

LEVEL ONE OF THE

Healing Journey

*An active response to
the crisis of cancer*

Workbook

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Beginning Your Healing Journey

This workbook sets out the main ideas and methods for the first level or stage of the Healing Journey program, which has been designed for people who want to help themselves as they deal with cancer or other serious chronic disease. The program is based on more than 20 years of clinical experience and research at the Ontario Cancer Institute, Canada's largest cancer treatment centre. This first level of the program has been exhaustively tested and shown that it is able to relieve much of the anxiety and depression, confusion, pain, fatigue, and other forms of distress induced by a cancer diagnosis.

You can download the text of this workbook from our website www.healingjourney.ca, and you can order it as a book from the website as well. While the book can be read alone, it is best used together with audio materials. Two CDs or audiotapes (four tracks, ranging in length from 18 to 30 minutes each), which are packaged with the book, lead the listener through the following techniques:

- Track 1. Deep muscle relaxation
- Track 2. Deep inner relaxation
- Track 3. Mental imagery for healing
- Track 4. An ideal day in the future

Learning these methods is vital part of healing; in fact, little is usually learned by reading alone. We need to quieten the mind and body, and “look within.” Most people find that these CDs or tapes, or other comparable audio materials, are an important aid to their initial practice, although later the techniques can be done without them. Discussion with others facing the same problems, or with a counsellor, is also very valuable. The website also hosts a free chat room where you can ask questions that may arise from your healing work.

You will see that the text refers to a set of six videotapes, which is available as a kit under such titles as *Beginning Your Healing Journey* or *The Healing Journey at Home*. Check the website to find when this video kit is available and how to get it. At times the workbook refers to these videotapes, and to “live” classes held in the Princess Margaret Hospital, Toronto.

Readers interested in knowing about levels of the Healing Journey program following this first level can find the information on the website. As demand grows, we hope to make these higher levels also freely available to everyone via the Internet.

Note to professionals

In this workbook, and on the videotapes, this first level of the program is arranged as an introductory session followed by four consecutive weekly sessions at which specific techniques are learned. It can be expanded to six or seven sessions or more, or conducted as a weekend workshop (which been researched and found to be an equally effective format). If numbers of participants are large, it will need to be run classroom-style. If small, it can be done in small groups of five to ten patients with a leader, in which case more supportive interactions are possible. Included in the text of this workbook are a number of figures that can be made into slides and used to illustrate classroom presentations.

If there is no trained professional leader available, it is valuable for people with cancer to form a peer group for regular support and study. If there are family members wanting help, they may form

a separate group, since free discussion of emotional issues can be inhibited in a mixed group.

Alastair Cunningham
January 2004

The Emotional Fallout from Cancer

How We Can Help Ourselves

HOW IT FEELS TO GET A DIAGNOSIS OF CANCER, AND HOW OTHER PEOPLE MAY REACT

Imagine being in a group or a classroom with other people who either have cancer themselves or are family members supporting a loved one with cancer. Some of them may have other serious chronic conditions. You probably feel a bit nervous.

“What’s this going to be like? Will it be useful? Will I be depressed by the sight of other people with cancer?”

The first thing you will notice is just how *normal* everyone looks. And of course they do; like you, all are normal people, faced with a serious health problem.

Imagine I am at the front of the room. I first welcome you to our “family” of people interested in helping themselves, through what we call our “Healing Journey” program. Then I invite you to sit for a few moments with your eyes closed and hands (palms up) on your

thighs, trying to allow both your body and your mind to feel “open” and receptive. Try it now as you read this, if you like.

Bring your mind, your attention, to your breathing. “Watch” the air closely as it enters through the nose, goes up into the head and down through the windpipe into the lungs. In their own time, the lungs will begin to exhale. Keep the mind on this process, a wonderful one that we take for granted. Your mind will probably want to wander off on to another topic; just bring it gently but firmly back to the breathing. Do this for a minute or two, then allow yourself to come back, slowly, to the room by opening your eyes. Do you feel a bit quieter, more “centered”?

Now I might ask you to turn to a person near you and tell them what you hope to get out of this course. Here are some things that participants often say to one another:

“I want to be able to handle the stress of having cancer better.”

“I want some hope—my doctors don’t give me any.”

“I’m here because I read some books about how you can fight cancer with your own mind, and I want to see if there’s anything in this for me.”

“I came to support my wife, who has cancer; I don’t have a problem myself(?)”

“I came to support my husband who has cancer. I feel so helpless; is there something I can do for him?”

We talk about these ideas for a few minutes. Perhaps I would ask the gentleman who said he didn’t have a problem, “How do you feel when you think about your wife’s cancer?” *“Pretty helpless.”* “Is that the only thing?” *“Well, scared I guess.”* Of course he is—and I would try to help him see that it is legitimate for him to have a need for help and support also; and that it is just about as bad watching someone you love battle cancer as it is having it yourself.

Now that the “ice has been broken,” we can talk about how we feel when we get a cancer diagnosis. I share first my reaction to my own diagnosis of colon cancer, in 1987: It was a kind of disbelief initially, a sense of shock, even horror in the back of my mind. But like most men, I am pretty good (or bad!) at repressing my feelings,

so for the next day or two I didn't let myself feel very much. In fact, the worst time was telling my wife Margaret about it, when I felt as if I was somehow letting her down. Over the subsequent weeks there were periods of intense fear, especially around waiting for the surgery. Margaret had to keep reminding me not to "shut her out." My mood went up and down; sometimes I felt very good and confident, and at other times like I was living out a nightmare.

Other people tell me that they have felt really angry—that the cancer is totally messing up their lives. Some people think "the worst" immediately, that cancer means death; yet, half of those diagnosed with cancer recover completely. Others take the opposite tack, and trivialize it: "I won't let this bother me; the doctor will fix it." This may feel more comfortable, but it's really a way of avoiding the situation. One or two have admitted that, surprisingly, they felt relieved, for example because the disease gave them an excuse to leave a stressful job! Some experience guilt, as irrational as that may sound—a sense that they deserved this visitation, even viewing it as a punishment for misdemeanours! So you see that there is a range of reactions, the common denominator usually being fear.

Metaphors or comparisons can help us recognize what we are feeling. Getting a cancer diagnosis can be like being dropped behind the lines in a foreign country—without knowledge of the language; without friends, money, or even clothes at times; and having little control over what is happening to you! We can feel as if we are on "red alert" much of the time. It is exhausting and dispiriting for many people. Others, however, may take it in stride, not allowing themselves to experience much distress.

In the group setting we talk about all this for a while. It becomes evident that whatever you have been experiencing, you are almost certainly not alone. Whatever your feelings are, they are yours, and perfectly valid. There is no need to be ashamed of them, or to believe that you need to put on a bold front to the world all the time. In fact, it has been part of the common wisdom for a long time, now supported by some research findings, that it is healthier for us to acknowledge and experience the emotions that a serious threat to life inevitably brings. This does not mean being constantly depressed or angry, of

course; but it does mean allowing the feelings to surface at times. It is not healthy to bury them, to refuse to acknowledge them. If we do this, they do not go away, but stay inside, “churning around” as it were, and affecting our bodies and our minds even if we don’t recognize the fact.

This brings us to considering other people’s reactions to our cancer. How do your friends and family handle it?

“My husband simply refuses to talk about it; he just says ‘You’ll be OK’ and clams up. He may even leave the room if I try to raise the subject.”

“I notice that some of my friends seem to have drifted away; they never call. And one person who I thought was a special friend can’t meet my eyes if I talk about cancer, so I just don’t try anymore; we get on to something else.”

“I know a lot of people who are into ‘New Age’ thinking, and they constantly push books or diets or special ‘remedies’ onto me. I know they mean to help, but it can be an imposition.”

“I feel I have to protect others; it wouldn’t be fair to impose my problems on them. Especially my family, my children—I don’t want to worry them.”

Why do others sometimes tell us “everything will be OK,” or say what a strong person they know you to be? Why do others avoid us, or avoid talking about the cancer? It’s mainly to protect themselves, isn’t it. Your predicament is frightening, and they don’t know what to say. The ones with all the answers, the instant experts on cancer, are also taking an easy road, avoiding the uncertainty and their own doubts. These behaviours can prevent you from being authentic—real—about your emotional reactions. You may come to believe yourself obliged to pretend, to repress your true feelings. What can we do about this?

Unfortunately, it is often up to us to educate those around us, by saying something like: “I need to be able to tell you sometimes how I really feel, without being contradicted. I don’t need you to fix it, just to listen.”

Listening is not a very common skill, and if we can't find it at home and don't have friends who are willing to allow us to say how we really are, then it can be very helpful to join a support group: a group of peers with similar problems, usually led by someone who may or may not be a professional but has the skills required to moderate discussions effectively.

"I need to say something about how mad I am at my oncologist! He doesn't seem to listen."

"Yes, that's what I think too—I feel put down sometimes. And I am angry that they didn't find my cancer until it had already become quite large."

"I don't agree; I'm happy with my doctors."

"Those long waits in the clinic—why can't they schedule appointments for when they are actually ready for us?"

Complaints about "the system" are common. People may say that the diagnosis was missed at first, or resent the differences in opinion about treatment that often exist. The most common charge is emotional insensitivity on the part of doctors.

It is true that communications between doctors and patients are often not ideal. You, as patient, may need to insist on having your questions answered. If there is a real failure to connect with your doctor, it is perfectly reasonable to seek a referral to another.

Most of the oncologists I know are, however, dedicated and caring people, who are run off their feet with the number of patients they are required to see. There is a certain desensitization that inevitably occurs when you talk to hundreds of people about similar issues. And physicians see their task as healing the body, not generally as including emotional counselling. For that, you need to look elsewhere.

If you have had a bad experience with the health care system, you need to express your feelings about that; but it won't help you to keep nursing that resentment. And a lot of the anger, you may find, is not ultimately directed at the doctors—it's anger at the fact of having gotten cancer in the first place. The doctor is simply a convenient target!

BEING ACTIVE RATHER THAN PASSIVE

When we get cancer, a lot of things are done to us, and we can feel like victims. Yet almost everybody likes to help themselves, to have some control. Being passive, leaving the healing work to others, is still the norm in our culture, which is surprising given that we tend to expect people to help themselves through most other crises in life, like losing a job. We have to decide, “Will I be active, or passive?” Being passive means simply presenting oneself for medical treatment and hoping that will be enough. Being active means looking around for what we can do to help ourselves (see figure 1). What can we do?

The first thing is to be real—to be authentic about what is happening; that is, to admit it to yourself and to others, and share the feelings, as we’ve already discussed. If we don’t do this, we have no motivation to make the kinds of changes that may help us.

The next part of being active is to take an active interest in your medical treatment. Medical interventions are the “first line of defence” against cancer. Diagnosis is a sophisticated art; the doctors can

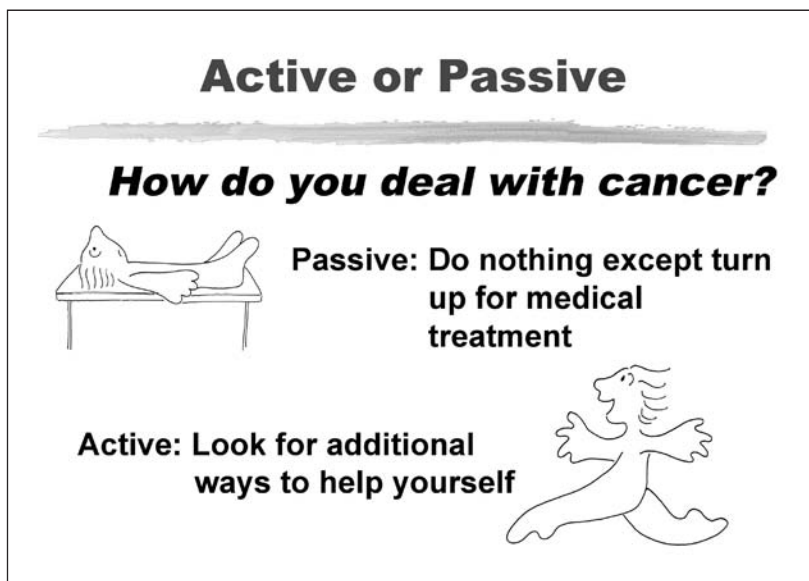


Figure 1

usually (although not always) tell us what we are up against. Knowing this often helps us feel a bit better: Things are less confusing. They may be able to tell us the usual course of our disease—although this is often very uncertain, and your disease may or may not follow the same patterns. They will probably recommend treatment. Treatments for cancer are usually helpful and may be curative, especially if it's found before it has spread widely. Sometimes, unfortunately, there is no medical cure; this is often the case with metastatic disease (cancer that has become lodged in a part of the body distant from the original site).

It would be foolish not to explore what medicine has to offer. Finding out doesn't mean we have to accept it. Sometimes people avoid medical treatments for irrational reasons, like choosing to believe the tumours will just go away if we do nothing. Sometimes people choose treatments that are really unlikely to help, because of an urgent feeling that "I've got to try everything." Ask your doctor lots of questions. Ask, "What will my chances be if I take this treatment, and what will they be if I don't?" Ask about side effects. You and the doctor are partners in your health care.

HEALING FROM THE "OUTSIDE": MEDICAL TREATMENTS VERSUS "ALTERNATIVE" REMEDIES

If we have decided to be active patients, our second consideration is where to look for help: from external sources, or from within, meaning with our own minds (figure 2).

Let's examine external healing first. There are two main classes of agents or procedures that attempt to heal people from the outside: traditional Western medical treatments, and remedies that are known as alternative or unconventional. In my book *The Healing Journey* you will find a detailed discussion of how to assess for yourself whether remedies or treatments are likely to help you.

Here, however, we can be quite succinct. The distinction is that medical treatments are ordinarily based on *evidence* that they have worthwhile effects, while alternatives are not. Modern drugs and procedures are subjected to a great deal of rigorous testing before

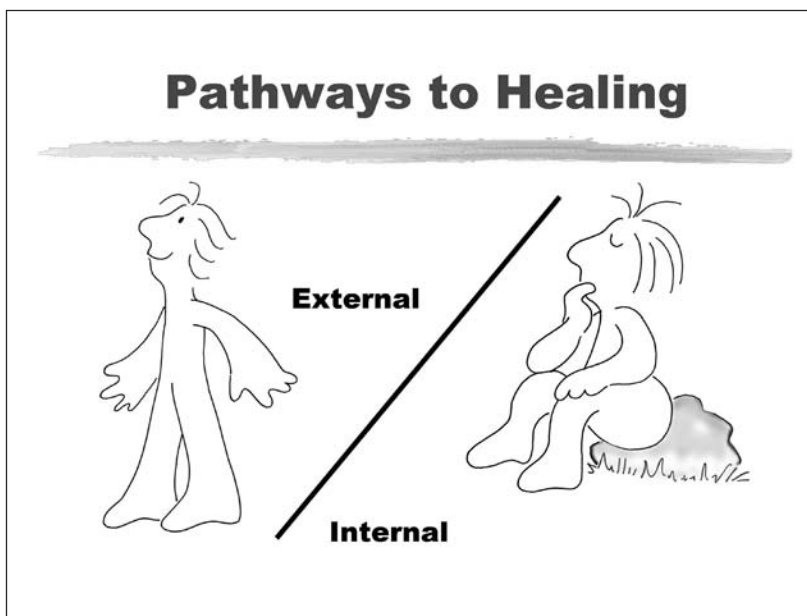


Figure 2

being offered to the public; usually this involves comparing the effects of the new drug with those of an older agent in current use, on a fairly large number of people. While uncertainties often remain, this process at least gives us some confidence in what we ourselves can expect if we get the drug.

By contrast, alternatives have not been so tested; if they are, and if they prove effective, they become part of the conventional repertoire. Typically, one or a few people may seem to do well with an unconventional agent, and the story gets around that it is a “cure for cancer” at last! What is usually not documented is the number of people who received the agent and did not do well.

“But there are so many books, and articles in magazines, telling us about the good results people have had with different alternatives. Are you saying these are all wrong? Perhaps it is you scientists who are missing something important.”

We can ask three questions about any alternative remedy. First, is there *evidence* that it works? Not just claims—claims are easy to make

—but documented evidence, such as how many people tried it, with what kinds of cancer, and for how many did it “work,” i.e. cause a remission. Most important, for how many did it *not* work? (This, we are rarely told!) Second, is there a *rationale*, a plausible mechanism by which this remedy could work, one that makes sense to people able to judge? And third, is there *consensus* that it works, again among people with relevant experience, and no vested interest in promoting it?

Unfortunately, the “alternative” remedies generally fail all three tests.

“But I read in a magazine about a person who took _____ and got better, although the doctors didn’t think he had a chance.”

Isolated anecdotes are simply not real evidence, much as we all might like to believe them. For one thing, there is always a small proportion of mistakes made in diagnosis; the individual who “recovered” after eating nothing but grapefruit for a month may be one of those. What we really need to know is whether, when a hundred people take the grapefruit cure and a matched set of a hundred do not, there is an average difference in outcome.

External Pathway to Healing

Attempt to kill cancer cells

1. Western medical treatments
(evidence-based)
2. Unproven remedies (little evidence)
 - 1970s: Laetrile (extract from apricot pits)
 - 1980s: Gershon diet (extreme diets)
 - 1990s: Vitamin C, shark cartilage, Liprinol




Figure 3

Alternative remedies tend to be popular for a time then give way to a new agent. Figure 3 shows some of the external agents that have been popular in treatment for cancer in different decades.

“You are taking hope away from me; I need to believe in the diet/supplement/herbal extract/regime I’ve been on.”

Well, there are some good things to be said for alternative external remedies, or at least for some of them.

- They may stimulate hope, as you say—lifting a person’s mood (often dramatically), which might in turn affect the body’s balance for the better.
- Some of the diets advocated as remedies for cancer may be healthier than what people normally eat.
- Therapies that have been used by other cultures, often for hundreds or thousands of years, should be treated with respect, on the grounds that they would be unlikely to have lasted so long without having some beneficial effects; acupuncture is an example.

It remains possible as well that one or more of the currently advocated alternatives may have an effect that simply has not been proven by science or by impartial observation as yet. But please, don’t pin all your hopes on some unproven and perhaps irrational procedure, just because you find a book about it, or someone with a confident demeanour advocates it. You wouldn’t act without evidence in any other walk of life; why do so in the domain of your health?

It makes me sad to see people desperately chasing after unproven remedies, and spending all of their energy (and a lot of their money) in the process. I advocate attaching your hope instead to a rational activity. The “internal route” is rational, and involves systematic work on yourself—covering the whole “map,” as we will discuss in a minute. Relying only on, say, diet to cure us is like going to school or university and taking only a single course.

“What about looking ‘inside’—is that so different? Isn’t that ‘alternative,’ too?”

The things we can do with our own minds to help ourselves have sometimes been lumped together with alternative material remedies,

but in fact they belong in quite a separate category. It would be more accurate to call them “traditional” or even “classical,” since they are all based on principles that have been known for a very long time. Furthermore, there is now some hard scientific evidence that simple psychological “treatments,” like joining a support group or learning coping skills, can prolong life in some cases. There is also a reasonable rationale for healing through the mind, as explained below. We don’t know the limits or potentials of such methods as yet—the scientific study of this way of helping people has just begun.

“Why hasn’t someone told me about this? My doctor hasn’t mentioned it.”

There are different views about what people with cancer can do to help themselves. Your doctor may not yet know of the evidence for effects of mental state on cancer—although, if asked, he or she will probably recall patients who seem to have done better or worse than expected because of their mental attitude. Other health care personnel hold the view that it is not fair to suggest to patients that their own efforts can make a difference, in case they try and “fail.” (It’s curious that we don’t say this about any other field of human endeavour).

Thus, a consensus (the third criterion for evaluating remedies) does not exist as yet. I think the root cause of much of the medical neglect of mental self-help is that our modern medical theory is quite narrow and has little role for any effect of mind.

HEALING FROM WITHIN

Healing from within means healing through the mind. That is what this course is about. It means working toward balance and harmony in all aspects of our lives (figure 4). At the very least, if we take some control over our minds, i.e. over what we are constantly telling ourselves, we will be able to be more relaxed, less anxious or depressed, and more able to function normally. In other words, our quality of life will improve (figure 5).

The idea that we might be able to influence the course of a physiological disease by working with the mind is more controversial. I will try to explain how this is possible.

Internal Pathway to Healing

Attempt to restore and strengthen normal cancer regulation:

- Undertake "Healing Journey"
- Use mind as "master regulator"
- Make changes at body, mind, social and spiritual levels
- Bring whole life back into balance or harmony

All involve looking *within* rather than outside of self.



Figure 4

Effect of Healing Journey Work on State of Mind

- Relieves anxiety and depression
- Increases sense of control
- Improves quality of life
- May alleviate nausea, fatigue, pain

All have been documented by extensive research.

(For original papers, see www.healingjourney.ca)

Figure 5

Let's start with a look at the "causes" of cancer (and this discussion applies to most other chronic disease, as well). I put quotation marks around "causes" because there are no simple, single identifiable reasons why cancer occurs in the body. Even with an infectious disease, where you can point to the invading micro-organism, one cannot say that this is the sole cause of the disease: There are typically a number of contributing factors. We can divide factors that make us more liable to cancer into two main groups, however (figures 6 and 7).

First, cancers typically start with a mutation—a random change or genetic mistake—in the DNA of a single cell (figure 6). This mutation may be provoked by external agents, like the carcinogens (cancer-producing agents) in tobacco smoke, or it may have no known cause. The type of cell affected determines where a cancer, may ultimately develop, and what kind it is. (As you know, there are dozens of kinds of cancer, which may begin in breast, prostate, lung, colon, or many other tissues.)

But this single mistake is not nearly enough, by itself. That cell, with its mutation, divides again and again to yield lots of daughter

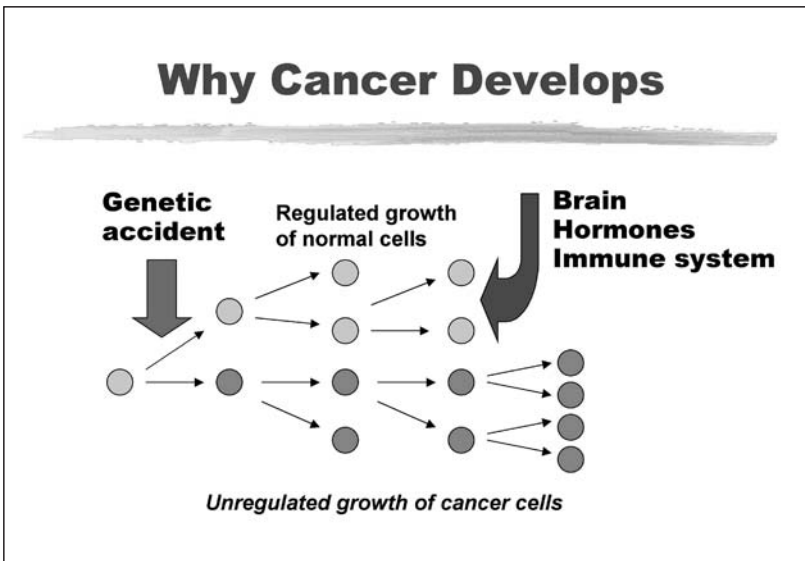


Figure 6

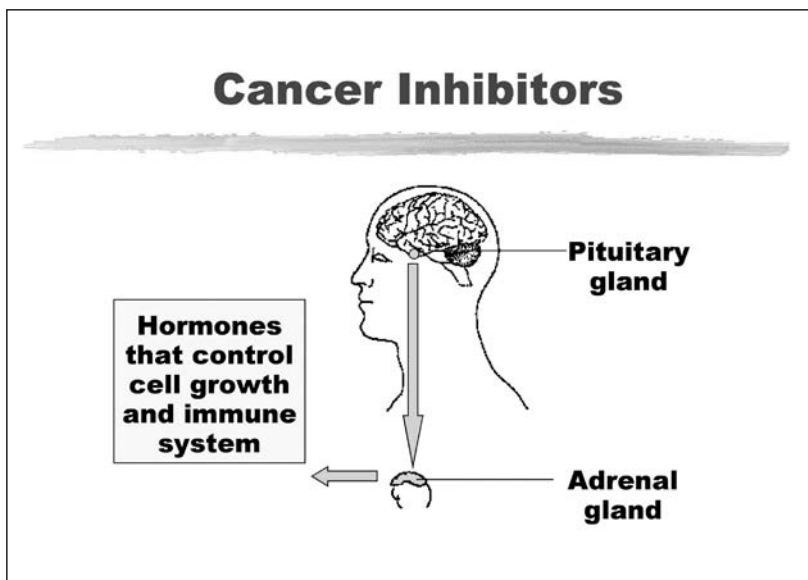


Figure 7

cells. If there are further mutations, perhaps as many as five or six in sequence, among this family of cells, then finally a dangerous cancer may develop. Cancers are *dangerous* when they divide without responding to the body's control mechanisms or messages that tell them to stop.

This brings us to the second main set of conditions that allow cancer to develop. We now know from modern research in cell biology that the *environment* within the body—the complex mix of hormones and other messenger molecules, like cytokines and interferons—is also critical. There are various mechanisms for signalling cells to divide or to stop dividing within the body. If this system of regulators doesn't do its job properly (figure 7), the potential cancer cells (which, incidentally, are almost certainly present in everyone) are more liable to grow into clinically detectable cancers.

This regulation system is very complex and not well understood, even after decades of research. There is, however, a lot of evidence that it exists. For example, during autopsies of people who have died from causes other than cancer, when breast or prostate tissue

is examined the pathologists find small “pre-cancerous” lesions or nodules far more frequently than would be expected if all of these were inevitably going to grow into full-fledged cancers. Another kind of evidence is the pattern of sudden spread of secondary cancers in many sites that is sometimes seen years after a primary breast cancer was apparently cured. This tells us that cancer cells were lurking in the body, but controlled by the body’s own defence systems.

So “cancer” is a result of at least two kinds of events: genetic changes in cells, and failure of regulation. You may still encounter the older idea that the outcome of cancer treatment depends solely on whether or not the surgeon “got” it all. But there is more to it than this, and I’m speaking to you now as a former cell biologist: I did research in cancer-related immunology for about 15 years before switching to clinical psychology.

How does it help us to know that cancer may be promoted by a failure of the body to regulate or control it? It helps because it indicates a second avenue for treatment. Although we can’t reverse a mutation that has already happened, we can try to strengthen the mechanisms that regulate cell growth. *How?* Eventually, we may know enough to make the normal controls in the body work more efficiently with chemical agents. For the present, we don’t yet know how to do this, but we do know something that will help us, which is the central idea in this course: *We know that the mind or brain is the master regulator in the body.* We can work with our minds to improve conditions in the body so that the cancer may find it more difficult to grow.

The mind/brain has an effect on almost everything that happens in the body, through two pathways: the nervous system and the endocrine (hormonal) system. An elaborate network of nerves spreads from the brain and spinal cord, penetrating into and influencing virtually all the organs in the body. And the brain, through the pituitary gland directly underneath it and other routes, sends chemical and nerve signals to the adrenal glands, pancreas, gonads (sex glands), thyroid and parathyroid, thymus, and lymph nodes. These small organs in turn produce a second wave of messages and cells that carry out the “instructions,” so to speak, of the brain. If those instructions are to promote harmony and balance in the body, then the nervous

system and endocrine system will endeavour to carry out that plan.

One particular pathway that is well documented is the effect of the mind/brain on the immune system. Mental perception of stress can significantly diminish the power of the body to make an immune response, which in turn may weaken defences against certain cancers (figure 7).

“That’s all a bit technical; is there a simpler way to understand it?”

You could think of it like this: Cancers take months or years to develop to a size where they become detectable. When they are finally found, they have grown very accustomed to the chemical environment or “soup” that your body provides. If you are an angry person, they have grown to like angry soup. If you tend to be depressed, any cancer that grows to visible size likes depressed soup. To change its rate of growth from the inside, and help your body resist the growth of cancer, there need to be some changes in the soup. The direction of those changes is towards harmony, peace, relaxation, absence of undue stress and conflict. As the mind changes in this way, so it will signal the body that all is well, and the soup will return to a composition that is the best possible for restraining cancer growth—or any other disease, for that matter (see figure 8).

“Is it the mind or the brain that does this?”

Philosophers have argued for centuries about the relationship between these two things, but a simple way to think of it is that the brain is the hardware and the mind, the software. We are all familiar now with the idea that software can move hardware. Our mind, like computer software, is basically a process, a set of memories and instructions, rather than a concrete thing. And we have some control over that process; we can move it in the direction of peace and healing.



WHAT IS INVOLVED, PRACTICALLY SPEAKING, IN HEALING THROUGH THE MIND?

The figure with the five concentric circles (figure 9) is one that many of our patients find most useful. I’m going to talk about it briefly here, and in more detail as we go along.

Change Is Required for Healing

Why?

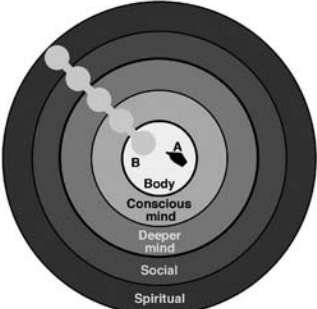
- Cancer learned to grow in your present “soup”



The *soup* must change, to affect the cancer’s growth

Figure 8

Connectedness



Cancer affects us at many levels, so we approach healing at many levels.

Figure 9

It's a crude map of a human being, showing that we have not only a body but also several other dimensions. There's our conscious mind, or stream of thoughts. Then, there's what we can call the "deeper mind," which includes our emotions, our imagery and all the buried ideas and fears that may never come to our awareness, but which influence our actions all the same (more about all this later). Those are the first three rings in the diagram. The fourth ring is "social," indicating that we all belong to some society of people, and couldn't exist without them—so, in a sense, we each contain part of this social organization. And finally, there is the existential or spiritual dimension, meaning that we are all a part of some higher non-material order, although we don't see it directly.

The old-fashioned view of cancer, still prevalent in some medical circles, is that it is purely a genetic accident in the body (represented by the small mass labelled A in figure 9). The newer view, which takes into account research on regulation (figures 6 and 7) is that factors at all levels may contribute to development of cancer, by affecting regulation at the tissue level. I have shown this in figure 9 as a kind of "party balloon" labelled B. It follows that we can intervene at all of these levels to help our bodies fight the cancer. Think of it as sticking a pin into the balloon at any level!

The diagram helps us see what we have to do to organize our self-help work. We need to connect with all of these dimensions or levels of ourselves. To *connect* means to become aware of what is happening and what needs to happen at each level, then to supply that need. As this process gets stronger we come more and more to a state of balance or harmony.

"Are you saying, then, that healing is 'connectedness'?"

Yes, that's one way to look at it. And while the dimensions aren't really separate, thinking about them separately helps to organize what we do.

"Are you saying there must have been something wrong with me or the way I've lived?"

Not "wrong," no. Just that there is room in all of us for movement toward much more balance, harmony, connectedness. "Healing"

means making whole, and it has been known for thousands of years that fostering harmony can have a profoundly healing effect on the body.

“Is there some particular order in which we should do this work? What comes first?”

You are starting out on a journey, not in the geographical sense, but a journey “inside” yourself, a journey of self-understanding. Like all journeys it happens in stages, not all at once. While everyone is different, and may need to take some different actions on this journey, I have found from closely observing hundreds of people with cancer that there are many common features in people’s journeys. We can lay it out as a “map,” as we will discuss in the next session.

The first stage, which is the main subject of this workbook, I call “Taking Control.” We talked earlier about the importance of acknowledging the serious implications of having cancer (which many people never do!), and the emotions that go with this. We need to begin taking control by looking honestly at our situation. Is our life under threat? Most kinds of cancer do pose a threat, although it varies greatly with the site where the cancer begins and the extent to which it has grown and spread. So are we willing to acknowledge this threat, or do we prefer to say to ourselves, “The doctor got it all; it won’t come back; it won’t spread further, not in *my* body”? The problem with these kinds of reassuring self-statements is that they may prevent us from taking helpful action.

“But I need to reassure myself. If I don’t, I’m afraid; sometimes I panic. And it’s not helpful to live in fear, is it?”

No; of course you don’t want that. But it is possible to find a middle way—a way of saying to yourself “Yes, this is dangerous, and I’m scared, even terrified, at times. But I am optimistic because I’ll do all I can to help myself fight it.” That’s real, but upbeat.

Then, having acknowledged to yourself how you feel, it helps greatly to talk to others about it, as we’ve already indicated. There will be times when each of us is scared or depressed; perhaps times when we feel angry. As I mentioned before, these feelings are normal—a normal reaction to an overwhelming challenge. So please don’t blame

yourself for having them . . . and don't just bottle them up. We don't really need to protect the others around us. In fact, it's a lot more respectful to them to say how we truly feel. What would your reaction be if a good friend or family member was feeling depressed or afraid, yet pretended to feel completely comfortable?

If you can talk to your family, please do so. Make time, when nobody is rushed. Discuss what will happen if you die; many couples never do this, but it needs to be brought out into the open, and you will all feel more comfortable if you do so. Of course, with young children a somewhat different approach may be needed, but it is still helpful to be honest about what is going on. Otherwise, they may get all kinds of strange ideas, such as that they somehow "caused" your illness.

"What if my family doesn't want to hear about it?"

Sometimes people have a friend they can talk to freely. Women often do; men, less commonly. If you don't know where to turn, it's a really good idea to attend a support group. These groups are usually small, with perhaps six to ten members. It's usually better to attend one that is led by an experienced professional. However, if you live out in the country or away from such services, you might try getting a group of like-minded people together to talk. You could work through a course like this one.

Next comes learning some simple techniques to help you cope—three especially: relaxation, observing our own thoughts, and mental imaging. We can add to this a fourth: setting goals. These are the basic, bedrock techniques of self-help that we concentrate on in this introductory course.

"If I undertake this journey, will it heal me?"

If you go a long way on the journey, you will experience a great deal of healing—mental, emotional, social and spiritual. You may or may not affect the growth of your cancer. We have noticed that people who do this work conscientiously often fare much better than was medically expected. We've seen some individuals have remissions of advanced disease. But nobody can promise you that; what happens in cancer depends on many factors, and particularly on the

nature of the cancer itself. If it is a very fast-growing kind that refuses to “listen” to the body’s attempts to regulate it, then no treatment, medical or psychological, may affect its course. On the other hand, your cancer may be in some kind of precarious balance, as in figure 10, which shows the tumour as a “weight” counterbalanced by various forces. Your self-help efforts may be enough to tip the balance in your favour.

“So if I try to help myself and the cancer just keeps on growing, there’s no need to feel that I didn’t try hard or well enough, since the cancer might have been just too strong?”

Yes, that’s right. You can only give it your best shot.

“You have stressed the importance of having evidence for claims. Is there scientific evidence now for an effect by people’s minds on their cancer?”

Yes, there are a number published trials at the time of writing. Some show that attending supportive groups with some training in

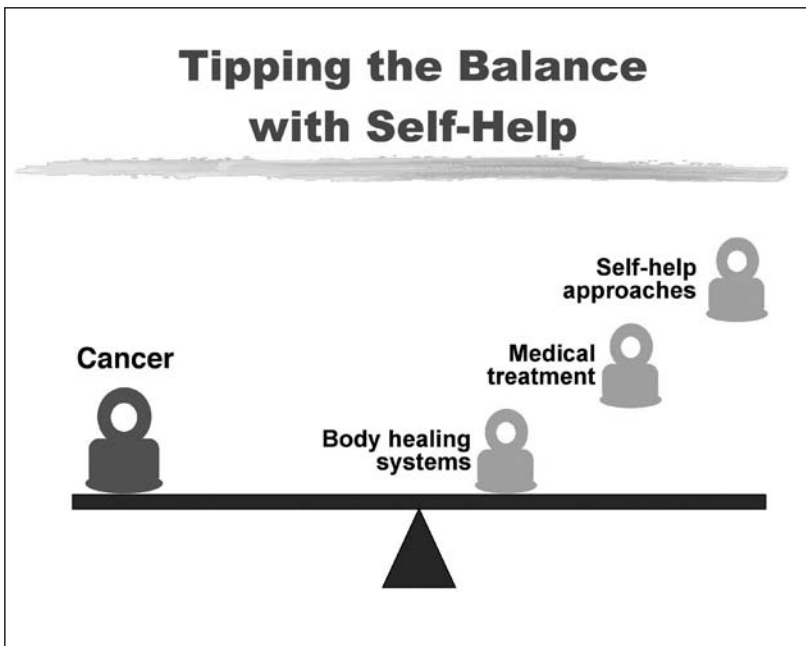


Figure 10

basic coping skills improves the survival of people with various cancers; others found no effect. There are also several studies in progress.

A study that we recently completed ourselves is perhaps the clearest indication of how involvement in psychological self-help can prolong life (you can read about it in detail on our website, www.healingjourney.ca). What we did was track closely 22 patients with medically incurable metastatic cancers as they went through a year of group therapy with us. We took copious notes on their attitudes and behaviours, and they all provided written homework on what they were doing and thinking. We then derived a comprehensive index of how *involved* they became in their self-help work—not only how much work they did, but also how motivated they were, how confident in the techniques and in their own abilities, how open to change, and other factors. We then saw how long each person lived afterward and related their duration of survival to their involvement. The seriousness of the disease was taken into account in this calculation by having a large team of oncologists examine data from the charts of each patient at the time they entered our study, and predict their likely survival. So in effect we looked at how much better each person did than expected, and how this correlated with their involvement in self-help work.

What we found was that after starting the program the one-third who became most highly involved lived much longer (about three times as long, on average) than the third who were least involved, despite the fact that oncologists expected these two subgroups to have closely similar survival times. Two of the “highly involved” participants had complete remissions of their disease, and are alive and well at the time of writing, which is eight years later. This was a small study, but the results were highly significant statistically (figure 11).

“Why doesn’t my doctor tell me about this?”

As I said earlier, the main problem is that these results appear to contradict the central theory of modern Western medicine, which assumes that only material causes are important in the development of most disease, especially cancer. It is going to take quite a while to change this view. Also, the work is all recent, and the studies are rather small. I have no doubt of the validity of the idea, because I

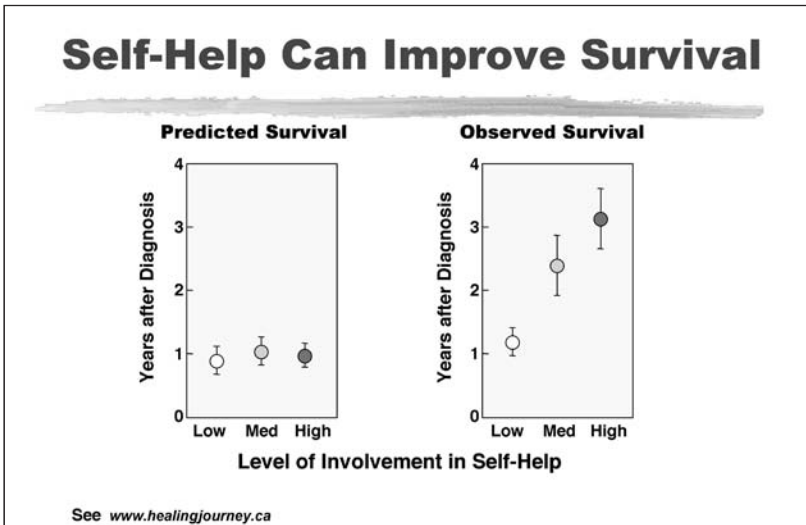


Figure 11

have so often seen patients do better than expected when they have become deeply involved in their self-help work. However, regardless of how these techniques may affect the disease in your body, your healing journey has the potential to heal you at the psychological and spiritual levels. You will find, as you move on with your journey, that this is ultimately what matters. And a final word to family members of someone with cancer or another serious disease: This work is for you, too. It is really the work of our lives, although most of us wouldn't undertake it unless severely threatened.

MAKING A CHART TO PLAN YOUR HEALING WORK

We have finished our introduction on the rationale for psychological self-help work, and will move on, in the next sessions, to some specific techniques. If you are keen to do some planning, it's a good idea to make up a table or chart like the one below. It is a kind of mini-survey of how "connected" we are to each of the five levels we mentioned in figure 9, and a place to plan what needs to happen next to take our connection, our healing, a stage further. It has three main columns: one describing where you are right now; a second saying where you

would like to be; and a third describing one small step that can be taken right away to move you to where you want to be.

	Where I am now	Where I would like to be	One step I can take to move forward
Body			
Conscious mind			
Deeper mind			
Social			
Spiritual			

The Body
Stress Management
Deep Muscle Relaxation
The Healing Journey Path

If you are in one of our classes, we start this session by “centering”—sitting with the back straight, eyes closed, watching the breathing. Then, as we breathe out, we say “Ahhhhh,” and drop the shoulders. Repeat a few times.

Let us now look at what we need to do for the innermost “circle” in figure 9—our bodies. We will start by discussing exercise and diet, then move to stress management and relaxation.

EXERCISE AND DIET

People generally consider diet and exercise when they think about paying more attention to their bodies. Exercise is relatively simple to discuss. The main thing about exercise is to be *regular*: to do it several

times each week, rather than in a burst every now and then. A game of golf once a week, while better than no exercise at all, is not an exercise program.

We all need some *aerobic* exercise: movement that brings the heart rate up. For most of us in the middle years, a brisk walk for an hour or so each day is sufficient. If you are reasonably fit, you may want to jog, or swim. (Swimming is fine exercise because it tends to work all the muscle groups. It is also a valuable alternative if you have pain that interferes with walking.) Some will be able to do vigorous exercises, like aerobics classes. You may have a favourite sport that provides all the aerobic exercise you need. But if your health is impaired, either by the cancer or by other problems, please do consult your doctors before starting something new.

A second kind of exercise is also needed, and less commonly done: *stretching* to keep the muscles and tendons flexible and relaxed. We tend to “contract” when we are afraid or under stress, “hunching up” as a way to protect ourselves. Counteracting this helps to avoid the kind of chronic contraction that causes pain, lowered mobility, and eventually all kinds of skeletal and even organ damage. You may have noticed that when our posture is good, and the body moving freely, we breathe better and feel better about ourselves. The best way to get this kind of exercise is to join a class in yoga or tai chi, or perhaps some of the other kinds of “mind–body” exercise that are available, at least in cities, these days. Chi gong (qigong) is also said to be good.

These techniques are described as mind–body because they help us to see that what happens in our bodies is strongly dependent on our thoughts. We will have more to say about this later.

“I don’t have any trouble seeing that exercise is important to my healing: It keeps my body strong and better able to resist the disease. But what about diet?—you hear all kinds of opinions about what to do.”

Diet is a more complicated subject—or rather, it is a topic that is surrounded by all kinds of strong emotion and opinion. I think this is because eating is so central to our lives: We connected eating with emotional satisfaction when we were babies, and even as adults we may seek out sweet foods when under stress. So it is perhaps not surprising that when people get cancer, they often look to some

special diet as a way of trying to oppose the disease. And there are many, many claims about diets or dietary additives that supposedly cure or at least alleviate cancer.

The subject is complex. Very few scientists or others have taken the trouble to read the numerous technical papers available, to try and decide impartially which additives might be helpful and which are not. There seems to be no consensus as yet, and no indisputable evidence for the value of any single nutritional program. As I said before, the very proliferation of claims suggests that no single dietary approach is effective. And we see contradictions in the recommendations made by different sources: for example, that all our food should be raw, or that we should eat only cooked grains and vegetables of certain kinds. This does not mean, however, that changing our diet is useless—far from it. For a start, most of us eat a less-than-ideal diet, with too much fat and protein.

The basics of a “good” diet are widely known by now, and we can apply this knowledge. We are all aware of the need to keep fat and sugar intake down, and to favour grains, fruits and vegetables. If you have advanced cancer and are losing weight, then it becomes important to keep protein and calorie intakes high. If you are overweight, losing weight by cutting back on calories and fat will of course improve your general health, for example by relieving the strain on your heart.

There’s a second reason why controlling our diet is important. By taking care with it we are giving ourselves a very powerful psychological message about our determination to do all we can to fight the disease. This mental boost can have an effect, both on our image of ourselves and probably on our general health—it counteracts that depressed, helpless feeling that we can easily slide into when faced with something as threatening as cancer. In fact, this may be the single common factor underlying the purported benefits of most of the diverse diets and additives that are advocated so vigorously.

“There are so many conflicting claims! Who should I believe? What recommendations should I follow?”

If you want to take a rational approach, I would say that there are two decisions you need to make: First, will my eating patterns

be guided by taste (i.e. the desire for enjoyment), or by the desire for health? Most of us try to combine both. It makes sense to lean towards the “eating for health” end of the spectrum if you are aiming at better health. And second, if I’m going to adopt a strategy of eating for health, at least in part, will I try to find some authority figure to tell me what to eat, or will I be guided by common sense and the “messages” I get back from my own body?

There is no evidence I know of that an occasional piece of chocolate cake, or glass of wine, does us any harm—if anything, the reverse; eating can be a major source of enjoyment for us all, perhaps one of the main joys left when our lives are in danger. The arbitrary recommendations of some dietary “prophets” can take a great deal of enjoyment out of the lives of people who are desperate to believe that someone has “the answer” for them. If somebody, professional or not, takes a strong line in telling you what food to avoid, ask him if he follows his own advice! There is much more evidence that what we eat may promote cancer in the first place, than about whether it affects the very different process of progression of an existing cancer.

“I’m still confused about this; there are so many different claims. And yet it feels as if it should make a difference, what I eat. They say you are what you eat, don’t they?”

That is said, but do realize that the food you take in is mostly broken down into very small molecules in your stomach and digestive tract, and either consumed to provide energy or reassembled by your body into tissues and fat. People from different parts of the world eat very different diets, yet grow up in basically the same way. It would be much more relevant to say that “You are what you think,” and we will come to this.

STRESS MANAGEMENT

What is stress?

“It’s all those things out there that cause me to feel agitated or under pressure.”

People often say that, or something like it. And it’s obvious that there are all kinds of pressures and demands that make us feel

anxious or hurried or afraid, a diagnosis of cancer being one of the most extreme. However, we call these external events, these things that we perceive, *stressors*. Stress, on the other hand, is the *reaction* of our minds and bodies to the things going on around us.

This distinction between stressors and the stress response is important, because we are all different. The events that induce a stress response in one person can be quite different from those that cause stress in another. For example, some people find sliding down a slippery slope of snow frightening, while others find it exhilarating! The same person may find a situation stressful (i.e., stress-inducing) on one occasion, and unimportant, even desirable, on another; for example, heavy traffic is frustrating if we need to get somewhere in a hurry, but may affect us very little if we feel we have plenty of time, and may even be welcomed if we want an excuse to be late!

So it is more helpful to think of a stress response in *ourselves*. Have a look at figure 12; it shows the stress response broken down into stages. There is, first of all, a perception of something going on outside ourselves, or of some imagined or remembered event like a visit to the doctor. The mind, on perceiving anything, tends to label it, and if it is something we don't like, usually adds a comment to the effect that this is dangerous, difficult or unwanted. This kind of "editorializing" goes on all the time (it is a good practice to start watching your mind for these "extra comments"—you may be surprised at how frequent they are).

We tend to label as stress-inducing those events that seem difficult to cope with. (There are also "positive" stressors, like thrilling films or sports, that can have effects similar to "negative" ones on our bodies.) If we assume this event to be labelled as scary or unwelcome, the next step (going down the figure 12 diagram) is that a "lower" or deeper level of the mind reacts emotionally (with fear, in this case) and tries to either fight the stressor or run away from it. These were the two main strategies available to our ancestors in the jungle—fight or flight. Unfortunately, neither of them works very well against a diagnosis of cancer, or against most challenges in the modern world.

Immediately following the reaction of the mind, the body is af-

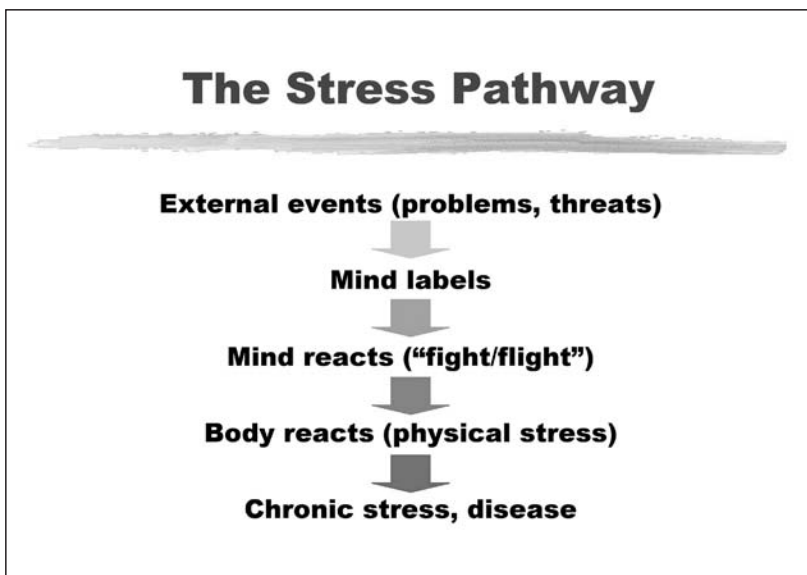


Figure 12

fected; mind and body are so closely connected that this is almost inevitable. You will know from your own experience just how quickly your muscles tense up when you see or hear something that threatens you. What other reactions does your body make to a stressful situation or idea?

"The muscles in my back and neck are the most noticeable. Also my jaws."

"I sweat a lot; my heart starts to pound."

"I find my gut starts to rumble; I can get diarrhoea or constipation when stressed."

"I get irritable, can't concentrate, don't sleep well, get headaches."

Yes, there are a lot of symptoms caused by stress. If they become entrenched, continuous, the constant stress can be damaging in itself, predisposing us to other medical problems. What's more, stress generally feels unpleasant; we would do almost anything to be rid of anxiety.

So let's move to considering what we can do about it. The right-

hand side of figure 13 shows the main strategies we can use, beginning with something that is very obvious: We can avoid exposing ourselves to a lot of events or situations that cause us to feel stressed. Examples might be rush-hour traffic, or other people whom we don't like. If we experience work as stressful, it is wise to have a period, perhaps six months or even a year, away from it in order to get our healing practice well established. I sometimes say to busy people: "Could you consider a "sabbatical year," a year's leave, now that you are facing this threat to your life?" It may mean some financial sacrifice, but if you think it could make a difference to your chances of living longer, it makes sense, doesn't it? People who have their own business may say that this is impossible; but we have to ask ourselves, what is the alternative? Persisting at a stress-inducing job in the face of a life-threatening disease is a kind of defence reaction, trying to pretend that everything is normal. Women with young children also often have difficulty making time for themselves; here, a rational course of action might be to recruit a relative or even to hire someone to look after the children for a few hours each day—again, this may be a financial sacrifice, but worth it, given the threat.



Figure 13

The second line of defence against stress-producing situations is to apply different labels to them—to catch our minds making the habitual gloomy comments (“This is terrible; I can’t stand it!”) and change them to something like “This is inconvenient, but I’ve handled much worse.” We will consider this process in more detail in the next session.

Then the third line of defence is to practise a relaxation technique. Let’s come to that now.

RELAXATION TECHNIQUES

“I think I’m already quite good at relaxing. Why do I need to learn more about it? I often relax by watching the TV or doing some gardening.”

Those kinds of distracting activity are valuable, of course. But deep relaxation is something different from that. It is a state of mind and body that many people have never experienced, where the muscles are very relaxed and the mind is quiet, without the usual constant stream of thoughts.

“That sounds good. How do I experience this?”

It’s a simple technique that can be learned, and there are various ways to do it. We start always by closing the eyes and observing the breathing for a minute or two, as we did at the beginning of the session. Then in this session we use “deep muscle relaxation,” which involves tensing and relaxing all the main muscle groups of the body, so that we end up with all of them relaxed to a much greater degree than usual.

Once we have begun to relax the muscles, we can *deepen* the relaxation by imagining a trip to the beach (or to a garden, chapel, cottage, or any other place we associate with our own relaxation and peace of mind), then painting a detailed mental picture of that place and imagining being there, as intensely as we can. The body, which does not know the difference between “real” and “imaginary,” will act as if it were there; that is, it will relax profoundly. You will find these instructions on track 1A of the audiotapes in the “Beginning Your Healing Journey” package. A variety of relaxation tapes are commercially available these days as well, in New Age stores.

Learning to relax deliberately is the basic technique for healing through the mind. It is immensely valuable in itself because it gets your mind and body into a state conducive to healing. Furthermore, we can't do much in the way of imagery or meditation without some ability to relax. So please do find yourself a tape that you like and practise daily until you get the technique down.

It is a good idea to have a regular time each day at which you practise; that may save you from the constant negotiation—will I do it now or later?—that can otherwise lead to missing sessions and finally abandoning it altogether. You'll need to explain to your family what you are doing, and make the time and space (in private) for yourself. Put the cat out; take the phone off the hook! A big reclining chair is perhaps the best support for learning.

"I find whenever I relax I fall asleep, especially if I'm in bed."

These techniques can be very useful for getting to sleep, or back to sleep. If you practise them in bed you probably will fall asleep, since your mind associates being in bed with doing just that. However, it is also important to get the sense of being deeply relaxed while awake, with the mind being clear but quiet; for that, you probably will need to be in a chair. If you have a strong tendency to snooze off, try sitting upright in a hard chair without a back support. Also, it is best to practise at least a couple of hours after a meal, since digestion takes blood away from the brain.

THE HEALING JOURNEY PATH

Figure 14 is a way of showing the path ahead, if we decide to take a "healing journey." The loop at the bottom represents the way most of us operate when life is going reasonably well: There seems to be no reason to change, so we stick with our old habits. However, a crisis, whether it's a cancer diagnosis or something else equally alarming, can induce us to look closely at our lives, and consider what might be changed.

Many people avoid this step—it is not well understood in our culture—and slide back into the familiar loop again. It is easier to deny the seriousness of the situation, leave it for others (doctors, or

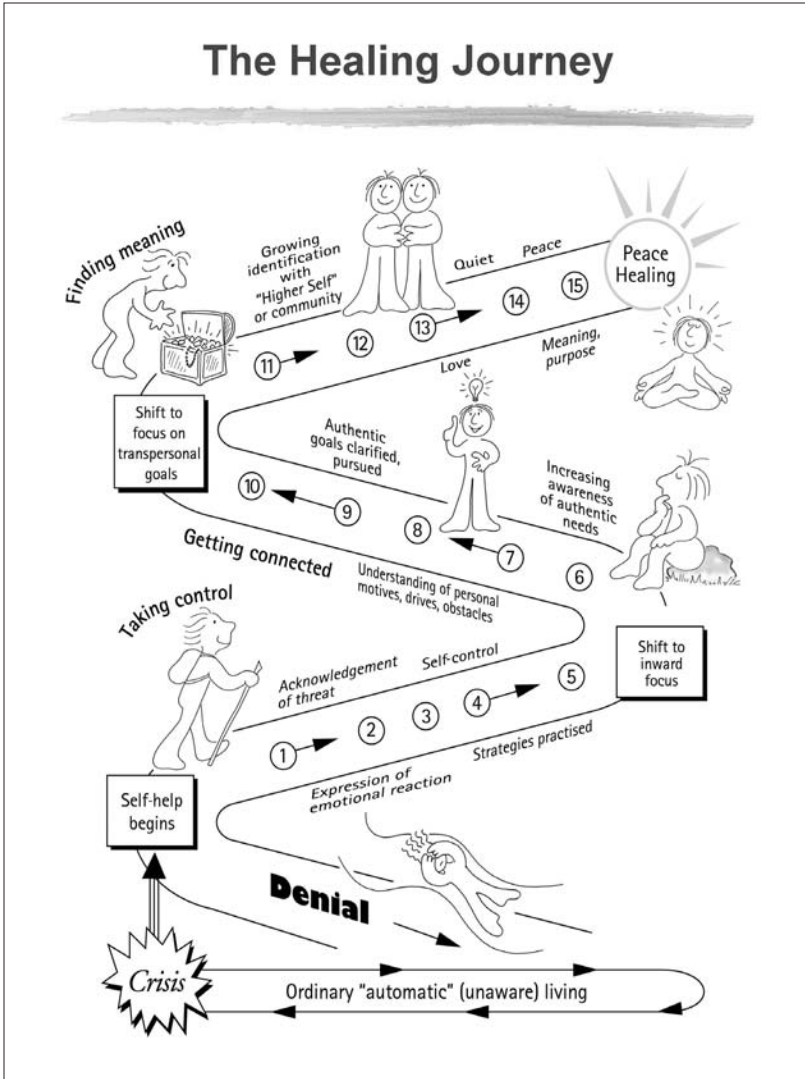


Figure 14

proponents of alternative remedies) to fix, and to hope that everything will return to a pre-crisis state. Others decide to use the threat as a stimulus to personal growth, and begin to ascend the first "leg" of the journey, which involves acknowledging the threat, expressing the emotions generated, then learning some self-control strategies. Those

we are introducing in this course are the basic methods—relaxation, mind-watching, imaging, goal-setting—but many variants exist.

The second stage of the journey—“Getting Connected”—focuses more on understanding how your mind works and getting to know the old patterns, some of which hold you back. The present course can help you get started with this, but it is also valuable to consult professional counsellors or therapists to do more work of this kind.

The third stage, “Finding Meaning,” is about connecting with some order, purpose or dimension that is bigger than we are; it’s discovering how we fit in and what purpose our lives have. Through such spiritual work, we eventually find that the search for meaning in cancer is a quest for meaning in life itself.

ENDING THE SESSION

We usually finish our sessions with a brief story or parable; I’ve inserted one below about the elephant and the sculptor. If you think about it, you will see how healing is like sculpting one’s own mind and body; it’s mainly about dropping harmful patterns of thought and behaviour, and leaving room for mental peace and connectedness. This will become more obvious as we go on.

As a final exercise, I ask the group to stand and join hands in a circle. (You can do this by yourself, if alone.) With our eyes closed we imagine an immense reservoir of light above us, with light streaming down through the tops of our heads, filling us all with light, from the feet right up the body, the light spilling over into our arms and hands and connecting us all with one another. See this light flowing round through the circle. And finally, send some of your light to others in need.

The Elephant and the Sculptor

An Indian sculptor who was famous for his life-sized statues of elephants was visited by a prince, who was intrigued by the man’s skill at carving these giant animals. He asked the sculptor, “How do you make them so alive?”

The sculptor replied, “Great Prince, when I first quarry a piece of granite from the banks of the river, I set it down in my working place and study it, for weeks if need be, from every angle. While at first I see nothing but shapeless rock, gradually an outline begins to reveal itself to me—I sense that there is an elephant in there, eager to be free from the stone around him.

“Only then do I start to work. For many weeks I work at the stone, always focussing on the outline, which becomes clearer and clearer with each passing day. I sense that the big fellow strains to be free. I know then that the single thing I must do is to chip away at the stone, removing every part that is not elephant. What remains then must be, can only be, the true elephant.”

Managing Your Thoughts

Deep Inner Relaxation

Let's start this session by chanting "Om," a syllable that has been used within Hinduism and Buddhism for centuries, where it is sometimes called the "root sound of the universe." It's related to "amen," and you can use that if it feels better. Just sit quietly, find a comfortable note, and chant slowly for a couple of minutes.

THE STREAM OF THOUGHTS

Now that we have discussed some of the basic things we can do for the body, we move to the next domain in figure 9: the "conscious mind," meaning the stream of thoughts that passes through our minds most of the time. In a way, this mental activity is very familiar to us; it is really what we think of as "self."

Yet in spite of the central importance of our thoughts, we are often not as aware of what is going on in the mind as might be expected. Mental awareness and "mental hygiene" are not taught in school! Why does this matter? Because, as you will find if you explore the ideas of this session, that we largely create our experience with our

minds. That is, what we tell ourselves defines what we experience.

Take a relatively trivial example: If the weather is not as we would like it, we may say “All this rain is terrible;” but if we are focussed on the way our garden needs the rain, we may instead say to ourselves “The rain is wonderful”—and our feelings, our emotions, will reflect the appraisal we make. Consider now an important example: We may walk into the doctor’s office feeling fairly well and not unhappy with life, and walk out an hour or two later, having been diagnosed with cancer, feeling filled with despair and hopelessness. Nothing has changed materially, except for the thoughts in our minds. I sometimes say to patients: It’s not the cancer that makes you depressed, it’s your thoughts about it, what you think it implies.

“That’s all very well, but my cancer is a reality. It’s really there, independent of my thoughts.”

That is true, but we have *choices* as to how we think: We can choose to obsess about our situation all day and become depressed, or we can choose to acknowledge it, then move on to other thoughts—and our experience is created by our choice.

Let’s begin getting better acquainted with our minds. Try a brief exercise, one that we use in our classes. Sit for, say, three minutes with your eyes closed, and try to “watch” or be aware of your thoughts.

What did you discover? For most people, there’s a torrent of ideas, impressions, reactions, with the mind jumping about from one thing to another and largely out of control. If we liken the mind to water, then in our usual state it resembles a muddy torrent, rushing down a hillside, carrying all before it—rocks, trees, other debris. Sometimes it gets fixed in one channel, roaring on with a “will of its own;” it may be very difficult to stop this, as when we worry about what might happen because of cancer. Wouldn’t we rather have a mind like a still lake, calm and serene (at least most of the time)? When it’s still, we can see down into the depths; if the surface is choppy, we can’t see beyond that.

“I don’t seem to have much control over what my thoughts are. I can concentrate if there is something specific to do, but otherwise my mind seems to jump around, as you say. I’ve never thought about controlling

it. That even sounds a bit sinister; wouldn't I lose my spontaneity? And if I wasn't thinking, wouldn't I be some kind of zombie?"

Don't worry: The quieter you can allow your mind to be, the better you will feel. That's what meditation is about. If your mind is still, with few random thoughts, what you will experience is peace and even joy, not a zombie-like state. Ultimately, you will discover that "you" are not your mind after all, that there is a deeper or spiritual "you" behind the thoughts. However, the first step towards this discovery is to get to know your thoughts, to be aware of what you are telling yourself, and gain some control over this.

If this mind-watching is new to you, and you felt you observed few or no thoughts, you are almost certainly not tapping into what is going on in your mind. I would recommend trying again, and being very open to whatever you may find, without setting any limits or prejudging in any way.

"Why is it necessary to have control over my thoughts, then?"

Because the thoughts we have about what is going on around us and our situation—for example, whether we seem under threat or safe, entertained or bored, valued by others or criticized by them—all of these impressions add up to a state of mind that can vary from calmness and peace (when we accept everything as it is), to agitation, fear and anger (when we interpret our world as opposing or threatening us). Our bodies then adjust to the mental state—recall the "stress pathway" from last session. And if we are in a state of constant (usually unpleasant) arousal, a great deal of energy is wasted, energy that we need to fight the cancer. Constant aimless thinking, even when it is not fearful, wastes energy in this way.

If we want to change all this, before we can cultivate more helpful states of mind we have to first examine and get to know what is going on in our minds now, and "clear a bit of space." A gardening analogy is a good one: Imagine a patch of soil choked with weeds; it would not be possible to grow vegetables or flowers there without first clearing away the weeds. Here's another analogy: Filling our minds with unhealthy thoughts is like filling the body with unhealthy food, only worse. And we are surrounded—in the media, in what people

around us say and do—with unhealthy and harmful ideas. For healing, it is vital to change this, to improve our mental diet.

“OK. *How do I go about changing my patterns of thought?*”

MANAGING YOUR THINKING

I like to start the practical work in this area with two “laws of thought” (figure 15):

1. *Thinking is a voluntary act.* It may not seem so, because we are not used to controlling our minds—they tend to control us! But we do have the choice of whether, and what, to think.
2. *All emotions are preceded by a thought.* You may not agree with this at first, so (as with everything in this course) it is important to test it out in your own life. In almost all cases, you will find that your mood is set by what you have been thinking. If you are thinking about a nice meal with people you like, your mood will shift towards a relaxed, comfortable state; if you begin thinking about cancer and what it might do to you, your mood will quickly shift towards anxiety. The interval between having a thought and the accompanying emotion is very short; the emotion starts to take shape within a second or so, and depends on deeper levels of the brain and on reactions in the body. It takes a bit of practice to catch the thoughts that set emotions in train.

The process of gaining some control over our thinking patterns is laid out in figure 16. The first step is becoming aware of what we are thinking, of our stream of self-talk. I know this idea is being constantly repeated, but it is absolutely central to all healing through the mind. Without awareness, we do not have the option to change—we don’t even know there could be such an option. So begin “tapping into” your thoughts, and watch how they relate to your mood and to the feelings in your body. As you become an observer of your own thinking—it’s like being located in the back of your head somewhere, and watching with interest—you will find that many of your thoughts are exaggerated or irrational. One example, familiar to most people

Thoughts and Emotions



1. Thinking is a voluntary act.
(We can choose what we think.)

2. All emotions are preceded by thought.

**We can control our emotions
by controlling our thoughts.**

Figure 15

Managing Thoughts and Feelings

- 1. Acknowledge the thoughts:**
Be aware of the emotions that follow.
- 2. Express the thoughts and feelings:**
 - * Talk to others.
 - * Exercise or play music.
 - * Write about them.
 - * Do relaxation; *let go*.
- 3. Substitute more *positive* thoughts and actions:**
e.g., replace "There's nothing I can do"
with "I will do everything I can to help myself."
- 4. Repeat 1 through 3 *many* times.**

The only "bad" emotion is a stuck one.

Figure 16

with cancer, is that every little ache or pain means “My cancer is spreading!”

Once we recognize a thought that leads to a feeling, then the second step is to deal with or express the emotion in some way. We are all familiar with the metaphors of “letting off steam” or “getting something off our chest.” The best way is usually to talk to someone else, somebody who can listen, and doesn’t try to short-circuit the process by saying something like “You’ll be OK,” or “You’re a strong person!” or “Don’t think about it; you’ll only make it worse.” Such statements are designed to help the speaker, rather than you, to relieve his or her anxiety.

Unfortunately, many people with cancer don’t have a confidant who will encourage them to say what they truly feel. We talked earlier about the value of joining a support group, meaning a group of peers who meet to discuss feelings and problems. That’s a valuable strategy, whether or not you have a good listener in the family. Then there are other ways to “let out” emotions: writing in a journal; going for a long walk or taking other exercise, while consciously “letting it go;” using music to match and express your mood; bashing a pillow with a bat or racquet to let out anger; parking the car in an isolated area with the windows up so that you can yell or scream (one of the few places where we can do this!).

“If I feel anxious, I would rather try just to forget about the source of the anxiety by doing something active that distracts me.”

This is useful and necessary at times, but realize that it does not deal with, i.e. defuse or lessen, the anxiety in the long run. The thoughts and emotions stay in your mind, and may break out in other ways later. We need to face what we are thinking and experiencing, and to tolerate the initial discomfort of doing so, if we are to make significant change.

Then a third step, after first recognizing what you are thinking and expressing the associated emotion, is to change the thoughts, which will usually mean substituting a more “positive” or optimistic or life-affirming idea for the old depressing one. For example, if you are constantly telling yourself “I’ve got cancer and I’m going to die,”

you might, having acknowledged this thought, and allowed yourself to experience and “let out” some of the fear, substitute “Today I am well, and I am going to enjoy every minute of this day,” or “I am doing everything I know to oppose this cancer,” or “This discomfort means my body is fighting the cancer; I am optimistic and strong.” You will probably find that you need to do this many times, to “fight it out” with your own thoughts.

“It seems childish. How can just thinking change anything? The reality remains the same, doesn’t it?”

Well, such thought-changing (childish though it may seem at first) really does lift our spirits and relax our bodies. Or to repeat what has been said before, our experience of life depends largely on our thoughts. There is plenty of scientific evidence for this: Thought-changing is now widely used as a therapy for depression. A more intriguing question, perhaps, is whether “reality” can be changed by our thoughts; that is, to what extent is it fashioned by our minds? There is a point of view in many of the world’s great wisdom traditions that in fact our consciousness is “primary,” and the material world a secondary result of this!

It is, however, important not to expect magical effects from your thought management. For example, telling yourself that the cancer will be gone tomorrow will lead only to disillusionment. Your deliberate thoughts should be realistic; e.g., “My defense system is attacking my cancer.” They should also be simple, direct and lacking in negations; e.g., if you say to yourself “I will not succumb to the cancer,” your deeper mind might miss the “not”!

People label some thoughts as *negative* and others as *positive*. It’s not really an accurate description. “Unpleasant” and “pleasant” would usually be what is meant; the whole range of ideas and emotions are equally part of who we are. It has been said that “the only bad emotion is a stuck emotion,” the point being not to become fixed in any one emotional state, but to let the feelings “flow through you,” so to speak, then to dissipate, leaving space for the next set. It is important not to think that having occasional “negative” (pessimistic) thoughts is somehow a failure, or dangerous to our health. Rather, it is our

habitual thinking patterns that matter. Allowing constant anxious or depressing thoughts to take over our minds is going to produce a corresponding mood, and have an effect on our bodies.

There are some good books about thought management, such as *Feeling Good* by David Burns.

“Sometimes I just can’t control my thoughts; I panic, or I wake at 4 AM with my thoughts just whirling around.”

If this happens in the middle of the night you might first try a relaxation exercise, perhaps with a tape, and lying in bed. If that doesn’t put you back to sleep, you may need to get up, have a warm drink, and meditate or pray, if these are methods familiar to you, or possibly to read something inspiring. Constant repetition of affirmations may help; for example, “My body’s defense mechanisms are protecting me,” or “The Lord holds me in His arms.” The possibilities are infinite, and each person will have his or her own comforting phrases.

There are some devices that people find helpful to diminish intrusive thoughts during the day. You can, for example, set aside a definite period for worry, say 8:00–8:15 AM, and during that time, allow your self to catastrophize to your heart’s content! But when the period is over, as signalled by a pre-set timer—that’s *it* for the day. Tell any subsequent worrying thoughts that they have to wait until tomorrow. You might even have a “worry fast,” a day set aside to be free from worry!

DEEP INNER RELAXATION

In this session we do a second kind of relaxation exercise, which you will find on track 1B of the audiotapes. This time, instead of tensing the muscles, we invite you to simply make a slow (ten-minute) scan around your body, noticing areas of tightness or tension, and letting that tension flow away—breathing it out, or imagining relaxation in any way that makes sense to you. Then once we have begun to relax the muscles, we can deepen the relaxation by imagining going down a flight of stairs, or better, being carried down on an escalator, relaxing further as we go. We end up in a “healing room,” which we

furnish in our imagination, putting a big recliner chair somewhere within it, and we go to this chair and *sink down* into it, letting any remaining tension drain away.

Then we read another short story; you'll find it on the video. Finally, we do the "Light" exercise, as at the end of the last session. Holding hands, we imagine light entering and filling our bodies, concentrating in areas of cancer or other problems, or in parts of the body where cancer has been removed. Then send some of this light to others in need, or to those you love. As you read this, you can easily do the exercise by yourself.

Mental Imagery for Healing

Once again we start the session by chanting “Om,” and sitting quietly for a minute or two with the eyes closed.

When you are doing these brief relaxations (and you can insert them into your day at many points), make sure you are breathing correctly—deeply, but without strain. Breathe in through the nose, rather than the mouth. Think of having a balloon in your abdomen, which you fill first, by allowing the abdomen to expand; this draws air right down into the bottom of the lungs. Then let the chest expand, filling the rest of the lungs with air.

THE DEEPER MIND; EMOTIONAL EXPRESSION

We have made a start on changes at two levels, body and conscious mind. The divisions between the levels in figure 9 are a bit artificial, but they help us organize our self-help work. What you do with your mind, as we saw last session, affects your emotions and every part of your life.

Now we come to what we have called the deeper mind. This is a non-technical term, intended to include our emotions, our imagery,

our dreams, and those ideas and impulses that we are not aware of, but which, as Sigmund Freud showed us, influence much of our normal conscious life. For example, many people hold a lot of anger and resentment but don't feel able to acknowledge or express it; nevertheless, it can affect and distort their daily lives. We are all familiar with this in small ways—how irritable feelings can surface for no apparent reason, for example. This usually means that there is some unacknowledged anger about other matters, “under the surface.”

A cancer diagnosis may bring with it enormous fear, resentment, sadness, and other emotions, which we commonly “sit on” or repress. These don't go away; they roil around in what we could call a deeper part of the mind, and may sap our energy, and diminish our sympathy and patience with others.

In the last two sessions we talked a bit about the great importance of sharing our emotions with people who are prepared to listen. This moves the emotion out of the deeper mind into conscious awareness, and eventually “discharges” at least some of it. That's a metaphor, of course, but it does describe how it feels. We have also learned some specific techniques for better control of emotions, in addition to sharing, namely relaxation and the thought-management process of last session.

You could make yourself a table (like the one laid out at the end of session 1 in this book); the first column might record some common emotional states you experience, and the second column, the kinds of feelings you would prefer to have (where these differ). You could then enter in the third column something that you are going to do, some change you want to introduce as a regular part of life, which should help your mood.

Everything we do in our Healing Journey affects mood: our imagery, which we will come to in a moment; our awareness of the impulses that drive us; our spiritual connectedness. It would be fair to say that mood, or usual emotional state, is one barometer indicating the degree of balance or harmony in our lives. The aim of the journey is to reach a state of fairly constant calm joyfulness, which can only happen when we are not tossed around by uncontrolled thoughts and desires.

“That sounds unrealistic to me. And also, it sounds as if I would be missing the highs and lows of my current life, the excitement of it.”

You will find that, by applying thought management and relaxation, your mood will fluctuate much less, and that this is definitely an improvement. Instead of “excitement” you may experience joy and peace, which is more relevant to your healing.

MENTAL IMAGERY

Now let’s discuss mental imagery. As shown in figure 17, there are two main pathways by which our mind controls the reaction of our bodies to the environment: through thoughts and via imagery. The two are connected; thoughts and emotions inspire images, and vice-versa.

Imagery is really a language, and a much more primitive one than words. Our ancestors must have relied on it almost exclusively during most of the evolution of our species, so we should not be surprised to find that it has in some ways much more power over the body than words do. In learning to focus our imagery we are not simply acquiring some kind of mental trick or technique, but rather taking some control over this parallel language, one that our mind uses constantly to communicate internally and with the body. As we

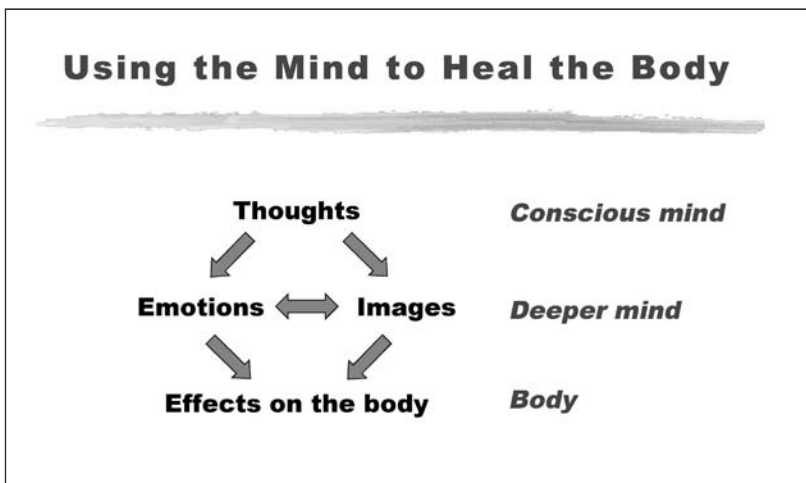


Figure 17

learn to understand and use it, we will gain increased insight into the workings of our mind–body, and we may find that we can use images deliberately to promote changes in the body. Figure 18 sets out some of the main properties of mental imagery.

Images are representations in the mind of what we perceive with our senses. They are formed as we experience the world around us, but they may also be summoned up from our memory, or even made up from fragments of earlier experience. Usually when we speak of imagery we mean “pictures” in the mind, that is, visual imagery; but we can have images in any of our sensory modes. For example, you will find you can imagine a tune, or the sound of a distant bell (auditory imagery), or a touch, smell or taste. Anything associated with *imagination* is suspect in our culture, so you may be reassured to know that images are the product of *real* physical events in our brains: nerve cells passing electrical currents and specific chemicals from one to another. It is also helpful to recognize that imagery is not something exotic; we use it all the time. Imagine, for a moment, that you plan to do some task around the house; if you watch your mind closely, you will detect, flashing through it, a series of images

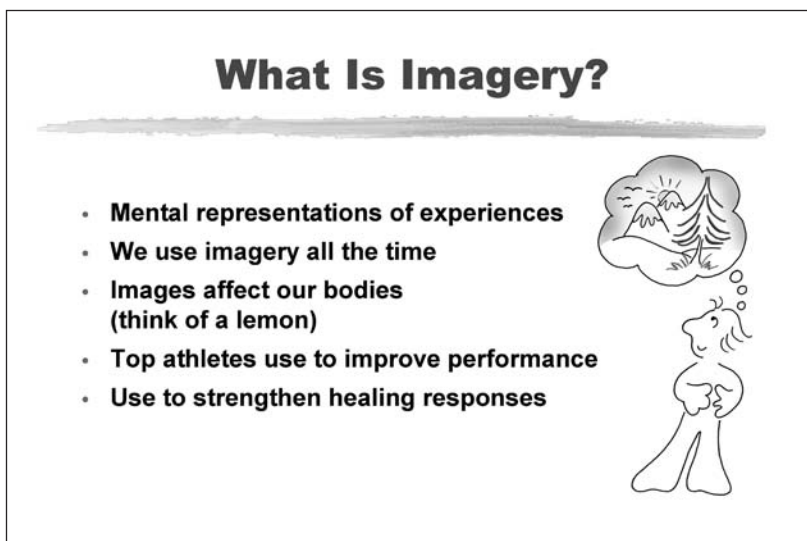


Figure 18

of what you need to do to accomplish the task.

“So you are saying that there are things going on in my mind, images like pictures or memories of sounds or other sensations, that I can control if I want. How can I use this to help me heal?”

In two ways. First, as I said, you can learn more about what is going on in your mind through examining your imagery. But you will also find that if you imagine, or better still, draw, aspects of your life at present, such as what effect you think your cancer is having on your body, these drawings may tell you quite a lot about your deeper thoughts and fears. You may be able to see something new in them yourself, or you may need the help of someone like a psychologist or psychiatrist who is skilled at interpreting such things. And it may take some practice to “let yourself go” (i.e. to relax, mentally and physically) enough to produce and detect images that are something more than what your rational, conscious mind makes up.

“I don’t quite understand that. Are there images that you make up, and others that you don’t?”

Roughly speaking, yes. To allow our deeper minds to “talk to us,” as it were—to tap into hidden information, as happens spontaneously in dreaming—we generally need to relax and just let the images emerge, rather than instruct our minds as to what they should be “seeing.”

“What about using imagery to assist healing? I’ve heard that by imagining your immune system fighting off the cancer you can have an actual effect on it.”

That’s the second way to use imagery. You could call the first one (watching for images as “messages”) the *diagnostic* use of imagery, while deliberately using imagery to try to make changes is the *therapeutic* side.

“Is it true, then, that you can really change things in your body by imagining the changes?”

The short answer is that we can all certainly make some such changes with imagery. Try this example: With your eyes closed, imagine going to the ‘fridge on a hot day and taking out a lemon. Feel the texture; put it to your nose and imagine the smell. Now see

yourself putting it on a board and cutting a slice. See the juice fly out; notice how you have cut some pips in half. Then put the slice in your mouth and bite it: Do you feel the saliva flowing? That's an example of imagery in the mind affecting the body.

"Yes, I can get that, and I suppose there are lots of other examples, like imagining something fearful, or embarrassing, or annoying."

Right. Or we can imagine running to catch a bus and watch our heart rate go up, or notice how our body changes with sexual imagery. Athletes have used imagery for years to help prepare themselves for sporting events, e.g. visualizing the downhill run before a ski race. There is even research, in basketball, to show that such imaginary practice improves performance. Public speakers and actors also use imagery quite extensively, I'm told. Then there are instances where imagery has been used to alter body functions in less obvious ways. For example, scientists have found that certain skin conditions may respond to ideas in the mind, implanted under hypnosis; warts, which are tumours caused by a virus, are a case in point.

The imagination, primed by suggestion, can do all kinds of things to the body, in some people more than others; for example, it can cause analgesia (insensitivity to pain) in specific areas, or paralysis of parts of the body, or weals on the skin—even bleeding. In some cultures, anthropologists have noted that when the medicine man puts a hex or curse on a member of the tribe, that person may die suddenly—a dramatic example of the power of mind over body! Certain individuals have trained themselves to use the mind in ways that affect the body; for example, I have met a dentist who used self-induced hypnosis to have an abdominal operation (a laparotomy) without any anesthetic! That is an unusual degree of control, but in many people we encounter the placebo effect, where an inactive drug has effects on the body through the power of suggestion—that is, through imagination or imagery.

I'm describing here only events that have been reliably documented. What these observations tell us is that the mind has potentially considerable powers to influence the body. It does not mean that we can all do these things routinely. But it suggests that there is a great deal of room to learn to use our own minds therapeutically.

“Yes, I’ve heard of some of these effects, and it is good to know that they have been scientifically studied, and are more than folk tales. But my question is: What can I do to use the power of my own mind, through imagery, to help my healing?”

You can use the two modes: imagery as messages to tell you where you are in your life, so that you have the opportunity to make changes in the direction of greater harmony; and imagery as instructions to your body, to encourage healing.

“I understand the first; now tell me how to use imagery for healing.”

WHAT WE CAN EXPECT FROM MENTAL IMAGERY

I’m sure you would like to have a simple formula to apply, but it isn’t that easy. As a scientist and psychologist, I want initially to make clear the limits to what we can claim.

First, I have no doubt that there is great potential in the use of imagery for healing, given the kinds of evidence I cited above. This potential probably exists in us all, but that does not mean that all will activate it. However, I see no reason why any motivated person should not derive some, usually considerable, benefit from learning to use their own imagery.

Second, there is very little research on the use of imagery for healing. Our recommendations come mainly from clinical experience, which is a fertile source of ideas but less reliable than systematic research.

Third, when the process of self-assisted healing is studied, the people involved have generally used a number of strategies, of which healing was only one. While the appropriate clinical strategy is to use a combination of techniques, this obviously makes it difficult to separate out which effects are specifically the result of imagery.

Fourth, it is not possible to make claims like “If you imagine your immune system attacking the cancer, this will happen.” We simply do not know this; that is, we know very little about the extent to which the mind can deliberately influence the workings of specific parts of the body.

However, please don't be discouraged by these reservations. I urge you to start exploring this new language for yourself, and to develop your own way of using it. You will gradually become more aware of how you fashion many aspects of your life and health with imagery. It is analogous to the way our self-talk creates experience, which we discussed earlier, only the imagery is "deeper;" it speaks more directly to our bodies.

"I'll go along with that for the present. What should I do first?"

PRACTISING MENTAL IMAGERY

Track 2A of the audiotapes takes you through a brief relaxation, followed by an exercise in mental imaging. You can use this as a training tape until you feel comfortable with the method, after which you may be able to do mental imagery without it. The tape asks you first to imagine that with your mind, you can call up a vast army of lymphocytes, the small white cells that help kill many kinds of cancer cells. See them attaching to the cancer cells and destroying them. Then see the macrophages, big scavenger cells, coming along after the battle to mop up the bits of broken-down cells for recycling. If you are on chemotherapy or radiation therapy, see the chemicals or the radiation destroying many cancer cells and "softening up" others, for easier destruction by the body's defences.

You can also use more symbolic imagery, visualizing the cancer as, for example, bits of meat, and your defensive system as dogs eating up the meat; or the cancer as small crustaceans and the defenses as fish, swimming around and swallowing them. If you prefer less aggressive imagery, you might instead see your body as a garden and your mind as the gardener, removing the cancer weeds and leaving intact the healthy plant cells.

You will want to set up a regular daily or twice-daily practice of relaxation and imagery, sitting with your eyes closed in a comfortable reclining chair. There is no limit to the images you can devise. However, they need to feel powerful and believable to you; so match the defence symbols to the cancer symbols, and make sure the defences can prevail over their targets.

In the classroom sessions and on video, we show you some pictures drawn by other people with cancer. I would suggest also doing some reading about imagery now, for example, books by Achterberg, by Simonton, or by Rossman (referred to in the reading list in *The Healing Journey*).

“Does it matter if you don’t see pictures in the mind clearly?”

Many people don’t, and that doesn’t seem to matter. You may find that they are clearer at some times than others; for example, the more relaxed we are, the better we see images.

“I’m not sure if my images are really coming from my mind spontaneously, or if I am ‘putting’ them there.”

Yes, this can be a concern at first. One way to think about it is to see the mind as having many levels. We have talked about only two main divisions, the conscious mind and the deeper mind; but in fact there are probably many, corresponding to layers or areas of nerve tissue. As you become more familiar with watching your own mind, you will find that some thoughts and images come from a relatively “superficial” place—that is, you are controlling what you see with your will—whereas other images “well up” by themselves, as they do in dreams.

As you work on your imagery, you will begin to encounter images about which you have a strong inner feeling (really an intuition). Trust those intuitions, and shape your imagery accordingly.

OTHER USES FOR MENTAL IMAGERY

There are many purposes for which mental imagery is valuable. We’ve used it for relaxation (imagining being on a beach or in some other pleasant place) and for trying to direct our body’s healing, and have alluded to the way drawings can show us better than words what issues may be important to us.

You might also experiment with imagery as a way of taking some of the fear out of situations like going for a check-up or treatment. Rehearse the event in your imagination a number of times, in the days before going to the hospital. See yourself and everyone else sur-

rounded in light, calm and healthy. This kind of imaging has been shown to have effects on healing, for example, in cutting down the amount of post-operative time patients need to spend in hospital. I've used it myself before surgery, and ahead of unpleasant procedures, like a colonoscopy, with helpful results. Imagining a calm sea (or other images evoking calmness) can diminish nausea and pain.

Imagery can also give us an “intermediary” between ourselves and a spiritual figure, like Jesus, for a Christian, or the Buddha. Imagining such a figure, if we believe in it, can promote communication at the spiritual level.

Like everything else, it takes practice, and people have different levels of natural aptitude. It's up to you now to begin exploring this important healing mode. Muster as much conviction and intensity as you can!

“It's getting to be a full-time job, this healing!”

It can be, at least for a time. But isn't that what you would expect, if the task is to change long-standing habits in many areas? Is your life worth it?

We will finish this session, once again, with a story, this time about imagery, followed by the ritual of holding hands and imagining light coming into our heads and bodies, bringing healing and energy.

Setting Goals

Imagining an Ideal Day in the Future

Let's recap what we have covered so far: We have learned two methods of relaxation, and have used imagery in our relaxation attempts. In session 3 we talked about watching the mind, getting to know that stream of self-talk that seems to define who we are and determines our experience of life. The parallels between muscle tension and ruminative thinking are interesting; tension is like the body "talking," as different muscle groups prepare for actions that may never be needed. Our internal monologue, too, as you will have discovered if you've been watching your mind, tends to run to unproductive excess. This is not to deny that sometimes we need to think and to prepare for muscular action, but to point out that we do both constantly, and waste a lot of energy in the process.

Imagery, the language of mind-body communication, was introduced in the last session. It's a big topic, new to most people, so I hope you've begun to read about it and to experiment with your own imaging and drawing. Dreams are another way of producing imagery; it can be very valuable to record some of your dreams (we

all dream, although we don't all remember our dreams at first), and attempt to analyze and understand them. A therapist may be needed for this imagery and dream-work, although there are of course books on dream analysis.

In this last session, the main topic is goals and how to define them, which I will come to shortly, but I'd also like to remark on the two outer rings of figure 9: social connection, because it is so important; then, following the goals exercise, spirituality.

THE SOCIAL LEVEL

Ideally we would have open, honest, full communication with all those we care for, and would experience love for them and indeed for everyone.

"Oh great! And just how do we achieve that? Anyway, there are lots of people out there who don't deserve my regard, and that includes a few in my own extended family. I mean, one or two of them have behaved very badly."

Notice how we tend to define problems as originating and being perpetuated by events outside of ourselves. We find life hard because of all the demands and pressures from outside. We are depressed because cancer descended on us (remember our earlier discussion?), and now we encounter another example: Some people are difficult.

What I would ask you to consider is an alternative way of looking at this, based on our discussion of thought-changing in session 3: The "problems" arise from our reaction to, our perception and labelling of, events or people. That is, any distress we experience comes from within, rather than from without. Once we really see this, it provides us with a choice as to how we are going to react to situations.

A related issue, which we touched on earlier, is getting the support we need from others. It is an interesting exercise to list the five to ten most important people in your life, and group them according to how supportive you feel they are. You could class them as completely supportive (meaning you can share anything with those individuals), somewhat supportive, and not at all supportive. Spend a bit of time first thinking what support means to you.

“OK, I’ve done that—and I was rather shocked at how little support I’m getting. Support, to me, means that I can share almost everything with someone, including my deepest fears. I want to be sure they will listen and not try to ‘make it better,’ at least not all the time.”

Good; you’ll remember we talked about this before. Now, how could you increase the amount of support you are getting?

“Well, I suppose I could cultivate relationships with people who seem able to be supportive, but the reality is that with this cancer I have to depend on my current family and friends. One or two of them can listen, but others don’t really want to hear about my disease—it makes them anxious.”

Can you discuss what you need with those whom you want to be more supportive? For example, if your spouse seems to want to pretend that nothing serious is happening to you, can you tell him/her that you need to be open and honest about it? Of course you don’t want to dwell on it all the time; but it is important that you both acknowledge reality. For example, if your life is in danger, you will want to express how you feel about that, and talk about what the survivor will do if you die.

“That’s really hard; we both get so upset. I’m afraid that if I start expressing what I feel, I may cry and never stop, or I might begin to rant and rave uncontrollably.”

I think you’ll find that that doesn’t happen. Crying seems to have a natural course, and comes to an end with a feeling of relief. It’s very sad to see, as I often do, two people avoiding true emotional expression, caught up in an elaborate dance of pretence about the implications of an illness.

“What about my children? Should I tell them? They would be so devastated if they knew that I might be going to die!”

It is particularly hard with children; but again, honest communication is the best course. Obviously, you will need to be extremely gentle and *gradual* in what you tell them, e.g. that you have an illness, that the doctors are doing all they can for it, and that you are going to be quite all right for the next little while, but that it is possible that you might become sicker in the future. When they have become

used to these ideas, and at the right moment, you might introduce the notion that you could die. Always convey that you love them very much, and you want to be with them as much as possible. They need to know the truth, because they may get all kinds of distorted ideas if you conceal it from them, such as that your illness is their fault, or that you are at risk of dying any day.

SETTING GOALS

An important part of healing is to decide what matters most to you, and conversely what doesn't matter much, so that you can take better charge of your time and your life. Most of us could drop a lot of activities that are unnecessary and even harmful: lots of TV watching, reading papers and magazines, automatic socializing, probably some travelling, overeating and drinking . . . the list goes on, differing somewhat from one person to another. At this point the responses I get are often indignant:

A: "You are asking me to stop all the things that bring fun to my life. Having cancer is bad enough without that!"

B: "I need to know what's going on in the world—that's why I spend two hours a day reading the paper and watching the news."

C: "I don't want to be thinking about cancer the whole time; I need to get on with my life!"

To A, I would say: Don't drop it all, just look closely at what you really need, and drop what you are doing out of habit alone. Of course we all need distracting relaxation; but if "having fun" or searching for pleasure, comfort and distraction is our main motive—as it is for many—we will not be able to muster the will and energy for healing work.

Of B, one might ask: How long does it really take to keep abreast of important events in the world and in your local region? Recognize that you do it mostly for entertainment, rather than for information, and you will then be free to make a choice.

The response of C is important, and commonplace. I'm not at all advocating that one think about cancer all the time, or wallow in

depressing thoughts and emotions. But I do advocate, based on our experience of watching people who do well, that you involve yourself with *healing* much of the time. That is very different. The work of healing, as you may have begun to see, is really personal growth work; the cancer is simply a motivator. Some of the time you may be addressing the cancer itself, as in healing imagery; but for most of it you will, if you engage seriously in the work, be striving to get more awareness of your own thoughts, and to drop many of the bad habits of thought that we all acquire over a lifetime. If that's not "getting on with life," what is?

Here's a flow chart that may help you decide on your priorities (one version of it appears in figure 19):

Question 1: What is my top priority?

- (a) Return to health (proceed to question 2)
- (b) Other (in that case, stop here)

Question 2: Which of the following applies?

- (a) I believe that engaging in self-help work can make my return to health, or maintenance of good health, more likely (proceed to question 3)
- (b) I believe the self-help work won't change my health significantly (stop here)

Question 3: If you chose the (a) stream,

- What does this suggest as top priority in your life?
- What concrete steps will you take?

GOALS EXERCISE: IMAGINING AN IDEAL DAY IN THE FUTURE

In the exercise on setting goals, we want to find out what you would really like to be doing in and with your life. We need to bypass the "resident critic"—the old voice of authority telling us that we can't do this and that, and we have to behave in certain ways, e.g. to have a certain kind of occupation and lifestyle. In this exercise we are interested in defining our ideals. Thus if you have always wanted to be a writer, become an artist, or play a certain sport, you can at last admit it to

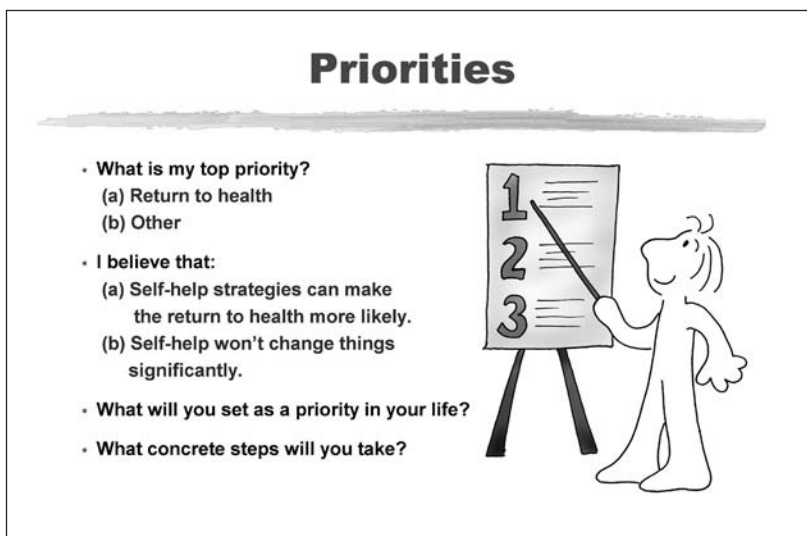


Figure 19

yourself, without guilt or reservation, however impossible it seems to achieve. In other words, find out what, in your heart, you most want. (Most people never let themselves do this; the inner critics abort the process.) Once you have it clear, it's quite amazing how you will find some way to move at least some way toward satisfying the old longings.

One good reason for doing this investigation is that a clear set of goals can act as an incentive to carry on and fight for life.

To contact this more authentic level of self-awareness, we need to be deeply relaxed; in our "normal" hyper-aroused state, we are likely to come up with conventional utterances and rationalizations. So begin with a relaxation; track 2B on the auditory media will take you through the exercise.

When you are comfortably settled in your healing place, begin to imagine an ideal day three years (or some other interval) in the future. See yourself as healthy at that time. Now go through the day in detail, starting with waking up in the morning. Where do you live? In what kind of house or apartment, and with whom? (Remember, no limits: You are creating your desired world.) What do you do

before breakfast—perhaps stretching, meditation, walking? What do you eat? Then continue through the day, noting your all occupations: meals, company or not, evening activities, and so on. I think it is especially important to find some fulfilling occupation (paid or not), something that really “turns you on.” It might be a hobby, sport, craft or skill; it might involve being with others, learning, teaching or helping; you might prefer contemplation and solitary life, at least part of the time. Imagine not only actions but also your mental state—the kind of states you would like to be in—and consider how your activities promote these.

When you have finished and return to normal consciousness, write an account of what you have learned. This helps to integrate and preserve the learning. You can repeat this exercise many times. If you like, you can draw pictures of how you imagine this ideal day.

SPIRITUALITY

“I think I can see what I need to do at the social level. What about the spiritual work? What does ‘spiritual’ mean, anyway—is it the same as religious?”

I’d like to offer a few remarks here to get you thinking, if the subject is new to you. My book *Bringing Spirituality into Your Healing Journey* discusses in much more detail how spirituality and healing are related, and is illustrated with many quotes from our cancer patients who have adopted a spiritual search as part of their healing process.

Spiritual does not mean the same as religious. The spiritual realm or dimension (the outermost ring in our diagram, figure 9) refers to an order or intelligence that transcends even the visible world. There are many names for this: God, the One, the Universal Source, Brahman, the Absolute, and so on. Many people don’t believe such an order exists, but skepticism fades as you gain your own experience of it. Religions are any codified system of faith and worship whose purpose is to remind us of this order; they may or may not encourage spiritual exploration in individuals. You can be spiritual without being religious, and you can adopt a religious set of beliefs or rituals without

being spiritually connected (although, of course, the world religions have generally arisen out of the deep spiritual experiences of their founders). There have been great saints and sages in many religions, men and women who have been so strongly connected to their spiritual essence as to have become godlike. Jesus Christ is perhaps most familiar to us in the West, but there are such figures in other religions. They are sometimes worshipped as an embodiment of God, because for most of us it is easier to think of a person or human figure than an abstraction.

“So if I already practise a religion, what should I do with that to assist my healing?”

If people are connected with a religion I advise them to work within it, and to attempt to deepen their understanding and experience using the symbols and traditions of that religion. If somebody is Christian, for example, they might read the works describing the direct spiritual experience of historical figures within that tradition, and there are many of them: St Augustine, John of the Cross, and Teresa of Avila, for example, and more modern writers such as Evelyn Underhill, John Main, Mathew Fox, Thomas Merton, Joel Goldstein, and many others. You may find that your local minister, rabbi or priest can help guide you. If you do not think of yourself as religious, then I would advocate beginning some serious reading about spirituality in whatever traditions interest you. Start, perhaps, with a book or two providing an overview, and then delve more deeply into original sources.

“Why is this necessary? Isn’t it enough just to go to church and pray for help from God?”

That kind of more automatic observance may have value, but we are concerned here with *intensifying* your experience and your connection at all the levels I’ve mentioned. As an analogy, think about social connectedness: We all know that it is possible to just go through the motions with other people, not really getting involved; contrast that with the intensity of a love affair. That is the kind of difference I mean between mechanical observance of religious rituals and an intense relationship with our spiritual self or God. It is the intense connection—with your own body and mind, with supportive others,

and with the spiritual—that offers the best chance of re-harmonizing your whole being and promoting healing.

MOVING ON FROM HERE

If you have watched the videos but have no access to classes of this kind, what can you do to help yourself further? If at all possible, find a group of like-minded people to meet with. A well-led cancer support group can be very helpful, as we've discussed. The Cancer Societies in various countries, and in community cancer centres, usually organize support groups. You might have to set one up yourself, if there are none in your area!

Then, as understanding grows, the healing work becomes more a matter of personal psychological and spiritual growth. It becomes less necessary to be with others who have cancer, and more important to study with those who are serious about change. You might explore groups doing yoga or tai chi, for example. Individual psychotherapy can help most people; don't be afraid to shop around until you find someone you like who has an interest in self-help for healing. For spiritual work you can look for meditation groups in many traditions—Buddhism, Sufism, and Christianity, for example. Again, experiment until you find a good personal fit. If you are trying to decide whether a given teacher will be helpful, look beyond any charisma and find out whether they demonstrate, in their own lives, the principles they espouse. *Any assistance involving large sums of money is suspect*, no matter how famous the names of those offering it.

Finally, the healing process is about connecting with something larger than oneself. Better social relationships are one kind of improved connection, but the ultimate, in my view at least, is to experience the spiritual reality underlying this material one. The psychological work is needed mainly to clear away the blocks to this kind of connection. I hope that you will find ways to uncover your own "true nature," and thus learn to be more accepting of whatever is happening to you, and to enjoy a better and perhaps longer life.



Dr. Cunningham
on the occasion of his
investiture as an officer of the
Order of Canada,
December 2003