

The Patient / Practitioner Relationship by Dr. John Veltheim

During my many years both in practice and teaching practitioners at the undergraduate and postgraduate levels, I have remained interested in the underlying, often hidden, factors that seem to influence the results of a course of treatment.

On many occasions, I have seen patients treated by a practitioner using a specific technique without a result. Later, I have seen a different practitioner use the exact same technique on the same patient with great results. Conversely, a practitioner can treat one patient with a particular simple disease and have great results and yet have bad results with another.

This led me to start observing the apparent 'qualities' of both the practitioner and the patient that seem to contribute to the differing outcomes.

I have further found that some of these qualities can differ within a patient or practitioner from day to day. For example, my results in practice were usually better when I was very busy. They decreased if I had plenty of time on my hands to see the patient. As will be seen later, this variable had to do with my state of focus. Patients can vary in their moods from treatment to treatment and change the results!

I have consequently postulated the immense importance of the practitioner - patient relationship with regard results. This will be discussed later to evolve the dynamics of this relationship and the ways it profoundly governs long term results.

I hypothesize that the following is a list of ingredients that contribute to the total picture beyond the obvious medical conditions and standard biochemical and physical medicine factors. Any combinations can contribute positively or negatively according to the situation. These ingredients apply to all therapies to some extent, but are particularly important in 'energy' based therapies such as Reiki, BodyTalk, Applied Kinesiology, counseling, massage, etc.

Please note that the following is a description of what often is. It is not meant to be a prescription for what must occur for results to happen. It can be detrimental to enforce changes to meet these descriptions, because the trauma involved in making either party conform to the 'ideal' conditions may outweigh the benefits derived.

The 'perfect' patient:

Really wants to get better.

This seems a silly statement until we look at the reality. Most patients only want to improve their symptoms! They want pain relief, symptomatic relief, and the ability to get on with their own subconscious concept of 'functional' life.

I have generally found that the patient often does not want to do what is necessary to completely get well. For most, it would be too much trouble or too 'difficult' (the reasons to be discussed later). The often made statement - "Doctor, I'll do anything" really means "Doctor, I'll do anything so long as I feel comfortable doing it, and it won't inconvenience me, or confront me beyond my comfort zones." Naturally, the disease they present with is there precisely because their 'normal' comfort zones include the attitudes, habits, and beliefs that caused the disease. The only way to permanently overcome them is to go beyond them into the discomfort zone.

In many cases, the symptoms are also a personality crutch that elicits sympathy, or excuses, in life to gain much needed attention from family or friends. They, therefore, want to have only the

severe symptoms reduced to enable the problem to return when it is 'needed.'

Is willing to release obvious self-sabotaging belief systems

The patient holds onto belief systems that are obviously unhealthy. By continuing to adhere to that life style/attitude, lasting results are made impossible. E.g. "smoking doesn't really hurt me and isn't the cause of my cough;" "the health food trend is nonsense, I can eat all the sugar I want;" "stress doesn't hurt me, it keeps me sharp and successful."

This takes us back to the previous situation where the patient has to surrender a comfort zone to obtain true health.

Is willing to release attitudes and rules often fully accepted by society

The patient has belief systems that are in keeping with conventional wisdom but are undermining their health because of the inner reactions they are causing. This is covered extensively in Breakthrough. Whenever a person holds beliefs that create expectations or assumptions about life, they are set up for reactive 'buttons' that will have severe ramifications on their health and slow down any recovery. The imploding emotional reaction damages the bodymind immeasurably.

These beliefs have become part of the inner makeup of the mind's parameters for living. They constitute the blueprint for the energetic makeup of the body that essentially controls the nature, structure, and function of the bodymind. Many studies have shown that when someone undergoes a paradigm shift that causes a spontaneous letting go of previously held detrimental belief systems, spectacular healing can occur.

Has confidence in the practitioner

When the practitioner does not instill confidence, the patient is stressed, shuts down energetically and internally, and even unconsciously fights the treatment.

Is open and receptive mentally

When the patient has a closed, rigid, mindset, the energies of the body take on an unresponsive rigidity. Further, the mind feels confronted by factors that are asking for change and puts up a fight. It will sabotage the treatment and ensure that the communication channels it controls do not function as a dynamic interactive process.

Inflexible, rigid minds are the by-products of a society that encourages inflexible ways of thinking. It does this in the erroneous belief that it will bring forth harmony within the society. The conditioned mind accepts the disease as part of its role in society. When a person is faced with the need to change in order to heal, resistance becomes mandatory. This is the only way they think they can maintain their rigid identity.

Is open and receptive physically

Although there is obviously a close interdependence between the mind and body, this statement refers primarily to the mind's attitude to the body. If the patient is conditioned to feeling ashamed of their body or has low self-image, they will resent having to expose their body to treatment—physically or metaphorically. For example, they may be unwilling to undress for the treatment even when it is explained that all energy therapies work better when the patient is undressed. Further, when the treatment does not require them to undress, they will not be 'naked beneath

their clothing' in order to facilitate that open receptivity of mind and body that will greatly enhance the treatment.

When the patient cannot overcome this destructive, negative, societal conditioning and succumbs to nonacceptance of the body, it shuts down the surface energy (wei chi) of the body. This debilitating factor reduces the ability to process the effects of the treatment and communicate the positive energy changes to the body. Further, because the body is effectively attempting to 'hide' itself metaphorically, or behind its need for clothing, the body energies tend to withdraw into the deeper recesses of the body where it is harder to influence them.

Is not locked into environmental emotional patterning

The emotional state of the body can totally control the body's health and ability to respond to treatment. Many practitioners think that they are dealing with the emotional disorders of the patient when they are treating them. What they often do not realize is that the patient who has the symptoms of low self-image and/or poor wei chi, is very susceptible to the emotional states of everyone and everything interacting in his/her daily environment.

Very often, the practitioner is unwittingly treating the anger of the spouse, or work colleague, and not an intrinsic emotion of the patient. While the patient remains in that environment without the tools to raise self-image and strengthen defenses, the treatment will only ever be a Band-Aid.

Is willing to surrender to the treatment

The key word here is trust—of the practitioner; of the procedure; of the patients' own willingness to trust change in the bodymind; of the patient's confidence in his/her ability to live in a healthy state.

Most of this is covered in the previous points. However, there is still a point where the patient must surrender to the treatments, and the consequences of them, before total healing can really occur. This is primarily a mental process of going beyond the rigidity of the defensive, reactive mind and trusting, at some level, in the flow of life and normalcy of living disease free at all levels. Although this state will not be achieved in most treatments, the undercurrent of this trend needs to be present at some level before any therapy can bring about the paradigm shift of awareness that is true healing. This is probably why I feel that any worthwhile therapeutic interaction should include tools for generating awareness in the patient, and systematically tearing down the walls of ignorance in the form of indoctrination and rigid life rules.

The perfect practitioner:

(Most of the following factors are identical to the criteria for patients.)

Really wants the patient to get better.

Consciously, or subconsciously some practitioners need their patients to continue seeing them. In rare cases, for the financial benefit. In other cases, it is because they need the praise from the patient and require the patient to need them. If the ego of the practitioner needs feeding, it behooves him to maintain an ongoing dominant relationship with patients to give continuity to that need.

Is willing to release, or put aside, their own self-sabotaging belief systems.

I have seen many practitioners ignore certain destructive life styles in a patient which mirror their own self-destructive life style. "I can't see the smoking hurting you, I smoke too and it isn't hurting me."

Is willing to release their own socially acceptable attitudes and beliefs

While a practitioner is caught up in the indoctrination of society, this can greatly affect their judgement. It will cause them to react rather than respond, to the information gained through observation of their patient. It will also shut down, or distort, their own energy patterns, which will constantly have a negative influence on patients. This influence is stronger when both parties allow practitioner dominance to occur in the practitioner - patient relationship.

Has confidence in himself

If the practitioner does not have confidence in himself, he cannot expect the patient to have confidence in him.

Is open and receptive mentally

When practitioners are shut down, opinionated, and rigid in their thinking, their scope of practice is limited. Their ability to adapt their treatments to the unique needs of a particular patient is compromised.

Their mental blocks will often blind them to other possibilities of treatment, and limit the scope of their diagnosis. Because of their powerful influence on the patient, they may even impart some of those negative attitudes to the patient causing additional long-term harm.

Is open and receptive physically

There are constant energy dynamics taking place between the patient and the practitioner. This is happening at levels beyond the normal verbal and physical interaction of therapy. When there is a deliberate linking of two people for healing, the energies of those participants start dynamical systems interactions that powerfully influence the end results. This often happens long before the 'actual' treatment begins and can make or break the end result.

If the practitioner has poor wei chi and poor self-image, this can project onto the patient in many ways. I have constantly seen that practitioners who have problems with patients around body image are, themselves, in emotional and mental conflict with their self-image at some level. (E.g. they are embarrassed to undressed, etc.)

Further, a practitioner who has withdrawn energy has less chance of being able to dynamically affect the energy changes needed for the patient. When a practitioner using energy therapies is treating a patient, his own dynamic (or non-dynamic) energy profoundly influences the results. The 'shut down' practitioner surrenders the treatment edge to the practitioner who is dynamic, open, and receptive.

Is willing to surrender to the treatment

This concept will be discussed more in the summary because it encapsulates a very important dynamic. At this stage I should also address the need to remove the ego from the equation so

that all the factors discussed so far can evolve. While the practitioner needs his ego fed, and believes he/she is the healer saving the patient, the factors are reinforced negatively. When the unhealthy ego is engaged, all the attitudes and belief systems supporting that crippled ego are reinforced and amplified. Hence, all the criteria for a dynamic healing are inhibited. Practitioners must see themselves as privileged catalysts. They are present as part of a process; the causative dynamics of which go far deeper than the mere bodyminds present in the treatment room.

Summary

A dynamic interactive relationship exists between the patient and the practitioner. Each participant is there to fulfil whatever result, good or bad, is destined. Likewise, their presence and mutual interaction is predestined. The laws of synchronicity and sequential cause and effect determine that. (See Esther's forthcoming book on Breakthrough.)

Actions are irrevocably taking place between the two players involving all the dynamics thus far described. These are descriptions (not prescriptions) of the game of life. By understanding this process, we can arrive at a philosophical understanding that will transmute the apparent struggle of life into a process of exciting events to be observed and played out. During this process a deep awareness may occur at various levels in each participant that can transform lives.

There are various stages of these dynamics that depend upon the state of awareness of each participant and are relative to the factors described so far. I will summarize them into three main levels for this article. There are many sublevels of interaction that will be described in my forthcoming text book on BodyTalk. There are various combinations of interactions. For example, closed patient - closed practitioner; closed patient - open practitioner; open patient - closed practitioner; open patient - open practitioner. A similar list of multiple combinations could be done for the other factors.

For this article I will focus on the three major levels of treatment from the perspective of the practitioner.

Level 1 treatment

The practitioner goes through the mechanics of a set treatment oblivious of the dynamics of healing. They treat at a gross level and rarely achieve more than Band-aid temporary relief. There is limited focus from the practitioner and they are usually fully shut down, or are going through a cynical phase in their life which keeps them superficially shut down in their work

Level 2 treatment

The practitioner is mindful of the dynamics of treatment and keen to help. They remain focused during their time with the patient and endeavor to overcome any of the negative factors we have spoken of.

They are in an efforting mode so the healthy ego is engaged, only this time they are at least trying to channel their efforts constructively. In most cases, the most successful of these practitioners use some form of visualization to enhance their work. For example, the Reiki practitioner who is treating a sprained ankle may; 'see' the energy pouring into the body; 'see' the increased blood and lymph flow; 'see' the white blood cells doing their work; or other similar visualizations according to their background and training. Highly successful acupuncturists visualize the energy flowing through the meridians in response to their needles. Mindscape techniques are a good example of putting this concept into action.

At this level, if the patient is 'closed', the practitioner will have to use his 'openness' to interact with the patient and eventually force some level of openness in the patient, otherwise the results will be limited. This usually means more treatments so the patient's defenses can be worn down.

Eventually, as the patient increases in confidence and opens to the practitioner, the treatments are allowed to move to deeper levels and the causal plane. Trust evolves, and a paradigm shift occurs. Lasting result can only occur when this paradigm shift happens. This means that the change has occurred deep within the psyche of the patient. Belief systems supporting the disease have dissolved, and the bodymind is under 'new management.'

The second level of treatment is the optimum level for the majority of patient - practitioner interactions. To go to the next level requires that both the patient and practitioner have satisfied most of the factors described so far.

Level 3 treatment

In my own experience I have found myself in a situation where the treatment protocol required for a patient is not obvious and does not fit into the 'normal' textbook situations. This can mean limitations in treatment possibilities and results.

Sometimes, when the conditions are right (see later), I was able to fully let go and allow my mind to disengage from thinking. Intuition took over and a treatment popped into my head that elicited results - usually spectacularly, and with profound ramifications. Very often these treatments were unorthodox or unusual—sometimes they were very simple. I know a lot of practitioners who claim to treat intuitively - and they may - but unless certain other criteria are filled, the results can still be mediocre.

For example, many a great treatment is not implemented because the patient is not fully open mentally and physically. If the patient is closed, they will inhibit the whole process. The level of openness of the patient usually governs the level and depth of intuitive insight of the practitioner. When you are with a closed, opinionated, rigid patient, the intuitive process lacks depth, scope, and flexibility. The success of the ensuing treatment is limited by the patient's indoctrination.

My observations are that the more open and receptive the patient, and the practitioner, the deeper this third level works. When I am presented with a patient who is totally receptive, and communicates that to me verbally, physically, and energetically, miracles can and do happen. When I look back on those cases where there has been a reversal of terminal illnesses, dramatic reversal of chronic disease, total changes in body shape, or increased liberation of the mind, the situation has always involved those criteria.

In most cases, the treatment will start with the second level. The efforts of practitioner and patient bring about fundamental changes that, over a series of treatments, create the criteria for the third stage.

The PaRama 'mind-body' workshops

These levels of treatment also apply to nonphysical contact therapy. Mindscape and Breakthrough usually start with the second level of therapy. Tools are taught to free the mind of its beliefs and mental rigidity. This leads to more flexibility and openness.

Freefall takes this a step further by using body-orientated techniques to free the body and improve the self-image relating to the body. Other exercises help to retrain the bodymind to let go

to the process of life and strip away the need to live defensively and blocked.

As a result of the effects of Freefall, students entering the Primal Unmasking workshop are open enough to be willing to explore the deeper, more primal restrictions of their life. These relate to sensuality, sexuality, and control. During this workshop, the patient starts to experientially observe and ingest the absurdity of the deep, restrictive conditionings of society and the way they profoundly contribute to feelings of separateness from totality.

By the time the student is willing to attend an advanced Primary Unmasking workshop, they are ready to work on their personal growth at the third level. They are willing to be totally open to whatever is thrown at them and are capable of dealing with and processing any realizations that arise. This happens spontaneously, and at the deepest level. This has lasting, profound effects that are only limited by the environment they have to go back into.

In both approaches, the third level is always a spontaneous non-efforting stage. Efforting, after all, is the antithesis of the intuitive process. The healing occurs because both parties are allowing the dynamic process to occur wherever it takes them.