

## The Seven A's of Healing

“It would stand to reason that people with melanoma and other cancers would enhance their ability to reverse the malignant process if they were helped to understand themselves and to become more self-accepting and assertive in their emotional coping styles.” – Dr. Gabor Mate’

“Since emotions dramatically influence the biochemical system, one way of providing immunotherapy is by giving psychotherapy to patients” – Dr. Gabor Mate’

### **1. Acceptance (accepting things as they are and feeling worthy of being whole):**

- a. The willingness to recognize and accept how things are
- b. Does require a refusal to deny exactly how things happen to be now
- c. It challenges the deeply held belief that we are not worthy enough or good enough to be whole
- d. It implies a compassionate relationship with oneself
- e. It means discarding the double standard that too often characterizes our relationship with the world
- f. Compassionate curiosity about the self does not mean liking everything we find out about ourselves, only that we look at ourselves with the same nonjudgmental acceptance we would wish to accord anyone else who suffered and who needed help

### **2. Awareness (reconnection with our emotions):**

- a. Reclaiming the lost capacity for emotional truth-recognition
- b. Animals and young humans are highly competent at picking up on real emotional cues
- c. We lose that capacity as we acquire language, because we receive confusing messages from our immediate world
- d. The words we hear tell us one thing, the emotional data say something different. If the two are in conflict, one will be repressed (I love you, but the actions don't match)
- e. People who develop aphasia, gain that capacity back
- f. it's a form of compensation as blind people develop a higher hearing capacity
- g. when a child's eyes diverge, the brain will suppress images from one eye in order to avoid double vision
- h. We repress our emotional intelligence in order to avoid an ongoing war with the crucial people in our lives, a war we cannot possibly win
- i. And so we lose our emotional competence even as we gain verbal intelligence
- j. Full awareness would mean that we would regain our lost capacity to perceive emotional reality and that we are ready to let go of the paralyzing belief that we are not strong enough to face the truth about our lives.
- k. To develop awareness, though, we do have to practice, pay constant attention to our internal states and learn to trust these internal perceptions more than what words—our own or anyone else's—convey.
  - i. What is the tone of voice?
  - ii. The pitch?
  - iii. Do the eyes narrow or open?
  - iv. Is the smile relaxed or tight?
  - v. How do we feel?
  - vi. Where do we feel it?

- l. Awareness also means learning what the signs of stress are in our own bodies, how our bodies telegraph us when our minds have missed the cues.
  - m. In both human and animal studies, it has been observed that the physiological stress response is a more accurate gauge of the organism's real experience than either conscious awareness or observed behavior.
  - n. physical signs such as:
    - i. pounding of the heart
    - ii. fatigue
    - iii. sweating
    - iv. frequent urination
    - v. headaches
    - vi. backaches
    - vii. diarrhea
    - viii. dryness of the mouth
  - o. emotional signs such as:
    - i. emotional tension
    - ii. Over alertness
    - iii. anxiety
  - p. Behavioral expressions such as:
    - i. unusual impulsivity
    - ii. irritability
    - iii. a tendency to overreact
3. **Anger (genuine experience of anger):** "I never get angry," a Woody Allen character says in one of his movies, "I grow a tumor instead."
- a. Not only does the repression of anger predispose to disease but the experience of anger has been shown to promote healing or, at least, to prolong survival
  - b. Rage consists of an equally abnormal suppression of release alternating with unregulated and exaggerated venting
  - c. Both are a fear of the genuine experience of anger
  - d. The internalization of anger!
  - e. Allen Kalpin, a physician and psychotherapist in Toronto describes genuine experience of anger as following:
    - i. An empowerment and a relaxation
    - ii. A physiologic experience without acting out
    - iii. a surge of power going through the system, along with a mobilization to attack
    - iv. a complete disappearance of all anxiety, simultaneously
    - v. you don't see anything dramatic
    - vi. What you do see is a decrease of all muscle tension
    - vii. The mouth is opening wider, because the jaws are more relaxed
    - viii. the voice is lower in pitch because the vocal cords are more relaxed
    - ix. The shoulders drop, and you see all signs of muscle tension disappearing
    - x. powerful surges of electricity going through the body

- xi. person looking quite focused and quite relaxed, but you wouldn't necessarily even guess that the person was angry
- xii. Anger triggers anxiety because it coexists with positive feelings, with love and the desire for contact
- xiii. But since anger leads to an attacking energy, it threatens attachment
- xiv. The more parents discourage or forbid the experience of anger, the more anxiety-producing that experience will be for the child
- f. "Anger is the energy Mother Nature gives us as little kids to stand forward on our own behalf and say I matter,"
- g. "The difference between the healthy energy of anger and the hurtful energy of emotional and physical violence is that anger respects boundaries. Standing forward on your own behalf does not invade anyone else's boundaries."
- h. Anger does not require hostile acting out.
- i. First and foremost, it is a physiological process to be experienced.
- j. Second, it has cognitive value—it provides essential information.
- k. Since anger does not exist in a vacuum, if I feel anger it must be in response to some perception on my part.
- l. It may be a response to loss or the threat of it in a personal relationship, or it may signal a real or threatened invasion of my boundaries.
- m. I am greatly empowered without harming anyone if I permit myself to experience the anger and to contemplate what may have triggered it.
- n. Depending on circumstances, I may choose to manifest the anger in some way or to let go of it.
- o. The key is that I have not suppressed the experience of it.
- p. I may choose to display my anger as necessary in words or in deeds, but I do not need to act it out in a driven fashion as uncontrolled rage.
- q. Healthy anger leaves the individual, not the unbridled emotion, in charge.

**4. Autonomy (establishing boundaries):**

- a. Illness not only has a history but also tells a history. It is a culmination of a lifelong history of struggle for self
- b. The existence of an autonomous, self-regulating psyche is nature's higher purpose (higher than survival)
- c. Physical body begins to succumb when psychic integrity and freedom are jeopardized
- d. Chronic illnesses cause a lack of autonomy, no capacity to assert oneself openly, developing anger towards the caregiver in the form of resistance including resistance towards one's self physical health, boundaries are blurred, feels like suffocation, holding them back from real person-hood
- e. The disease itself is a boundary question
- f. The people at greatest risk are those who experienced the most severe boundary invasions before they were able to construct an autonomous sense of self
- g. Adverse Childhood Experiences (ACE) study 1998: "strong graded relationship" between dysfunction in the family of origin and adult health status—that is, the greater the exposure to dysfunction had been in childhood, the worse the health status was in the

adult and the greater were the chances of untimely death from cancer, heart disease, injury or other causes.

- h. Most commonly in the lives of children, boundaries are not so much violated as simply not constructed in the first place. Many parents cannot help their child develop boundaries because they themselves were never enabled to do so in their own formative years. We can only do what we know.
- i. Enmeshment—what Dr. Michael Kerr called a lack of differentiation—comes to dominate one’s intimate relationships. It can take two forms, withdrawal and sullen and self-defeating resistance to authority or chronic and compulsive caretaking of others. In some people the two may coexist, depending on with whom they happen to be interacting at the moment.
- j. Since the immune confusion that leads to disease reflects a failure to distinguish self from non-self, healing has to involve establishing or reclaiming the boundaries of an autonomous self.
- k. “We experience life through our bodies. If we are not able to articulate our life experience, our bodies speak what our minds and mouths cannot.”
- l. “A personal boundary, is an energetic experience of myself or the other person. I don’t want to use the word aura because it is a new-age kind of word, but beyond where skin ends we have an energetic expression. We not only communicate boundaries verbally, but I think we have an energetic expression that is non-verbal.”
- m. “Boundaries are invisible, the result of a conscious, internal felt sense defining who I am. Autonomy, then, is the development of that internal center of control”.

**5. Attachment (developing relationships):**

- a. is our connection with the world
- b. In the earliest attachment relationships, we gain or lose the ability to stay open, self-nurturing and healthy
- c. Connection is also vital to healing
- d. Study after study concludes that people without social contact—the lonely ones—are at greatest risk for illness
- e. People who enjoy genuine emotional support face a better prognosis, no matter what the disease
- f. Behind all our anger lies a deeply frustrated need for truly intimate contact.
- g. Healing both requires and implies regaining the vulnerability that made us shut down emotionally in the first place.
- h. We are no longer helplessly dependent children; we no longer need fear emotional vulnerability
- i. We can permit ourselves to honor the universally reciprocal human need for connection and to challenge the ingrained belief that unconsciously burdens so many people with chronic illness: that we are not lovable
- j. Seeking connections is a necessity for healing

**6. Assertion (declaring ourselves as we are):**

- a. it is the declaration to ourselves and to the world that we are and that we are who we are

- b. It is the statement of our being, a positive valuation of ourselves independent of our history, personality, abilities or the world's perceptions of us.
- c. Assertion challenges the core belief that we must somehow justify our existence.
- d. It demands neither acting nor reacting. It is being, irrespective of action.
- e. Thus, assertion may be the very opposite of action, not only in the narrow sense of refusing to do something we do not wish to do but letting go of the very need to act.

**7. Affirmation (of our values):**

- a. making a positive statement; moving toward something of value
- b. There are two basic values that can assist us to heal and to remain whole, if we honor them
  - i. our own creative self
  - ii. The second great affirmation is of the universe itself - our connection with all that is. We are a part of the universe with temporary consciousness, but never apart from it. Faced with illness, many people seek their spiritual selves almost instinctively. The seeking itself is the finding, since one can fervently seek only what one already knows to exist. Health rests on three pillars: the body, the psyche and the spiritual connection.

**Source: When the Body Says No, – Dr. Gabor Mate', Chapter 19**