

# The Art and Science of Healing

## Successfully Living With Any Chronic Illness Requires a Change of Worldview

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**“The intuitive mind is a sacred gift and the rational mind is a faithful servant. We have created a society that honors the servant and has forgotten the gift.”**  
– Albert Einstein

At its inception, medicine was an art with little analytical science. Today, medicine is science with little emphasis on the art of healing. Unfortunately, the sciences — medical and social — are not effective with some of the problems clinicians face in their day-to-day practice.

Take for instance an alcoholic or addict coming into treatment. It is common to observe signs of narcissism such as grandiosity and sensitivity to criticism. The narcissistic ego views the world in such a way that misery and suffering prevail. Defects of character—envy, jealousy, greed, anger and pride come from this grandiose worldview. This patient presentation leads to the following question. Do you know of any psychotherapy or pharmacotherapy that can adequately treat narcissism? Maybe a dose of Thorazine, but this only works for a short period of time!

Overcoming and successfully living with any chronic illness requires a change of worldview. Grandiosity sees the world as limited and constantly compares and contrasts itself with others. If the person perceives themselves as better than another, he/she feels superior and tends to lack empathy. If he/she sees themselves as deficient in regard to another, there exist feelings of depression, anger and resentment. Acceptance and surrender are not possible.

Intuitive leaps and “Ah Ha” experiences occur in the silent, non-temporal, nonverbal, and nonanalytical right hemisphere of the brain. These insights alter worldview in a spiritual direction and might be thought of as successful recovery. These enchanting occurrences always happen in the moment accompanied by a gamma spike of energy and a conscious awareness in the next one-third of a second. These encounters can be appreciated as they *open your heart while closing your mind*. At these moments, we experience the Truth. When we are ready, the Truth is a higher level of awareness made available to us by our Higher Power.

Changes in worldview are what the 12 Steps of the Big Book of Alcoholics Anonymous describes as “Having had a spiritual awakening.” The mind-analytical left hemisphere and all of our thoughts cannot get us there and no medications can make this happen. As the 6th step proclaims, “We’re entirely ready to have God remove all these defects of character.” It doesn’t say your therapist, your sponsor or your psychiatrist will do this! It states God or your Higher Power will do this when conditions are right. This is healing and it is transformative making the world look different. However, the world has not changed; only the way that you look at it has changed. For example, acceptance and surrender allow us to view the world as perfectly



the way God planned for it to be and trying to control or change God’s plan as an exercise in suffering and misery.

How and when do these changes in worldview develop? They cannot be acquired and the quickest way to prevent intuitive change is to try to acquire it using one’s cognitive abilities. There is also no technique or program that will do this for you. You already have everything. It is only a matter of reducing the impact of the ego which allows the true self (SELF) to shine through. This SELF is the Christ (Buddha nature, Atman, Tao or other spiritual view) inside all of us. As we get more and more in touch with this SELF, acceptance, forgiveness and surrender come naturally and the essence of your true SELF — unconditional love and serenity — shines forth. Unconditional love is not an emotion, but a way of being in the world and is a very powerful source of spiritual energy. When one recognizes the presence of Christ consciousness, this love permits us to become veritable healers. When we can see

the love and beauty inside of someone who cannot see it in themselves, this constellates the healing process and reduces their pain. Love is the universal vibration that allows for the transfer of energy from one to another.

Consider if you will a red rose bent at the stem with the petals falling off. Upon seeing this flower, many would say that it is a rose well past its prime and should be thrown in the trash basket. However, others would see the flower as a perfect red rose right where it needs to be on its own life journey. Think of the difference it makes when, instead of seeing a patient as broken, screwed-up or deficient, we accept them with unconditional regard and the understanding they are perfectly where they need to be to learn the lessons they are here to learn in this lifetime.

Can you remember an experience when a patient, child or friend came to you with a problem they couldn’t solve? Have you had the experience of them solving the problem while in your presence? Do you know why this happens? One word used to describe this phenomenon is entrainment. When someone comes into an energy field that is higher than their own, they can use this enhanced energy. It only works while they are in your energy field. An example of this might occur when someone goes to their first self-help meeting and starts to believe they can have what others in the room seem to possess — a fulfilling recovery. When this person leaves the meeting, their energy falls to previous levels and all they can think about is using. This is why “keep coming back” makes a lot of sense.

There is so much more to therapeutic work than the left hemisphere oriented cognitive-behavioral approach to change. Each moment there is an exchange of light (photons) between the therapist and the patient. Can you relive a time when you totally resonated with a patient? The nontemporal right hemisphere of the patient and

therapist can co-create an intersubjective context that facilitates the process of change (attachment communication). This attachment communication facilitates the experience dependent maturation of the right hemisphere. Within this emotional bond, what may well have been neglected in early life due to alcoholism/drug addiction, absentee parenting, or a traumatic upbringing can via neuroplasticity be maturely corrected.

As a helper, can we really hear what another has to say? Must we not first need to listen to ourselves? Listening is important only when one does not project their own desires into another. A clinician can get in their own way when listening comes from a preconception (image of another) or from a particular point of view. To really listen, one needs an inward quietness or awareness. This inner quietness allows for communion beyond the noise of words. In this state of awareness, the clinician can hear even when there are no words. In the moment in a state of connectedness with the client, meaning can come as a transformative change in worldview.

Photons are quanta of light. Light travels at 186,000 miles per second and has no resting mass or charge. At the speed of light, time stands still. It is like nothing described in classical Newtonian physics. Everything comes from light as it is involved in everything developed in the physical universe and all of its permutations. The essence of every interaction in the universe is the exchange of quanta of energy (light). The Light of God is within you and it is called the true self (SELF), Atman, Buddha nature, soul, Tao or even the Holy Spirit. It is the Light in you that heals.

What is now called quantum physics started when Bohr, Heisenberg, Schrodinger, and others discovered that one could not separate themselves from the outcome of an experiment. The Heisenberg Principle and the Von Neumann Formula describe how one's inten-

tion impacts the results of an experience. When you are with a patient your intention influences the outcome. If the clinician performs their work with integrity and unconditional acceptance (love), this will influence the clinical outcome. If this is our intention, we will never do anything wrong as love can only know truth. Here I am speaking of unconditional love which is not an emotion, but a way of being in the world. It is love without a motive. It is love without a price.

Over the years, I have read many research articles on the use of manualized cognitive-behavioral therapy for the treatment of Obsessive-Compulsive Disorder. Often the results are mixed with some therapists doing very well while other clinicians perform no better than a placebo. The results state the effectiveness of the therapy was inconclusive. I generally disagree with such a statement. It seems to me a clinician who has put great effort into their own personal growth and has attained a high degree of spiritual energy will elicit a greater healing response in their patients. In these cases, a therapeutic relationship is more readily established and the patient's belief in the prescribed remedy and compliance are enhanced.

It is my hope this brief article and overview of the art of healing will cause you to ponder the work you do. It is my hope you will say to yourself, "So that is why I have been getting results often where others have failed." When we commit our lives to the narrow road of the spiritual journey we give this gift to the entire world. The same hand that gives also receives.



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— to work together for the shared interest of individual, family, and community recovery, and wellness. Peers will offer the experiential supports and assertive outreach and follow-up that often exceed the scope, boundaries or capacity of more traditional prevention, treatment, and recovery. The Analysis sees the increased access and demand for treatment economically and clinically supported by a united workforce where peers can work with the established disciplines to augment the opportunities for individual recovery in each treatment episode.

While more detailed than presented here, the Analysis readily recognizes that apprehension currently exists among many professionals surveyed. Beyond a typical resistance to change, the Analysis identifies still existing confusion over a definition of recovery itself (e.g. abstinence-based or not), a continuing sense of being de-valued as professionals, new ethical concerns, funding fears, a lack of understanding of addiction and education, and fear of more work being added to an already overwhelming workload as concerns needing to be addressed for any successful implementation. Specific concerns about peer involvement loom as to their need for training and a need to not define peer activities as equivalent or a replacement for a less expensive treatment. This concern in return then begs the issue of the need for further and future development of the addiction-focused profession as the specialist field it can be in today's health care workforce.

Despite these concerns, the Analysis moves on to an exceptional comparison with citations of *current practice education and training* and what is *missing if that focus is to have a recovery focus*. In this area, special topics such as the role of a recovery focus in medication assisted treat-

ment, treatment of trauma, co-occurring disorders, the need for ongoing research and training on recovery-focused care, assessment of ROSC Readiness in agencies, defined roles for peers, certification and licensure for peers by states, university preparation of peers programs, etc. are all addressed with the confidence of the emerging larger role that the addiction professional will play.

This *Situational Analysis* is relevant to all who work with substance use and addiction wherever it may appear. It is a wonderful foundation and barometer for the profession and NAADAC's just launched nine part Recovery to Practice Webinar series to be offered to all throughout 2014. NAADAC's Situational Analysis should be viewed by all disciplines, peers and practitioners, policy makers, and educators so we can all evolve. The situation is ... we are evolving.



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