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Healing is a multifaceted process that encompasses physical, emotional, mental, and spiritual recovery. It is not merely the absence of illness but the restoration of balance and well-being in an individual's life. Healing can take many forms, ranging from medical treatments and therapeutic practices to mindfulness, personal growth, and spiritual awakening. The History of Healing: Ancient Wisdom Throughout history, healing has been deeply rooted in ancient wisdom, drawing from nature, spirituality, and traditional practices. Early civilizations such as the Egyptians, Greeks, Chinese, and Indians developed holistic healing systems that remain influential today. In ancient Egypt, healing was closely tied to spiritual practices, with priests serving as both healers and intermediaries with the divine. Traditional Chinese Medicine (TCM), dating back over 2,500 years, introduced acupuncture, herbal remedies, and Qi (life force) balancing techniques. Ayurveda, originating in India over 3,000 years ago, emphasized the harmony of body, mind, and spirit through diet, yoga, and herbal medicine. The Greeks, influenced by Hippocrates, promoted natural healing through diet, exercise, and environmental balance, forming the foundation of modern medicine. Indigenous cultures across the world have also preserved healing traditions, using plants, rituals, and energy work to restore well-being. These ancient healing philosophies continue to shape contemporary approaches, blending tradition with modern scientific advancements. Types of Healing Physical healing refers to the body's ability to recover from injuries, illnesses, or medical conditions. This can be facilitated through modern medicine, alternative therapies, proper nutrition, and lifestyle choices. Emotional healing involves processing and overcoming trauma, grief, stress, or negative emotional patterns, often supported by therapy, self-reflection, and the presence of loved ones. Mental healing addresses cognitive and psychological well-being, helping individuals manage stress, anxiety, depression, and other mental health challenges through counseling, meditation, and mental exercises. Spiritual healing is the journey of connecting with a higher purpose, inner peace, or a belief system that provides meaning and fulfillment, often through prayer, meditation, energy healing, or other spiritual practices. The Process of Healing Healing is not a linear path but a dynamic journey that varies for each individual. It begins with acknowledgment, recognizing the need for healing. Acceptance follows, as one embraces their circumstances and emotions without judgment. Seeking support from professionals, community, or personal networks plays a vital role in the process. Self-care is crucial, involving activities that nurture the mind, body, and soul. Ultimately, growth and transformation emerge as individuals learn from their experiences and evolve into stronger versions of themselves. Why Healing Matters Healing is essential for leading a fulfilling and balanced life. It helps individuals regain control, improve their relationships, and enhance overall well-being. Whether through science, spirituality, or self-discovery, healing is a universal need that connects humanity in its pursuit of wholeness and inner peace. Why Study Healing at The Paradigm Academy? The Paradigm Academy (www.paradigmuniversity.com) offers a unique and comprehensive approach to studying healing. With expert instructors, cutting-edge research, and a holistic curriculum, students gain deep insights into various healing modalities. Whether you are interested in physical, emotional, mental, or spiritual healing, The Paradigm Academy provides the tools and knowledge to transform both personal and professional growth. By studying at The Paradigm Academy, individuals can become certified practitioners, deepen their understanding of holistic well-being, and contribute meaningfully to the field of healing. Process of the restoration of health For other uses, see Healing (disambiguation). Diagram featuring stages of tissue healing With physical trauma or disease suffered by an organism, healing involves the repairing of damaged tissue(s), organs and the biological system as a whole and resumption of (normal) functioning. Medicine includes the process by which the cells in the body regenerate and repair to reduce the size of a damaged or necrotic area and replace it with new living tissue. The replacement can happen in two ways: by regeneration in which the necrotic cells are replaced by new cells that form "like" tissue as was originally there; or by repair in which injured tissue is replaced with scar tissue. Most organs will heal using a mixture of both mechanisms.[1] Within surgery, healing is more often referred to as recovery, and postoperative recovery has historically been viewed simply as restitution of function and readiness for discharge. More recently, it has been described as an energy-requiring process to decrease physical symptoms, reach a level of emotional well-being, regain functions, and re-establish activities[2] Healing is also referred to in the context of the grieving process.[3] In psychiatry and psychology, healing is the process by which neuroses and psychoses are resolved to the degree that the client is able to lead a normal or fulfilling existence without being overwhelmed by psychopathological phenomena. This process may involve psychotherapy, pharmaceutical treatment or alternative approaches such as traditional spiritual healing.[citation needed] In order for an injury to be healed by regeneration, the cell type that was destroyed must be able to replicate. Cells also need a collagen framework along which to grow. Alongside most cells there is either a basement membrane or a collagenous network made by fibroblasts that will guide the cells' growth. Since ischaemia and most toxins do not destroy collagen, it will continue to exist even when the cells around it are dead.[citation needed] Acute tubular necrosis (ATN) in the kidney is a case in which cells heal completely by regeneration. ATN occurs when the epithelial cells that line the kidney are destroyed by either a lack of oxygen (such as in hypovolemic shock, when blood supply to the kidneys is dramatically reduced), or by toxins (such as some antibiotics, heavy metals or carbon tetrachloride).[citation needed] Although many of these epithelial cells are dead, there is typically patchy necrosis, meaning that there are patches of epithelial cells still alive. In addition, the collagen framework of the tubules remains completely intact.[citation needed] The existing epithelial cells can replicate, and, using the basement membrane as a guide, eventually bring the kidney back to normal. After regeneration is complete, the damage is undetectable, even microscopically.[citation needed] Healing must happen by repair in the case of injury to cells that are unable to regenerate (e.g. neurons). Also, damage to the collagen network (e.g. by enzymes or physical destruction), or its total collapse (as can happen in an infarct) cause healing to take place by repair Somatic psychology .[citation needed] Many genes play a role in healing.[4] For instance, in wound healing, P21 has been found to allow mammals to heal spontaneously. It even allows some mammals (like mice) to heal wounds without scars.[5][6] The LIN28 gene also plays a role in wound healing. It is dormant in most mammals.[7] Also, the proteins MG53 and TGF beta 1 play important roles in wound healing.[8] Main article: Wound healing See also: Scar free healing Wounded patients at the Red Cross Hospital in Tampere, Finland during the 1918 Finnish Civil War In response to an incision or wound, a wound healing cascade is unleashed. This cascade takes place in four phases: clot formation, inflammation, proliferation, and maturation. Healing of a wound begins with clot formation to stop bleeding and to reduce infection by bacteria, viruses and fungi. Clotting is followed by neutrophil invasion three to 24 hours after the wound has been incurred, with mitoses beginning in epithelial cells after 24 to 48 hours.[citation needed] In the inflammatory phase, macrophages and other phagocytic cells kill bacteria, debride damaged tissue and release chemical factors such as growth hormones that encourage fibroblasts, epithelial cells and endothelial cells which make new capillaries to migrate to the area and divide.[citation needed] In the proliferative phase, immature granulation tissue containing plump, active fibroblasts forms. Fibroblasts quickly produce abundant type III collagen, which fills the defect left by an open wound. Granulation tissue moves, as a wave, from the border of the injury towards the center.[citation needed] As granulation tissue matures, the fibroblasts produce less collagen and become more spindly in appearance. They begin to produce the much stronger type I collagen. Some of the fibroblasts mature into myofibroblasts which contain the same type of actin found in smooth muscle, which enables them to contract and reduce the size of the wound.[citation needed] During the maturation phase of wound healing, unnecessary vessels formed in granulation tissue are removed by apoptosis, and type III collagen is largely replaced by type I. Collagen which was originally disorganized is cross-linked and aligned along tension lines. This phase can last a year or longer. Ultimately a scar made of collagen, containing a small number of fibroblasts is left.[citation needed] After inflammation has damaged tissue (when combatting bacterial infection for example) and pro-inflammatory eicosanoids have completed their function, healing proceeds in 4 phases.[9] In the recall phase the adrenal glands increase production of cortisol which shuts down eicosanoid production and inflammation.[citation needed] In the Resolution phase, pathogens and damaged tissue are removed by macrophages (white blood cells). Red blood cells are also removed from the damaged tissue by macrophages. Failure to remove all of the damaged cells and pathogens may retrigger inflammation. The two subsets of macrophage M1 & M2 plays a crucial role in this phase, M1 macrophage being a pro inflammatory while as M2 is a regenerative and the plasticity between the two subsets determine the tissue inflammation or repair.[citation needed] In the Regeneration phase, blood vessels are repaired and new cells form in the damaged site similar to the cells that were damaged and removed. Some cells such as neurons and muscle cells (especially in the heart) are slow to recover.[citation needed] In the Repair phase, new tissue is generated which requires a balance of anti-inflammatory and pro-inflammatory eicosanoids. Anti-inflammatory eicosanoids include lipoxins, epi-lipoxins, and resolvins, which cause release of growth hormones.[citation needed] Health ^ Paul, Willi; Sharma, Chandra P. (2021-01-01), Sharma, Chandra P. (ed.), "Chapter 1 - Tissue and organ regeneration: An introduction", Regenerated Organs, Academic Press, pp. 3–9, ISBN 978-0-12-821085-7, retrieved 2024-04-03 ^ Allvin, Renée; Berg, Katarina; Idvall, Ewa; Nilsson, Ulrica (March 2007). "Postoperative recovery: a concept analysis". Journal of Advanced Nursing. 57 (5): 552–558. doi:10.1111/j.1365-2648.2006.04156.x. ISSN 0309-2402. PMID 17284272. ^ "Emotional and Psychological Trauma - HelpGuide.org". www.helpguide.org. Retrieved 2024-07-14. ^ McBrearty BA, Clark LD, Zhang XM, Blankenhorn EP, Heber-Katz E (1998). "Genetic analysis of a mammalian wound-healing trait". Proc Natl Acad Sci U S A. 95 (20): 11792–7. Bibcode:1998PNAS...9511792M. doi:10.1073/pnas.95.20.11792. PMC 21719. PMID 9751744. ^ "Genetic discovery promises healing without scars". the Guardian. March 15, 2010. ^ Bedelbaeva, Khamilia; Snyder, Andrew; Gourevitch, Dmitri; Clark, Lise; Zhang, Xiang-Ming; Leferovich, John; Cheverud, James M.; Lieberman, Paul; Heber-Katz, Ellen (March 30, 2010). "Lack of p21 expression links cell cycle control and appendage regeneration in mice". Proceedings of the National Academy of Sciences. 107 (13): 5845–5850. Bibcode:2010PNAS..107.5845B. doi:10.1073/pnas.1000830107. PMC 2851923. PMID 20231440. ^ Maron, Dina Fine. "New Limb Regeneration Insight Surprises Scientists". Scientific American. ^ "Gene identified that helps wound healing: New research on gene that regulates healing and may control scarring". ScienceDaily. ^ The Anti-Inflammation Zone, Barry Sears, pages 230–233, 2005. How wounds heal and tumors form With this simple Flash demonstration, Harvard professor Donald Ingber explains how wounds heal, why scars form, and how tumors develop. Presented by Children's Hospital Boston. Wound Healing and Repair Lorenz H.P. and Longaker M.T. Wounds: Biology, Pathology, and Management. Stanford University Medical Center. Romo T. and McLaughlin L.A. 2003. Wound Healing, Skin. Emedicine.com. Rosenberg L. and de la Torre J. 2003. Wound Healing, Growth Factors. Emedicine.com. After the Injury- Children's Hospital Of Philadelphia Retrieved from " Get well and stay well. When symptoms don't match test results, the mind-body connection may hold answers. Explore how mental health shapes (and is shaped by) our physical wellbeing. Balancing a career with a chronic health condition can feel like two jobs. Managing treatments, appointments, symptoms, and work duties creates a heavy mental load. Military veterans face unique health challenges, especially with cancer care and mental health. A person-centered approach is crucial. Learn how addressing physical, emotional, and spiritual needs can transform the cancer journey into a more supportive and empowering experience. For many, the factors that go into good physical health—restful sleep, clean and safe surroundings, high-quality food, and recreation—are not always readily available. Both negative and positive emotions are natural parts of life. Learn how to cope with some of the negative emotions, both internal and interpersonal, we all face at times. Taking good care of yourself can mean making big changes, like moving. Or it can mean seemingly small changes, such as simply drinking more water. Caregivers may find themselves "sandwiched" between two generations in need of care: their children and their aging parents. You can take specific steps to support mental health. Activities that relax your body and connect your spirit to others and to nature can promote a calmer mind and better health. Living with chronic pain can create anxiety, depression, and overuse problems with medication, alcohol, and other substances. Discover how a mind-body approach can help. Integrative therapies are called "integrative" because they allow you to blend mind-body options with conventional medical care and self-care. When you think about how you're feeling, physical health may be the first thing that comes to mind. However, your social and emotional well-being matter just as much. Living and working with a chronic or acute condition may require you to tap into additional resources. Find information here about your rights in the workplace. What do you do if you're living with a health condition? Here are some tips for employees and a few pointers for employers. Are you seeking a new doctor for general care? Looking for help with a condition you've had for years? Discover how to get the most out of your appointment. Creating whole-person health in your 50s is a matter of perspective. Have you declared yourself "old" prematurely? Get the help you need from a therapist near you–a FREE service from Psychology Today. Atlanta, GA Austin, TX Baltimore, MD Boston, MA Brooklyn, NY Charlotte, NC Chicago, IL Columbus, OH Dallas, TX Denver, CO Detroit, MI Houston, TX Indianapolis, IN Jacksonville, FL Las Vegas, NV Los Angeles, CA Louisville, KY Memphis, TN Miami, FL Milwaukee, WI Minneapolis, MN Nashville, TN New York, NY Oakland, CA Omaha, NE Philadelphia, PA Phoenix, AZ Pittsburgh, PA Portland, OR Raleigh, NC Sacramento, CA Saint Louis, MO San Antonio, TX San Diego, CA San Francisco, CA San Jose, CA Seattle, WA Tucson, AZ Washington, DC Healing is a multifaceted process that encompasses physical, emotional, and spiritual dimensions. It is often perceived as the restoration of health, but it extends beyond mere absence of disease. Healing involves a holistic approach, addressing the underlying causes of ailments and promoting overall well-being. This process can be influenced by various factors, including lifestyle choices, mental health, and social connections.The Physical Aspect of HealingPhysically, healing refers to the body's ability to repair itself after injury or illness. This can involve cellular regeneration, immune response, and the body's natural healing mechanisms. Techniques such as physical therapy, medication, and surgical interventions can facilitate this process. However, the physical aspect of healing is often interconnected with emotional and psychological states, highlighting the importance of a comprehensive approach.The Emotional Dimension of HealingEmotional healing is equally crucial, as unresolved emotional issues can manifest as physical symptoms. This aspect of healing involves processing feelings, overcoming trauma, and fostering emotional resilience. Therapeutic practices such as counseling, mindfulness, and expressive arts can aid in emotional healing, allowing individuals to navigate their feelings and achieve a sense of peace and balance.Spiritual Healing and Its ImportanceSpiritual healing focuses on the connection between the individual and a higher power or the universe. It encompasses practices such as meditation, prayer, and energy healing modalities like Reiki. Spiritual healing can provide individuals with a sense of purpose, belonging, and inner peace, which are essential for overall well-being. This dimension often helps individuals find meaning in their experiences, contributing to a more profound healing journey.Complementary and Alternative Healing PracticesComplementary and alternative medicine (CAM) plays a significant role in the healing process. These practices include acupuncture, herbal medicine, and aromatherapy, among others. Many individuals seek these therapies to enhance their healing journey, as they often promote relaxation, reduce stress, and support the body's natural healing processes. Integrating CAM with conventional medicine can lead to more effective outcomes.The Role of Mind-Body Connection in HealingThe mind-body connection is a critical component of healing, emphasizing the interplay between mental and physical health. Research has shown that positive thoughts and emotions can enhance the body's healing capabilities, while negative emotions can hinder recovery. Practices such as yoga, tai chi, and meditation can strengthen this connection, promoting both physical and emotional healing.Community and Social Support in HealingCommunity and social support are vital in the healing process. Engaging with supportive friends, family, and community groups can provide emotional comfort and practical assistance. Social connections can foster a sense of belonging and reduce feelings of isolation, which are essential for mental and emotional well-being. Group therapies and support networks can also facilitate healing by sharing experiences and coping strategies.The Importance of Self-Care in HealingSelf-care is an integral part of the healing process, encompassing activities that promote physical, emotional, and mental well-being. This can include proper nutrition, regular exercise, adequate sleep, and stress management techniques. Prioritizing self-care allows individuals to take an active role in their healing journey, empowering them to make choices that support their health and well-being.Understanding the Healing JourneyHealing is often described as a journey rather than a destination. It involves ups and downs, and each person's experience is unique. Understanding that healing takes time and patience can help individuals navigate their paths more effectively. Embracing the process, seeking support, and remaining open to various healing modalities can enhance the overall experience and lead to profound transformation.Related Also found in: Thesaurus, Medical, Acronyms, Idioms, Encyclopedia, Wikipedia.Related to healing: Spiritual healing (hēl)v. healed, heal·ing, heals v.tr.1. a. To restore to health or soundness; cure: healed the sick patient.b. To ease or relieve (emotional distress): Only time can heal her grief.2. To set right; repair: healed the rift between us.v.intr.1. a. To recover from an illness or injury; return to health.b. To experience relief from emotional distress: gave the grieving family time to heal.2. To be relieved or eliminated: The rift between them finally healed.American Heritage® Dictionary of the English Language, Fifth Edition. Copyright © 2016 by Houghton Mifflin Harcourt Publishing Company. Published by Houghton Mifflin Harcourt Publishing Company. All rights reserved.balsam - First referred to an aromatic resinous substance with healing or soothing properties.healing, curing - Healing is a process in which an organism's health is restored; curing is a method that promotes healing.psychiatry - From Greek psykhe, "mind," and iatreia, "healing."salve - The main semantic element is "healing," but the etymological meaning is "oily substance."Farlex Trivia Dictionary. © 2012 Farlex, Inc. All rights reserved. Noun1.healing - the natural process by which the body repairs itselfconglutination, union - healing process involving the growing together of the edges of a wound or the growing together of broken bonesAdj.1.healing - tending to cure or restore to health; "curative powers of herbal remedies"; "her gentle healing hand"; "remedial surgery"; "a sanative environment of mountains and fresh air"; "a therapeutic agent"; "therapeutic diets"alterative, curative, sanative, therapeutic, remedialhealthful - conducive to good health of body or mind; "a healthful climate"; "a healthful environment"; "healthful nutrition"; "healthful sleep"; "Dickens's relatively healthful exuberance"Based on WordNet 3.0, Farlex clipart collection. © 2003-2012 Princeton University, Farlex Inc.adjectiveCollins Thesaurus of the English Language – Complete and Unabridged 2nd Edition. 2002 © HarperCollins Publishers 1995, 2002 [ˈhiːlɪŋ]A. ADJ → curativo, sanativoCollins Spanish Dictionary - Complete and Unabridged 8th Edition 2005 © William Collins Sons & Co. Ltd. 1971, 1988 © HarperCollins Publishers 1992, 1993, 1996, 1997, 2000, 2003, 2005Collins German Dictionary – Complete and Unabridged 7th Edition 2005. © William Collins Sons & Co. Ltd. 1980 © HarperCollins Publishers 1991, 1997, 1999, 2004, 2005, 2007 [ˈhiːlɪŋ]1. adj (waters, power) → curativo/a; (ointment) → curativo/a, medicamentoso/ato have healing hands → essere un(a) pranoterapeuta m/fCollins Italian Dictionary 1st Edition © HarperCollins Publishers 19951. n. curación, recuperación de la salud;___ process → proceso de ___English-Spanish Medical Dictionary © Farlex 2012 n curación f; (wound) cicatrización f; the art of healing..el arte de curar… Steroids can retard healing..Los esteroides pueden retrasar la cicatrización; faith — curanderismo; folk — o traditional — medicina popular or tradicional, curanderismoEnglish-Spanish/Spanish-English Medical Dictionary Copyright © 2006 by The McGraw-Hill Companies, Inc. All rights reserved. Want to thank TFD for its existence? Tell a friend about us, add a link to this page, or visit the webmaster's page for free fun content. Link to this page: It was the healing of a fourteen-year-old boy, whose mother brought him to Father Sergius insisting that he should lay his hand on the child's head.The mother left with her son, and a month later the boy recovered, and the fame of the holy healing power of the starets Sergius (as they now called him) spread throughout the whole district.'Well,' answered the first raven, 'my eyes are in no want of this healing bath, for, Heaven be praised, they are as good as ever they were; but my wing has been very feeble and weak ever since it was shot by an arrow many years ago, so let us fly at once to the lake that I may be restored to health and strength again.' And so they flew away.He filled a bottle with the healing water, and then continued his journey in the best of spirits.Ferko felt so sorry for the little beast that he spoke to it in the most friendly manner, and washed its small paws with the healing water.The Wolf, being thus fearfully mauled, said, "I am rightly served, for why did I attempt the art of healing, when my father only taught me the trade of a butcher?"The practice of forming a line and shaking the President's hand had no other origin, and when that great dignitary bestows his healing salutation on``Nay,'' said Isaac, releasing his hold, ``it grieveth me as much to see the drops of his blood, as if they were so many golden byzants from mine own purse; and I well know, that the lessons of Miriam, daughter of the Rabbi Manasses of Byzantium whose soul is in Paradise, have made thee skilful in the art of healing, and that thou knowest the craft of herbs, and the force of elixirs.It is besides probable, considering the wonderful cures they are said to have performed, that the Jews possessed some secrets of the healing art peculiar to themselves, and which, with the exclusive spirit arising out of their condition, they took great care to conceal from the Christians amongst whom they dwelt.Her knowledge of medicine and of the healing art had been acquired under an aged Jewess, the daughter of one of their most celebrated doctors, who loved Rebecca as her own child, and was believed to have communicated to her secrets, which had been left to herself by her sage father at the same time, and under the same circumstances.The grafting of skin and bone is done to facilitate healing: the surgeon places in the middle of the wound pieces of skin snipped from another animal, or fragments of bone from a victim freshly killed.While my seared soul was steeped in the healing balm of those gracious sounds, it seemed to me that I could almost resuffer the torments which had gone before, in order to be so healed again. Every single second of every single day, your body is performing miracles that would put the most advanced machines and technologies to shame. It patches, fixes, rebuilds, and regenerates. Even now, as you read these words, your cells are dying and being replaced. Wounds are healing, bones are remodeling, and even your brain is reshaping itself in response to what you experience.We tend to take these processes for granted. We get a paper cut, and a few days later, the skin is smooth again. Break a bone, and months later, it's strong enough to run a marathon. But how does this happen? How do we bounce back from injury, illness, and trauma? And why do some parts of our bodies heal better than others? Why do livers regenerate but teeth don't? Why can some animals regrow entire limbs while we can't?Welcome to the extraordinary science of healing and regeneration. We're going to peel back the layers and explore the wonders happening inside you every moment—no microscope required.You might think of healing as something that only happens when you're hurt, but regeneration is not an occasional event. It's a full-time job. Your body is constantly replacing and repairing itself, from the top of your scalp to the tips of your toes.Let's talk numbers.Skin: The largest organ of your body replaces itself roughly every 27 days. You shed about 30,000 to 40,000 skin cells every minute. That's around 9 pounds of dead skin cells per year.Red Blood Cells: These hardworking cells carry oxygen around your body. Each one lasts about 120 days before being replaced by a brand-new cell.Stomach Lining: Because it has to deal with stomach acid strong enough to dissolve metal, your stomach lining is renewed every 3-5 days.Liver: Here's the superstar of regeneration. Your liver can regrow itself from as little as 25% of its original tissue. That's why liver donations from living donors are possible.Bones: They might seem solid and static, but bones are alive and constantly being remodeled. It takes about 10 years to completely renew your entire skeleton.Heart and Brain: For a long time, scientists believed these organs were largely incapable of regenerating cells. But we now know that, while slower, some regeneration happens here too—just in more complex ways.But regeneration isn't just about replacing cells. It's about repairing, remodeling, and sometimes reprogramming tissues to keep you alive and well.Imagine you scrape your knee. The outer layer of your skin tears, blood seeps out, and you wince in pain. What happens next is an orchestra of biological processes kicking into gear. It's not just damage control—it's a battle plan.Bleeding Stops (Hemostasis): First on the scene are platelets—tiny cell fragments that sense the damage and rush to plug the breach. They form a clot, preventing further blood loss. They also release chemical signals that summon other cells to the wound site.Inflammation (The Cleanup Crew): If you've ever seen swelling and redness around a cut, you've witnessed inflammation. This is your immune system sending in white blood cells to clear out bacteria, dead cells, and debris. They gobble up pathogens and damaged tissue. Some cells die in the process, forming the familiar yellowish goo we call pus. While inflammation is crucial for healing, it's a double-edged sword. Too much, and you get chronic inflammation, which can lead to diseases like arthritis or heart problems.Pain as Protection: Why does it hurt? Pain isn't just an annoyance—it's a signal to stop using the injured area so healing can proceed without interruption.Once the area is clean and stable, it's time to rebuild. And this is where the body's unsung heroes come in: stem cells.Stem cells are like blank slates. They can become almost any type of cell the body needs—skin, bone, muscle, nerve. They're also the only cells that can self-renew, meaning they make more copies of themselves indefinitely.There are different types of stem cells at work in healing:Embryonic Stem Cells: These are the most versatile but only exist in early embryos.Adult (Somatic) Stem Cells: These live in specific tissues like bone marrow and the skin. They're less versatile but still powerful. They help heal injuries by replacing damaged cells.Induced Pluripotent Stem Cells (iPSCs): Scientists can now reprogram regular cells to behave like embryonic stem cells in the lab. This could be the future of regenerative medicine.When you cut your skin, stem cells in nearby hair follicles and sweat glands spring into action. They divide, migrate to the wound, and morph into new skin cells. These cells lay down a temporary structure called a scaffold, rebuilding layer by layer.In muscles, satellite cells (a type of stem cell) help repair torn fibers. In bones, osteoblasts lay down new mineral-rich tissue to mend breaks.Healing doesn't happen overnight. It's a complex process with several stages.Bleeding stops. A clot forms.White blood cells clear the scene of infection and debris. Swelling and redness are common.New tissue is built. Blood vessels regrow (angiogenesis), collagen is laid down (the protein that gives skin strength), and a new layer of skin begins to form.The final stage is about refining and strengthening the new tissue. Collagen fibers are reorganized, the skin regains some of its elasticity, and scars fade over time.But scars remain because the skin regenerates differently than in embryos. In embryos, skin heals without scars—a process researchers are studying for future treatments.Some creatures are masters of regeneration. Salamanders can regrow limbs. Starfish can regrow arms. Planarians can regrow an entire body from a tiny fragment.So why can't we?Part of it comes down to complexity. Our immune systems are more aggressive and often form scar tissue rather than blastemas (the mass of cells needed to regrow complex structures). Scar tissue is fast and functional but doesn't restore full anatomy.However, there are exceptions. Children under the age of 7 can sometimes regrow a fingertip. And research on animals like the African spiny mouse, which can shed and regenerate skin and even cartilage, is offering clues for the future.Humans have some of the same genes as regenerating animals. We've just turned them off. Evolution prioritized survival and quick fixes (scars) over perfect regeneration.But what if we could turn those genes back on?We're already using regenerative strategies in medicine today. Let's take a look at the cutting edge.For severe burns, doctors can grow sheets of skin from a patient's cells. Bioengineered skin, sometimes including stem cells, can now replicate the functions of natural skin better than ever.Doctors use bone grafts, sometimes mixed with stem cells and growth factors, to repair large fractures. 3D printing technology may soon allow us to print custom bone implants.Cartilage doesn't heal well on its own. But stem-cell injections and tissue engineering are helping restore damaged joints, often preventing the need for full joint replacements.Scientists have successfully grown mini-organs, called organoids, in labs—tiny versions of lungs, livers, and even brains. Entire functional organs for transplant are on the horizon, potentially ending donor shortages.The nervous system is notoriously difficult to repair. But advances in stem cells and bioengineering are enabling partial regeneration in spinal cord injuries, giving hope to patients with paralysis.What's next? Regeneration is moving from science fiction into science fact.By precisely editing DNA, CRISPR offers the potential to reactivate dormant regenerative genes in humans. Imagine regrowing limbs, organs, or damaged spinal cords.Every cell has an electric charge. Researchers are learning to manipulate these bioelectric signals to trigger regeneration, as seen in animals like frogs and planarians.Anti-aging and longevity research is blending with regenerative medicine. Scientists are exploring ways to reset aging cells, extending life spans and improving health.While you wait for future breakthroughs, you do have the power to enhance your body's regeneration today.Protein, vitamins (especially C and A), and minerals (like zinc) are essential for wound healing and tissue repair. Omega-3 fatty acids can reduce inflammation and promote healthy cell membranes.Healing hormones like growth hormone peak during deep sleep. Skimping on sleep delays regeneration.Regular movement improves circulation, delivering nutrients and oxygen to tissues. Weight-bearing exercise strengthens bones and stimulates muscle regeneration.Both interfere with blood flow and reduce the body's healing capacity.Chronic stress increases inflammation and slows tissue repair. Mindfulness, meditation, and deep breathing can help.Your body is a masterpiece of regeneration. Every scar, every wrinkle, every freckle tells a story—not just of wear and tear but of healing and renewal. Beneath the surface, you are constantly becoming something new.Science is unlocking secrets that could one day allow us to regrow limbs, repair damaged hearts, and perhaps even reverse aging. But even now, your body's ability to heal is nothing short of miraculous.So next time you watch a cut heal or feel sore muscles rebuild, remember: you're witnessing one of the most profound processes in the universe. And it's happening inside you. Embarking on a self-healing journey can feel like stepping into uncharted territory. You might be asking yourself, "Where do I even begin?" Whether you're exploring the aftermath of emotional upheaval, physical discomfort, or mental strain, the quest for healing is deeply personal yet universally understood. This article will be your compass, guiding you through the essential principles of self-healing that resonate across all types of recovery. Remember, healing is not a sign of weakness but a commitment to your well-being. By actively participating in your healing process, you pave the way for a brighter, healthier future. Together, we'll explore how to heal yourself by harnessing the power of self-compassion, integrating modern techniques, and adopting practices that foster profound, lasting healing. Let's begin on this journey towards a more healed and whole version of you. How To Heal Yourself: Understanding Self-Healing Embarking on the self-healing journey isn't like embarking on a sprint; it's more like training for a marathon. It's a process, and guess what? You're the coach, the athlete, and the biggest cheerleader. So, lace up those metaphorical sneakers, and let's dive deep into understanding self-healing without skimping on the fun or the facts. How Do I Know When I Am in Need of Self-Healing? Let's be real; life sometimes feels like it's serving lemons faster than we can make lemonade. But how do you know when it's time to stop squeezing lemons and start focusing on healing? It starts with checking in with yourself. Feeling more drained than your smartphone battery by noon? Struggling to remember the last time you smiled genuinely instead of serving a masterclass in "fake it till you make it"? Maybe you're catching every cold known to humankind, or perhaps the emotional roller coaster of your daily life now feels like a never-ending free fall. If you're nodding along, it's time for a little self-TLC. The Role Of Mind, Body, And Spirit Healing isn't just a one-and-done deal; it's about aligning the stars within—your mind, body, and spirit. Imagine them as a trio in a band, each needing to play their part in harmony. Your mind is like the lead singer, setting the tone and often stealing the show with its constant chatter. Taming the mind through meditation or mindfulness can turn its volume from a roar to a hum, allowing clearer thoughts and a calmer perspective. Your body is the bassist—vital, grounding, and underrated. It communicates through sensations, discomfort, and energy levels, so tune into its rhythm. Swap out processed products for foods that nourish the soul, like fruits, veggies, and whole grains. Hydrate like you're preparing for a drought, and move your body like it's your favorite jam. Finally, your spirit is the electric guitarist, connecting you to something greater and electrifying your existence with purpose and passion. Cultivate it through connections, creativity, and practices that make your heart sing. Questions To Ask Yourself Before Healing Before diving into the deep end of self-healing, here are a few introspective questions to paddle through: What does healing look like for me? It's your journey; define the destination. Am I ready to make changes? Healing requires action, not just intention. Are your sneakers tied tightly? What's draining my energy? Identify the vampires in your life, be it habits, people, or mindsets. What fills me with joy? Healing isn't just about removing the bad; it's equally about embracing the good. Am I being compassionate towards myself? Be as kind to yourself as you would to a friend in need. How To Heal Yourself Emotionally Exploring how to heal yourself can begin with emotional healing, and what a journey it can be! Buckle up, lovely, because it's going to be a wild, rewarding ride. Sure, you've got some soul-searching to do, but the view on the other side? Absolutely priceless. Let's break it down into bite-sized pieces because the whole feast of emotional healing can be a lot to digest at once. Recognize And Honor Your Feelings First things first, let's talk about your feelings. Yes, all of them – the good, the bad, and the ugly-cry kind. Recognizing and honoring your feelings is like giving yourself a VIP pass to the healing process. It's about being honest with yourself, about what tickles your fancy and what grinds your gears. Feel angry? Let it simmer, but don't let it boil over. Sad? It's okay to cry a river; just remember to paddle your way back. This step is essentially about giving yourself permission to feel all the feels without judgment. Think of it as building a cozy nest for your emotions – a safe space where they can chill before they fly the coop. Practice Self-Compassion Ah, self-compassion. It sounds like a warm hug, doesn't it? That's because it is. Practicing self-compassion means being your own cheerleader, your own shoulder to lean on, and your own best friend. Self-compassion gives back to you great power over your well-being. Talk to yourself like you would to a friend who's going through a rough patch. Be kind, understanding, and, most importantly, generous with those mental snacks of love and encouragement. Remember, you can't pour from an empty cup, so fill yours up with a hefty dose of self-compassion. Don't Try to "Fix" it All At Once Here's the thing – you're not a project that needs fixing. You're a masterpiece in progress. Trying to heal all at once is like trying to eat a seven-course meal in one bite. Spoiler alert: it's not going to be pretty. Break it down, focus on one thing at a time, and give yourself the grace to take it step by step. Embrace the messiness. There will be setbacks, there will be victories, and there will be days when you don't feel like doing anything at all. And that's okay. Healing is not about crossing the finish line; it's about appreciating the journey. Understand That Healing Is Not Linear Expecting your healing journey to be a straight line is like expecting to find a unicorn at the end of a rainbow; overly optimistic, and you're bound to be disappointed. Healing zigs, it zags, it backtracks, and sometimes it does the cha-cha. There will be days when you feel on top of the world and others when you feel under it. That's normal. Embrace the unpredictability of the process and know that each step, forward or backward, is still a step towards healing. Building a Support Network No man is an island, especially not when it comes to emotional healing. Building a support network is like assembling your personal Avengers team – each member brings something unique to the table. Friends, family, pets, plants – whoever or whatever makes you feel understood, loved, and a wee bit happier. Lean on them, laugh with them, and let them help you through the rough patches. Remember, it's okay to ask for help. It's not a sign of weakness; it's a badge of bravery. Seek Professional Help If Needed Sometimes, the best thing you can do for yourself is call in the experts. If you're feeling stuck, overwhelmed, or just need someone to help you untangle your thoughts, seeking professional help is a game-changer. Therapists, counselors, and mental health professionals are like emotional ninjas—they have the skills, moves, and stealth to help you navigate the battlefield of your mind. Don't hesitate to reach out. Your future self will thank you. How To Heal Yourself Physically Our bodies are magnificent creations that act as blueprints for almost every machine the human mind conceives. However, the Western style of living causes our bodies to creak and malfunction like actual machines. It's all fun and games until your body starts sending you the "Hey, remember me?" signals. That's right. It's time to discuss how to heal your body by understanding its signals and prioritizing its needs. Buckle up! Invest In Proper Sleep and Rest Sleep is not just your body's "off" switch. It's more like hitting the reset button each night. Think of your body as a smartphone; without enough charge, it's going to glitch. Proper sleep and rest are your chargers. They help mend your broken bits by repairing tissues, balancing hormones, and boosting your immune system. And guess what? Skimping on sleep is like trying to run a marathon after pulling an all-nighter. Spoiler alert: It's a disaster waiting to happen. So, how about giving your body the rest it deserves? Aim for 7-9 hours of quality shut-eye, resist the temptation of late-night scrolling, and watch your body thank you by bouncing back stronger. Nutrition's Role in Healing Let's talk food. Not just any food, but the kind that fuels your self-healing superpowers. Imagine your body as a high-performance vehicle. You wouldn't fill it with sub-par fuel, right? The same goes for your body. Quality nutrition packed with vitamins, minerals, and antioxidants is like premium fuel. A healthy diet (with or without weight loss) boasts numerous health benefits, like battling inflammation and boosting your immune system. So, jump into those colorful fruits and veggies, lean proteins, wholesome grains, and healthy fats. Your body's repair kit will thank you. Remember, healing starts from the inside. Treat your body like the temple it is and nourish it with foods that heal. Support Of Nutritional Supplements Sometimes, even with the best intentions, our diet might not cover all the bases. Enter nutritional supplements, the little helpers that can fill in the gaps of a healthy diet. Vitamin D, omega-3s, and probiotics are just a few MVPs that can elevate your healing game. But, it's like exploring a bazaar out there, with options galore. Quality matters, folks! Consult with a healthcare professional to tailor your supplement strategy, ensuring it complements your unique needs and lifestyle. Remember, not all people need to take supplements. After all, supplements are the guest stars, not the main cast. Your diet is the real hero. Oh, stress. It's like that uninvited guest who crashes your party and doesn't know when to leave. Stress throws a wrench in your healing process, sparking inflammation and paving the path for mind and body diseases. Here's the thing: kicking stress to the curb or at least putting it in a headlock might just be what your body needs to heal. Find your zen through meditation, yoga, or whatever floats your relaxation boat. Cultivate joy, connect with loved ones, and indulge in hobbies that light you up inside. Reducing stress isn't just good for your physical health; it's a game-changer for your overall wellbeing. Show stress the door, and you'll be on your way to a healthier, happier you. The Benefits Of Regular Exercise Last but certainly not least is the magic of movement. Exercise isn't just about getting swole or marathon-ready. It's about lubricating your joints, improving circulation, and keeping the blues at bay. Regular physical activity can turbocharge your healing process, boost your mood, and even help keep chronic diseases in check. The key? Find activities you genuinely enjoy. Dance like nobody's watching, hike through nature's wonders or hit the yoga mat for some soulful stretching. Make movement a non-negotiable part of your daily routine, and watch as your body transforms, heals, and thrives. Here's an article on how to find the motivation you need even when you struggle with your mental health. How To Heal Yourself Spiritually Embarking on a spiritual healing journey can feel a bit like trying to solve a Rubik's cube blindfolded—exciting, a tad overwhelming, but oh-so-satisfying when you start to see progress. Let's break down this mystical quest into manageable, bite-sized pieces, shall we? Meditation And Mindfulness Imagine your brain as a hyperactive squirrel, darting from one thought to another. Now, what if I told you meditation could transform that squirrel into a zen master, calmly sipping herbal tea? Meditation and mindfulness are your tickets to turning down the volume of life's playlist, allowing you to tune into your inner peace channel. Start by finding a quiet spot—yes, even if it's your bathroom at 6 a.m. before the world wakes up. Sit comfortably, close your eyes, and focus on your breath. Your mind will wander, planning your grocery list or replaying that awkward thing you said in fifth grade. That's okay. Gently bring your focus back to your breath. It's less about silencing your thoughts and more about not letting them crash your zen party. Aim for a few minutes daily and increase as you become a more seasoned meditationer. You can find helpful resources at Headspace or everywhere online. Practice Affirmations Or Mantras Words are powerful—so powerful they can lift you up or smack you down. Affirmations or mantras are like your spiritual hype crew, constantly reminding you of your worth, strength, and ability to heal. Pick a phrase that resonates with you, something that makes your soul do a little happy dance. "I am a radiant beam of sunshine in a sometimes cloudy world" – cheesy? Maybe. Effective? Absolutely. Your mantra is your secret weapon against the world's negativity. Repeat it. Sing it. Yell it from your shower. The more you believe in your words, the more they'll start to manifest in your life. It's like tricking your brain into being its best self. Make Time For Your Passions Your passions are not just hobbies; they're the breadcrumbs leading you to your authentic self. When you're knee-deep in what you love, whether it's painting, coding, or underwater basket weaving, you're in your spiritual element. This is when you're most connected to your essence, and healing can truly begin. Making time for your passions means prioritizing joy and curiosity over the mundane to-dos of life. Schedule it if you must, like an unbreakable coffee date with your soul. Your passions fuel your spirit's fire, making every aspect of your life brighter and warmer. Journal About Your Thoughts And Emotions Grab a pen and spill your guts onto the page—metaphorically, of course. Journaling is like having a heart-to-heart with your inner self, no holds barred. It's your personal reality show where you're the star, the audience, and the critic. Write about your day, your dreams, that weird dream about flying on a giant pizza—anything that stirs your pot. This act of self-reflection can be incredibly healing. It allows you to process emotions, untangle thoughts, and spot patterns. Reading back through your entries can be a real eye-opener, like a "Whoa, did I really write that?" moment. These insights are golden nuggets on your path to healing. Practice Kindness In a world that often feels like a free-for-all, kindness is your rebellion. It starts with being kind to yourself. Why don't you cut yourself some slack? You're doing your best in this wild ride called life. When you're kind to yourself, extending that kindness to others becomes second nature. Practicing kindness can look like complimenting a stranger, volunteering, or simply sending good vibes out into the universe. Wish for others the peace and healing you seek for yourself. This creates a boomerang effect, where the kindness you put out often finds its way back to you, enriching your spiritual journey. Final Thoughts On How To Heal Yourself Healing yourself is a beautiful journey that's as unique as you are. By embracing the practices of mind, body, and spirit harmony, you've taken the first steps toward a more fulfilled and healthy life. Remember, it's not just about the destination but the path you take to get there. Whether it's through meditation, nourishing your body with good food, connecting deeply with others, or finding joy in your passions, each step is a move toward healing. Keep listening to your body, feeding your soul with what it needs, and treating yourself with kindness. Here's to your journey of self-healing and discovery, where each day brings you closer to the peace and well-being you deserve! Frequently Asked Questions As a library, NLM provides access to scientific literature. Inclusion in an NLM database does not imply endorsement of, or agreement with, the contents by NLM or the National Institutes of Health. Learn more: PMC Disclaimer | PMC Copyright Notice . 2005 May;3(3):255–262. doi: 10.1370/afm.313 PURPOSE Medicine is traditionally considered a healing profession, but it has neither an operational definition of healing nor an explanation of its mechanisms beyond the physiological processes related to curing. The objective of this study was to determine a definition of healing that operationalizes its mechanisms and thereby identifies those repeatable actions that reliably assist physicians to promote holistic healing. METHODS This study was a qualitative inquiry consisting of in-depth, open-ended, semistructured interviews with Drs. Eric J. Cassell, Carl A. Hammerschlag, Thomas S. Inui, Elisabeth Kubler-Ross, Cicely Saunders, Bernard S. Siegel, and G. Gayle Stephens. Their perceptions regarding the definition and mechanisms of healing were subjected to grounded theory content analysis. RESULTS Healing was associated with themes of wholeness, narrative, and spirituality. Healing is an intensely personal, subjective experience involving a reconciliation of the meaning an individual ascribes to distressing events with his or her perception of wholeness as a person. CONCLUSIONS Healing may be operationally defined as the personal experience of the transcendence of suffering. Physicians can enhance their abilities as healers by recognizing, diagnosing, minimizing, and relieving suffering, as well as helping patients transcend suffering. Keywords: Healing; physician-patient relations; philosophy, medical Medicine is traditionally considered a healing profession, and modern medicine claims legitimacy to heal through its scientific approach to medicine.1 The marriage of science and medicine has empowered physicians to intervene actively in the course of disease, to effect cures, to prevent illness, and to eradicate disease.2 In the wake of such success, physicians, trained as biomedical scientists, have focused on the diagnosis, treatment, and prevention of disease.3 In the process, cure, not care, became the primary purpose of medicine, and the physician's role became "curer of disease" rather than "healer of the sick."4,5 Healing in a holistic sense has faded from medical attention and is rarely discussed in the medical literature. Even so, other disciplines have continued an active contemplation of holistic healing. Anthropological explorations of healing involve an active response to distress and distinguish categories related to healing, such as diagnosis and treatment, medical (scientific and nonreligious) and nonmedical (unscientific and religious), technological and nontechnological, and Western and non-Western.6 Psychological conceptions of healing involve reordering an individual's sense of position in the universe and define healing as "a process in the service of the evolution of the whole person ality towards ever greater and more complex wholeness."7,8 These definitions of healing focus on issues of social organization, roles, meaning, and personal growth. The nursing literature reflects increasing concern with healing and the role of the nurse as healer during the past 25 years.9,10 Healing has been defined as "the process of bringing together aspects of one's self, body-mind-spirit, at deeper levels of inner knowing, leading toward integration and balance with each aspect having equal importance and value."11 These conceptions associate healing with complexities of meaning and personal understanding that may be related to curing and reflect the traditional caring role of nurses as patient advocates. The confusion concerning healing in medicine is evidenced by the lack of consensus about its meaning. Science values operational definitions. Yet, medicine promotes no operational definition of healing, nor does it provide any explanation of its mechanisms, save those describing narrow physiological processes associated with curing disease.12–14 Most medical literature addressing holistic healing and using the word in the title never defines the term.15,16 The MEDLINE electronic database reveals no single MeSH heading for "healing"; instead, it adds qualifiers associated with the spiritual and religious aspects of illness and recovery related to psychology and alternative medicine. It could be surmised that modern medicine considers holistic healing beyond its orthodoxy, leaving the promotion of healing to practitioners of alternative or aboriginal medicine17—the nonscientific, nonmedical practitioners described by anthropologists. That medicine has no accepted definition of holistic healing is a curiosity. If healing is a core function of medicine, then exploration of its symbolic meaning compels organized research of healing phenomena,18 and an operational definition of healing in a holistic sense is warranted. Such a definition would allow the systematic exploration of healing through identifiable and repeatable operations to determine more precisely its phenomena. The knowledge acquired could help both medical trainees and practicing physicians become more effective healers during their therapeutic encounters with patients.19 This report describes the results of a qualitative study of healing, focusing on its operational definition to clarify its meaning. Data were gathered through semistructured interviews conducted by the author.20 Interviews lasted approximately 90 minutes each and were held in person, with the exception of 1 interview by telephone. The interviews consisted of open-ended questions designed to elicit responses of unspecified substance or perspectives.21 Respondents consented to be quoted and were encouraged to expand answers. The questionnaire was field-tested before implementation and shortened after the first interview to focus the inquiry more precisely. The final interview questionnaire is depicted in Table 1 ▶. Research Interview Questionnaire From your experience, how do you define healing? Would you describe what you believe occurs in healing? Looking back over your life from childhood to the present, can you think of a particular experience that has greatly influenced the way you consider, feel, or act regarding healing or the function of healing within medical practice? Would you share a personally profound experience of healing in which you were involved as a physician? In your experience, what makes an individual a healer? What recommendations do you have for educating and training allopathic physicians to be healers? The author is a social worker and behavioral scientist in a community-based, university-affiliated family practice residency program. The research was initiated as the author's doctoral dissertation project.22 Preparation for the interviews involved coaching with an anthropologist proficient in qualitative interviewing. Preparation for data analysis involved a review of relevant literature regarding healing, the patient-physician relationship, and medical training in the Western allopathic tradition. Data analysis continued during the decade after the original interviews were completed, stimulated by increasing reports of physician demoralization and dissatisfaction with medicine. The study was based on the following assumptions: (1) healing remains a core function of medicine; (2) information concerning healing would benefit medical practitioners; (3) the personal, subjective nature of healing could best be explored through qualitative research; (4) useful information regarding healing in medicine might best be gathered from persons familiar with and experienced in the role of allopathic physician; and (5) information of the highest yield might be gained from physicians who have devoted their careers to addressing the topic of inquiry. The study cohort represented a purposive sampling23 of 7 allopathic physicians, chosen for their "expertise in areas relevant to the research,"24 based on their publications on topics related to healing or their reputations as medical educators. A less-is-more premise that sample sizes of 8 or fewer facilitate a deeper, more detailed analysis determined sample size.25 Interviews were sought to allow spontaneous exploration of meaningful themes and concepts, which would be otherwise impossible through a literature review of the physicians' published work. The study was approved by the Institutional Review Board of Seattle University, and all respondents agreed to be identified by name in this publication. Six interviews were recorded and transcribed into verbatim transcripts; 1 interview was reconstructed from notes because of a recording failure. Verbatim transcripts were reviewed to check for accuracy and forwarded to the respondents for validation.26 The edited transcripts were loaded into a computer program for managing qualitative research data27 and coded to generate grounded theory as described by Strauss and Corbin.28 Themes, subthemes interrelating themes, and the central story line connecting themes were determined. Data collection and analysis occurred simultaneously, and data were winnowed to core concepts to facilitate manageability.29,30 The coding of the transcripts revealed 3 themes, each with 3 subthemes depicting the relationship of these themes. Verbatim definitions, themes, subthemes, and the central story line are summarized in Table 2 ▶. Definitions of Healing and Codes Respondent Definitions Themes Subthemes Cassell "Making whole again" Wholeness Transformation Kubler-Ross "Becoming whole again" Wholeness Loss/Isolation Saunders "Finding wholeness" Wholeness Suffering Inui "Well-being and function" Narrative Continuity Siegel "A state of mind" Narrative Personal Hammerschlag "A harmony between the mind, the body and the spirit" Spirituality Reconciliation Stephens "A spiritual experience" Spirituality Transcendence Three definitions emphasized the concept of wholeness but differed in the stress on physician or patient experience or in the suggestion that wholeness is discovered as the illness experience unfolds. So defined, healing involves achieving or acquiring wholeness as a person. "If you become whole again," Kubler-Ross observed, "you're healed." The concept of wholeness as a definition of healing "lacks only one thing," Cassell noted. "What anybody means by the word 'whole' and what it means to 'make' whole … much less the word 'again,' which implies that the person was whole prior to the healing … [i]f you mind that, then it's a terrible definition." For Cassell, to be whole again "is to be in relationship to yourself, is to be in relationship to your body, to the culture and significant others." To be whole as a person is to be whole amongst others, and the respondents described wholeness of personhood as involving physical, emotional, intellectual, social, and spiritual aspects of human experience. Subthemes of transformation, loss and isolation, and suffering were associated with the theme of wholeness. Illness, according to Cassell, "denies most conceptions of what it means to be yourself." Losses in capacity, "when you can't do the things you used to do," as Saunders observed, isolate the ill by compromising those connections supporting perceptions of wholeness. "We find we are not enough," Hammerschlag noted. "It's too isolating. It's too disconnecting. The nature of the human experience is not solitary." Ill patients experience a transformation in their sense of wholeness characterized by loss and isolation. Not being the persons they have known themselves to be, they suffer. The study respondents did not associate wholeness with physical health or cure of disease. "You can find a degree of wholeness as a person," Saunders observed, "whether you get better or not, whether you are suffering or not, and I certainly have seen people finding a wholeness as they die." Inui emphasized that he was "resisting the notion that healing was curing or fixing," whereas Siegel maintained that "you can be healed and still have a physically sick body." Hammerschlag concurred, saying that "… it's possible to be in health and to be healed without being cured." "As far as I can see," Cassell noted, "you can heal somebody. You can be complete about it. I'm not convinced that you make a bit of difference in the bodily disease." Thus, healing is independent of illness, impairment, cure of disease, or death. Two definitions reflected the theme of healing as a narrative. Inui clarified that his definition opposed the concept of "physicians [as] biomedical experts who identify vulnerability and disease and then, by showing up vulnerability and by eradicating disease, assure health." Siegel noted that healing is "a reinterpretation, in a sense, of life." For these respondents, healing occurs within the life narrative of the person experiencing the phenomena. Narrative subthemes involved a personal connection within the context of continuity of care. Healing is related to wholeness, and wholeness is experienced in connection with others. Illness can facilitate connection. Saunders recalled a patient who described this process as "bringing together illness … patient with patient, patient with family, patient with staff." Hammerschlag noted: "A healer is somebody who's going to help you make those connections between each other and everything around you." Inui described healing as occurring in contexts of "real persons in connection with other real persons," and Cassell maintained that "to be whole is always to be whole in the presence of others." Life narratives are social constructions, stories fashioned in connection with others. Continuity of care supports connection. "There's a coterie of patients through continuity of care that do come to have a special relationship with the doctor," Stephens noted, "and I think healing is more apt to occur under those circumstances…." Through continuity, both patient and physician come to know one another as persons. "You are missing something, as well as the patient missing something," Saunders emphasized, "unless you come not merely in a professional role but in a role of one human being meeting another." Stephens maintained that "you have to know your patients in some meaningful way." Continuity, according to Inui, facilitates "incredible shortcuts you can take once you really have a strong relationship with somebody." In the process of healing, the physician becomes part of, is connected to, the patient's life narrative. "Bringing together" involves sharing vulnerability, which creates safety and fosters personal connection. Medicine, Inui observed, is done "in a highly interpersonal manner" in which "people do take risks with one another … in order to be as powerful as possible in the process of sustaining health." "When you become vulnerable and open," Siegel maintained, "then they (patients) do because they know it's safe…." This type of sharing allows the patient to lay down his or her burdens and begin the process of developing a new life narrative that incorporates the experience of brokenness. "Until they've (patients) told you the story," Cassell noted, "they can not reconstitute." Inui observed that personal connection helps reduce the "loneliness that people feel." Narratives of healing are created in close physician-patient relationships that are personal in nature and supported by continuity of care. Two definitions emphasized the theme of spirituality. Stephens described the spiritual as "the will, the emotions, the meanings, the intimate relationships of a person's life that are more than the machinery of the body." Hammerschlag emphasized "a harmony" between mind, body, and spirit, with spirit being the "ineffable quality that we have that propels us forward." For Hammerschlag, harmony occurs "when what you know, and what you say, and what you feel are in balance." With harmony comes health; therefore, spirituality is an important aspect of healing. Subthemes illuminating the theme of spirituality involved meaning, reconciliation, and transcendence. Patients experiencing healing were described as seeking or discovering meaning in their afflictions. "You learn why you're here," Siegel noted. Saunders observed that the spiritual involves "the search to be human." "You read pathographies of people," Cassell observed, "almost universally … illness awakened them to a meaning of what's important in life, right? And if illness did that to them, we have to presume they didn't know that beforehand." Hammerschlag observed, "Healing has as much to do with how you come to what it is you've got as what it is you've got. How you come to it is at least as important as to whatever it is that comes to you." The discovery of meaning in the illness experience helps patients reconcile their distress and leads to a transcendence of suffering. Saunders described this process as "things fall into place" and observed that dying patients who had experienced healing were "quietly accepting it with the heart." "'I can't see round the next bend,' she recalled a patient telling her, 'but I know it will be all right.'" Inui maintained: "If you look at what healers do in traditional cultures, they're not fix-it men…. They also help people to live with it, derive meaning from … this experience of distress." Kubler-Ross associated suffering with the development of spirituality. "Nothing is a faster teacher," she noted, "than suffering. The more we suffer, the earlier the spiritual quadrant opens and matures." Stephens linked suffering with reconciliation. "Genuine reconciliation," he said, "probably involves some kind of suffering." Saunders described a similar process: "We do have a surprising number of people who find this capacity to reconcile family difficulties and differences and to reach the place of … an acceptance of what is happening." Spiritual growth is the progeny of suffering and fosters reconciliation, which helps patients transcend suffering. In summary, healing was defined in terms of developing a sense of personal wholeness that involves physical, mental, emotional, social and spiritual aspects of human experience. Illness threatens the integrity of personhood, isolating the patient and engendering suffering. Suffering is relieved by removal of the threat and restatement of the previous sense of personhood. Suffering is transcended when invested with meaning congruent with a new sense of personal wholeness. Wholeness of personhood is facilitated through personal relationships that are marked by continuity. Thus understood, the central story line of this cohort's responses provides an operational definition of healing: Healing is the personal experience of the transcendence of suffering. Themes of wholeness, narrative, and spirituality are congruent with the derivation of the term "healing." Heal means "to make sound or whole" and stems from the root, haelan, the condition or state of being hal, whole.31 Hal is also the root of "holy," defined as "spiritually pure."31 Derivation from the same medieval root indicates a centuries-old association between healing and perceptions of wholeness and spirituality that challenges biomedical thinking. Medicine has no model of what it means to be whole as a person,32 values objective more than subjective data,33 and gives negligible consideration to spirituality.34 Though true to the derivation of the word, these themes fail to illumine the operations of healing to help clinicians better facilitate the process. The operational definition that is the central story line of this study resolves some of this dilemma. Ill persons

undergo transformations in which they are unable to be the persons they once were. This threat to wholeness generates suffering35 and involves the physical, social, psychological, and spiritual dimensions of personhood described in this study.36 Suffering is an inherently unpleasant experience reflecting perceptions of helplessness.37 It may involve pain, but it is an anguish of a different order from pain38,39 that alienates the sufferer from self and society.40 Suffering engenders a “crisis of meaning,”36 a spiritual consideration of life’s ultimate importance,34 and it is reflected as an intensely personal narrative.41 Thus, suffering subsumes the themes of wholeness, narrative, and spirituality and has major implications for facilitating healing. Although suffering may be resolved if the threat to wholeness is removed, distress is relieved, and integrity is reinstated, the ability of medicine to resolve suffering is limited. Suffering is inherent to human experience,42 and some types of suffering are beyond the purview of medicine.44 Still, suffering can be transcended by accepting the necessity to suffer42 and by finding meaning in the threatening events.44 “Suffering ceases to be suffering in some way,” Frankl observed, “at the moment it finds a meaning.”45 Sharing suffering creates interpersonal meaning and melds the life stories of patient and physician.46 Creating interpersonal meaning and melding life stories produce a connexional relationship, a “mutual experience of joining that results in a sensation of wholeness.”47 Connexional relationships reduce the alienation of suffering. As the physician becomes a part of patients’ life narratives and “experiences with” them,40,41,48–50 patients no longer suffer alone. Patients can use this intimate, transpersonal context to “edit” their life stories.51 By reconstructing identity, reforming purpose, and revising their life narratives to accept or find meaning and transcend suffering,52,53 patients experience healing. The role of the physician-healer is to establish connexional relationships with his or her patients and guide them in reworking of their life narratives to create meaning in and transcend their suffering.53,54 Even though it is the patient who must find the meaning that transcends his or her suffering, the physician can catalyze this process by sensitively attending to and engaging the patient in dialogue regarding the patient’s suffering. This process is depicted in Figure 1 ▶. The healing process.Unfortunately, medicine does little to prepare physicians to guide sufferers.56,57 Physicians are not trained to hear patients’ stories, often fail to solicit the patient’s agenda or pick up on a patient’s clues, and often limit storytelling to maintain diagnostic clarity, support efficiency, and avoid confusion and unpleasant feelings.58–62 How to comfort the sick or hear sensitive patient disclosures is often left to common sense.63,64 Empathy offered inopportunely, however, exacerbates distress, and inordinately emphasizing biomedical data delegitimizes the suffering contained in the patient’s story.41,65,66 Some physicians question the legitimacy of being a guide for patients or find the moral authority associated with the role uncomfortable, whereas others fear the intense feelings encountered on the healing journey.48,53 Not knowing how to engage suffering risks iatrogenically inducing it. Yet changes in medicine reflect progress in addressing holistic perspectives that conceivably might augment physician attempts to effect healing. Increasing research on the potential impacts of spirituality and religion on health outcomes67–71 has stimulated a vigorous dialogue regarding the place of spirituality in medicine.72–74 Nearly one half of medical schools in the United States now offer courses on spirituality in medicine, and all teach interviewing and interpersonal skills.68,75 Patient-centered approaches to clinical care are having positive impacts on the patient-physician relationship and health outcomes,76–78 and curricula for teaching patient-centered communication are extending into the clinical years of training.79–81 Conceivably, these efforts will better prepare physicians to establish connexional relationships, explore patients’ life narratives, and help patients finding meaning in their experience to transcend their suffering. This study is subject to both methodologic and contextual limitations. It is the product of a single researcher doing an individual analysis of data obtained from a small sample of Western-trained allopathic physicians. Interviews with a larger group of physicians—especially those from other healing traditions—with analysis by multiple researchers would likely produce different results. Likewise, interviews with patients who considered themselves to have experienced healing would be enlightening and undoubtedly change the study results. The validity of the data presented is inherently intuitive. Congruent with the subjective nature of the phenomena of inquiry, readers must judge the generalizability of this study by their own experience. That the proposed definition of healing relies heavily upon issues of meaning, spirituality, and the physician-patient relationship for its operations is a limitation. The lack of precise definitions for spirituality inhibits systematic research in this area.71 Conceivably, those patients who do not wish to discuss their spirituality, who are mentally incapacitated, or who are incapable of or disinterested in a connexional relationship might not be amenable to the operations of healing described herein. Whether healing in some other guise occurs for these patients is a plausible question for further study, but it could be that healing, as is cure of disease, is not possible for all patients. For all these reasons, the definition of healing proffered in this study must be considered provisional, but it provides a good starting point for further discussion and study. The industrialization of health care in the United States may render the results of this study superfluous.82 The episodic contact patients often have with subspecialty physicians undermines the trust generated by continuity of care83 that might be necessary for connexional relationships to form. The economics of primary care practice force patient volumes in time increments that make the intimate connection necessary for healing difficult. That healing remains a core function of medicine is questionable, because modern medicine focuses on the efficient dispersal of biomedical services, not healing. Still, patient care remains a core function. “The secret of the care of the patient,” Peabody noted, “is caring for the patient.”84 Caring relationships are founded to foster personal growth.85 Transcending suffering is surely personal growth. By forging connexional relationships, grounding treatment choices in the person rather than the disease, maximizing function, and actively minimizing suffering, physicians strengthen patients with the goal of maintaining intactness and integrity.48,86–88 The requisite clinical methods, empathy, and communication skills for fostering connexional relationships are known and teachable,89–93 and the necessary attitudes and insight are being discussed.94–97 Still, research regarding the detection and management of suffering is sorely needed. By helping patients transcend suffering, physicians surpass their curative roles to claim their heritage as healers. In the process, medicine recapitulates its service ethic as “a work of the heart and soul”98 and maintains its tradition as a healing profession. The author extends deep appreciation to the study participants whose generous gifts of time, clarity of thought, and passion for healing made this study possible. The author also wishes to thank Drs. Stuart J. Farber, Joan E. Halley, Kevin F. Murray, and Thomas E. Norris for their thoughtful review of the manuscript. 1.Starr P. The Social Transformation of American Medicine. New York, NY: Basic Books; 1982. 2.Ludmerer KM. Learning to Heal. New York, NY: Basic Books; 1985. 3.Toulmin S. On the nature of the physician’s understanding. J Med Philos. 1976;1:32–50. [DOI] [PubMed] [Google Scholar] 4.Cassell EJ. The Healer’s Art. Cambridge, Mass: MIT Press; 1976. 5.Hauerwas S. Naming The Silences: God, Medicine, and the Problem of Suffering. Grand Rapids, Mich: Wm. B. Eerdsman Publishing Co; 1990. 6.Csordas TJ, Kleinman A. The therapeutic process. In: Medical Anthropology: Contemporary Theory And Method. Johnson TM, Sargent CF, ed. New York, NY: Praeger Publishers; 1990. 7.Comfort A. On healing Americans. J Operational Psychiatry. 1978;9: 25–36. [Google Scholar] 8.Gordon R. Reflections on curing and healing. J Anal Psychol. 1979; 24:207–217. [DOI] [PubMed] [Google Scholar] 9.Quinn JF. The self as healer: reflections from a nurse’s journey. AACN Clin Issues. 2000;11:17–26. [DOI] [PubMed] [Google Scholar] 10.Jackson C. Healing ourselves, healing others: first in a series. Holist Nurs Pract. 2004;18:67–81. [DOI] [PubMed] [Google Scholar] 11.Dossey BM, Keegan L, Guzzetta CE, eds. Holistic Nursing: A Handbook for Practice. 4th ed. Sudbury, Mass: Jones & Bartlett Publishers; 2005. 12.Dossey L. Whatever Happened to Healers? Altern Ther Health Med. 1995;1:6–13. [PubMed] [Google Scholar] 13.Weil A. Health And Healing. Boston, Mass: Houghton Mifflin; 1983. 14.Dorland’s Illustrated Medical Dictionary. 25th ed. Philadelphia, PA: WB Saunders; 1974. 15.Benjamin WW. Healing by the fundamentals. N Engl J Med. 1984; 311:595–597. [DOI] [PubMed] [Google Scholar] 16.Lown B. The Lost Art of Healing. Boston, Mass: Houghton Mifflin; 1996. 17.Murray RH, Rubel AJ. Physicians and healers--unwitting partners in health care. N Engl J Med. 1992;326:61–64. [DOI] [PubMed] [Google Scholar] 18.Kleinman AM. Some issues for a comparative study of medical healing. Int J Soc Psychiatry. 1973;19:159–163. [DOI] [PubMed] [Google Scholar] 19.Reilly D. Enhancing human healing. BMJ. 2001;322:120–121. [DOI] [PMC free article] [PubMed] [Google Scholar] 20.Crabtree BF, Miller WL. A qualitative approach to primary care research: the long interview. Fam Med. 1991;23:145–151. [PubMed] [Google Scholar] 21.Spradley JP. The Ethnographic Interview. New York, NY: Rinehardt & Winston; 1979. 22.Egnew TR. On Becoming a Healer: A Grounded Theory [dissertation]. Seattle, Wash: Seattle University; 1994. 23.Patton MQ. How To Use Qualitative Methods in Evaluation. Newbury Park, Calif: Sage Publications; 1987. 24.Marshall C, Rossman GB. Designing Qualitative Research. Newbury Park, Calif: Sage Publications; 1989. 25.McCracken G. The Long Interview. Newbury Park, Calif: Sage Publications; 1988. 26.Mays N, Pope C. Qualitative research in health care. Assessing quality in qualitative research. BMJ. 2000;320:50–52. [DOI] [PMC free article] [PubMed] [Google Scholar] 27.Seidel JV, Kjolseth R, Seymour E. The Ethnograph (v 3). Corvallis, Ore: Qualis Research Associates; 1988. 28.Strauss A, Corbin C. Basics of Qualitative Research. Newbury Park, Calif: Sage Publications; 1990. 29.Glaser B, Strauss A. The Discovery of Grounded Theory. New York, NY: Aldine; 1967. 30.Wolcott HF. Writing Up Qualitative Research. Newbury Park, Calif: Sage Publications; 1990. 31.Webster’s New Collegiate Dictionary. Springfield, Mass: G & C Merriam Company; 1979. 32.Cassell EJ. The Nature of Suffering and the Goals of Medicine. New York, NY: Oxford University Press; 1991. 33.Eisenberg L. The subjective in medicine. Perspect Biol Med. 1983;27:48–61. [DOI] [PubMed] [Google Scholar] 34.Hiatt JF. Spirituality, medicine, and healing. South Med J. 1986;79:736–743. [DOI] [PubMed] [Google Scholar] 35.Cassell EJ. Recognizing suffering. Hastings Cent Rep. 1991;21:24–31. [PubMed] [Google Scholar] 36.Barrett DA. Suffering and the process of transformation. J Pastoral Care. 1999;53:461–472. [DOI] [PubMed] [Google Scholar] 37.Chapman CR, Gavrin J. Suffering and its relationship to pain. J Palliat Care. 1993;9:5–13. [PubMed] [Google Scholar] 38.Donnelly WJ. Taking suffering seriously: a new role for the medical case history. Acad Med. 1996;71:730–737. [DOI] [PubMed] [Google Scholar] 39.Macleod R. The pain of it all. N Z Fam Pract. 2004;31:65–66. [Google Scholar] 40.Younger JB. The alienation of the sufferer. ANS Adv Nurs Sci. 1995;17:53–72. [DOI] [PubMed] [Google Scholar] 41.Reich WT. Speaking of suffering: a moral account of compassion. Soundings. 1989;72:83–108. [PubMed] [Google Scholar] 42.Microsoft Encarta Online Encyclopedia. Buddhism. 2004. Available at: . Accessed: February 18, 2004. 43.Fleischer TE. Suffering reclaimed: medicine according to Job. Perspect Biol Med. 1999;42:475–488. [DOI] [PubMed] [Google Scholar] 44.Brody H. Stories of Sickness. New Haven, CT: Yale University Press; 1987. 45.Frankl VE. Man’s Search for Meaning: An Introduction to Logotherapy. New York, NY: Pocket Books; 1963. 46.Gadow G. Suffering and interpersonal meaning: commentary. J Clin Ethics. 1991;2:103–107. [PubMed] [Google Scholar] 47.Suchman AL, Matthews DA. What makes the patient-doctor relationship therapeutic? Exploring the connexional dimension of medical care. Ann Intern Med. 1988;108:125–130. [DOI] [PubMed] [Google Scholar] 48.van Hooft S. Suffering and the goals of medicine. Med Health Care Philos. 1998;1:125–131. [DOI] [PubMed] [Google Scholar] 49.Gunderman RB. Is suffering the enemy? Hastings Cent Rep. 2002;32: 40–44. [PubMed] [Google Scholar] 50.Pellegrino ED. The healing relationship: the architronics of clinical medicine. In: Shelp EA, ed. The Clinical Encounter: The Moral Fabric of the Physician-Patient Relationship. Dordrecht Holland: D. Reidel Publishing Co; 1983:153–172. 51.Farber SJ, Egnew TR, Farber A. What is a respectful death? In: Berzoff J, Silverman PR, eds. Living With Dying: A Handbook for End-Of-Life Healthcare Practitioners. New York, NY: Columbia University Press; 2004:102–127. 52.Stuart MR, Lieberman JAI. The Fifteen Minute Hour: Applied Psychotherapy for the Primary Care Physician. 2nd ed. Westport, CT: Praeger Publishers; 1993. 53.Verhey A. Compassion: beyond the standard account. Second Opin. 1992;18:99–102. [PubMed] [Google Scholar] 54.Nuland SB. How We Die. New York, NY: Alfred A, Knopf; 1994. 55.Farber SJ, Egnew TR, Herman-Bertsch JL. Defining effective clinician roles in end-of-life care. J Fam Pract. 2002;51:153–158. [PubMed] [Google Scholar] 56.Wanzer SH, Federman DD, Adelstein SJ, et al. The physician’s responsibility toward hopelessly ill patients. A second look. N Engl J Med. 1989;320:844–849. [DOI] [PubMed] [Google Scholar] 57.Gavrin J, Chapman CR. Clinical management of dying patients. West J Med. 1995;163:268–277. [PMC free article] [PubMed] [Google Scholar] 58.Hunter KM. Doctor’s Stories: The Narrative Structure of Medical Knowledge. Princeton, NJ: Princeton University Press; 1991. 59.Waitzkin H. The Politics of Medical Encounters: How Patients and Doctors Deal With Social Problems. New Haven, CT: Yale University Press; 1991. 60.Marvel MK, Epstein RM, Flowers K, Beckman HB. Soliciting the patient’s agenda: have we improved? JAMA. 1999;281:283–287. [DOI] [PubMed] [Google Scholar] 61.Suchman AL, Markakis K, Beckman HB, Frankel R. A model of empathic communication in the medical interview. JAMA. 1997;277:678–682. [PubMed] [Google Scholar] 62.Levinson W, Gorawara-Bhat R, Lamb J. A study of patient clues and physician responses in primary care and surgical settings. JAMA. 2000;284:1021–1027. [DOI] [PubMed] [Google Scholar] 63.Balint M. The Doctor, His Patient and the Illness. Rev ed. New York, NY: International Universities Press; 1964. 64.Hilfiker D. Healing the Wounds. New York, NY: Pantheon Books; 1985. 65.Morse JM. Toward a praxis theory of suffering. ANS Adv Nurs Sci. 2001;24:47–59. [DOI] [PubMed] [Google Scholar] 66.Kleinman A, Kleinman J. Suffering and its professional transformation: toward an ethnography of interpersonal experience. Cult Med Psychiatry. 1991;15:275–301. [DOI] [PubMed] [Google Scholar] 67.Byrd RC. Positive therapeutic effects of intercessory prayer in a coronary care unit population. South Med J. 1988;81:826–829. [DOI] [PubMed] [Google Scholar] 68.McBride JL, Arthur G, Brooks R, Pilkington L. The relationship between a patient’s spirituality and health experiences. Fam Med. 1998;30:122–126. [PubMed] [Google Scholar] 69.Matthews DA, McCullough ME, Larson DB, et al. Religious commitment and health status: a review of the research and implications for family medicine. Arch Fam Med. 1998;7:118–124. [DOI] [PubMed] [Google Scholar] 70.Steinhauser KE, Christakis NA, Clipp EC, et al. Factors considered important at the end of life by patients, family, physicians, and other care providers. JAMA. 2000;284:2476–2482. [DOI] [PubMed] [Google Scholar] 71.Daaleman TP, Perera S, Studenski SA. Religion, spirituality, and health status in geriatric outpatients. Ann Fam Med. 2004;2:49–53. [DOI] [PMC free article] [PubMed] [Google Scholar] 72.Sloan RP, Bagiella E, Powell T. Religion, spirituality, and medicine. Lancet. 1999;353:664–667. [DOI] [PubMed] [Google Scholar] 73.Koenig HG, Idler E, Kasl S, et al. Religion, spirituality, and medicine: a rebuttal to skeptics. Int J Psychiatry Med. 1999;29:123–131. [DOI] [PubMed] [Google Scholar] 74.Sulmasy DP. Is medicine a spiritual practice? Acad Med. 1999;74:1002–1005. [DOI] [PubMed] [Google Scholar] 75.Novack DH, Volk G, Drossman DA, Lipkin M, Jr. Medical interviewing and interpersonal skills teaching in US medical schools. Progress, problems, and promise. JAMA. 1993;269:2101–2105. [PubMed] [Google Scholar] 76.Stewart M, Brown JB, Donner A, et al. The impact of patient-centered care on outcomes. J Fam Pract. 2000;49:796–804. [PubMed] [Google Scholar] 77.Little P, Everitt H, Williamson I, et al. Observational study of effect of patient centredness and positive approach on outcomes of general practice consultations. BMJ. 2001;323:908–911. [DOI] [PMC free article] [PubMed] [Google Scholar] 78.Krupat E, Bell RA, Kravitz RL, Thom D, Azari R. When physicians and patients think alike: patient-centered beliefs and their impact on satisfaction and trust. J Fam Pract. 2001;50:1057–1062. [PubMed] [Google Scholar] 79.Oh J, Segal R, Gordon J, Boal J, Jotkowitz A. Retention and use of patient-centered interviewing skills after intensive training. Acad Med. 2001;76:647–650. [DOI] [PubMed] [Google Scholar] 80.Yedidia MJ, Gillespie CC, Kachur E, et al. Effect of communications training on medical student performance. JAMA. 2003;290:1157–1165. [DOI] [PubMed] [Google Scholar] 81.Egnew TR, Mauksch LB, Greer T, Farber SJ. Integrating communication training into a required family medicine clerkship. Acad Med. 2004;79:737–743. [DOI] [PubMed] [Google Scholar] 82.Rastegar DA. Health care becomes an industry. Ann Fam Med. 2004; 2:79–83. [DOI] [PMC free article] [PubMed] [Google Scholar] 83.Mainous AG, 3rd, Baker R, Love MM, Gray DP, Gill JM. Continuity of care and trust in one’s physician: evidence from primary care in the United States and the United Kingdom. Fam Med. 2001;33:22–27. [PubMed] [Google Scholar] 84.Peabody FW. The care of the patient. JAMA. 1927;88:877–882. [PubMed] [Google Scholar] 85.Mayeroff M. On Caring. New York, NY: Harper Perennial; 1990. 86.Cassell EJ. The relief of suffering. Arch Intern Med. 1983;143:522–523. [PubMed] [Google Scholar] 87.Cassell EJ. The nature of suffering: physical, psychological, social, and spiritual aspects. NLN Publ. 1992:1–10. [PubMed] [Google Scholar] 88.Cassell EJ. Diagnosing suffering: a perspective. Ann Intern Med. 1999;131:531–534. [DOI] [PubMed] [Google Scholar] 89.Charon R. The patient-physician relationship. Narrative medicine: a model for empathy, reflection, profession, and trust. JAMA. 2001;286:1897–1902. [DOI] [PubMed] [Google Scholar] 90.Zinn W. The empathic physician. Arch Intern Med. 1993;153:306–312. [PubMed] [Google Scholar] 91.Kurtz S, Silverman J, Draper J. Teaching and Learning Communication Skills in Medicine. Abingdon, UK: Radcliffe Medical Press; 1998. 92.Roter DL, Hall JA, Kern DE, et al. Improving physicians’ interviewing skills and reducing patients’ emotional distress. A randomized clinical trial. Arch Intern Med. 1995;155:1877–1884. [PubMed] [Google Scholar] 93.Stewart M, Brown JB, Weston WW, McWhinney IR, Freeman TR. Patient-Centered Medicine. Transforming the Clinical Method. Thousand Oaks, Calif: Sage Publications; 1995. 94.Novack DH, Suchman AL, Clark W, et al. Calibrating the physician. Personal awareness and effective patient care. Working Group on Promoting Physician Personal Awareness, American Academy on Physician and Patient. JAMA. 1997;278:502–509. [DOI] [PubMed] [Google Scholar] 95.Novack DH, Epstein RM, Paulsen RH. Toward creating physician-healers: fostering medical students’ self-awareness, personal growth, and well-being. Acad Med. 1999;74:516–520. [DOI] [PubMed] [Google Scholar] 96.Epstein RM. Mindful practice. JAMA. 1999;282:833–839. [DOI] [PubMed] [Google Scholar] 97.LeBaron S. Can the future of medicine be saved from the success of science? Acad Med. 2004;79:661–665. [DOI] [PubMed] [Google Scholar] 98.Remen RN. Recapturing the soul of medicine: physicians need to reclaim meaning in their working lives. West J Med. 2001;174:4–5. [DOI] [PMC free article] [PubMed] [Google Scholar]