of your stress-resistance. It could be worthwhile to learn a few very brief relaxation methods. Don't let anyone deceive you into being able to really look into the future. A visualized 'look into the future' can teach you a lot about yourself and about what is necessary to keep quitting smoking. You may be afraid of gaining a few kilos. The only way in which smokers may gain some weight after having stopped, is to take more calories automatically. The subconscious replaces the oral joy of smoking by another oral pleasure. Something inside you understands the chance with which this will happen if you don't do anything about it now.

A future visualization is a communication in which you can become aware of what your subconscious already knows. And this is the only way 'to look into the future'.

Visualization as communication in two directions

A visualization of the future is a communication in two directions. Not only can your subconscious this way bring something to your consciousness, as said before. The visualization can also be used to make clear to your subconscious what you want. Manipulate everything that happens in the visualization. See yourself in different circumstances: at home, at work, on the way, at a party, after a cozy meal. See how easy it is not to smoke, also when offered a cigarette. You may even accept it and smoke it with taste without feeling an urge for more. See how you can stay relaxed without a cigarette and how your social contacts can improve when not smoking. See how your smoker's cough disappears and how your general condition improves.

Attention to relaxation

After having stopped smoking many people go through a period in which they feel more nervous. It is always advised to learn a few short relaxation exercises while giving up smoking. To do this you can work with 'anchor suggestions'. These are autosuggestions of e.g. relaxation which you link with any kind of action or idea (the 'anchor'). The latter could be: a sentence ('I can relax without smoking'); a few deep breaths; giving your ring a twist; or even the

taking of a cigarette.

If you want to link these with relaxation, you need to exercise in advance. First practice a way of autosuggestion thoroughly. Once you've mastered this, you will be able -in a deep relaxation- to make the link with the anchor, using autosuggestion or visualization. See how you take a cigarette and how you keep it still for a moment, instead of putting it automatically between your lips. See how you apply the anchor, bringing you deep relaxation. Reflect for a moment on this one cigarette. Do you really want to smoke it? Do you still really need it now you feel completely relaxed?

After having practiced this during relaxation, you can start applying it in real life. Don't go too fast. Make sure that your first real experiences succeed a sufficient number of times. Let every success sink in as a suggestion that you are on the right track. At the same time try to avoid every feeling of failure. By reflecting a moment each time you take a cigarette, you purposely break the automatic character of your smoking habit. This is in itself a big step forward, even if you do smoke that one cigarette.

Although working with anchor suggestions may seem simple, it requires sufficient exercise. Keep training this for a while, also when you succeed in putting it to practice. Your health and wellbeing are worth spending some time on.

The importance of a stopping date

By far the best date to start giving up smoking is *today!* There is no reason why you would postpone this any longer. Today take your fate in your own hands and start working on yourself as a non-smoker. This doesn't mean you won't smoke any cigarettes from now on. Contrary to merely applying plasters or chewing-gum, it is so much better to become a non-smoker first and to quit smoking afterwards, then vice versa. It is not only more comfortable, but also much more efficient. Planning a date after which you won't take a cigarette, can mean that you are not ready for it yet. This way you oblige yourself as a smoker not to smoke anymore. Talking about frustration ... To quit smoking then becomes a very frustrating occupation. It is namely a period in sharp contrast with the pleasure of the former period. Also a possible setback of one cigarette becomes a failure this way, since it was your intention never to smoke again from one particular day.

That's why you should start your own change into a non-smoker as quickly as possible. Use autosuggestion and visualization to

start communication with your subconscious about this subject matter. Keep a date for that last cigarette dangling for the time being, but keep for yourself the certainty that you will be able to completely quit smoking in the near future. If, after a few days or weeks, you feel that you are going to succeed, you can still fix a date, e.g. that same day or a week after. Let there be no obligations. You are simply who you always were, acting the way you want. You simply changed yourself into a non-smoker because you want to be one.

What to do after having smoked a cigarette again?

The warning to an ex-smoker that all has been in vain after having smoked one cigarette, is not correct for someone who is - consciously as well as subconsciously- wholly directed towards a life of non-smoker. Of course it is pointless to try this out on yourself. On the other hand the warning itself can be a serious suggestion: 'If you smoke one cigarette, you will relapse.'

In case you have again smoked a first cigarette, then it is time to consider this for a while. You are worth evaluating briefly what happened. Which are the relevant circumstances under which you lit this cigarette? What made you smoke again? Were you discontent, nervous, frustrated? Or was it rather the cozy environment, the company of friends, the tasty meal, which reminded you of the past, when a cigarette was part of similar experiences? Is this equally possible in the future without a cigarette?

Whatsoever, don't even consider one cigarette as a failure. To the contrary, you can learn from it and from that moment you will stand stronger in the future. It gives you a chance of bigger success. The following fact could also be used as a suggestion: 'If you have again smoked one cigarette without having relapsed, you will be much stronger in the future.'

What to do after having relapsed a few times?

A few relapses may be proof of the fact that the smoker in you is too powerful to be ignored just like that. It doesn't have much sense then to try once more without paying much attention to it. First of all, the communication with your subconscious should be elaborated on as well as possible. You have to know for certain whether you really want to stop. If you are certain of it then you have to pass the message to your subconscious. You yourself are proof that this is not in the least obvious. Otherwise it would cost

you much less effort to remain stopped. Ask your subconscious regularly whether the smoker in you is ready to cooperate with the non-smoking –e.g. in the form of an ‘inner advisor’ who can be visualized for instance as a wise old man. Only when this is the case, you can think of giving up smoking again.

Relapsing a few times may trigger the idea that you lack willpower to really give up smoking. But what exactly is willpower? Probably you badly fought yourself before. Instead of going to battle at once, you had better negotiate now. To stop smoking has been a permanent frustration of a part of yourself so far. See to it that frustration is no longer needed. Accomplish efficient communication. Realize that if your subconscious really wants it, you have now already stopped smoking.

Visualizations

A school board with two wings

‘On one half of the board you write the reasons to stop smoking in bold. On the other side you write the reasons to keep smoking in small print, erasing them immediately if you are not fully convinced.’

A cigarette is being pulled away over the table

‘A way to visualize your motivation to stop smoking while enhancing it. If the cigarette drops from the table (entirely your doing), you know that a big part of yourself has practically stopped smoking’.

At a crossroads you choose cigarettes or your health

‘In thoughts you are in front of a junction. You can opt for the road to a better health or for the road on which you continue to smoke, including all negative consequences.’

A special room in which no one smokes

‘The “special room” is a mental space in yourself in which you are always welcome, and where no one –including yourself- has ever heard of smoking. As cigarettes do not exist there, you do not feel any need for them.’

*A technique: a cigarette is being pulled away
from a table*

Sit or lie down quietly and spend a few minutes relaxing. Feel how with each breath a little tension is able to remove itself from your body...



Imagine that there is a cigarette on the table in front of you. An invisible force pulls it away. See how the cigarette is slowly being pulled away from you. It gradually moves towards the edge of the table. Perhaps the cigarette moves very slowly at first ... but then more and more ... it moves away from you.



The cigarette approaches the edge of the table ... and only when you are sure of ... being ready to quit smoking ... you are able to let the cigarette drop from the table. And you realize that when it drops ... you've just stopped smoking.



Think about this for a moment. Let this idea completely fill up your mind.



Cigarettes are no longer part of your life. Cigarettes no longer exist for you.

15. ERECTION DISORDERS – A VERY SUGGESTIVE DOMAIN

Alex has been happily married for 21 years with a sweet, charming wife; he is father of two children, has a good job, a house, a car, two holidays a year. Who would not want to swap with this 'ideal' life? Alex however would want to exchange with the life of many men who have much less 'made it' in the eyes of society. He himself has felt a failure for the last few years. Since he had surgery for acute appendicitis, his sex-life has completely extinguished. Of course every doctor assures him that this has nothing to do with it. It didn't happen straight after the operation, but shortly afterwards his manliness quickly went 'downhill'. After six frustrating months he finally decided to consult his GP, first alone and later a few times accompanied by his wife. A urologist was consulted as well. Apparently, there was nothing wrong with Alex physically. A number of tests did not give conclusive results, neither when repeated. With a special device it was concluded that he could get erections in his sleep. The couple did not get much of an explanation and they are now faced with major internal tensions. Communication, so useful for the solution of the problem, strongly deteriorates because of the frustrations. Alex has had enough of it.

Note: the domain of psychogenic erection disorders largely overlaps that of libido disorders. Since these are treated in this chapter, a distinction between both is not made, for reasons of simplicity.

*Is it only between the legs or especially
between the ears?*

In the cause of erection disorders, physical factors as well as psychological ones can play a role. Physical causes are of hormonal, nervous, vascular or medicine-related (painkillers,

tranquilizers, antihypertensive medication...) nature. The causes must of course be checked through physical examination and blood tests, especially if a morning erection never occurs. The first results may call for further research. **Psychological and physical causes play their role.**

It is often shown in percentages how many cases belong to the psychological and how many to the physical domain. Depending on the source consulted, the estimated number of psychological cases is somewhere between 15 and 80 percent. Needless to say that this is plain nonsense. Both domains can not be separated. In the majority of cases a man has emotional problems in connection to his impotence, purely organic as this may be. These emotional problems undoubtedly affect further proceedings. On the other side, psychological and behavioristic factors are also present at the origin of organic causes itself, such as the influence of smoking or wrong eating habits on arteriosclerosis. Furthermore, an organic cause may be slight or temporary. It is possible that the psychological reaction to this has an overwhelming effect on the erection disorder. If in these cases, the organic cause is considered to be *the* cause, then the picture will be disrupted.

Sources that conjure with such percentages often want to prove something that leads to personal profit. Although this is not forbidden, conjuring with numbers is too simplistic on this domain. Therefore numbers will not be quoted here. **Logical arguments for psychological influence.** Still, a few logical arguments for a psychological influence are the following:

- ◆ Sexual arousal requires, paradoxically, general relaxation. An erection doesn't coincide with brooding over financial or other problems. Acute stress (from problems at work, in the relationship, or worries about the erection problem itself) is frequently the indisputable cause of momentary erection disorders.
- ◆ An erection is a physical reaction to a mental message, or: an autosuggestive action that is speeded by physical stimulation. This also applies to nocturnal or morning erections that are the result of what 'goes on' in the dream stage. If you have an erection while you are thinking about your book-keeping, the erection will pass quickly.
- ◆ Potency is a very sensitive domain. Impotence may quickly become linked with doom-thinking such as: fear of the future, fear of loss of manhood and youth (impotence as first sign of physical deterioration); shame; a slight self-respect. The

present time of uncertain role models heightens the tensions related to the sexual. So it is to be expected that the psychological aspect increases. An infinite number of men with erection disorders don't ask for help out of fear and shame, their problem growing bigger all the time.

- ◆ There have always been plenty of potions that claim to heighten potency, and they were all effective. Their effect, however, was merely that of the placebo. This is what the next paragraph is about.

Spanish fly, you said, or sildenafil ?

There is not one domain in the course of history in which mankind has been so inventive as in the concoction of potions to acquire the long-desired erection. Thousands of aphrodisiacs were and still are used all over the world to spur willy to action. From Spanish fly to Japanese fugu, from ground rhinoceros horn to the genitals of tortoises in heat (eaten raw); you name it. This turns love potions into the most widespread placebos of all times.

Erection disorders are a fertile domain for placebo's. Apart from a few exceptions, these are indeed all pure –and often very expensive- placebos. Every remedy with sufficient side-effects (mostly only partly discerned consciously) and in which the local 'high priests' have invested plenty of energy (through ads or through retelling huge successes in e.g. scientific studies), *must* have a definite effect on the signboard of male power.

Will the far-stretching claims of the last in line, sildenafil, be able to stand the ravages of time? Anyhow, it causes one super-erection, namely that of the producer's shares. Beware: the question is not whether it works. The question, also with sildenafil, is what has the largest part in its working: pharmacology or suggestibility? Anyway, sildenafil has a lot of side-effects, although seldom serious ones. This makes 'proof' of its effectiveness in respect to a placebo without side-effects as good as worthless, the more so in a domain as male potency which is under considerable suggestive influence. Well, as far as I can make out, absolute proof of the claims of sildenafil has *not* been given yet.

The moral from the more-than-thousand-year-old search for the ultimate remedy of Aphrodite's desire is the following: the most significant aphrodisiac is inside your head. With the help of autosuggestion, especially visualization, you yourself possess all

the ingredients necessary to put the spark to the tinder. At least 99 percent of all external remedies is a way of applying suggestion, be it through a roundabout way. Would it not give much more satisfaction to take the helm yourself?

Do not lose your partner between the sheets

A psychogenic erection disorder is very often a symptom of a relational problem. The use of remedies that enhance the erection, without consideration for the relationship, can not be called satisfactory in a case like that. A relational problem, on the other hand, can arise or get worse if sex is not satisfactory. The partner can feel neglected, excluded, unloved. The wife might think her husband has an extramarital relationship. Or she can blame herself for the virile problem, openly or covertly. The wife could interpret her husband's erection disorder as a sign that he no longer loves her, because that notion had always been drummed into her. Or she may attribute it to the fact that he no longer finds her attractive. All of this is not (necessarily) the case. Couples often dread discussing it because they are afraid of hurting each other's feelings or of raising problems that lie behind. Because of this lack of communication they become more and more alienated from each other, physically and emotionally.

Try to involve your partner sufficiently in the problem. Don't let a faltering communication hamper the possibilities to grow as an individual and as partners but work at the symptom. Anyway, you are in the same boat and in case there is a problem with the mast, you'd better join forces to keep it upright.

Negative suggestions that cause the flag to fly at half-mast – and what you can do about it

'Sex is a must.'

Too often magazines, books and films put up an ideal picture of the potent man who has not the least problem with a daily fucking, or why not more than once a day? This pressure to sexual performance leads to false obligations which for most 'normal' men

are beyond their reach. The result is: frustration, letdowns, and an equal number of opportunities to get problems with the erection.

It is impossible to get an erection just because you have to. On the contrary, fear of falling short is easily translated into a suggestion that having an erection is more difficult. Letting go is a necessity. To 'want' an erection just like that is impossible. It can be compared to falling asleep. The more you force yourself, the less you will succeed. And after a day full of obligations you are not really eager to take on another task, in the form of compulsory sex.

In my practice I had the opportunity to talk to sexually fulfilled men who claimed to make for it daily; or others for whom the deed itself was only of indirect importance. I never had the impression that the second category men led a less versatile and interesting sexual life. So much depends on interpretation and perception.

Man is the measure of these things. There is no must. There is only one criterion: the joy you derive from it, as an individual and as partners. This pleasure is also the best suggestion to come to satisfying erections.

If you have an erection failure, don't focus on the problem. Instead, focus on all the exultation eroticism can give you, without an erection. Let that pleasure be the raft on which you float further towards the land of Coïtha. This way your own pleasure becomes the best treatment: the patient as the most exciting cure!

'Sex is a sin.'

With most people in the western world this idea is no longer present on the surface. It has nevertheless overshadowed the experience of sex for so many centuries, that it still plays a big role in the background. Impotence, the wrath of God for masturbation or for a sinful life is still a taboo, thanks to this. The sense of sin connected with sex always comes to us from former generations, where it inflicted wounds which are transmitted by imitation – deliberately or not - on to younger people.

In the transitory era we still live in, there is an enormous ambiguity: sex is a must, but at the same time it has something sinful. It is not surprising that for many people sexuality is closely interwoven with fear: fear to be ruled by one's own feelings; fear of letting go; fear for the quicksand of lust; fear of the loss of authority towards the woman; fear of affection as a weapon of female dominance; fear of being rejected; fear of failure ... All these forms of fear are being brought about by a lack of knowledge of sexual

matters by the man and the partner, as well as health workers. Since fearful stress cannot be combined with pleasure and surrender, the direct result is often an erection disorder. A vicious circle is then created, existing of fear and a sense of guilt, stress, depression, a low self-esteem, and loss of libido.

The only way to be freed from this vicious circle is to learn to see and experience sex as something natural and beautiful. Not the intellectual insight matters; what does is an earnest emotion, a conviction that lives in your deeper self too. To acquire this you again need contact with your deeper self, for instance in the form of a visualization in which you communicate directly with your symptom.

‘He is too small.’

I can’t resist pausing here for a moment, witticism though it may be. The size of the penis in erection is still often considered as a sign of a large sexual drive, of a huge fertility, or of the capacity to satisfy a woman. Nothing of all this is true. If you do think you are poorly endowed, talk about it with your GP. And certainly talk about it with your partner. Don’t stay in doubt, as doubts are potent negative suggestions. Nature blessed us with a certain variation, and problems only arise at the extremities of these variations. These extremities are rather far apart what the size of the family jewel is concerned.

Perhaps one more piece of information: the erogenous zones of the woman are limited to the clitoris and the outer part of the vagina. A woman who claims that she is not stimulated physically because her partner’s penis is too small, hereby gets a bad mark, or even better: an invitation to work on a relational problem.

‘I am too old.’

An elderly man may need more time to run a distance of –let’s say- 3 km, but he is still able to cover the same distance. In the meantime he and his wife even have all the time to enjoy the scenery which becomes more and more interesting because of all the varieties.

Impotence is not a normal phenomenon of the ageing-process. However, the erection does become slower and somewhat less firm; older people also take more medication usually. Precisely the latter can cause an erection disorder as side-effect. Talk about it with your GP and abolish – in consultation with him – all medication that is not really needed. There is a fair chance that

you will feel better in general too. In addition it is possible with elder men that the penis becomes a little smaller. The reason for this is not age, but the less frequent use which makes that the penis loses elasticity and expands less. When put to work again, the penis in erection will regain its former size. There will also be a lessened volume of ejaculation. Together with the general idea of ageing this may lead to a mental trauma. The potent guy will thus feel forced into the role of old impotent man. His self-confidence receives a sharp blow. Add to this a lurking sexual fear of failure, and a new erection problem is born.

Quite wrongly so. At the age of 75, three thirds of the men still have morning erections and about half has an orgasm regularly. Exercise pays. As a matter of fact you are never too old to enjoy, as long as you allow it yourself. Beware of unrealistic negative expectations which can only become true because they show their true worth in a suggestive way.

'I am too fat, too thin, too short, too ugly...'

A libido problem is often a direct sign of someone having a problem with the physical self-image. This occurs very frequently in our western culture. An erection disorder caused this way will of course not disappear unless one strengthens his self-confidence. Talking about it with your partner will often get you going. Try to change what you cannot accept, and try to accept what you cannot change. A good way to do so is to stand naked in front of the mirror and admire your assets regularly. Don't forget to look beyond your body as well. Even hideous people can be loved for their spirit and their heart.

*A positive approach with the help of
autosuggestion*

Don't skip starters

The rich Spanish culture can teach us a lesson about the pleasure that tasting tapas brings *before* the main course. These are small dishes that are usually prepared with a lot of care and handwork, even with some sensual pleasure, and that serve as starters, accompanied by an appetizing glass of fino or amontillado. They are so tasty that the Spanish often stick to these

tapas without even getting to the main course ...

Sex is not a drive that builds itself into an expanding frustration until it is discharged in an orgasm, after which the game starts all over. A man is not a high-pressure cooker, neither is a penis a valve to let off steam that is assumed to lift the woman to an unknown orgasm. Still, I have the impression that this idea plays a large role in the background of many people's thoughts (male and female) about male sexuality. Eroticism is then reduced to putting pressure on the cooker, thus missing the target itself. The meaning of sex will then become: letting off steam as quickly as possible. In such a setting it is easy to understand the impotence of many men.

Let me be clear: whatever happens in your bed is none of my business. If you want it fast, have it fast. If you prefer it to last hours, it's all right too. Everything can and may be exciting. But if you have problems with your erections, you should find out for yourself whether a similar idea is not lurking somewhere inside you as a sexual command. Should this be the case, try to become more flexible by adopting different attitudes towards eroticism. Try to enjoy eroticism without the need for an erection. In other words: first come to accept your erection disorder, then start working on it, not with willpower but

with the use of autosuggestion.

Never run away from your own fantasy

Without sexual fantasy an erection is for most men impossible. Also erections that occur at night or in the morning are connected with dream stages, say: sexual fantasy. The latter is indeed a means that should not be left out, stronger even: it is essential in order to solve erection disorders.

A fantasy is not reality. You should never be ashamed of it, how abominable or perverse it may be. Still, for centuries a lot of effort has been done in western culture to curb that sexual fantasy. At present, this still has a deep influence on many people. It may also lead to an exaggerated reaction, farfetched fantasies that make you feel unhappy. It is interesting to accept these fantasies initially. Opposing them will only sustain them longer. Accept them the way you best accept a symptom: as a message from your deeper self. The intention of that message is not to tease you for the rest of your days. The message wants to be heard in the first place, intellectually as well as emotionally. If you are a good listener you will make your own symptoms redundant.

Which message is there in your fantasy? It is best to capitalize

on it by taking over elements from your fantasy and let them speak to you through a visualization, i.e. in deep relaxation. Who knows, it may be possible to recognize your 'inner advisor' in an image from your fantasy.

Fantasies that make you feel comfortable can by all means be given free rein. What many partners lack doing, is sharing each other's sexual fantasies. This assumes a degree of openness between partners that is not always self-evident. Take care never to impose a fantasy on him/her and always fully respect your partner's fantasy. Don't ever jeer at him or her. Sharing a fantasy can bring people closely and sensitively together; so watch out for firework!

Bring suggestibility in your sex life

Suggestion and sexuality are close friends. Think of suggestive lingerie or other suggestive clothes. A look too can be suggestive, or words, movements, in short everything that goes on between partners who are sexually open to each other. The same elements as in other suggestivity play a role here: the expectation that is created and sustained for a while; a touch of mystery and curiosity; a suggestive environment; the aspect of letting oneself go; the importance of a good visualization ... You can't order someone to become excited (unless that person gets a kick out of orders). It always has to go through a metaphor or suggestive action. Don't limit suggestivity to a mere 'foreplay'. Let it come into your mind throughout the day. Enjoy eroticism for the eroticism itself. Enjoy the endless variations on the same theme as well. Just as many suggestions can help you in solving your problem.

If you miss the target once, just start all over next time

Unfortunately it happens now and then that a career of impotence starts with one letdown, for example after a party that lasted till early morning and where alcohol was abundant. This experience can sometimes be so traumatic that next times it will (whether or not in the foreground) trouble and even destroy the spontaneity. Naturally it grows into a vicious circle that will quickly develop into a downward spiral. In order to escape from this spiral it is of major importance that you focus your attention on the present event and not on yesterday's or last year's negative one. Let's compare it to a ball game: a good tennis player only thinks of the present drive. The failed drop-shot of a moment ago has been erased from his memory, even though he can think back of it the

next day to find out what precisely went wrong.

Anything that could add (in any suggestive manner) to a possible failure this time, is not worth your attention. If you have already practiced moving your attention in another domain (e.g. to reduce pain) then it can easily be applied here too. Always gently bring back your thoughts from a previous failure to the present. You can help yourself by changing the circumstances: be it the material environment, be it your own fantasy. You could imagine being someone else, another man or perhaps alternatively your own potent self and your love-partner. This is not only double pleasure, but also an effective way to keep your attention completely in the here and now.

Visualizations

Sit or lie down comfortably and spend a few minutes relaxing. Feel how with each breath a little tension can be removed from your body ...



Imagine a very special room: a control-room in the mind for feelings and desires. There are panels with lights, different colors, sounds of computers.



There is a panel that controls hunger for food and another one for sexual desires and interests. Each panel has a control-button that can be adjusted at values from 0 to 10. 0 stands for no hunger or interest, whereas 10 indicates enormous hunger or huge sexual interest. Now carefully watch the panel of sexual desire: which number is indicated? Then take the control-button and slowly turn it in both directions. Discern in yourself how your sexual desires change while slowly turning the button.



Which number do you now see on the control-panel? Where would you like to end? Right. Now first turn to 0, then slowly to 1, 2, 3, and so on ... Keep turning slowly and notice how the desire in you becomes larger and larger. You can feel the effect of your hormones that are being released in your bloodstream ...



You don't consciously know how to do this. Only your subconscious does, just like when walking up the stairs you don't realize which muscles to use and how much blood is needed for those muscles, and so many other things you simply don't know ... but you just do them automatically because your subconscious takes care of all these matters.



And after some practice and repetition you will be amazed that it goes easier and faster all the time. By just turning that button and increasing your desire automatically – especially when you are with your partner, together enjoying sexual playfulness. It will always come as a surprise how fast you will get sexually aroused and how that arousal spreads itself through your body when you are close to your partner.

Part 5: THE PATIENT AS CURE

Herman, the monkey, has - as you can notice - in the meantime given himself a name. That was an excellent idea. His smooth cheeks glowed with joy and his naked belly shook with laughter each time he greeted himself in the reflection of the water surface...

Herman has never given up the quest for his self (which he lovingly called 'little Herman'). He was a very persistent monkey, even - or maybe especially - in times that he was despirited and homesick for little Herman. Still, he went through a lot in times of sickness. His beautiful skin (of which he had become so proud) has been pierced with needles and carved with knives. He has been purged, disgorged, scarificated, venopunctured, electrocuted and lobotomized. He has been fed literally all kinds of trash that can be found on earth. There was even one healer (but perhaps that was precisely the best that could happen to him) who once gave him medication, proudly claiming there was absolutely nothing in it. Herman often had the impression that he would soon find little Herman. In vain ... Or not?

The unity of body and mind regained

There is a growing scientific interest for psychological influences. A few decennia ago, in medicine as well as in psychology separate specialisms have emerged that specifically study the influence of the mind on the body. In psychology it is *health psychology* that studies the impact of the mind on the healthy body and the influence of human behavior on illness and health. Inside medicine, *psycho-neuro-immunology* studies the physical links (through nervous system, immune system and hormonal system) between the mind and psychosomatic ailments. Both specialisms originated in the US and have in a short time excited large interest with many researchers.

A book of 1983 already contained 1453 references to articles that specifically deal with the relationship between brain, psychological processes and immune function. Several interesting

conclusions have emanated from this. For example, in a number of scientific articles the influence of stress on the immune system was proved, among other things the following: the sensitivity for passive anaphylaxis [60] ; primary and secondary antibody reactions [61]; NK cell cytotoxicity [62]; the relative percentage of helper and suppressor T-lymfocytes [63]; lymfocytary mitogenesis [64]; production of interferon [65]. These conclusions and their irrefutable consequences have however not yet penetrated to the majority of theoretical as well as clinical (practice-based) medicine.

This is an example of a phenomenon that occurs almost everywhere in present day over-specialized sciences. Researchers and practitioners as are so busy keeping up with their own specialist literature that they seldom exceed its boundaries. Results that could be of interest to several sub-areas are usually 'discovered' separately inside these sub-branches rather than they would 'cross the borders'. And so a certain influence of stress on the immune system has already been shown in a number of scientific articles, although many doctors are completely unaware of it.

As an example of the investigation into the psychological influence on physical processes we can take a study by R. van Quekelberghe [66]. In it testees were able – with the help of suggestion - to differentiate the temperature of index and little finger clearly, and even between two spots on the same finger. This study clearly indicated that different testees reacted to different types of suggestion. It also proves that the own psychological influence on so-called 'autonomous' body-processes is more far-reaching than is generally accepted by present medical science.

A proof of the influence of suggestion on blood flow and temperature regulation. The phenomenon of mentally influenced temperature regulation is of major importance to a better knowledge and treatment of various ailments, such as: Raynaud's disease (fingers or toes become pale or blue because of emotions or cold); rheumatic arthritis; healing of wounds; circulation disorders in the brain. As a matter of fact, the temperature of the skin is defined by the degree of blood circulation in that specific region. The fact that the subjects in Quekelberghe's experiments were able to define this so exactly in a specific area of the skin through the use of (auto)suggestion, has extensive consequences. Indeed, the diseases mentioned above, together with several others, are largely determined by the degree of blood circulation in

specific body parts, which is determined in its turn by the autonomous nervous system (that part of the human nervous system that regulates vegetative functions, such as heartbeat, working of the intestine, convulsing of muscles around blood vessels). It has become clear by now that 'autonomous nervous system' is a badly chosen name. This nervous system is by no means autonomous, but is influenced by and influences itself the cognitive centres of the central nervous system and the psyche in various ways. Undoubtedly a possible link (of course not the only one) is made between the psyche and these 'somatic' disorders.

Room for psychological factors

After having studied all possible somatic and psychological syndromes for seven years, the fledgling doctor is usually convinced that he has a sound knowledge base to help patients with a variety of ailments well. His optimism about this is huge because he learned that everything he is apt to encounter in his career can be (or soon will be) rather simply explained physiologically. This is also the idea that many young (and not so young) doctors try to bestow on their patients.

Nevertheless, this idea is only partly correct. And contrary to what the young doctor thinks, there is as good as no proof for the claim that health and illness would hardly be connected at all with how people think, with the meanings they grant to various factors in their environment and to their illness. There is no proof whatsoever. There is only a tradition of sheer biological-medical thinking, a tradition with many large holes, a lot of 'space for psychological factors'. Of course the mere existence of this space does not prove anything. In addition there are many serious clues for the fact that the impact of the psyche on sickness-and-health could well be enormous. (cf. chapter 8).

Epidemiology leaves much room for psychological factors.

An immense space is inherent in all epidemiological research. This research will e.g. investigate the impact of risk factors, such as smoking or contact with industrial fumes on the origin of lung cancer. Not everyone who smokes or has contact of that kind, gets lung cancer. This is precisely why we talk about risk factors. Only the *chance* increases. Popular are the stories about fat uncle Theo, who smoked as a Turk, drank as a German, and fully enjoyed life until his late nineties in excellent health. And actually

there is only a small number of heavy smokers who get lung cancer. So why not the others? Pure luck or a concurrence of other factors that will –once they are known- also be called risk factors? It depends on how you look at it. Anyway, there is much room for risk factors of psychological nature.

The same phenomenon applies to infectious diseases. Pathogenic micro-organisms (as bacteria, viruses) are in fact always omnipresent. Still only some people become ill. Even in case of an epidemic, e.g. of influenza, not everyone is infected. Is the cause of this distinction to be found in the virus itself or in environmental factors? Or is the blame rather on the internal climate of the people who get infected or not? Something similar can be seen in polygenetic factors, where the genetic inclination for a disease does not necessarily lead to the affliction, but is merely one of the risk factors that could lead to manifestation of the disease, together with other –possibly psychological- risk factors.

After contamination with the HIV-virus, it can take a short while or many years before an aids-seroconversion appears, after which the person suffers from the aids-disease. We now know that the time period before the seroconversion can span sixteen years or more. Why does it take so long with some people? Again, statistically there is much room for psychological factors.

Not one medicine has the same efficiency with everyone. For most of the medication there is even a percentage of patients who do not react at all on it. Part of them is certainly genetically predisposed. Apart from this, are there also mental factors that could badly disturb the working the same way they can endow a totally inactive product with a placebo-working?

Psychological factors everywhere slip through the mazes of the scientific net. In all kinds of research psychological factors slip through the net, just because they are often very difficult to grasp scientifically. This way the notion ‘stress’ is often used in research without an eye for further circumstances that define the meaning of this stress for the individual in question.

Medication is never proof of a cause

Supporters of biological psychiatrics in particular often make the mistake of attributing the working of medication as ‘proof’ of the biological cause of an ailment. They consider the effectiveness of

anti-depressants as 'proof' of the fact that the cause of a depression has an organic nature. Comparable thinking can be found in other domains of medicine. For instance, the positive influence of an antibiotic on the development of a stomach ulcer is too quickly seen as 'proof' of its biological cause. Similar stories can be related about many other psychological and somatic medication; we will here elaborate on the case of the antidepressants.

According to biological psychiatry, depression stands for an aberration in a certain part of the brain, namely the 'serotonine system'. For this claim it relies on the fact that various anti-depressants (tricyclic products, MAOIs) – through different biomedical working mechanisms to be sure - affect this system. According to good medical tradition a 'defect' is spotted here that can be 'repaired' with the correct instrument. If a change in the serotonine system improves the depression, then something must have been wrong with this system, thus causing the depression.

However, this seemingly logical reasoning is not at all that obvious as it seems at first sight. R.T.Fancher notes that this serotonine system could well react correctly to pathological information of other parts of the brain, including the perceptual, memory and anticipation systems [1]. In that case the serotonine system is definitely not the cause of the depression. But what is? Not necessarily an organic defect. Not even inevitably something that could be present *inside* the depressed patient, detached from his psycho-social situation. R.T.Fancher uses a nice analogy to illustrate this: people with a light skin color burn easily in the sun. However, we could not say that having such a skin type is pathological. Sunburn is merely the reaction to the interaction with the specific surrounding. A depression, just like sunburn, could then be a symptom of something that would never – in other circumstances – lead to a pathology. Research shows that depressed people do not necessarily have more 'wrong' ideas than healthy people, but actually more correct ones. Because of this they would suffer more from a disheartening reality.

The effectiveness too of antidepressants can be explained in a completely different way. One possibility (without claiming that this is very likely) could even imply a resurrection of the psycho-analytical explanation of depression. It is namely a well-known fact that antidepressants reduce sexual drives, by which a neurosis, caused by a sexual conflict, will yield power. No impulse, no more neurosis. Sexual energy is curtailed to a level on which it can be

handled [1]. More general – and probably more plausible – is the hypothesis that antidepressants function one way or the other as an oppression of something we haven't understood so far. This oppression enables the patient to integrate in his former life, be it with a possibly reduced involvement or sensitivity.

And some results with relation to antidepressants are food for further thought. Investigation shows that the working of antidepressants – compared to a pure placebo – is often not evident at all. Furthermore, not all depressed patients react positively to antidepressants. This evokes in many biological psychiatrists this strange reflex: they administer to a patient antidepressants, and afterwards - on the basis of the effect – they claim whether or not someone was depressed at first. This reasoning is a perfect example of a vicious circle, resembling a justification of a medicine of which the effect is primarily that of a placebo, in other words caused by the mechanism of suggestion.

It would be different if antidepressants were developed on the basis of hard evidence or on the hypothesis that the serotonin system of the depressed patient would be defective. However, this was not the case. The serotonin hypothesis was developed as a possible explanation for the working of certain medicines that were discovered by coincidence. This means that antidepressants cannot be used afterwards as proof of the hypothesis. In other words, there is no evidence whatsoever that depression is caused by an organic defect.

The effect of anti-depressants does not prove at all that depression is caused by an organic defect. After this only a few certainties remain standing: the fact that the depressed person 'suffers' from his depression, and the fact that a number of depressed patients seem to prefer the advantages of antidepressants to their disadvantages. That depression should have a biological cause is in no way proved by antidepressants.

People 'cure' themselves continually

Most people are not aware of the fact that they continually develop tiny cancerous spots in their body. Of course these not all turn into cancers. The immune defense system cleans up cancer cells incessantly. If a clinically important cancer does evolve, the cause is not that one cell suddenly starts to multiply as a cancer cell, but that the defense mechanism has acted inadequately.

A hypothesis is that seriously stressing events or circumstances in life can create an oppression of the immune system, as shown in a large number of scientific studies. This may lead to a multiplication of cancer cells, which after a few years – sometimes a few months - may lead to a clinical cancer.

People continually heal from cancer ... ‘Spontaneous healing’ of a big cancerous tumor without medical treatment is a phenomenon that occurs now and then and for which science has not been able to supply an answer up to now. There is very little investigation into the matter. However, such a healing from inside would be a most interesting issue to investigate into, e.g. in what way and under which circumstances people could cure themselves. But actually almost all recoveries of cancer are somewhat ‘spontaneous’. Chemotherapy, radiotherapy, even most forms of surgery do not take away the complete cancer. If the body does not clean up the weakened and/or remaining cancer cells, healing is out of the question.

... and from all kinds of infections. It is obvious that we continuously heal spontaneously from infections. From birth to death germs are being cleaned up incessantly by our immune system. A patient whose immune system does not function, e.g. as a result of chemotherapy, can only survive under the most sterile circumstances. Also the aids-patient, whose immune system has been sieged by the virus, falls victim to all kinds of infections of which we normally recover spontaneously. What infections are concerned, the psychological influence is no longer a hypothesis but a scientifically proved fact (cf. chapter 8).

The constraints of a statistic medicine

Not one ‘illness’ is a natural phenomenon such as a stone, a tree, or the sun. An ‘illness’ or pathology (e.g. influenza or pneumonia) is a human construction, a pattern of ‘symptoms’ meant to group a number of people at a given moment. In another time or according to different theories behind it, this grouping may lead to other ‘diseases’ or even the omission of the existence of ‘illnesses’ in general. This explains why illnesses such as ‘hyperventilation syndrome’ or ‘hysteria’ can disappear, and others such as ‘attention deficit disorder with hyper-activity’. Although these are mere names, they are often confused with causes. For instance, you are not ill *because* you have the flu, you are ill *and*

you call that being-ill 'flu' because your symptoms more or less match your idea of what 'flu' is. ***A diagnosis is no explanation for an individual being-ill.*** A diagnosis does not 'explain', just as a simple diagnosis of 'a cold' does not explain why precisely this person gets a cold, and not someone else.

Therefore it is not appropriate to talk of a 'natural progress' that could be 'discovered' somewhere in nature, or of factors such as stress or medication that would 'by nature' have a positive or negative influence on this natural process. All of these are mere statistic conceptions. Only the research of large groups of people with similar symptoms enables us to deduce the statistical chance of a pathology in the individual case. This turns a medicine in which a correct diagnosis prevails - as our western medicine - into a statistic medicine.

Statistics never have an absolute significance for the individual case. As is the case with all statistic concepts, a statistically determined pathology *never* has absolute significance for the individual case, unless with the extremes of 0 and 100 %. For instance, 100% of the people now living, will die, and so will you. But in the meantime there are people who *are* spontaneously cured of cancer. There *are* people who have carried the aids-virus for 16 years without having developed the aids-disease. And there *are* plenty of MS-patients who only experience one attack of MS in their lifetime. The same occurs with epilepsy and a variety of other 'chronic disorders'. Why did these people become ill with this ailment or another, and why do they *heal* spontaneously? These are questions that quickly slip through the statistics net, but which are definitely not less real.

Researchers in a certain study first found a slight correlation between psychological stress and the progression of invasive cervix cancer. This correlation, however, became large when they more specifically looked for coping-strategies: feeling of helplessness, fear and pessimism [67]. Particularly studies of large groups are apt to conceal important variations. A study by Smith and others, for example, showed that seriously stressing events are responsible for only 1 percent of the diverse sports traumas that followed. In a sub-group with slight social support and coping strategies, this number rose to 30 percent [68].

The lesson we can learn from this is clear. Statistics are only useful to illustrate the relevance of certain factors if these factors are rightly taken into account. If e.g. the influence of 'stress' is being investigated into without first having been divided and fitted

in with (acute or chronic stress, stress combined with helplessness, fear or optimism, etc.), the conclusion could be reached that there is no influence of stress on a disease. If on the contrary, divisions are made and a context established, significant issues may pop up.

It will get utterly misleading if done systematically, e.g. because psychological factors can hardly or not at all be cast in figures. There are countless personal factors that are hard to control, so if they are ignored this is not necessarily done on purpose. Nevertheless the result is that much research of psychological factors emits hopelessly wrong results that – when taken together – could be responsible for a totally wrong impression. The ‘mistake’ that is made consequently is that afterwards, in the concrete case itself these factors are not considered important. But the ‘natural process’ does not exist for the individual case, just as the individual case is being abstracted into nothing when the statistics are created.

The natural course of a disease does not exist in the individual case. The description of what is called the ‘natural course’ of a disease has given this a scientific and practical right to exist. Starting from this, the prognosis and impact of e.g. medication on the disease are determined. This is indeed good in itself, but one should not be deceived by it. One should not take it for granted (in a practical sense) that the individual statistic ‘defect’ is nothing more but a ‘noise’ in the statistics. Taking noise properly into account could well mean a serious breakthrough, as was revealed in the birth of the relativity theory.

The unique person should never be forgotten

By not (wanting) to see the distinction between the statistic person and the by all means unique person, every aberration of the average finally becomes a ‘pathology’ and everyone feels ‘hyper’ or ‘hypo’ (or ‘perverse’ in another way) – e.g. in the sexual domain. In the end everyone feels inadequate and starts craving for the latest consumption article (the latest medicine, the latest method ...) that could help him in getting ‘normal’ again, at last. From their childhood onwards people are indoctrinated in this culture and the most important occupation of modern man becomes the endeavor for an artificial super-image of normality.

The needs become unlimited. This too is suggestion.

People can be injured by deep grief, any kind of farewell that will leave the soul hurt forever. This grief can be so intense that every boundary between body and soul fades. **Each person experiences his sorrow very differently.** Typically human is the fact that the same farewell can be quite insignificant for one person, a secret relief for another one, whereas for another one yet it means the collapse of his personal world. We have all had to cope once with a sorrow that touched us deeply. A man parts from his career, a woman from her child, a child from the idea of total security. The immediate reactions are very different, and so are the reactions in the long term. For one person time is a healer, while for another one the wound only becomes deeper and deeper. Statistics just don't 'understand' all this, and by doing so often cause some – sometimes to a large extent – dehumanization in medicine.

Alternative medicine as evidence of the patient's psychological power

Scientific studies seldom or never see a larger effect of alternative medicine (acupuncture, homeopathy etc.) than of placebo. **Psychological possibilities explain the success of alternative medicine.** Instead of concluding that they are not effective, their efficiency should be seen as proof that the patient's mental power is enormous. A large number of people feel that the 'alternative power' truly helps them with their concrete, chronic health problems. This is how the growing popularity of alternative medicine can be explained, especially in the nineties. In the US people already pay more from their own resources for alternative forms of healing (also including massage and relaxation) than for regular medicine [69], and there are yearly more consultations with alternative healers than with primary care physicians. And this trend is still growing. This can no longer be considered as a passing craze, but has developed into a situation which no sensible person can ignore.

Although people feel that 'it' works, they don't necessarily feel that the thing that works is in fact present in themselves. Alternative healers who are not right-minded, or out for profit often claim that it is the theory behind the alternative medicine that works. Until further proof of this is given, it is more straightforward

that an alternative way of healing works because of the *suggestion* that it works, the expectations that are created. At best, this is an 'innocent lie', comparable to the idea that regular medication would slightly or not be placebogenic. At worst, such a lie has very negative consequences in the long run. It creates a learned helplessness, a reduction of the autonomous mental power, a dependence on the alternative healer or the medication. ***Alternative medicine is no longer proper or needed when the psychological possibilities can be put central.*** This dependence of the patient is too often brought about and exploited by many alternative healers. However, alternative ways of healing are not (longer) needed when the mental force can be put in the center without deceiving the patient. This is only possible when we are open to autosuggestion.

Who then is responsible for illness and health?

Some people think it is better not to point at the psychological possibilities in the domain of illness and health. Their argument being that the patient, apart from the distress of his ailment, also gets the blame of his own disease. Is not he himself responsible for his cancer, e.g. because of his unrevealed aggression or his negative autosuggestions (such as imprints or expectations)? Patients could also reproach themselves excessively, saying: 'If only I had been more positive.' These reproaches themselves can influence the prognosis negatively. It is now already the case that chronic patients often have many ambivalent feelings, in addition to feelings of guilt, shame or despair. This is sometimes brought about by a not too positive influence of their direct surrounding, and sometimes even of their GP. It is obvious that we must be careful with this. ***Nothing from this book may be used in order to make someone feel guilty for his own illness.*** Therefore I would like to stress at the end of this chapter that *nothing* from this book should be interpreted or used to make a chronically ill person feel guilty about his disease. It makes no sense to reproach people of getting ill through a faulty use of their own inner force, if they have never been given the opportunity to recognize and use this power. The term 'guilt' also implies that someone consciously decided to become ill. That can not be the case here. The way in which someone influences his process of the disease mentally, is

almost certainly the result of *subconsciously* defined habits and thoughts.

For a smoker e.g. things are completely different. That cigarettes are the cause of cancer and chronic bronchitis is a known fact to the total population. Someone who still smokes a lot chooses deliberately to almost double his chances of a serious disease. We can proceed and point a finger at a sedentary life, stress and wrong eating habits as causes of heart and blood vessel diseases. Soon we will all be guilty of behavior that generates disease, since in order to have fun in life it is necessary to indulge in unhealthy things now and then (unless you are a happy hermit). Should everyone feel guilty then? I think the idea is rather absurd. Neither should the cancer patient feel guilty about his possibly psychological part in a disease with a variety of causes (e.g. coincidence, genetic or other predisposition, contact with carcinogenic products, mental factors).

To consider chronic illness as guilt is only possible when the illness itself is regarded as bad (wrong, weak, morally unacceptable). This is an inheritance from a centuries-old vision on illness and health. However, if being ill is not condemned to something that is morally bad, then it cannot possibly have any guilt.

In this context there is no point in feeling 'guilty' for what has been. On the contrary, it does make sense to feel 'responsible' for what is to come. Someone who feels responsible in this respect will look for possibilities to improve his condition – preventive or remedial – through psychological ways. This is detached from possible guilt in the past. It also requires courage: courage to walk paths in the future which are not yet generally acknowledged at this moment. Searching contact with the subconscious requires courage, since in our society the subconscious as a whole has so long been denied and suppressed. Taking up responsibility requires courage, because in our society the idea of responsibility bears close resemblance to the idea of guilt.

Feelings of guilt do not lead to an attitude of responsibility.

Dear reader, I hope that – in all health matters - you are able to disconnect one from the other, because an exaggerated feeling of guilt itself will trigger a suggestion that makes ill. ('I am guilty. I don't deserve anything but this disease'). And this is exactly what you can avoid out of a just sense of responsibility.

Summary

In medicine and psychology alike there is a growing interest for the mutual influence between body and mind. The last few decennia this has translated itself into, among other things, a number of separate specialisms. Plenty of scientific research proves the large psychological impact on all kinds of body processes. This knowledge however is difficult to pass on to many doctors. Apart from the influences that have already been proved, much more is still possible. The scientific methods of research that have been developed by medicine itself, are most suited to unravel the physical causes of illness, but much less so for the psychological causes. It is highly probable that with putting more stress on the psyche, also a lot more mental power will be proved in a scientific way.

In the meantime people reach out more and more for healing methods and medication that show great promise for a better use of the own mental capacities. This promise however is not always kept by alternative medicine. Finally people will be able to take more responsibility for their own illness and health, and this through an explicit use of autosuggestion. This should in no way lead to feelings of guilt that would precisely be the opposite of what a responsible person aspires to.

Epilogue

Autosuggestion can be used to simplify the communication with your self (or your 'subconscious'). This is essential for the psychological growth necessary to stay in good health, particularly in our present time of hectic changes and new challenges. These challenges in themselves can stimulate us more than ever in unfolding our fantastic human potential. Nevertheless, they also make us ill if, because of all changes, we more and more lose touch with ourselves.

Western medicine has been looking for all possible causes of illness. Since a few centuries, but especially in the last century, the biomedical disease model has primarily been used to do so, the philosophical basis being the idea that illnesses are similar to 'things'. They come to attack us from outside and whether we can defend ourselves against them depends on our internal – physical – environment. More recent, in health psychology and medical psychology, it has been acknowledged that the psyche has a strong influence on being-ill-and-healthy. This happens on the one hand through behavior definition (smoking behavior, sleeping behavior, eating behavior, alcohol abuse), on the other through a direct influence from the own psyche on physical functions via the autonomous nerve system, the hormone system and the immune system.

We live in a time in which for many people in economically developed countries it is easy to grab hold of the material conditions needed to live a perfectly healthy and happy life. Western medicine has certainly also contributed to this. But it is now faced with a challenge that is at least as big: to fully acknowledge the impact of the psyche on illness and health in each one of us.

This recognition will lead to a shift in medical practice, in which there will be much more emphasis on self-help by the patient. This should not imply that the doctor is less often appealed to. It grants the doctor the responsibility to use – as an expert, together with the patient – all possibilities leading to an ideal health and an ideal well-being.

This book is a plea for psychological self-help which is in reach of everyone of us. This form of self-help will in the future become

more and more essential in order to stand autonomous, strong and healthy; and also to avoid learned helplessness of the kind that even a well-meant medicine can entail. In addition to this, self-help becomes more and more fundamental from an economic, social and ethical point of view.

We, our present and future generations should be wakened for the phenomenon 'autosuggestion'. This term is so extensive that it influences our acting and thinking almost continually and it is so powerful that with it we can determine whether we become ill or stay healthy.

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