

MIND-BODY HEALING: A QUALITATIVE STUDY
INTO INFORMATION PROCESSES AND
PHYSIOLOGIC CONSEQUENCES

by

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ABSTRACT

Healings are rarely investigated. Though there are many medical journals, none are exclusively devoted to the study of recoveries. There are disease control agencies and other agencies that track treatment efficacies, but none that document healings. Little is known about how often healings occur, in what diseases, what kinds of people experience healings, or why. While there is ever-increasing research literature into the connection between physiological changes in the body (immune system) and the mind (thoughts, attitudes, and beliefs), there are few qualitative studies that directly connect an individual's self-reported meanings to the healing process.

This qualitative research project investigated the experiences, images, perceptions, and meanings of fourteen participants who have lived beyond medical expectation and see themselves as "healed." It explored their opinions and beliefs about the medical community as a whole, alternative health care, and physical and non-physical approaches to healing. The participants were also asked about changes they have made in their lives, how they see themselves now, their purpose in life, their philosophy of life, and how these might relate to healing.

Interviews were transcribed from audiotapes, analyzed, and examined. Three main categories, along with approaches, themes, and sub-themes emerged. The first category dealt with the attitudinal and behavioral approaches used in healing. The second category concerned what participants learned about their bodies, through diet and physical

awareness. This category also included their thoughts and experiences, good and bad, regarding doctors and the medical community. The third category was comprised of lessons -- internal constructions regarding meaning and purpose, individual, personal change, and finding harmony and clarity in life.

Critical reasons to survive, especially having young children to raise, promoted change and prompted the taking of personal responsibility for treatment decisions. Belief in a higher power, staying positive, taking one day at a time, praying, meditating, visualizing, gratitude, humor, expressing emotions, and having a determined personality were some of the resources and practices that contributed to their healing.

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To JB
My Son
In my darkest moments, you bring me
life and healing.

CHAPTER 1
LITERATURE REVIEW AND STATEMENT
OF THE PROBLEM

Introduction

The belief that psychological factors can precipitate or cause disease goes back to antiquity, and indeed is an integral part of “folk wisdom” (Lloyd, 1987; Schwartz, 1994). Historically, cultures have also provided strong evidence that the mind has great influence over the body’s health, and under certain circumstances can heal itself without intervention (Institute of Noetic Sciences, 1993). However, modern medical science, (which has largely regarded the body as a mindless machine), can be traced to the seventeenth century -- when a brilliant twenty-four-year-old philosopher, Rene Descartes, proposed (as a temporary measure to permit investigation of the human organism unencumbered by the dogma of the ruling Church) that individuals had two distinct components, the mind and the body (Ornstein & Sobel, 1987; Schwartz, 1994). The Cartesian perspective has led to the study of the body as separate, independent systems -- among them, the endocrine, immune, and nervous systems -- each with distinct functions and mechanisms (Schwartz, 1994; Chopra, 1989). This study of the whole through its individual parts has tended to ignore a central feature of any organism: the interrelationships among the parts (Hirshberg & Barasch, 1995; Ornstein & Sobel, 1987; Rosen, 1994; Schwartz, 1994).

Most of us know that the mind can affect the body. We turn red when we're embarrassed, we lose our appetite when we're depressed, we break out in cold sweats when we're frightened, our bodies seem to "freeze" when we see flashing lights in our rear-view mirrors. But it doesn't end here. After more than 400 years, scientists and researchers are investigating, using increasingly innovative means, the interrelationships linking psychological factors and physiologic responses. Researchers (Achterberg & Lawlis; Berland, 1995; Booth & Ashbridge, 1993; Dafter, 1996; Hall, O'Grady, & Calandra, 1994) have discovered that mental activities can alter reactions in two critical systems in the body: the immune system, which defends the body against infectious disease; and the autonomic nervous system, which controls processes like heart rate and blood flow (Dienstfrey, 1993). Investigation is being conducted about whether persistent emotions or attitudes can affect the initiation or development of specific diseases -- cancer or heart disease (Dienstfrey, 1993; Hornig-Rohan, 1995). Visualization techniques are being explored as to their efficacy in moderating or, together with other mental interventions, like psychotherapy, curing disease (Achterberg, 1985; Achterberg, Dossey, & Kolkmeier, 1994; Chopra, 1990; Dienstfrey, 1993; Fezler, 1989; Hirshberg & Barasch, 1995; Naparstek, 1994; Weil, 1995).

The common idea behind the research studies cited above is that the mind *directly* contributes to physiology. This notion counters the current biomedical view of disease and health. Today's medical scientific community sees disease as stemming from two classes of etiologic factors -- the external environment (viruses, carcinogens), and internal biology (genes, chemical reactions) (Foss, 1994). In this view, psychological aspects may contribute an indirect link to how a body functions, but are not considered causal. The

mind-body perspective sees a direct relationship -- where the viruses, the genes, and the chemical reactions are doing their work in an environment created by psychological and mental experience.

Do these differences matter? Moyers (1993) asks, "How do thoughts and feelings influence health? How is healing related to the mind?" If the mind-body perspective is correct, then certain possibilities follow: (1) certain physical disorders may be treated by changing the mental elements and attitudes that contribute to them; (2) making these changes may provide long-term cures for diseases in which recurrence has a high likelihood; (3) certain physical disorders may be treated that are now untreatable because no one has sought to connect the involved mental elements (Dienstfrey, 1993). The more the mind-body perspective is researched and the connections understood, the more it can revolutionize medicine and enhance an individual's ability to control disease and sustain health (Dienstfrey, 1993).

Research on the relationship between mind, body, and spirit could provide a basis for developing precise and dependable approaches that will give individuals greater control over their own health, improving relationships and other psychological aspects, and will expand the scope of medical science.

Although studies concerning the impact of the mind on physical and mental health have become more widespread in the last two decades, few have employed strictly qualitative methods in their research design. Thus, the focus of this study was to examine, through qualitative in-depth interviews, the experiences, images, perceptions, behaviors, and beliefs of those participants who have lived beyond medical expectation and see themselves as "healed."

The review of the literature contains case stories illustrating various psychological factors associated with physiological healing. These are followed by explanations concerning quantum mechanics, a short history of the human immune system, psychoneuroimmunology, and a theory of relational biology. Selected research studies regarding mind-body connections (psychological factors and immune responses) are then presented.

Literature Review

Much can be learned about the healing process by studying the stories of special cases: the anomalous individuals who survive or return to health contrary to all medical predictions. Stories and anecdotes can often illustrate points in profound ways. They provide a means to detect patterns, commonalities, categories, and meaning structures. Through stories, important variables are discovered that generate hypotheses and theoretical assumptions.

Each of the following stories illustrates a particular meaning structure, a salient theme, providing specific mental information that was processed by the individual and which was believed to be instrumental in healing.

Mr. Wright suffered from cancer of the lymph nodes. He had tumors the size of oranges in his neck, under his arms, and in his chest, abdomen, and groin. He was considered too far gone for the treatment of the day (the 1950s). His doctors said he was “in a terminal state, untreatable, other than to give him sedatives to ease him on his way.” He was too sick to qualify for the experimental treatment, Krebiozen, then praised as a wonder drug in the press, but he begged so hard for this “golden opportunity” that his physician, Dr. West, decided to give it to him.

He was given his first injection on a Friday and became so sick that Dr. West believed he would be dead by Monday. But when the doctor returned to the

clinic on Monday, he found Mr. Wright strolling around the ward “chatting happily with the nurses, and spreading his message of good cheer to anyone who would listen.” Upon examination, Dr. West observed that “the tumor masses had melted away like snowballs on a hot stove, and in only these few days, they were half their original size.” Mr. Wright was discharged ten days later, with nearly all evidence of disease vanished.

After two months of nearly perfect health, Mr. Wright read troubling results about Krebiozen. The newspapers were now announcing that clinics were reporting dismal results -- the drug was a flop. Mr. Wright gradually relapsed to his former condition.

Dr. West decided to deliberately take advantage of his patient by using his innate optimism. He told Wright that the newspapers were wrong. The drug was still promising, but lost effectiveness upon standing. He announced that a new “super-refined, double-strength” shipment was on its way. He then delayed the fictional shipment for a couple of days so that Wright’s “anticipation of salvation had reached a tremendous pitch.” When Dr. West told him that the injections were about to begin, Wright was “almost ecstatic and his faith was very strong.”

“With much fanfare, and putting on quite an act (which I deemed permissible under the circumstances),” Dr. West writes, he then administered an injection of fresh water. Mr. Wright’s second recovery was more dramatic than the first. The tumors diminished, the fluid in his chest vanished, and he was again the “picture of health” until two months later, when the final AMA report came out, announcing that Krebiozen was worthless. A dejected Mr. Wright returned to the hospital and within two days he was dead. (Hirshberg & Barasch, 1995, pp. 69-70; Institute of Noetic Sciences, 1993, pp. 23-25)

Was this a mere coincidence? It would seem implausible to find a healing process so perfectly timed to placebo injections. How powerful is the action of belief on the human body?

A young woman, hitchhiking in the 1970s, was picked up by a man who took her into the California desert. For days he repeatedly raped and brutalized her, then amputated both her arms and left her there to die. It took her three days of walking in the California heat before finding help. How did she survive? She simply says that she became the “Bionic Woman.” A popular show of the time, her hero was Lindsay Wagner, who was the star of the series.

How does becoming or entering into the persona of a hero, like the “Bionic Woman,” alter blood-clotting factors beyond all knowing? How does that happen? People bleed to death all the time from slitting their wrists -- how can you cut off arms and not bleed to death? (Achterberg & Lawlis, 1991)

What was it about the image of the “Bionic Woman” that enabled clotting factors to stop bleeding beyond all biological knowing? How powerful is image on cellular machinery?

Cindy, a former model, now an executive in an international personnel firm, was living a good life in Colorado with her husband and young son. One Friday evening, Cindy thought she smelled gas -- their 500 gallon propane tank had just been filled. Her husband went down to relight the pilots, flicking his Bic as he went. Cindy remembers shouting, “My God, no; it’ll explode!”

A bluish fireball momentarily seemed to lift their house from its foundations. Cindy was a bright torch. She rolled on the ground, her body already ninety percent scorched, half with third- and fourth-degree burns. She grabbed her son, smothering his flames. She calmly dialed 911 with her charred finger, enumerating her own and her son’s allergies to penicillin, telling them to call her neighbor who was a nurse, then she passed out.

She died soon after, flatlined, the emergency techs losing her heartbeat for two minutes and thirty-two seconds. She was somewhere else, looking down at her badly burned body, “being held by two hands, so warm and loved and at peace....” But she chose to survive. She read the report later that said there had been no expectation of getting mother or child to the hospital alive. Too much time had elapsed. There was too much trouble getting fluids into their bodies. She remembers praying “God, please! I have to raise my son and I haven’t been with my grandmothers enough and I haven’t been happy. Please give me another chance, please let me live, please!”

She came back to a body whose every pore was igniting with fresh agony. Cindy entered a state of dissociation. “The pain was so great that I spontaneously took my mind to a cave by the ocean.” Cindy had learned to dissociate early in life; learned as a child how to survive when the anguish then was incest. She survived by floating up to a corner of the room, watching what was happening, knowing it wasn’t her. As a child, this ability preserved her sanity. As a burn victim, it may have saved her life.

She was in a coma for ten days. She had twenty-seven operations in two-and-a-half months. She weighed seventy-two pounds. Infections raged. She was given a one percent chance to live. Then, to the amazement of her team of thirty doctors, she started to get better. She says, “I would always, always, always see myself healing. I would mentally send emeralds, diamonds, rubies, and sapphires shimmering through my bloodstream. I would dispatch Pac-Women -- never Pac-Men! -- through my body, to cleanse and eat and attack all of the bad infection. I would imagine this jet-black stuff coming out of me during what I called my ‘flush,’ starting from the top of my head and going down through my body pulling out poisons and toxins. Then I’d refill my body with white light and I would have such peace. I’d make myself stay there, to rest, to heal.”

Today her skin has healed beyond anyone’s expectations. There are more operations that could be done, but she says she’s not worried -- we all have painful scars on the inside that no one can see, she just wears hers on the outside.

She says she is well-done. “Burnt to perfection.” (Hirshberg & Barasch, 1995, pp. 78-82)

How did Cindy’s spontaneous dissociation, or what is also called self-hypnosis, create a situation where her mind was able to affect the healing forces of her almost totally depleted body?

Gregory Bateson was seventy-two years old when he was admitted to a hospital where exploratory surgery revealed an inoperable cancer tumor in his right lung. Radiation and chemotherapy were suggested. Just before this diagnosis, he was immersed in writing a book with his daughter, Mary Catherine Bateson. They had been collaborating for several years, and it represented the culmination of a lifetime of research and experimentation. Bateson’s doctor told him that radiation and chemotherapy could affect him mentally -- impairing his ability to finish the book.

Bateson’s wife called Dr. Kenneth Pelletier, a former student of his. She said “I am calling you because you value this ‘necessary unity’ of mind-body interaction and use it in your clinical practice. Right now Gregory needs to decide whether to accept or reject chemotherapy and radiation, and we would like you to help him make that decision. He doesn’t know it, but the doctor says he only has thirty days to live. Will you see him?”

Dr. Pelletier began teaching Bateson some basic meditation techniques, where, during the first few sessions, Bateson would always fall asleep during the relaxation part of the exercise. Pelletier soon realized that he was falling asleep at precisely the same point each time. Together, they discovered that Bateson was avoiding reliving a painful memory about his father and a task that they had never completed together. He relived the encounter, experiencing a vivid image of his father and himself in deep discussion. After this experience, Bateson realized that he had to finish writing his book: Radiation and chemotherapy were out of the question.

For more than two and a half years beyond the terminal prognosis of “thirty days to live,” Gregory Bateson carried on with his remarkably productive life. During that time his book, *Mind and Nature: A Necessary Unity*, was completed.

Bedridden as he was, Gregory revealed a zest for life. He was compelled by something much deeper than the pursuit of the perfect physical condition, which many equate with health. He was operating out of courage and that indefatigable need to persevere to fulfill one’s purpose, no matter what the challenge. (Pelletier, 1994, pp. 11-13)

What is it about having a purpose, a mission, a goal in life to fulfill, that can create a biological adjustment to a terminal disease's timetable?

A physical therapist told of a time in her life when she was about to finish her master's degree and was suffering from massive uterine hemorrhage. All the usual treatments had been tried: hormones, dilation and curettage, bed rest. The only treatment left was hysterectomy -- an unpleasant option since in the first place, it would probably keep her from graduating at her scheduled time; but more important, she was unwilling to face a life of childlessness at her age. She knew that she couldn't continue bleeding so profusely without serious consequences. She begged off her surgery for a week and went into seclusion. During this time she visualized a white light shining its healing rays into her uterus. At the end of the week, the bleeding had stopped completely. That was five years ago, and no similar problems had occurred since. She hadn't told her story to many people and, being in a medical profession, she was just a little embarrassed about the circumstances of her recovery. She was also unaware that the white light had been used for centuries in all parts of the world in precisely the same capacity as she chose to use it. (Achterberg, 1985, pp. 170-171)

How is it that by visualizing a universal healing symbol, excessive uterine bleeding can stop and not return?

Dr. Stanley Krippner, a well-known scientist who has studied unusual healers, gave a seminar in Dallas, where he was asked what single event most convinced him of the existence of special healing abilities. Instead of relating the names of any of the gifted healers he's studied, he gave a personal example. Fifteen years previously, he'd had surgery for an abdominal problem. The incision failed to heal, and copious drainage from the wound indicated some internal problem was present. His physician was concerned and insisted he stay bedridden until the condition had cleared. Dr. Krippner called in one of his friends who had a talent for diagnosing illness. She said she believed the problem was with four of the stitches, which were either misplaced or had worked their way into an irritating position. He began to image the stitches coming out through the drainage tube. After two days, two double-knotted stitches popped out through the tube, and the incision healed promptly thereafter. (Achterberg, 1985, pp. 171-172)

Would the stitches have eventually appeared without the imaging? Or would further surgery have been necessary?

Sir William Osler, often called the Father of Medicine, lived around the turn of the century and was considered one of the most eminent clinicians of his time. He stressed the role of emotion in illness and the importance of the patient's

faith in recovery from disease. He is credited with having said, "It is better to know the patient that has the disease than the disease that has the patient."

One day a friend called and said that his son had diphtheria, would Dr. Osler come and sit with him? Osler said yes, but he would be coming directly from graduation. Osler appeared, dressed in his full ceremonial regalia, and looked at this sick child of 8 years. During this pre-antibiotic era, diphtheria was often fatal. Whole families would die. The boy's chances of recovery were unlikely. After a brief examination, the unusual visitor sat down, peeled and cut a peach, sugared it and fed it to the boy, bit by bit. He told the child that the fruit would do "him good as it was a most special fruit." As Osler left, he took the father aside and said, "He probably won't last til morning, they usually don't, you know. But if he does, call me." The doctor continued to visit, and the boy recovered. When the boy was asked why he got better, his answer was, "I thought I was being visited by Father Christmas." (Achterberg & Lawlis, 1991; Hirshberg & Barasch, 1994; Institute of Noetic Sciences, 1993; Ornstein & Sobel, 1987)

What is it about being so special that Father Christmas would visit you on your deathbed?

It created life. The image created an immune response that was not considered possible in those days and in those conditions.

Norman Cousins, who has written extensively on attitude and emotions in health, recently recounted his experience visiting a self-help group in Los Angeles. He met a striking-looking woman who appeared to him the essence of grace and dignity, like an older Grace Kelly. The woman had gone to her physician years before and was told that she had only six months to live. What did she say to the doctor? the visitor inquired.

She had told the doctor, "Go fuck yourself."

She related this to Cousins six and a half years after she was given her death sentence. (Ornstein & Sobel, 1987, p. 156)

How does the expression (rather than habitual suppression) of emotions, positive or negative, affect the immune system's ability to rid itself of cancerous cells?

In these, and many other stories of spontaneous remissions and of amazing healings, the mind is key in its role of influencing health. Thought, emotion, will, perception, belief, and imagination are all components of mind -- which is found not only in the brain, but everywhere within the body (Institute of Noetic Sciences, 1993; Ornstein & Sobel, 1987). During the last few decades doctors, psychologists, and biologists have

been studying the mind's place in healing, and what they are finding is rebutting the mechanistic worldview of Descartes and Newton -- wherein the body is considered a remarkable "machine" (Rosen, 1991; Rossi, 1986).

Frameworks for Understanding

Quantum Mechanics

The concepts of Newtonian mechanism and Cartesian dualism are understandable through an approach known as *reductionism* -- the study of the constituent parts that make up the whole (Institute of Noetic Sciences, 1993; Rosen, 1991). Classical, or Newtonian, mechanics describe equilibrium conditions -- there are no probabilistic statements. Newton's idea was that everything in the Universe was predictable, rational, and aboveboard, and that physical events followed fixed constants -- it was a "clockwork Universe" (Chopra, 1990; Gribbin, 1995). In this model, if the body became diseased, a direct causal relationship was established between that disease and a specific germ. It is a straight-line, cause and effect connection. Descartes defined the body as part of nature -- a purely physical quantity that would function the same way "were there no mind in it at all" (Institute of Noetic Sciences, 1993, p. 52). The mind, by contrast, was "the holy seat of human existence," an observer, an experimenter, free to manipulate and control nature (Institute of Noetic Sciences, 1993, pp. 52-53).

The advent of quantum physics has challenged the mechanistic concept of reality (Gribbin, 1995). Reality consisted of living in a solid, interpretable world. Recognizing that the building blocks of our world -- atoms -- are 99.999% empty space has caused some redefinition. The discovery of the dual nature -- the so-called wave-particle duality -

- of light (and electrons) has also helped to show that reducing a complex entity to its components can never yield a full understanding of its organization (Cunningham, 1995; Gribbin, 1995). “There is much more ‘information’ in the whole than in all the parts considered separately” (Cunningham, 1995, p. 8).

Quantum mechanics describe fluctuations -- measurements are in non-local, probability distributions (Gribbin, 1995). For example, it is impossible to say whether an electron “is” a wave or “is” a particle (Gribbin, 1995). It depends entirely on how an experiment is set up, how it is measured, and what results are expected. Gribbin (1995) describes the various ways of looking at ultimate outcomes as a “holistic view of the quantum world” (p. 14). Events that were previously taken for granted, that seemed predictable and rational, now needed to be reconciled with transformations of time into space, nonmatter into matter, and mass into energy (Chopra, 1990).

When combining the mechanics of quantum physics with the discovery of neuropeptides, a further contribution toward the integration of mind and body appears. There is no measurable direct straight-line connection between a nonmaterial thought and a material object (i.e., molecule or neuropeptide), but a transformation does occur. It doesn't take any measurable time nor does it happen in any measurable place, but is carried out by the presence of an impulse of the nervous system (Chopra, 1989). For example, if a person feels fear (which is a nonmaterial thought), it is transformed to neuropeptides that signal the adrenal glands, the production of adrenaline, the pounding of the heart, elevated blood pressure, etc. -- all material events (Chopra, 1990).

Newtonian/Cartesian Model:

MIND | BODY

germ (cause) ⇒ disease (effect)

Integrated Model:

MIND ↔ BODY

| | | | | |
|------------------------------|---|--|---|---|
| wave | ↔ | particle | = | not both at same time - but when does transformation occur? |
| thought emotion (fear) | ↔ | molecule neuropeptide (adrenaline, blood pressure elevated, etc.) | | |

Discoveries concerning connections between the body and the mind have led to a greater realization that the body does not function independently of thought processes. With the advent of these discoveries and this new way of looking at the world, “holistic health” is in demand -- asking that mind and body be put back together.

Energy and Information

A healing system is composed of many levels. It is a system of information and energy that flows throughout the body and beyond. Information in this context is not defined as “discrete elements existing ready-made in the outside world, to be picked up by the cognitive system” (Capra, 1997, p. 68), but as ideas that convey meaning, colored by emotions and experiences and existing only in relationships (Capra, 1997; Rubik, 1997).

Information and energy radiate and attract through atoms, molecules, cells, tissues, organs, whole organisms, interpersonal relations, families, and communities (Rubik, 1997). Information sources include those of biology (heredity, immune system, neurotransmitters), emotions, relationships, belief systems, imagery, meditation, music, diet, myth, symbol, and other “energy” effects (Hirshberg & Barasch, 1995). How are all of these linked? As Candace Pert said, “Perhaps the mind is the information flowing among all of these bodily parts, holding the network together” (Hirshberg & Barasch, 1995, p. 275).

The Greek word for mind is “psyche” and represents a person’s intellect, will, and emotions. Carl Jung believed the total personality of the psyche was a self-contained energy system in which external sources (such as what one sees, feels, smells, tastes, touches, and hears) feed the psyche, just as food feeds the body (Hall & Nordby, 1973).

Individual experiences are the “food” consumed by the psyche and converted to psychic energy. This energy, states Jung, is what allows the personality to work and perform. Perceiving, remembering, thinking, feeling, wishing, willing, attending, and striving are psychological activities of the personality, just as breathing, digesting, and perspiring are physiological activities of the body (Hall & Nordby, 1973). Jung saw a reciprocal relationship between the energies; psychic energy is converted to physical energy and physical energy is converted to psychic energy. Just like drugs that produce chemical reactions in the body, so can these same drugs produce psychological changes. Likewise, thoughts and feelings that affect psychological functions, Jung believed, also affect physiological functions.

Current research (Russek & Schwartz, 1996) concerning energy and information is supporting Jung's theory. The concept on which these researchers base their work is energy, which they also see as information. Their particular focus was on electromagnetic energy -- the energy found in brain and heart activity. Important hypotheses deriving from Russek and Schwartz's research are:

- (1) Energy and information flows are part of a dynamic human process which can promote health, disease, or self-healing;
- (2) Energy and information are emitted and received during interactions of the body-mind;
- (3) Energy and information are emitted not only from one human but also between humans, as in faith healing or in a therapeutic relationship;
- (4) States of consciousness may be associated with different energy and informational states and can extend beyond the body, affecting the energy and informational states of others, both of health and disease. A therapist could thus subtly affect a client's progress and outcome. (Rubik, 1997, p. 79)

Russek and Schwartz (1997) use the term "organized energy" to convey the idea that patterns of intelligent information are expressed in energy and that energy always conveys information. Circular causality, circular reasoning, or cybernetic feedback loops are terms that indicate the logic and mathematics of circulation or recurrent processes in nonlinear network patterns (Russek & Schwartz, 1997; Capra, 1996). Information can travel from the brain to the heart, from the heart to the brain, from the lungs to the heart and so on. This is reciprocal information, as Jung suggested, or "informational peptides" (the same peptides that are found in the intestines are found in the brain, and vice versa)

as Candace Pert discovered. It is predicted that all dynamical systems in the body store relationship information and energy or “holistic memory” (Russek & Schwartz, 1997, p. 77). It is further hypothesized that each cell in the body, not just neural and immune cells, store information distributively, which manifests a self-organizing capacity that is nowhere to be found in typical information processors, such as computers (Capra, 1996).

Alan Watkins (1997) suggested that there is a pattern of electromagnetic energy generated by the heart, which is affected by an individual’s *mental and emotional states* (p. 71, italics added). Brain function may thus be influenced by the electromagnetic waves produced by the heart. Information transmitted between the heart and brain can be decoded using heart rate variability analysis technology and signal averaging techniques (Watkins, 1997, p. 72). Again, this is reciprocal information, based on an individual’s mental or emotional state, deriving from experience and transmitted by energy.

Measuring information in the context of interaction is complex. Interaction is not linear, and measuring a relationship of the parts to the emergence of the whole is even more difficult (Russek & Schwartz, 1997).

Psychoneuroimmunology

Modern Western medicine has long depended on the Newtonian/Cartesian model. And although this model has created miracles, it may be approaching the limits of its effectiveness (Brigham, 1994). Gradually, medicine is moving away from drugs and surgery and looking at the perplexing field loosely known as “mind-body” medicine. What has kept this new model from being fully accepted is its inability to rigorously prove its basic tenet -- that the mind influences the body toward either health or disease.

“It seems utterly self-evident that sick people and healthy people do not share the same state of mind, but the causal connection is elusive” (Chopra, 1989, p. 181).

The advent of psychoneuroimmunology (PNI) -- which is essentially the study of the connection between the mind/emotions, the central nervous system, the autonomic nervous system, and the immune system -- has created more rigorous scientific research that attempts to observe and quantify and then put the knowledge obtained in some type of order (Brigham, 1994; Schwartz, 1994). This effort to understand the links between the activities of the brain and those of the body’s nervous and immune systems is an attempt to scientifically investigate and quantify those connections and elements (thoughts, emotions, and attitudes) that have previously been considered amorphous, vague, and elusive (Dienstfrey & Gurin, 1993). Finding causal connections could lead to developing precise approaches that will enhance an individual’s ability to influence his or her own health.

Relational Biology

Robert Rosen (1991) has offered a new biological model of physiology and mental processes in his book *Life Itself*. Thomas Staiger, MD, offered a critique of this model in a recent publication of *Advances*. He compared mental processes proposed by Gregory Bateson in *Mind and Nature* (1979) with the mathematical model developed by Rosen. The following six summarized points emerge as an internally consistent model of the mind/organism:

- (1) Mental processes are a central characteristic of any organism.

- (2) An organism is a self-regulating system whose stability depends on the information models it generates.
- (3) An organism's models have physiological consequences.
- (4) The interactions between information models and physiology in an organism have characteristics not found in a machine or a computer's software/hardware interactions.
- (5) There is a spectrum of sophistication in the information models an organism is capable of generating.
- (6) The human capacity for self-awareness results from the information models our nervous system is capable of generating. This capacity may allow an individual or groups of individuals to shape or influence the information models they experience (their experience of the world) in ways that are physiologically beneficial. (Staiger, 1995, pp. 52-53)

Rosen's model supports the view that disease (or health) is not just a cellular process and that mental processes do have physiologic consequences. This model supports the idea that social and psychological factors can be important influences on physiology.

Immune System

In order to understand the current mind-body research, it is important to know how science has linked components of the immune system with the nervous system and how these systems communicate.

The rest of this section is a compilation and summation from Achterberg, Dossey, & Kolkmeier, 1994, pp. 317-328; Brigham, 1994, pp. 77-78; Goleman, & Gurin, 1993, pp. 42-43; The Institute of Noetic Sciences, 1993, pp. 68-85; Rossi, 1986, pp. 149-181.

The immune system has a crucial group of cells -- lymphocytes -- which are manufactured in the bone marrow. Then, like soldiers, they go to other parts of the body for “specialized training.” Half are trained in the thymus gland and are called *T-cells*; the other half are called *B-cells* and cluster near lymph nodes, where they produce antibodies to fight disease.

Specialized lymphocytes include *suppressor T-cells* and *helper T-cells*, which help to regulate immune response and help create immunologic memory, and *killer T-cells*, which fight invaders. Other cells are *monocytes* and *macrophages* (both phagocytes) and *NK* (natural killer) *cells*, which are active against tumors.

The power of the immune system is in its ability to recognize foreign microorganisms or cancerous cells; remember what previous invaders it has encountered and how it built a defense against them; and react using the appropriate response to the threat. *Autoimmune* diseases occur when the immune system misidentifies a part of its own system and fights against it.

Trying to connect the inner workings of immunity and the mind led researchers to the central nervous system with its vast network of nerves. Studies had shown that damage to the hypothalamus and other portions of the brain could alter immune response. The hypothalamus is an organ that helps to regulate many body functions long thought to be “automatic,” such as body temperature. These functions may be influenced by hypothalamic nerve tracks that are part of the limbic system of the brain, which helps

regulate emotion, and by other nerve tracks that extend from the hypothalamus into the cerebral cortex, the brain's "thinking cap." Linking the hypothalamus with the immune system led to the implication that the immune system might also respond to differing emotions.

In the 1960s, researchers tested the effect of stress on the immune system. George Solomon, a psychiatrist, published a study about the role of personality factors in autoimmune disease, suggesting that the immune system was affected by stress. He coined the name *psychoimmunology* for this emerging field of study.

The 1970s launched a series of experiments by Robert Ader, a psychologist, and Nicholas Cohen, an immunologist, demonstrating that the immune response could be either suppressed or enhanced through behavioral conditioning techniques (similar to Ivan Pavlov's experiments). Feeling it important to convey the role of the nervous system in the maturing field of mind-body health, Ader titled his edited book, which included articles by major mind-body researchers, *Psychoneuroimmunology (PNI)*.

A pivotal finding in the early 1980s showed that the organs of the immune system are amply supplied with nerves. The thymus, where *T-cells* are trained, is infiltrated with branches of the vagus nerve, one of twelve nerves wired directly to the brain. Researchers used special dyes to trace nerves to the spleen, the lymph nodes, and the bone marrow.

The immune system identifies messages that are specifically for them through recognition of a combination of molecules that fit receptors that are on their cell surfaces. A messenger is like a key that can only "unlock" a certain cell that carries its receptors. The keys that open these locks are the messenger molecules of the mind-body: the

neurotransmitters of the autonomic nervous system, the *hormones* of the endocrine system, and the *immunotransmitters* of the immune system.

The study of receptors led to the discovery of *endorphins*, which are chemicals that can block pain and produce mild euphoria. Structurally, these chemicals are chains of amino acids, or neuropeptides -- so-called because they are released from nerve endings. Scientists then looked, and found, these minuscule messengers flowing out of the hypothalamus and into the pituitary, which helps regulate dozens of bodily processes, including the release of flight-or-fight stress hormones from the adrenal glands. Neuropeptides, which often mimic the actions of mood-altering drugs, were also found in other parts of the limbic system -- that portion of the brain critical to drives and emotions. This led Candace Pert (Institute of Noetic Sciences, 1993), a neuropharmacologist, and others, to conclude that neuropeptides might be the “biochemicals of emotion.” Pert theorized that emotions are the key element in the interconversion of mind and matter. Neuropeptides were also found throughout the lining of the intestines, which led Pert to propose a new meaning for the old phrase “gut feeling.”

Pert, among other researchers, then began to study the effects of neuropeptides on monocytes, macrophages, and other immune cells. They found these receptors on all the primary cells of the immune system. While studying macrophages, every neuropeptide they tried -- from opiate drugs to internal chemicals -- altered the timing or direction of the cell's response.

Dr. Ed Blalock (Institute of Noetic Sciences, 1993) found that white blood cells make many of the same hormones and neuropeptide messengers secreted by glands and

nerve endings and suggested that through these chemicals the immune system can talk to every other system of the body.

The picture that results from the nearly forty years of research on the immune system has radically changed. At first, the belief was that the immune system acted independently of the brain. This belief moved to the idea that the immune system may be influenced by the brain. The new conception is that the brain and the immune system may be part of an integrated system that works together for the body's health.

Emotions and the Body

Pert's findings concerning neuropeptides and receptor sites have enormous implications for the field of PNI. At the Symposium of Consciousness and Survival, sponsored by the Institute of Noetic Sciences in October 1985, she said:

I believe that neuropeptides and their receptors are a key to understanding how mind and body are interconnected and how emotions can be manifested throughout the body. Indeed, the more we know about neuropeptides, the harder it is to think in the traditional terms of a mind and a body. It makes more and more sense to speak of a single integrated entity, a "bodymind." (Brigham, 1994, p. 22)

The Salt Lake Tribune recently ran a story (June 18, 1996) reporting that the latest neurobiological research (by Rogan and LeDoux of New York University) found that emotions reflect a highly developed computational skill of the brain. Feelings, the article says, "are the results of sophisticated information-processing by brains built through millenniums of evolutionary training" (Siegfried, 1996, p. A-1). This study connected a brain structure called the amygdala with emotional response and the intensity of that response. Rogan and LeDoux believed that emotion should be construed in terms of

brain-cell activity, nerve circuits, and interacting molecules -- that there is a foundation for pursuing the neural basis of emotion.

There have been studies on the relationship between expressing the emotion of anger and the incidence of breast cancer (Dafter, 1996; Ornstein & Sobel, 1987). In an early study by S. Greer and T. Morris (Ornstein & Sobel, 1987) on mastectomy patients who had an entire breast removed, it was found that seventy-five percent of the women who accepted their disease stoically, either with feelings of acceptance or hopelessness, were dead in ten years. Only thirty percent of the women who adopted either denial or a hostile, fighting, attitude -- and who expressed emotions -- were dead in ten years. Other similar studies (Dafter, 1996) have shown that “breast cancer patients who had higher anger scores on psychometric tests, who were uncooperative and antagonistic to medical personnel, had *higher* rates of survival compared to those showing lower anger and higher cooperation at the time of cancer diagnosis” (p. 11, italics in original).

The findings that Dafter (1996) reported indicate that emotions are important sources of information about self-identity and the actions that result from recognizing personal needs. His results seem to coincide with Rogan and LeDoux’s and Pert’s: Emotions are a source of connection between mind and body and are a stimulus to action. However, Dafter (1996) adds, “The key to the ‘negativity’ of an emotion is not its content, then, but whether or not it is acknowledged and expressed” (p. 13).

Imagery and the Body

Ernest Rossi (1986), has incorporated Pert’s work and suggested that the psychobiological basis of therapeutic hypnosis rests on the neuropeptide and the

communication system formed by the receptor sites. He argues that how we believe and how we project those beliefs in images affects our being, right down to the cellular level. This theory is shared by Achterberg and Lawlis (1991) who say that the image, or imagination, is the vehicle by which mental processes reach deep into cellular structure. They believe that image can reach deep within the cell and literally alter the cellular machinery -- the intelligence of the cell. Thought alters the intelligence of the cell -- and image is thought without words (Achterberg & Lawlis, 1991).

Images can be so powerful and profound that they jolt the cell's machinery into performing in a way that is not natural or normal for that cell. Many studies, for example, have shown that worry or stress can create direct and measurable changes at the cellular level (Achterberg, 1985; Ornstein & Sobel, 1987; Pelletier, 1994; Institute of Noetic Sciences, 1993). But changes are also evident when using the image of the Bionic Woman, white lights, stitches finding a way out of the skin, or Father Christmas.

The Institute of Noetic Sciences (Achterberg & Lawlis, 1991) published a report on the nocebo affect. (The placebo affect is believing you are getting a treatment and get well. The nocebo affect is believing you are getting a certain treatment and get sick.) In this study, which concerned women with breast cancer and chemotherapy, 30% of the women who received a water injection rather than chemotherapy lost their hair.

A University of New Mexico study (Achterberg & Lawlis, 1991) looked at women who had given birth to premature babies. The problem concerned the fact that the mothers had a diminished milk supply by the time the babies were out of the incubators and ready to go home. Half of the women in the study were taught to image having

increased lactation and half were not. The women using imagery produced twice as much milk as the others.

A 1989 study by Mark Rider and Jeanne Achterberg, published in *Biofeedback and Self-Regulation*, showed that by imaging and knowing the immune components one can alter them (Achterberg & Lawlis, 1991; Achterberg, Dossey, & Kolkmeier, 1994). There were two groups of students. One group was taught about neutrophils. Neutrophils are 65% of the white blood cells. They are foot soldiers, phagocytes, indiscriminate, meaning they eat viruses and bacteria in the body. They are produced in the bone marrow, like all white blood cells, and ooze out into the tissues. The students in the other group were taught about T-cells. These cells, also born in the bone marrow, are trained in the thymus and go throughout the lymph system and target specific viruses, bacteria, or cancer cells.

Both groups imaged their specific immune components for six weeks. At the end of that time, blood samples were taken. Results indicated that there was a significant change in neutrophils for that group who had imaged them, but not in their T-cells. There was also a significant change in the T-cells for the group that had imaged them, but not in their neutrophils.

In a similar study published in the *International Journal of Neuroscience* entitled “Voluntary Modulation of Neutrophil Adhesiveness Using a Cyberphysiologic Strategy” (Hirshberg & Barasch, 1994) students were taught visualization techniques and self-hypnosis and then given information about neutrophils’ special functions and properties. Each subject designed his or her own personalized imagery to attempt to increase the cells’ ability for adherence. For example, one student imagined the neutrophils as Ping-

Pong balls with honey spread about the outside of the balls, causing them to stick to anything they touched.

The training lasted two weeks, and saliva and blood samples were compared to samples drawn before the training began. They were also tested for immune components like neutrophils, lymphocytes, monocytes, and platelets. The only statistically significant change in the immune cells was with the neutrophils' ability to stick to foreign objects. The total count of neutrophils stayed the same for both groups.

These two studies indicate that selective connections, not with the total immune system, but with only one aspect of the immune system, can be accomplished.

Hypnosis and the Body

Other studies (Hirshberg & Barasch, 1994; Ornstein & Sobel, 1987; Rossi, 1986; Achterberg, Dossey, & Kolkmeier, 1994; Borysenko & Borysenko, 1994) have documented the use of hypnosis on physiological responses. Many therapists and others who use hypnotic suggestions say that the effectiveness is contingent on a person's imaginal system (Achterberg, 1985). Certain mental images created by hypnotists are similar to those who use guided imagery and must be appropriate in order to reach the desired outcome (Achterberg, 1985).

Hypnosis has been explained by Dr. David Spiegel, a Stanford University psychiatrist, (Hirshberg & Barasch, 1994) by breaking it up into three discrete components: One is absorption -- "the hypnotic state is like a telephoto lens -- one sees a few things with great detail and clarity but loses the broader perspective" (p. 78). Another component is suggestibility -- "a heightened responsiveness to environmental input...the

narrower the focus of attention on an instruction, the less likely is the person to evaluate critically...making response more likely” (p. 78). The third is dissociation -- as when someone daydreams while driving and then “wakes up” miles past the exit (also called “highway hypnosis”) (p. 78).

In one study (Hirshberg & Barasch, 1994; Ornstein & Sobel, 1987), Japanese researchers selected thirteen high school boys known to be highly allergic to a certain plant. The boys were told to close their eyes and were touched on the arm by a harmless plant while being told that it was the poisonous plant they were allergic to. All thirteen had reactions -- from simple redness to swelling and blisters.

The researchers then reversed the procedure. While the boys again closed their eyes, they were brushed on the arm with the poisonous plant they were allergic to, which had on other occasions caused reactions. They were told that this plant was harmless. Only two of the boys developed any type of skin reaction. It appears that the thoughts, images, and beliefs of the subjects were able to turn on or turn off the skin’s allergic reaction.

A study on warts being “wished away” was done by Sinclair-Geiben and Chalmers in 1959 (Ornstein & Sobel, 1987). Warts are tumors, benign overgrowths of the skin caused by a virus infection. Not everyone gets warts, which implies that some sort of immune defense protects the majority of people. This study involved fourteen patients who had warts on both sides of their bodies. They were hypnotized and told that the warts on one side of their bodies would disappear, the other side serving as the control. Within several weeks the warts in nine of the patients had regressed significantly on the treated

side. The untreated side remain unchanged, except in one subject, whose warts also disappeared six weeks after the treated side had been cured.

Words and symbols can have powerful influences on bodily functions. Thoughts, emotions, and beliefs are generated which are then communicated to the cells, and the chemicals within cells, of our body (Ornstein & Sobel, 1987). Cindy saw healing precious stones flowing through her system, followed by an army of Pac-Women. Others have used images of white lights as healing images; some take on the image of an heroic persona. The same premise is suggested in each: Images, thoughts, beliefs, or perceptions may sometimes alter physiology in specific ways.

Spiritual Healing

Healing involves not only the body, mind, and emotions, but also the spirit. The main story headlined on the cover of the June 24, 1996 *Time* magazine said “Faith and Healing. Can spirituality promote health? Doctors are finding some surprising evidence.” This article, written by Claudia Wallis, states that previous skeptical attitudes by physicians are shifting toward the view that there is more to healing than just the physical aspects. Indeed, scientific evidence (over 200 studies identified by Levin of Eastern Virginia and Dr. Larson at the National Institute for Healthcare Research) offer evidence that religion is good for health. Science, Wallis goes on to say, may never be able to measure the actual benefits of spirituality, but doctors don’t necessarily need to know how prayer or other spiritual practices work in order to use them as a source of patient well-being.

Miraculous healings, in all cultures, have long been connected to spiritual or religious practices (Institute of Noetic Sciences, 1993). Inexplicable healings, such as those at Lourdes, and others who have had spontaneous remissions attributed to some sort of spiritual awakening, provide strong evidence for the power of belief (Institute of Noetic Sciences, 1993; Aldridge, 1993; Hirshberg & Barasch, 1994). Nontheological recoveries are also linked to faith. For example, the story of Mr. Wright, whose tumors melted away when, in expectant faith in his doctor and a 'miracle' drug, he was administered a placebo dose of water, portray this secular-type of healing.

There are many theories as to the nature of spiritual healings (Wirth, 1993). One such theory concerns the transfer of electrical, electromagnetic, or other type of energy from a practitioner to the patient (Wirth, 1993). This theory has a basis in Einstein's proposal that matter and energy are interchangeable, which has been a hard concept for Newtonian physicists to accept. It seems to contradict common sense. But with the advent of quantum physics, the very way we view matter has changed. The body that is viewed as solid is really mostly empty space. "The body may be perceived and understood as energy rather than matter" (Benor & Benor, 1993, p. 25). Energy waves, or vibrations, whirl at lightning speed around the nucleus of the atom, and the void between those particles, or waves, (depending on the viewpoint) is vast (Chopra, 1989). Matter can be best understood as very dense energy (Benor & Benor, 1993). "The leading explanatory principle is that there are divine energies that are transformed from the spiritual level through the agency of the healer to produce a beneficial influence upon the 'energy field' of the patient" (Aldridge, 1993, p. 13). Research involving the effects of healers on enzymes, body chemicals, human tissue, bacteria, fungus, and motility of simple

organisms, plants, animals, and human physical problems has been conducted, with 61 out of the 140 controlled experiments assessed as being highly significant and 22 modestly significant (Aldridge, 1993; Wirth, 1993). Doctoral dissertations on Therapeutic Touch healing have also shown significant alleviation of anxiety (Benor & Benor, 1993).

Other theories that deal with spiritual healing are:

- a specific state of consciousness within the practitioner or patient, or both.
- an information exchange or communication by direct or intuitive processes between practitioner and patient.
- a process which, according to those theorists with religious affiliation, is effective due solely to the Grace of God. (Wirth, 1993, p. 73-74)

Whatever the process, whatever the means, whatever the method -- healings involve an interrelationship between the body, mind, and spirit. And the body, mind, and spirit are interconnected to others and to the environment in which people live.

Until we know -- and take into account -- how varying states of mind, degrees of suggestibility, psychoneuroimmunological responsiveness, individual health practices, attitudes, social milieus, belief systems, and even religious experiences affect the progress or regress of disease, it is hard to have unbending faith in the results of experiments that never posed the questions. (Hirshberg & Barasch, 1995, p. 296)

Statement of the Problem

Healings are rarely investigated. Of the many published medical journals, none are devoted exclusively to the study of recoveries. There are disease control agencies and other agencies that track treatment efficacies, but no agencies that document healings. Little is known concerning in what diseases healings occur, how often, what kinds of people experience healings, or why. Hirshberg and Barasch (1995) said that they read

through many medical annals looking for stories of “miracles.” As they read article after dry article, they realized that although facts were reported, there was no clue as to the patient’s personalities, relationships, or any meaningful sequences that might illustrate why these people were healed. There was no information as to how the patients felt, how they battled, what dreams they had, whether their friends or family were there to help and support them. Researchers Challis and Stam (Hirshberg & Barasch, 1995) analyzed journal reports of cancer remissions from 1900 to 1987 and found some possible causes -- immunological and hormonal factors, operative trauma, infection -- but patient personalities and lifestyles were not mentioned. They speculated that the reason was that “no physician was willing to risk his/her reputation by reporting a case of spontaneous regression he/she felt was due to a psychological method” (Hirshberg & Barasch, 1995, p. 13).

Research on healings has great potential importance, but there is little systematic attention given to it (Hirshberg & Barasch, 1995). Perhaps this is because the phenomenon seems elusive -- there appear to be too few cases to be of value. But as with any health issue, cases are often underreported. And others are not published because (1) there is no scientific agreed-upon explanation, and (2) publications usually require cases to fit into neatly established theoretical contexts (Hirshberg & Barasch, 1995). Most reports concern people with certain diseases and the progression of those diseases. Studies and surveys often reveal statistical numbers (i.e. onset of disease to death). The figures these surveys often arrive at, however, are obtained by omitting certain cases that statisticians call “outliers” -- cases that are routinely omitted from the calculations because they fall too far outside the boundaries of the statistical playing field (Hirshberg

& Barasch, 1995). These cases -- the exceptional, revelatory, elusive ones -- dismissed with two flicks of a parenthesis, can offer important research material.

Quantitative methods have been used to measure immune responses to various thought processes, length of survival time after support groups, emotional expression and disease, and other mind/body connections. There are numerous other statistics suggesting that psychological factors influence physiology. The focus at the onset of these studies is to examine and quantify whatever measurable changes can be seen or tested externally. It is my opinion that internally constructed meanings are valid predictors of physical health, mental health, or disease -- and that meanings, senses, perceptions, and beliefs are difficult to quantify. When researchers attempt to systematically explore a little-understood phenomenon of interest, qualitative methods are ideal in identifying and discovering important variables and in generating hypotheses for further research (Marshall & Rossman, 1995).

The goal of the current study was to discover what participants thought and felt when confronted with their own mortality. How did they process that information, and what behaviors, thoughts, and emotions resulted from that process? Consequently, the primary research question was: "What are the healing components (if any) of people who have healed from serious disease or injury?" Knowing who these people were, where they came from, what their life was like, and how they handled stress, was important in understanding their meanings, beliefs, and perceptions about their mental information processes in regards to healing.

The information gathered from this qualitative approach was rich with personal insights from participants who willingly shared their experiences and beliefs with the

investigator. Using any other type of method or inquiry would not have allowed the investigator to enter into the subjective experiences of the participants, nor resulted in such comprehensive knowledge of their healing processes.

CHAPTER 2

METHOD

Introduction

Qualitative research is research that investigates the qualities of relationships, activities, situations, or materials. The emphasis is on holistic description -- detailing all of what goes on in a particular activity or situation -- rather than on comparing the effects of a particular treatment (experimental research) or on describing the attitudes or behaviors of people (survey research). While various components (affects, attitudes, and behaviors) are observed and described in qualitative research -- which helps in theoretical understanding -- the emphasis on holism is important when attempting to understand a complex system. A “system as a whole cannot be understood by analysis of separate parts” (Patton, 1990, p. 79). A holistic perspective, that which is more than the sum of its parts, views things as components or elements that form wholes or unities, and is used in analysis when a researcher wishes to understand patterns or structures occurring between any set of parts or units (Marshall, 1994).

Specific aspects of this qualitative research included:

- Context was all-important.
- Data was collected in the form of words or pictures rather than numbers.
- It was important to search for understanding. Nothing was trivial or unworthy of notice.

- The process as well as product was a major concern. It was important to know how things occurred, how people interacted, how questions were answered, what meanings were given to certain words and actions, and how attitudes were translated into actions.
- Data was analyzed inductively. There was no formulated hypothesis beforehand. A picture took shape as data was collected and examined.
- How people made sense of their lives, what they thought, why they thought what they did, was of major concern. Assumptions, motives, reasons, goals, values -- this was all of interest.
- The concept of empathic neutrality required knowing that complete objectivity was impossible. The researcher was not out to prove something, advocate, or advance personal agendas, but was trying to understand the world of the participants -- which included incorporating personal experience and empathic insight as part of the data while being nonjudgmental to any emerging content. (Berg & Smith, 1988; Ely, Anzul, Friedman, Garner, & Steinmetz, 1991; Fraenkel & Wallen, 1993; Patton, 1990)

Methodological Approach

Phenomenological philosophy purports that people make sense of their world through their experiences, their reality; that people only truly understand their unique truth, and that there is no objective or separate reality or truth, only their sensory perceptions and the interpretations that help them make sense of their world (Patton,

1990). There is an assumption in the phenomenological approach, however, that there exists a structure or essence to shared experiences that can be determined (Patton, 1990; Marshall & Rossman, 1995). This “assumption of essence” requires a search for commonalities that allows discovery of core meanings (Patton, 1990, p. 70).

Because the phenomenon under study involved experiences of great intensity for both the participants and the investigator, a phenomenological inquiry called heuristic research was employed. Heuristics refers to a “process of internal search through which one discovers the nature and meaning of experience....” (Moustakas, 1990, p. 9). Heuristic inquiry emphasizes the investigator’s experience, intuition, self-awareness, and internal frame of reference (Moustakas, 1990). It is a method of inquiry that is highly personal -- one that involves passionate concerns, the risk of opening wounds, and the possibility of undergoing personal transformation (Moustakas, 1990).

Heuristic inquiry legitimizes a participatory consciousness. This mode of consciousness is one in which the researcher understands the phenomenon through shared reflections and insights as participants and researcher combine efforts to understand the nature, meaning, and essence of a significant human experience (Patton, 1990).

Heuristic research epitomizes the phenomenological emphasis on meanings and knowing through personal experience; it exemplifies and places at the fore the way in which the researcher is the primary instrument in qualitative inquiry; and it challenges in the extreme traditional scientific concerns about researcher objectivity and detachment. (Patton, 1990, p. 73)

Researcher as Instrument

Qualitative methodology is concerned with interpretive epistemology, which relies on the understanding of others’ meanings. In order to understand the meanings of

those studied, Berg and Smith (1988) suggested that researchers first scrutinize themselves. This self-scrutiny helps to develop both emotional and intellectual understanding of those who are struggling with problems, weaknesses, imperfections, and failures. It requires the researcher to enter into and understand the private and personal lives of participants (Ely et al., 1991).

In understanding participants, researchers should be aware of and openly acknowledge personal bias and distortion. Increased introspection helps to more fully understand experiences, personal prejudices, and assumptions, which in turn better prepares investigators to be research instruments (Spradley, 1980). As an instrument, the self (of the researcher) becomes part of the inquiry which cannot be easily disentangled from the phenomenon.

The quest of a qualitative researcher should be for understanding, not necessarily truth (Peshkin, 1993). This requires a specific “mode of consciousness, a way of being in the world...an attitude of profound openness and receptivity...a state of complete attention” (Heshusius, 1994, pp. 16-17).

Added to this, the heuristic process requires the investigator to value his or her own experience; to be self-aware, self-searching, and resourceful; to gather together the full scope of observations, thoughts, feelings, senses, and intuitions; “to accept as authentic and valid whatever will open new channels for clarifying a topic, question, problem, or puzzlement” (Moustakas, 1990, p. 13).

Participant Selection and Contact

The sampling deemed most appropriate for this investigation was purposeful sampling, wherein cases are selected for specific informational content (Patton, 1990). Purposeful sampling strategies include: extreme sampling (highly unusual manifestations of the phenomenon); intensity sampling (information-rich cases that manifest the phenomenon intensely); and snowball or chain sampling (where cases are identified by people who know people who would be likely subjects). These sampling strategies coincide with heuristic research (Patton, 1990), which highlights the personal experiences of researcher and participants and illuminates the phenomenon of interest.

As Patton (1990) pointed out, “qualitative inquiry is rife with ambiguities” (p. 183), and this clearly includes the issue of sample size. Because of the depth, rather than breadth, of qualitative research, smaller samples, especially those that are information-rich, can provide sufficient meaning and insights. Qualitative researchers are hesitant to specify exact numbers regarding sample sizes, although when questioned, Patton (1990) will confidently reply, “*it depends*” (p. 184, italics in original). Lincoln and Guba (1985) believe that information can be fairly exhaustive and redundancy reached with approximately twelve participant interviews. The specific information sought, the purpose of the research, sampling procedures, differences in the sampling unit, and the available time and resources generally determine sample size.

I originally set a minimum of six participants, with a maximum hovering around twelve participants. This flexible numerical number was chosen based on “expected reasonable coverage of the phenomenon given the purpose of the study and stakeholder interests” (Patton, 1990, p. 186). Having employed extreme and intensity sampling, and as a consequence of “snowball or chain” sampling and high investigator interest,

however, sixteen people were sent recruitment letters (appendix A); two decided not to proceed, and fourteen participants for the current study were obtained. Though these participants shared the common criteria of having faced death, they represented different diseases/injuries and stages of disease, resulting in a wide range of experiences and medical treatments. Some patients had received mere palliative treatment, some had received aggressive treatment, while others had begun medical treatment and then refused to have any more. Some had held off the progression of their disease years past all statistical expectation, while others' diseased cells were no longer evident, who were "whole or sound, restored to health; free from ailment; cured; well" (Random House Dictionary, p. 609). These were people who have done significantly better and lived significantly longer than their conditions originally dictated.

Data Collection

Narrative Inquiry

The primary means of data collection in this research was through narrative inquiry. This type of inquiry has people's individual life stories as the focus. It assumes people live "storied lives" and data is collected to describe those lives (Marshall & Rossman, 1995, p. 86). While there are many different ways of collecting narratives, Susan E. Chase (1995) says that "all forms of narrative share the fundamental interest in making sense of experience, the interest in constructing and communicating meaning" (p. 1). Narrative inquiry values signs, symbols, the expression of feelings in language, and validating how the participant constructs meaning (Marshall & Rossman, 1995).

Narrative voice determines essence, not causality or cause-and-effect linkages. But “like all data dependent on participants” accounts, narrative may suffer from selective recall, a focus on subsets of experience, filling in memory gaps through inference, and reinterpretation of the past” (Ross & Conway, 1986, as cited in Marshall & Rossman, 1995, p. 87). Warren Berland, in reporting on his study “Can the self affect the course of cancer?” addresses this issue by saying:

From an existential/humanistic psychological perspective, Maslow (1966) maintains that a person’s belief systems regarding his or her illness and its meaning must be considered a first source of valuable data for understanding the experience of illness and recovery. Giogi (1985) and May (1958) agree that a patient’s phenomenological reports provide an invaluable contribution to understanding the lived experience. (1995, p. 5)

Berland (1995) believed that most patients have genuine insight into themselves, the transformations they’ve experienced, the factors that have influenced these changes, and the effects these changes have had on their lives and health. Because they have faced death, they appeared less concerned about the opinions of others or of trying to please others. The participants in this study seemed intent on accurately and honestly describing what they have gone through and how they have coped, so that others might possibly benefit.

In-depth Interviews

Collecting narrative self-reported stories in this study was through in-depth interviewing. Two types of qualitative interviewing procedures were used -- an informal conversational interview that encouraged narrative self-report, and a more structured, general interview utilizing an interview guide (Patton, 1990). “Both interview- and self-report-derived measures within a single study provide different, converging, and/or

interacting methodological perspectives on a given construct, and may be the only way to reveal certain important differences” (Temoshok & Heller, 1984, as cited in Berland, 1995, p. 8). The key components to be understood were the participants’ experiences and the meanings they derived from them.

The first interview was designed to invite meaningful stories, not factual reports. To accomplish this, Chase (1995) suggested that questions invite the participant to take responsibility for the import, direction, and significance of the talk. Ways to accomplish this include (1) creating a atmosphere of sensitivity and interaction between the researcher and participant (Marshall & Rossman, 1995) and (2) asking questions that are oriented towards the life experience that the participant is seeking to make sense of and/or to communicate (Chase, 1995). There needs to be mutual, sincere collaboration -- where both voices are heard -- and a caring relationship that will allow openness in the storytelling, retelling, and reliving of personal experiences. This demands careful, intensive listening.

“Listening is a great and powerful thing” reported Brenda Ueland in an article entitled “Tell me more” published by *Utne Reader* magazine (November/December, 1992, p. 104). Listening allows people to create, unfold, and expand. We should listen with affection to all who talk to us, “*to be in their shoes when they talk*” (p. 105, italics in original) to try to know them without our minds pressing against theirs in thought or with any self-assertion. Suggestions she offers for being better listeners are to learn tranquillity and to live in the present part of every day. To say to ourselves, “Now. What is happening now? I am listening. I hear every word.” When this happens, we not only hear what

people are saying, but what they are trying to say. And we “sense their existence, not piecemeal, not this object and that, but as a translucent whole” (Ueland, 1992, p. 109).

Listening intently is key to understanding. It was important for me to hear what the participants had to say -- in their own words -- to listen for gaps, silences, contradictions and meaning, while attending to any and all nonverbal cues. Honor and respect and belief in their belief of their stories was of utmost importance.

The more standardized second interview included “member checks,” which clarified information from the first interview, and introduced an interview guide, which was “a list of questions or issues that are to be explored in the course of an interview” (Patton, 1990, p. 283). This interview was more directive and purposeful in order to gather the same basic information from each of the participants (Bogdan & Biklen, 1992).

Questions elicit answers that shape subsequent queries. A researcher needs to ask a question, hear the answer, interpret the meaning, frame another question that probes deeper or redirects the conversation to a different area. This means that a researcher should practice being able to listen, think, and invite more communication almost at the same time. Babbie (1992) suggests that an interviewer can learn to subtly direct the flow of conversation from studying Far Eastern martial arts; “The aikido master never resists an opponent’s blow but rather accepts it, joins with it, and then subtly redirects it in a more appropriate direction” (pp. 294-295).

The interviews were held in either the homes of the participants (9), in their offices (3), or in restaurants (2). Each interview lasted anywhere from one to two hours.

The initial interview began by reviewing and signing the informed consent (appendix B) and then proceeded with questions that were broad and neutral in tone, inviting narrative on the following issues, behaviors, and experiences:

1. Tell me something about yourself (upbringing, family, church, education, job).
2. Tell me about your disease or injury and what you experienced during the time of diagnosis and your responses then and afterwards.
3. What was your life like before the diagnosis? What is it like now?

A transcriptionist trained in confidentiality was hired to transcribe these and any subsequent interviews. After the first interviews were transcribed, reviewed, and areas marked for further clarification, second interviews were scheduled. A letter was sent to the participants advising them they would be called soon for this second interview and included questions that might be discussed (appendix C).

The first part of the second interview began with a “member check,” where participants were asked to clarify certain points from the first interview and my interpretations were verified. The prepared questions were then asked and are presented in the Results section. The wording and the sequence of the questions varied from participant to participant, dependent upon the context and flow of the individual interview, but the same basic issues and subject areas were covered. These questions included:

- What is your philosophy of life?
- What does your diet consist of?
- What forms of physical activity do you do?
- Do emotions play a role in illness? What can be done to stay healthy?

- How do you handle fear?
- Did you ask for help?
- Are you aware of changes in your body when you are angry or under stress or listening to certain music?
- Is it your “fault” when you get sick? Do you blame yourself when you become ill?
- What role do you want your doctor to play in your life?
- What is your perception of how people are treated in hospitals or other medical communities? What changes should be made?
- Should patients’ feelings be attended to along with their medical problems?
- Do you think there is a difference between illness and disease? Healing and curing?
- If you found out tomorrow that you only had a short time to live, what would you do or change?
- Do you live by what is important to you?
- What do you appreciate about your life as it is now?

A focus-group meeting was scheduled after all the individual interviews and transcriptions were completed, and all participants were invited to attend (appendix D). Focus groups are group interviews that bring together participants to discuss the phenomenon of interest (Morgan & Spanish, 1984). Groups offer the chance to observe participants’ attitudes and the telling of experiences when in interaction with others. Participant profiles, summaries, and answers to the specific questions were prepared for distribution to the participants (appendix E). They were asked to check for accuracy and whether or not they wanted to add, delete, change or correct any part of their information. Themes, assumptions, and interpretations made by the investigator were mentioned and

discussed. In this way, the participants acted as co-investigators -- which lent itself to better analytic results. As with the interviews, this session was audio-taped and transcribed. Those that could not attend had folders delivered to them. This group lasted approximately two hours, with participants enjoying the experience and asking the researcher to arrange another meeting.

Researcher Reflexivity

Researcher reflexivity is that which brings the investigator's voice and insights into the analytic equation. Self-reflective notes and memos document personal reactions, questions, thoughts, and speculations about the participants' narratives. These memos "document and enrich the analytic process, to make implicit thoughts explicit, and to expand the data corpus" (Morrow & Smith, 1995, p. 26). Reflective thought, feeling, and awareness connect the researcher to the participants' storied lives. The researcher becomes more sensitive, disciplined, and attentive to the meanings, values, biases, and assumptions of the participants and to her or his own. Through this method, the researcher collaboratively constructs the participant's reality, not just passively records and reports (Marshall & Rossman, 1995). Personal thoughts, ideas, reactions, feelings, and stressors were recorded in a written journal, a computer journal, email correspondence, and through communication with peers, colleagues, and participants.

Data Analysis

Narrative analysis is a procedure where data are organized and developed into a coherent account. This approach synthesizes data rather than separating it into specific parts (Polkinghorne, 1995). Narrative analysis is loosely formulated, uses terms defined

by the researcher, and involves intuition (Manning & Cullum-Swan, 1994). This type of analysis uses the voice and perspective of the narrator, in collaboration with the researcher/analyst, rather than of society. A narrative is often defined as a story with a beginning, middle, and an end that seeks to reveal a person's experiences. Narratives take many forms, are told in many settings, have different audiences, and have varying levels of connection to real events or people (Manning & Cullum-Swan, 1994). Because of this, themes, metaphors, structures, and definitions are very much dependent on context and involve a highly personal process (Manning & Cullum-Swan, 1994; Patton, 1990).

In order to capture the actual words and voice inflections of the participants, interviews were audiotaped. These tapes were then transcribed and reviewed. A typical inductive approach (Huberman & Miles, 1994) was then combined with Moustakas' (1990) five basic phases in the heuristic process of phenomenological analysis.

The first step was immersion in the data. This involved having the audiotape transcribed as soon after an interview as possible and reading along while listening to the tape. This allowed me to check the accuracy of the transcriptionist's work, clarifying and filling in gaps where possible. Then I re-read and re-listened to each interview. Margin notes were written on the transcripts and reflective passages were reviewed carefully. Participant mini-biographies and summary sheets were then drafted in detail to more fully understand the background, experiences, and meanings as a whole. This involved me in the experience itself -- questioning, meditating, dialoguing, and indwelling (Patton, 1990).

The second step is known as incubation. The data was set aside for awhile, allowing me to step away from the experience, taking time for awareness, tacit insights,

and understandings to become clear (Patton, 1990). Ideas and thoughts were pondered and voiced to colleagues, coalescing conceptions.

Illumination is the phase wherein themes, patterns, and new dimensions of knowledge are added (Moustakas, 1990). Recurring ideas or behaviors and patterns of belief that linked experiences together were examined. Clustering by conceptual grouping and cross-classifying schemes helped in seeing connections that generated categories that made initial, intuitive sense. Data were transferred into FolioViews 3.1, an infobase data management program. This allowed me to retrieve specific quotes through keyword queries.

In the fourth phase, explication, dimensions of meanings are added, more connections are made, emergent patterns and relationships are refined (Moustakas, 1990; Patton, 1990). This phase required concentrated attention, focusing, self-searching, and recognition that “meanings are unique and distinctive to an experience and depend upon internal frames of reference” (Moustakas, 1990, p. 31). Any emergent hypotheses was challenged by searching for negative instances of the themes and patterns, and approaching the data with skepticism. Alternative explanations of the data were sought, questioning the very pattern that seemed so apparent -- searching for other reasonable explanations, noting them, and offering the explanation that was most plausible.

The final phase of heuristic research was the process of creative synthesis (Moustakas, 1990). This phase has been explained as bringing together all the pieces -- the relationships, patterns, themes, hypotheses -- into a coherent whole (Moustakas, 1990). It is this phase, especially, where a researcher’s insights, experiences and understandings are primary (Patton, 1990).

“The more fully *particular* are the stories we hear, the stronger our analyses will be of the relationship between the general and the particular. We serve our theoretical interest...when we take seriously the idea that people make sense of life experiences by narrating them.” (Chase, 1995, p. 22)

Truth Value

In order to insure trustworthiness (comparable to the quantitative paradigm of internal validity) of this study’s data, a variety of procedures was used. Triangulation, or multiple methods, is an important component in attempting to secure an in-depth understanding of the phenomenon (Denzin & Lincoln, 1994). Audiotaping, as explained previously, allowed faithful reproductions of participant responses. Member checks allowed participants to review data, offer additional information, and correct errors. The focus group was used both as a member check and to gather additional data. Researcher reflexivity, also outlined previously, encouraged recording personal reflections, reactions, ideas, feelings, and emerging constructs. Prolonged engagement occurs when the investigator has spent sufficient time involved with the participants and has established trust and rapport. In this case, I was lucky enough to become friends with a number of the participants -- intermingling with them before, during, and after the interviews.

The following table (table 1) summarizes the primary research phases and procedures of this study.

Table 1

Summary of Research Phases and Procedures

I. Initial Phase -- finding area of interest (*"I'm thinking...."*)

- listed topics of interest (from books and magazines read and marked, former papers researched, etc.)
- specific topic emerged that evoked more intense interest and passionate concern than others
- asked -- was this a topic that was do-able?

II. Focused Phase -- forming the research question (*"Just one thing?"*)

Define:

What do I want to discover?

What do I want to understand?

- internally searched for specific question connected to interest
- question needed to reveal essence and meaning
- question needed to discover aspects of interest
- question needed to be formulated in such a way to focus on particular subject to be studied and known
- personal and passionate involvement resulted

Research question(s) that emerged:

- How do thoughts (mind) affect physiology (body)?
- What do people *think* and *feel* when confronted with their own mortality?
- How do they process that information and what behaviors, thoughts, emotions result?
- What are the healing components (if any) of people who have healed from serious disease or injury?
- What are *their* meanings, beliefs, and perceptions about their mental information processes in regards to healing?
- Who are these people? Where did they come from? What is their life like? How have they handled stress?
- Listen. Walk in their shoes....

III. Preparatory Phase -- exploring and answering the question (*"I'm supposed to explain this?"*)

- prepared introductory letter -- defining project, expectations, commitments
- found participants and recruited
- prepared and wrote informed consent
- interview guide (developed primarily after the first interviews)

IV. Gathering Phase -- methods of collecting (*“Now, this is enjoyable!”*)

- calls, letters
- first interview -- informed consent discussed and signed, informal conversational visit, with spontaneous generation of questions and conversations (tape-recorded)
- second interview -- member check, general interview guide
- focus-group meeting -- summaries and profiles handed out, informal presentation of preliminary findings generating conversational topics
- follow-up -- calls, emails, visits
- reflexive notes, emails, journal entries

V. Analytic Phase -- analysis episodes (*“Data is a four-letter word.”*)

- listened to tapes
- transcribing done
- read transcripts while listening to tapes
- read transcripts, marked
- listened to tapes
- emerging themes
- read transcripts, wrote comments
- began writing outline-form profiles
- transferred interviews to FolioViews
- wrote more on profiles, read transcripts again
- FolioView queries
- summaries written
- notes, emails, thoughts
- themes more defined
- profiles and summaries prepared for participants
- group meeting -- findings and accuracy check
- corrected profiles written in narrative form
- categories delineated
- approaches, themes, sub-themes developed

VI. Crunch Phase -- writing the results (*“Yeah, right....”*)

- major idea for writing -- divide and conquer
- first -- write and rewrite introduction, lit review, statement of problem

- second -- write and rewrite methods section and additions to methods
- third -- write results section (categories, themes, sub-themes; apply quotes under applicable headings; additional lit review pertaining to themes; creative synthesis; summary)
- fourth -- write discussion (more literature involvement, tying together; conclusion)

CHAPTER 3

RESULTS

Introduction

This investigation delved into the most significant life experiences of each individual participant. This required deep interaction and sincere communication between the individual and the researcher. All the participants seemed intent on expressing their stories in an open, honest, and straightforward manner. These narratives were accepted seriously as constructions primarily rooted in the desire of the participants to be as accurate and authentic as possible.

Participants

The participants in this investigation were generally well-educated and came from a variety of professions (viz., university administrative staff, professor, antique dealer, legal secretary, student, doctor, insurance sales and service, housewife, consultant, and self-employed). They also came from many different parts of the country; some had lived or visited in other parts of the world. The participants were from California, Colorado, Alabama, Maryland, New York, Utah, and Germany. The subjects' religious backgrounds were divided as follows: five Mormon, three Catholic, five from a variety of Protestant theologies, and one who was Jewish and had also been a member of the Mormon faith. Many of the subjects had not participated in their various organized religions for some time and had found different belief systems; others had become more cemented in their

church's faith. The mean age of the participants was 50 years. The age range was 25 to 85 years. Eleven of the participants were female, three were male. The participants had the following diseases/injuries: two had multiple cancers; four had breast cancer; two had non-Hodgkin's lymphoma; one had experienced a thyroid "storm" (crisis hyperthyroidism) and currently had Graves' disease; one had contracted polio as a child and had degenerative heart disease; one had Hodgkin's lymphoma and a deadly bacteria infection that caused multiple organ failure; two had various cancerous tumors; and one had had a nearly fatal closed-head injury.

Thick Description

In order for the findings of this investigation to impart meaning, it is important to have a background understanding of the people involved.

A thick description does more than record what a person is doing. It goes beyond mere fact and surface appearance. It presents detail, context...evokes emotionality and self-feelings. It inserts history into experience. It establishes the significance of an experience, or the sequence of events, for the person or persons in question. In thick description, the voices, feelings, actions, and meanings of interacting individuals are heard. (Denzin, 1989, p. 83, as cited in Patton, 1990, p. 430)

Individual Case Sketches

Each individual in the study has particular characteristics and personality traits originating from their backgrounds -- family dynamics, religious experience, education, career, and mental and physical health issues. Following is a biographical sketch of each of the participants in the order in which they were interviewed. Code names are used. (See Table 2 for summary information.)

Table 2

Participant Summary Information

| Code Name | disease | personality | lesson learned | major healing themes |
|-----------|-------------------------------|--|--|---|
| PETE | breast cancer, asthma | be who I am, individual, determined | so much about selves to be explored | prayer, meditation, visualization, read, karma, color, expression |
| ISABELL | cancer: breast, skin, bladder | no pity for self, illness won't get the best of me, determined | don't be afraid | prayer, meditation, imagery, color, karma, universal peace, self-talk, expression |
| ALEX | breast cancer | busy, active, responsible, determined | learn to relax, slow down | read, visualization, young child, outdoors, nature |
| LESLIE | breast cancer | type A, proactive, do it NOW, determined | illness is a great motivator | read, visualization, meditation, young children, karma |
| ROSEMARIE | thyroid storm, Graves' | survivor, love of life, determined | surrender to Spirit | prayer, mantras, imagery, meditation, mandalas, read, chanting, expression |
| STEVE | cancer: leg, lung | taught to fight & not be a wimp, determined | there are reasons, wake-up | prayer, church blessings, self-talk, support |
| LEE | non-Hodgkin's lymphoma | accepting, quietly strong-willed, positive, determined | can do it, can beat this | read, meditation, young children, affirmations, prayer, imagery, color, one-day-at-a-time |
| MIKE | Hodgkin's, systemic infection | competitive, invincible, determined | maybe to affect people, can beat anything | fighting, support, job, goal-visualization |
| MAGIC | non-Hodgkin's lymphoma | independent, do what it takes, positive, determined | most important person is ME | read, church blessings, young children, positive self-talk, support |
| ZAK | degenerative heart disease | mindful, thoughtful, determined | perception of time, knowing what's important | meditation, prayer, visualization, karma, near-death experience |

Table 2 (continued)

| Code Name | disease | personality | lesson learned | major healing themes |
|-----------|--|---|---------------------------------------|--|
| ROBIN | breast cancer | early low self-esteem, calm, faithful, determined | trust, go with feelings and intuition | prayer, karma, meditation, affirmations, read, support |
| TESS | head injury | perfectionist, invincible, determined | God has reasons | prayer, self-talk, fighting, support |
| VALENTINA | cancer: ovarian, intestinal, gall bladder, colon, lymphoma | independent, proud, don't feel sorry for self, determined | mind can heal body and keep it going | prayer, young children, self-talk, read |
| MEG | malignant melanoma | keep going, determined | quality life is most important | prayer, self-talk, goal-visualization |

Pete

Pete was born in 1948, in a rural area of Salt Lake City, Utah. There were fields and a river by her house, which allowed her to spend a lot of time alone and assisted her in getting in touch with “other things.” She was raised in a Mormon family, but stopped attending church at the age of fourteen. She was a dancer, taught to focus and be in tune with her body. Other interests included astrology, energy, and psychic phenomenon. Although accepted by her family, she felt different from her friends. She learned early to shut down and not let others know her too well.

After she graduated from high school, the family moved to California. Pete tried college, but found it was not for her. She became involved in the hippie movement and almost died of a drug overdose. She moved back to Utah five years later and became pregnant. A child was something she had wanted, but she never particularly desired, nor felt the necessity for, marriage. However, at age 25, she married a man she felt would be a good father. A few years later, an ectopic pregnancy brought her seriously close to death. After years of marital difficulties, she and her husband separated.

Pete’s father died at age 59 of a brain tumor. The effect this had was immediate. She said, “I’m not going to wait to live my life. I’m either going to do it now, or not at all. I mean, it has to be now...do your dream now.” She still struggles with past programming, not only of her life, but of 2000 years of cultural upbringing -- the belief of “suffering and sacrifice and you’re never supposed to have it good.”

Pete developed “adult onset” asthma at the age of 35. In 1991, she was diagnosed with breast cancer (age 43). She refused to have surgery, but agreed to radiation

treatments. Between the radiation treatments and asthma attacks, she said, “I was resting myself into the grave.” Her lungs were filling up and the asthma was taking over. She started having dreams of people she knew who had died, getting a room ready for her. She began to write funeral plans. Then realization hit -- what was she doing? She needed help! She made many calls. There were no pulmonary specialists available to see her. She finally went to Instacare for a breathing treatment -- and didn't budge the peak flow meter. Her body was not getting oxygen. When this happens, the body stops producing carbon dioxide and starts producing carbon monoxide, poisoning the system. It was dangerous to continue breathing treatments, but it was all the doctors could think of to keep her alive. Breathing treatments force oxygen and albuterol down the lungs to open up passageways, but nothing was moving in Pete. She was sent to the hospital, where she was put on a respirator and given a paralyzing drug -- curare, which shuts down everything but the heart. They started to clean out her lungs, but it was a few days before they knew whether or not she would even make it, let alone if the treatment would work.

It was during this time that Pete said she was “gone.” For two weeks, she didn't remember anything in this world. She can recall in vivid detail, however, her “out-of-body experience.” Aspects of this experience included lights, symbols, compassion, love, looking below at “the dance of life and death duality,” and feeling unbound by time. She was told, “the only thing you have to do is just go back and witness the divinity in each person, be microscopically honest, and that's it.” Her healing began.

She has a strong belief in the power of the mind and how it can affect her body. An important aspect in her healing has been the acknowledgment of herself. “I'm not going to hide from anybody anymore, because my life depends on it.”

Pete believes the reason for her illness was “so that I could let other people know that there’s a whole other part of themselves that they haven’t explored yet. We’re so into this physical part of our being that we’re forgetting this larger piece.”

Isabell

Isabell was born in Minersville, Utah (near Beaver) in 1918. She had six older brothers; she was the youngest and says she could never seem to measure up. She felt that her mother loved the boys, but didn’t much like her. Her family has ties going back to Joseph Smith and the early days of the Mormon church. She said as she listened to her grandmother tell stories about those days, she decided to stop attending church. When she was 17 years old, her family moved to Salt Lake City. It was at this time that she decided she was tired of feeling sorry for herself. Plenty of people, she believed, go through life without being loved by parents. Enough of that, just change it. The lesson it taught her, she says, is you have to look out for yourself.

Isabell met her husband in 1937 and was married in 1939. She has two children -- one daughter and one son (seven years apart). She has been an antique dealer for most of her life and has done extensive restoration work on many historical Utah houses. She has also worked with the Indians in southern Utah and feels a great connection with them.

Her meditation practice started at the age of thirty-five. She was looking at a prism; the colors were vivid and mesmerizing. She laid on the floor with the prism light all around and experienced a great sense of awareness and expansion. Meditation has been a daily practice for over forty years and gives her great peace of mind and exceptional clarity.

When she was sixty-five, Isabell had a series of mini-strokes that brought her to the hospital. The doctors found breast cancer. She had surgery and follow-up radiation. Shortly after treatments began, she told her doctor she would have no more radiation. The doctor said she had better continue or she would die. Isabell said, “No, it’s my body, and I’m not going to.” A short time after this, she had a bout with skin cancer. The cancer was surgically removed, with no complications.

From the connections made at the hospital, she began teaching meditation to social workers and others from the hospital. She taught there for seven years and then went to Westminster College and taught for another few years.

At the age of seventy-four, doctors discovered she had bleeding of the bladder. An internist gave her medication which did nothing. She consulted with another doctor who discovered cancer of the bladder. When the doctors went in to take the bladder out, they found cancer in the lymph nodes. Her surgery became a ten and one half hour operation, where she was given eight pints of blood. Isabell was told that with the combination of cancers, people usually last about a year. She answered, “No way,” she would live to be at least eighty-seven. She had two months of chemotherapy. During the time of chemotherapy where she was very lethargic and in deep meditation, she had a visionary experience. There were gold chandeliers, many lights, an angel, music, and wonderful smells. She heard voices saying that there are wonderful people down here, in spite of what we hear and see. Man brings light into heaven by good deeds.

Isabell was told in a dream not to have any more chemo or it would kill her. She has learned to listen to her intuition. She stopped. When she went to visit with the doctor and have blood work done, they discovered she was right, her body had gone toxic.

Meditation and visualization of a white healing light flowing through her body have been regular practices for Isabell. She believes she contracted cancer because of her hereditary history (about 45 cases in the family). She and her husband were also in St. George when the government was doing bomb testing; they sat on a hill during the fallout.

Isabell has had numerous bladder infections. Her most recent concerns are her kidneys, kidney stones, infection, and serious antibiotic reactions. While these problems are painful and annoying, she deals with them with humor and a shrug.

One of the lessons Isabell has learned is not to be afraid of anything. People have been programmed by the media to be afraid of cancer and that they would die. "Well," she says, "you're gonna die anyway."

Alex

Alex is in her early forties. She was born in Alabama, but moved to Utah while she was very young. She is the oldest of seven children -- three brothers and three sisters. As the eldest, she often took care of them. "Good thing I had a real dominant personality," she says. She was very active and involved in school and sports.

Alex was married in 1983, had a daughter five years later, and divorced in 1993. Previous to this, she reports little stress. There were no debts, financial problems, or many problems of any kind. Now she had to deal with the breakup of her marriage; being a failure; having one income instead of two; needing to go back to school; having a child to care for; and dealing with the reactions of society, friends and family. It was a very difficult time. She had been married for 10 years and her child was 5 years old; she and her husband had been in therapy for 4 years and it was mutual decision to part -- but still

she found it incredibly difficult. If one were to look at a stress reaction indicator that is rated from 1-10, she feels hers was about a 30. She felt she “agonized over” these decisions.

Cancer was discovered in her breast in July, 1994 (she was 38 years old). She was angry at first -- she had always watched her diet and was busy and active. What happened? Then she determined to disengage emotionally in order to make some objective decisions. She would deal with emotions later. She spent a lot of time reading and informing herself about everything to do with cancer.

Alex had been a skier for Snowbird for many years and kept her job there during the cancer surgery and during chemotherapy treatments. She did chemotherapy once a week, taking smaller doses that allowed her to work and not be too lethargic. Alex cared for her external self; she would have chemotherapy, then go to the gym and work out with weights and do aerobics. Her internal work consisted of visualizing Desert Storm and the fighting of bad cells. She imaged the rounding up of all the bad cells at night, herding/shoving them into the intestines, and then she would excrete them in the morning. She attended a support group for eight weeks that helped her talk about what was happening with others going through the same thing. She went back to college in order to qualify herself for a different type of job, to care for herself and her child.

Alex now recognizes the need for certain things in her life. Nature is very important. She had a job for many years where she was outside and now works behind a desk. It is important that she get outside for a time each day, if only to have a walk. She is more actively conscious of what is important in life: nature, time, life, her daughter. She says, “Life isn’t forever, and if this doesn’t play out the way I’d like it to play out, well,

I've been far more fortunate than most people on the planet, with all the experiences I've had. I mean, what are you gonna do?"

Leslie

Leslie was born in 1954, the first of four children. Her parents are still married. She had a fairly strict, restrictive Catholic upbringing. She is no longer a practicing Catholic. Her father was a college professor and her mother had a master's in nursing. Education was an important aspect in growing up. Although her family spent a lot of time together, avoidance was a norm. Difficult issues were not discussed, except behind each other's backs. They never discussed things like drinking -- which was one of the family activities when together. Perhaps, she suggests, that is why family gatherings are disasters. They seem to get along better when they are one-on-one. Leslie's mother was diagnosed with a small cancer tumor in her late sixties (1984).

Leslie married a doctor in 1986 and moved to Utah in 1988. She teaches at a University. She had her first child in 1990, when she was thirty-five years old. The birth was extremely difficult; she was very infected, hemorrhaged, and needed transfusions. In a less sophisticated medical setting she could easily have died. The entire episode heightened her belief in the power of modern medicine. Leslie's second child was born in 1992. The doctors discovered the fetus had a rather severe birth defect. The birth defect was surgically repairable, and with the intervention of modern medicine, time, and lots of money, her son was born. The infant was in intensive care for some time. This required an intense commitment on Leslie's part to pump her breasts for breast milk. She feels strongly that the breast milk is what prevented him from getting bowel infections while in intensive care and was responsible for curing his acute diarrhea later in his first year. So,

even though it has been suggested that breast cancer is linked to a hatred of the breasts, or feeling they are useless, she has not felt that way. They saved her baby's life. And it is assumed she had the cancer at that time. She feels that it was okay, under these circumstances, that she wasn't diagnosed earlier.

Leslie was diagnosed with breast cancer in 1993. She had a mammogram which showed nothing, ultrasound which showed nothing, but a biopsy which showed cancer. (These were the first hints of a crumbling faith in the infallibility of modern medicine.) "I have always said I was gonna get breast cancer." Her tumor was relatively aggressive and fast growing. As is her style, she went into high gear and had modified/radical surgery on the tumor side, along with lymph node dissection. Then she began as high a dose of chemotherapy as possible. When her hair fell out, she had a "pulling out Mom's hair" party with her children. Then she and a bunch of her friends had a "shaving the head" party -- many drinks included. After chemotherapy came six weeks of radiation.

Leslie was very worried about dying. Unlike her earlier experiences with the miracle of modern medicine, it was clear that it could NOT fix cancer reliably. She knew so many others that were having recurrences. She worried about what would happen to her kids. She read, studied, and tried to "figure out this whole God thing."

About a year after the chemotherapy ended, she started to feel a little more optimistic. Then, on a Friday afternoon, she found another lump on her chest. She says she was pretty hysterical by Sunday. She went in for biopsy, and it turned out to be scar tissue formed around stitches from the earlier mastectomy. After dodging this particular bullet, she began to feel enough hope about the future that she decided to have

reconstructive surgery. However, the hopefulness comes and goes. Whenever a specific ache or pain hits, she wonders if the cancer has metastasized.

Talking to Leslie, as someone once told her, is like trying to drink from a fire hose. There is lots of talk, rapid speech, and many topics (all of which she sees as interrelated). She has been a Type A person for most of her life -- very goal oriented. She says she is more relaxed now. She still believes strongly in modern medicine but also looks out of its rather narrow confines for other equally powerful healing options.

RoseMarie

RoseMarie was born in Badhomburg, Germany, shortly after World War II. She was in a European orphanage for the first few years of her life. She was crippled, had diphtheria, stomach and intestinal problems, and other illnesses. She was adopted about age five into a military family who, she says, were into “isms” -- whether emotionalism, workaholism, or alcoholism. They had a son that was older, had joined the military, and was gone most of the time. (He died of stress-related diseases -- heart disease, pneumonia, when he was 52 years old.)

RoseMarie lived with this family for about ten years. There was a lot of psychological abuse. She was locked up in the dark and still suffers occasional night terrors. She had very little self-worth. She can still hear her adoptive mother’s “critical voice” in her head. She was never good enough. Never. No matter what she did, she received no praise and no acknowledgment. She was never told she was attractive. She began to use food as a weapon. Something to control. Neither her adopted family nor her husband liked or accepted illness in any form. RoseMarie was always told she was *not* ill,

even if she felt so. She was not able to own her own body, what was happening, or what she was feeling.

She developed kidney problems during her twenties. She became involved with Recovery Incorporated, a self-help, free health program, designed to help ill people and former mental patients. But life still felt pretty awful. She had a belief that at age 32, she would die. She says she set herself up. It was about this time that a huge tumor appeared in her throat. Her heart was going so fast (over two hundred beats a minute) that if she got up, she would pass out. The doctors called it a “thyroid storm.” Everything in the body accelerates, it can literally burn the body up. She was told that if something was not done in six weeks, she would die. She had also developed a bone spur in her throat. She had the option of surgery for both the tumor and spur (but could lose vocal chords, or become an imbecile if important nerves were nicked), or she could drink radioactive iodine (called a “cocktail”). She opted for the radioactive iodine. It was not a good experience. She felt as though she were in a science fiction movie. She did only the one treatment. It slowed the body down, which she felt was enough. She received letters from the hospital requesting she come in for follow-up. She refused. She didn’t need any more of their treatment, saying it would “really kill me off.” She did take medication for her heart for a time but eventually took herself off that as well. She wound up with Graves’ Disease. She also helped create a support group for those with thyroid diseases. Her major agony, however, came from signing over custody of her son to her ex-husband when she believed she had only had a short time to live.

After the radiation, she traveled to Ireland, Switzerland, Israel, and Germany to see different doctors. She considered it as a kind of quest or pilgrimage -- something

necessary to do before her death. She didn't learn much, but she did find her biological mother and a sister, and the change in environment was very beneficial. She saw the beauty of the world and ancient artifacts that "tickled my brain and my soul." This process gave her hope, even though some days she woke up crying, knowing she was going to die.

Two years later, RoseMarie had a TSH (thyroid stimulating hormone test of the pituitary gland), showing she was producing sixty times the normal person's thyroid stimulating hormone. She was finally given Thyroxin, which could have saved so much grief, she believes, if known and prescribed earlier.

RoseMarie has studied Holistic Health and Stress Management in an attempt to understand herself and help others. Many people go to her for solace and comfort. She teaches meditation. She has discovered that the things learned early in life stay with us. It is much harder to erase those things than problems developed later in life.

RoseMarie still has health problems: ulcerative colitis, bleeding ulcer, Graves' Disease, hypertension, arthritis, and was recently diagnosed with PTSD. But, she says, she doesn't ever really feel ill. She just keeps going. She is working on removing toxicity from her life -- including toxic friends, family, and thoughts.

Steve

Steve was born in Salt Lake City in 1951. He has one older sister. His mother developed polio right after he was born, so he lived with relatives for a time. His mom says he missed out on his childhood, but he doesn't feel that way. They moved to Bountiful when he was about 5 years old. He became very involved in sports; playing everything from little league baseball to basketball to football. He was also studious in

elementary and junior high school and was on every honor roll. When he was in high school, he played on a basketball team where he felt the coach didn't like him. He almost quit the team. He said that he's not sure why he didn't, except that he wanted to show the coach that he was better than the coach thought. When he was a sophomore, he and his friends started a rock 'n roll band. He said it was a lot of fun playing the bass guitar and singing. This is how he met his future wife -- at a back-door party.

Steve was good enough on his high school basketball team that he received a basketball scholarship to the "U." He played on the freshman team but didn't study much. After a couple of years, he went to Westminster to play basketball. His back was giving him trouble, so he eventually gave up competitive sports. He returned to the "U" and graduated in Sociology, because he didn't know what else to do. He married after graduation (age 25). He went to work for his family in their lumber and hardware store, then after a year or two started working with his father in the insurance business. He also studied and earned a real estate license.

At the age of twenty-nine, he noticed his pants were tighter on his right leg -- his leg was bulging out. He thought he must have strained or pulled a muscle playing basketball or something. He went to have it checked and was told it was a big cyst and not to worry. His brother-in-law suggested he get a second opinion. The doctor injected dye, finding out it was a large (two pound) malignant cancerous tumor. It was a rare type of cancer called fibrosarcoma. Steve was very shocked. His life passed before him. Cancer, he said, "the word puts the fear of God in ya." The first day, he said he bawled like a baby. But it didn't last. After all, he was brought up to fight things and not be a wimp.

He and his wife traveled to the UCLA Medical Center in Los Angeles to a doctor his father had recommended. It was there, taking a nap in the hotel close to UCLA, that he had an “out-of-body” experience. He attaches no real significance to it, but remembers the feeling of coming out of his body and floating, looking over himself and his wife as they lay on the bed. Then going back into his body. It was like a “checking it out” feeling. “I was out of the...feeling...of the worldly part of my body, just...free, or just floating, or whatever. Interesting.”

Steve had chemotherapy and radiation prior to surgery. (UCLA’s belief was that having chemotherapy first would keep cancer cells from spreading when surgery was performed.) The doctor told Steve he wouldn’t amputate the leg -- at first. He would let Steve recover and then take it off later if necessary. The tumor was very close to one of the main nerves, so he was close to losing the leg anyway. After the surgery, the doctors said the tumor had been well defined and they thought they had gotten it all.

While Steve was in the hospital, he saw little children with tumors being bombarded with radiation and felt he had nothing to complain about compared to the little brave ones there. Steve studied for his real estate broker’s license during his recovery and physical therapy.

Six months later, Steve developed a cough that wouldn’t go away. It was discovered that the cancer had metastasized; a tumor was found on his right lung. He says that maybe he was more prepared this second time. It didn’t hit him as strongly as the first time when it seemed to come from nowhere.

He returned to UCLA where the doctor told Steve, “School’s not out, we didn’t expect this, but school’s not out. You’ll get through it.” Steve had a section of lung

removed, going through chemotherapy and radiation again. The chemotherapy caused a more violent sickness, while the radiation was more subtle -- like having the flu all the time, listless, no energy. He was given the maximum dose of chemotherapy; any more and it would have been toxic to his heart. The doctors were amazed at his recuperative abilities. After the surgeries, chemotherapy, and radiation treatments, Steve was told there was little chance of his ever fathering children. But, as miracles go, the next year he and his wife had a child, then twins came along, and then another surprise arrived close after that. Three kids in diapers, one just out of diapers. Steve says to be careful what you ask for.

While in his mid-thirties, Steve got hooked on cocaine. He said that was a battle almost worse than cancer. He would binge on the drug, not realizing the dangers. It was so subtle, "just grabs you." It took him about five years to fight the addiction.

Steve still has little lung capacity. It is much harder to play any sport or hike in high altitudes. He has poor circulation in his leg and suffers with varicose veins. There is little feeling in the leg. His dad died of prostate cancer, so Steve believes he could have cancer again -- it would just show up somewhere else. He says he'll, "just take it, fight it, and go on."

Lee

Born in Grand Junction, Colorado, Lee was the oldest of five children (one sister, three brothers). The family moved to Salt Lake City when she was in the second grade. Her family was Catholic, very religious and prayerful. Lee's mother had heart bypass surgery a couple of years ago and her dad has had prostate cancer. Both are doing well.

Two of Lee's brothers have died in tragic accidents, causing Lee's mom to withdraw quite a bit.

Lee was married in 1961, when she was twenty years old. They didn't have children until ten years later, although she had suffered two miscarriages. She was in a very difficult marriage -- there was a lot of trouble and conflict. After her children were born, her marriage became even more difficult, causing her to think of suicide. But her concern for her babies would not allow that thought to linger long. She and her husband separated in 1982, then got back together.

In 1984, after a lengthy illness, the doctor told her she had cancer. Non-Hodgkin's lymphoma, slow-growing. She let out a long sigh -- ahhhhh, cancer. Her husband sat there, also stunned; he did not touch her, did not hold her, did not look at her. Nothing. She was just...alone. She sobbed in her chair, all by herself. The doctor continued, saying the cancer was treatable, but not curable. It was all throughout her body. No surgery was possible, they would have to cut all of her. Her first thought was, "I don't wanna die." Then she wondered, "Why me?" She was eating well, didn't smoke or drink. Why were others okay, and she wasn't? It was very frightening. She was told that the most she could hope for was five years. Her treatment was cytoxin in the pill form. She took that for six months. It threw her into menopause.

That night, after Lee received the diagnosis, a cancer volunteer called; someone who had gone through the same type of cancer. The day after her diagnosis, her husband took her to hear a speaker who lectured on positive affirmations. She received support from her parents and friends -- prayers, blessings, and group energy. She joined a meditation group that gave her peace and hope.

Lee's husband left the family in 1991. He left them a note saying he was going to go "find himself." He was gone for four months and then came back, saying he had made a mistake, and wanted to get back together. Her marriage is now much better, and she attributes much of this to attitudes gained from having gone through cancer. She has said that if she can get through cancer, she can get through anything. She has discovered a difference in herself. It is nice to have her husband back, but she now knows she can make it on her own. Getting through cancer made her stronger.

After the first five years came and went, the doctor said, "Okay, ten years, at the most." After ten years came and went, the doctor questioned her own diagnosis. When Lee has her regular check-ups, however, sometimes there is "nothing there," and sometimes the lymph nodes are "the size of a pea." The doctor carefully says it must be a partial remission. Lee's husband, who is very supportive, believes it is full remission.

Mike

Mike was born in New York in 1957. He grew up in a military family. His dad was in the Navy, submarine service, so they stayed on the East Coast most of the time. He has a younger sister and a younger brother. His parents divorced when Mike was eighteen years old. He thought he wanted to be an architect, but he gravitated to English classes and journalism. He became a newspaper reporter for a few years, soon recognizing that one can work really hard and not make much money. He then became a college public relations director.

In 1982, he became sick. He had pain between his shoulders and thought it was from a bad chair. He was a workaholic, so was always in that office chair. He took aspirin, but the pain stayed. At a conference, he fell down some stairs due to numbness.

A friend took Mike to the doctor the next day. It was a holiday, Friday afternoon, with a skeleton crew. The young doctor had no idea what could be wrong. He had Mike check into the hospital for tests. After three days of tests, they finally did a spinal test -- putting fluid in the spinal column, tipping the body, and watching the progress. They could see the fluid moving slowly, then right before it got to the head it stopped. There was a collective, "Oh shit." It turned out to be a softball-sized tumor wrapped around the spine, going into the holes where the nerves come out, pushing the column against the bone. Had it gone on any longer, it could have caused permanent damage or death.

They also found other masses in the chest. Biopsies showed it was Hodgkin's lymphoma. They were unable to do surgery on the tumor; it was too dangerous. Aggressive radiation was the treatment of choice. Mike had two rounds -- every day, five days a week, eight weeks each round. In between the rounds, doctors removed his spleen and performed abdominal surgery. After the second round, he was told he was "in remission." The tumor had responded to radiation.

It was too painful for Mike to continue the jogging he had done all his life, so he started riding a bike. His interest in competitive bike racing began in 1985. He met his future wife in a bike shop in 1987. They married two years later, and moved to Utah in 1991. Their daughter was born the next year.

In the fall of 1993, Mike got sick again. His congestion was bad and his doctors thought it was allergies. It still felt as if something more was wrong. He had a pulmonary function test which was abnormal. But nothing definitive. A week later, Friday evening, he thought he had a bad case of the flu. His wife was concerned and finally dialed 911. The ambulance came; they could not find a pulse or any blood pressure. Mike had gone

into shock (they didn't know that at the time). They took him to the hospital and started IVs, pumping him full of fluids. Things got worse. While they were trying to get him stabilized, and put in an arterial line, they nicked the carotid artery in his neck and he began hemorrhaging. The last thing he remembers was two guys on him pushing on his neck and lots of red. He woke up a month later.

Mike's wife was told, "You better call your family. He's going to die." He had gone into septic shock from systemic infection -- pneumococcal sepsis. His immune system was severely compromised by his lack of a spleen. The pneumonia bacteria was able to get into the blood stream and the infection spread fast. All his organs had failed, which put him in a coma. He was given a five percent chance of making it.

Mike's extremities were basically dead. They were black and brown and looked as if they had burned up. There was so much initial damage, the doctors intended to amputate both legs below the knees. Mike talked them into doing partial foot amputations, saying they could always go back and take more if need be. There was scarring on his nose, ears, lips, and hands. He was on a ventilator with a feeding tube in his nose and on dialysis because his kidneys had failed. There was liver damage, lung damage, and heart damage. (He had heart surgery a year later -- the pericardium was removed. Radiation damage from the first cancer had turned the heart lining into the texture of brittle leather.)

Months of rehabilitation followed. Mike had special shoes made so he could continue cycling. His staff came to the hospital for meetings. A laptop computer was brought in for his use. As soon as possible, he started going to work for half days, working too hard. He ended up back in the hospital for ten days because of a recurrence

of infection. He gave himself IV antibiotics for two weeks, at work and at home. Mike's kidneys started working again, which amazed the doctors. They thought he would be on lifelong dialysis. There is, however, concern over how long his kidneys will last.

Mike currently is a competitive bike racer, pushes himself to the limit, endures constant pain and doesn't know how to stop.

Magic

Magic was born and raised in Provo. She had an older brother, who has since passed away, and two younger siblings. The family was semi-active in the LDS religion. Her father had a binge drinking problem. Both parents are now deceased. Magic married immediately after high school, and she and her husband moved to Salt Lake City where she attended business college and then put her husband through school. They had two children. Magic worked as a legal secretary for seventeen years. She and her husband became active in the LDS church in 1977.

In 1978, Magic contracted phlebitis. She was given medication and seemed to respond, although she had nodules, which were assumed to be complications. In January, 1979, she developed flu-like, pneumonia-type symptoms. Her lungs were x-rayed and looked bad; however, when doctors tested the fluid, they found nothing. She was tired, but no one knew what to do. The doctor told her to just get up and start doing things. She was too tired and disoriented to comply. Finally, in May, her husband called the doctor, who came to the house (late on a Friday). Magic was given Gatorade for dehydration. All she could do was sleep. On Sunday, her husband took her to the hospital. She was 37 years old, and the nurses thought she was her husband's mother, she looked so gray. They took blood samples, then did a bone marrow test, and found non-Hodgkin's lymphoma.

They also said that some of the cells were leukemia cells. She was told that it should be treatable and that she would receive chemotherapy until September. In the weeks that followed, she had many infections and very strange lung pictures; nodules on the lungs would come and go. The doctors thought it might lung cancer. Magic entered the hospital on July 4th with another infection. The x-ray taken that day showed lungs full of nodules. The radiologist, oncologist, and internal medicine doctor told her she had six months to live.

Magic admits that she had thought, to this point, that as long as she was going in for treatments, things would be fine. After all, she was doing everything the doctors said to do, believing everything they said. Now, the first thought was, "I have two young children still to raise." They were her main concern. She knew her husband could get another wife, but it was hard to think of the children being without her. Her daughter would say, "You'll get better, Mom." Her son did not want to deal with it or talk about it. She was in denial too, thinking that if she continued treatments, the six months would come and go and things would just go on. It was hard to face that fact that she might actually die, and the doctor gave her no hope. She remembers thinking that she could deal with the cancer better than she could deal with him.

Magic started reading everything she could get her hands on. Until she read stories of cancer survivors, she had thought that everybody with cancer died. Books gave her the hope that she desperately needed.

Her case was unusual, as nodules would appear on the x-rays, she would have chemotherapy and the nodules would disappear. Nodules would also appear on her body. No one could explain exactly what was happening. She had a lung biopsy that was sent to

every pathologist in Salt Lake City. The results came back -- maybe it was just an infection. Biopsies were performed on the nodules and sent to California. The results there said it was part of same disease -- cancer. Perhaps she should go to the Mayo Clinic?

After the chemotherapy treatments were over, she had another bone marrow test. The cancer was still there. They tried giving her high doses of prednisone. It was devastating stuff. Magic decided she would just as soon die as go through this. The doctor agreed, but only because it didn't seem to be doing any good. She was then given two choices: opt for no more treatment and see what happened, or try another type of chemotherapy. It might sustain life and give her a short period of remission, but the doctor didn't feel it would "cure" her -- that treatment had been tried first.

Magic wanted the remission, anything to give her extra time with her children. They gave her extra doses of the chemotherapy. Finally, one day, her doctor said that the lung picture looked better, but her blood counts were very, very low. She needed a transfusion. Her nodules also seemed to be disappearing, but he did not want her to get her hopes up; they could be back. She kept coming in for more chemotherapy, and each time the lung pictures looked a little better. Her doctor, however, was still cautious about giving any hope or encouragement. He told her that he had not seen anybody cured at this stage.

Magic dealt with this by not getting her hopes up. It was true that she didn't want them dashed. If she could just stay alive for her children, she would take chemotherapy for as long as possible. And she was finally starting to feel a little better, coping with things better. Her husband was taking very good care of her, saying it was the first time

she had ever needed him. There was a lot of support from her friends and from her church. She had been given many priesthood blessings.

For the next six months, Magic went in for check-ups every three weeks. The doctor finally said, "It's a miracle. It's absolutely a miracle. I've never seen a case like this...respond at this point, to this medication." Yet even after that statement, he was still cautious. Soon, Magic was off medication and was going in for check-ups every few months, then every year; now she goes in every two years.

Zak

Zak was born in the Bay Area of California, the eighth of twelve children. He was a very precocious child. His first real memory was at the age of three, after a visit with his grandparents, who lived in a rural area about forty miles away. There was a gate that needed to be locked upon entering and exiting the home area. As Zak was outside struggling to close the gate, his family (mom, dad, brothers, and sisters) drove off and left him. He remembers crying, running as fast as his little legs could go, trying to catch the car. That was how he was informed he was now going to live with his grandparents.

Zak was raised by both sets of grandparents, who lived next to each other. One set was deaf, the other hearing. He was officially adopted by his mother's parents. In hindsight, being raised by them was the best thing that could have happened. He was in a nurturing environment, a safe place. He was allowed to question everything -- there were no forbidden areas to explore or question. Zak learned to speak many languages, American Sign Language among them. The Jewish belief system that his grandparents followed was a day-to-day life experience. Religion was not compartmentalized; it was a way of approaching life and tackling the problems that life brings, not a mindset designed

to make one feel good. Zak contracted polio when he was five years old. He had been given a live batch of polio rather than the vaccine. This created many physical limitations, making his mind expansion even more important. His passion was a quest for knowledge, any kind, anywhere.

Zak would visit his family on weekends, finding it hard to be there. His mom had gone into Catholicism, then later joined the Nazarene church. Zak found he couldn't function well in this environment (black and white, based on what you don't do rather than what you do). His mind wasn't allowed much freedom; there were many areas that were taboo.

When Zak was ten years old, his father was killed in an accident. An autopsy, however, showed he had had serious degenerative heart disease and may not have lived much longer. Zak's mother soon married again, and Zak was sent back to his family. His step-dad's discipline/punishment was harsh and abusive. He would take Zak to the pool and hold his head under water until he would pass out. Zak learned to distance himself (dissociate), to not be there at that moment.

During his high school years, Zak had many surgeries on his legs (ankle fusion, rods surgically inserted). A lot of time was spent studying at home. He graduated from high school when he was fifteen years old and left for a college in Idaho. While there, he joined the LDS church (against his mother's original wishes, although she agreed to his right to make the decision). Even though he enjoyed the religion, he still found some "philosophical short-sightedness." Zak was in Idaho for over a year, became sick, and returned home for a time. While there, his grandfather ran interference between him and

his mother. He also helped Zak realize his “difference” (the fact that he was gay) and be accepting of, and at peace with, himself.

When he was nineteen, Zak went on an LDS mission. When he returned, he attended BYU, and, putting his religion to the test, he got married. It was twenty-seven months of hell. Many health problems developed (e.g., asthma, a worsening of the polio) because, he says, of the stress of not living in integrity with himself. He and his wife divorced. After a couple of Zak’s friends committed suicide, he started an underground support group for gays on the BYU campus. He finished his BYU degree in Independent Studies and went to the University of London for a Ph.D. in Linguistics. He also has a Doctorate in metaphysics.

In 1988, at the age of thirty-six, Zak was in Germany on a hiking tour. He was walking up a hill and suffered a myocardial infarction. It was as if a Mack truck were on his chest. He saw a tunnel of light -- which he remembers having been told, if this were to ever happen, NOT to go through -- but he wanted to see what was there. He met his mother and saw other people he knew and recognized. One of his sisters had been murdered a short time before, and Zak was told she was in a sort of “spiritual ICU,” a place of spiritual recovery or recuperation. He heard beautiful music in the background. The colors were vivid and glorious; nothing, absolutely nothing on earth, was like these colors. Zak was surrounded by vibrating harmony. After being there for a time, he was led back to the tunnel and woke up in his body, still feeling the truck on his chest. The time of the initial heart attack to the time he woke up in the hospital was about 48 minutes. People around him were exceedingly startled. They told him he had been “gone” (they could find no heartbeat) for 28 minutes -- the toe tag had even been placed on him.

Zak went back to London to finish his PhD, thinking little about the heart attack. After all, he felt no pain now and felt that he was fine. Three years later, when he was thirty-nine years old, he began to have problems -- weakness and fainting. He checked with his doctor, who sent him to a cardiologist, who in turn told him he was in seriously bad shape. Zak had the same problem as his father had had -- degenerative arterial disease. He was admitted to the hospital immediately and had quintuple bypass surgery. If Zak had not come in at that time, the cardiologist told him, he would have been a statistic in three or four weeks. After surgery, the surgeon said Zak was a “walking miracle.”

Robin

Robin was born and raised in a small town in California, where everyone knew one another. She had two sisters, one older, one younger, and says she hated being the middle child. Her father was an alcoholic but was a happy drunk, a nice and loving dad. He died of sclerosis of the liver. Robin has many good memories of growing up. There was an open-door policy in their house which allowed many relatives, friends, and others to visit. Robin enjoyed going to church (Protestant) and studying the Bible. She says she wanted the minister to tell her what to do and what to believe. He refused. He did tell her that the “Bible is written so it means different things to different people. And God will reveal to you what’s right for you at the right time.”

Robin got married when she was nineteen to a man in the military. They were stationed in Panama for eighteen months. It was there that she began her personal spiritual quest. She read, studied, and joined discussion groups. Many different concepts and different ideas crossed her path. The concept of karma, however, seemed to answer all her serious, heavy-duty questions. She also decided to give up meat and become a

vegetarian. She doesn't push this diet on anyone; in fact, she actively encourages others to make their own choices, to think and believe what they will.

After moving from Panama and living in Alabama for a while, Robin and her husband moved back to California where they had two children (1964, 1966), and adopted a daughter (1971). It was shortly after this that Robin, her mother, and her sister were in a serious car accident. They all were badly burned. During an especially painful time, Robin asked God to take away the hurt and pain. She felt immediate relief; the distress was gone. It did not hurt again. "Isn't that just amazing?" she thought. She believed God was in control. The purpose, she felt, was to allow her to help her sister, who wouldn't let anyone else touch her.

California was no place to raise children, Robin thought. Her husband worked for the telephone company, and they were able to apply for a transfer and soon moved to Price, Utah. Robin worked odd jobs, but most of her time was spent as a homemaker. After a few years, she obtained her real estate license and worked at that part time.

Robin was used to asking herself, "What is wrong with me?" So, when problems developed in her marriage, she looked first at herself. Her great realization, at age thirty-six, was that she was not perfect, but she was okay. She was a good person with good qualities, even though she and her husband were having problems. Sometimes, some things just don't work out. They were divorced in 1981, and Robin worked harder selling real estate. But the market in Price went very bad, so, in 1988, she made the decision to move to Salt Lake City. She hoped she could sell real estate and tried different places, but nothing seemed to work. Money was scarce, things were getting desperate. Maybe somebody "up there" was trying to tell her something. She soon found a job that wasn't

exciting but provided her with a steady income and was comfortable. She does hope to go back to real estate some day.

Health was always important to Robin. She had regular checkups and was careful and moderate in her lifestyle. For nine years after the divorce, she had no insurance and hoped doctors would not be needed. She ate right, took supplements, and prayed conscientiously. After getting a job with health insurance benefits, she went regularly for checkups and mammograms. A couple of years ago, she had to go to a different hospital because of scheduling difficulties with her regular clinic. (Robin feels she was “meant” to go there. “Signs” appear all around her.) It was this x-ray, at this hospital, that showed white specks. She was told they were calcifications, but she should please come back in six months. She did, and there was no change; please come again in six months. This time there was a drastic change in one area. A lumpectomy was performed. Cancer.

Robin began collecting numerous books on the subject. She wanted to educate herself, to know more. What caused cancer? What were her chances? What did she need to do in order to never have it again? What are the options? The surgery removed a golf ball sized tumor. Then she had radiation treatments. Robin felt from the beginning that God was in control and she need not worry.

One of her greatest fears had been cancer. She had been “deathly afraid” of the “big C.” It came as a complete surprise to herself when she got it and said, “Ho-hum...another challenge.” And even if she died, she would just be going on to the next life and the next adventure. Cancer has opened up many different avenues to Robin, things she feels blessed to be involved in and people she feels lucky to have met.

Tess

Tess was born and raised in the San Francisco Bay area. Her father was from the Middle East, and her mother was from England. She has one older sister. She had a strict, disciplined, Christian upbringing. Tess attended a private Christian school where it was important for her to be at the top of the class on everything. Her sister was the exact opposite, needing to be pushed, which has caused great friction between them. Tess felt driven and motivated to be the best. If she received a grade less than an "A", she would cry for days. Athletic activities, such as soccer, track and field were also important. She was one of those annoying kids that struggle to be perfect and believe they are.

Because she seemed to be the favorite and received a lot of attention for her achievements, she pushed even harder. She was good at everything, was getting cocky, and had an attitude. "I thought I was invincible."

A car accident when she was fourteen years old changed her life. The left side of her skull was crushed, bone chips made lacerations on her brain. She was practically dead on arrival. Prognosis: IF she came out of coma, she would be a vegetable. The last sentence of her medical report said "survival very much in doubt." The doctors didn't bother to fix her broken leg: "Why have a straight leg on a corpse?" A plastic plate, complete with steel mesh, was surgically installed on her broken skull.

Tess was in a coma for three weeks. It was a restless coma, requiring restraints, or she would pull out the IVs. This irritated the nurses. One day, a nurse walked over to Tess, gave her a small shake on the shoulder and asked, "Are you always this difficult?" Tess opened her eyes and said, "No." It was Christmas morning. What a story for the newspapers! She was shipped to rehab the next day.

Her short-term memory was affected, but not the long term. There were learning impairments. Tess was told that most of her “learning” was still there -- it was just all jumbled up. She knew that she used to be able to do things she no longer could do. She couldn’t read, couldn’t write, couldn’t walk, couldn’t feed herself. Essentially, she was below kindergarten level and had to work her way up. She kept thinking that this was just a bad dream. “I’m this perfect person, things like this don’t happen to me, they happen to other people.” It was so hard to accept -- she wanted to kill herself *right now*, because “this is too weird.”

Her strong belief in God and her strong personality pulled her through. She was used to praying regularly (about twenty prayers a day), nothing ritualistic or anything, she says, just plain talk. Whenever she was stressed, she would talk to God and know things were okay. So she prayed even more in the hospital. She prayed, she talked to God, and she knew that everything was going to be fine. It would work out perfect. God told her. Prayer is the secret. She wishes everybody could know that.

Eight therapies a day were prescribed. Because of her competitive nature, she just did it. Pushed herself. Her disciplined, motivated personality had not been affected. Plus she was getting attention again -- until her mom stopped all the media “Christmas story” hoopla.

Tess did have some negative experiences. A few of the rehab people would occasionally have meetings to discuss her -- while she was in the room. Tess assumes they thought that because she had a head injury, no information was going in; that because she was functioning at a grade school level, they didn’t need to worry. She was very confused. Why were people treating her like an idiot? She wasn’t particularly angry,

but she was confused and perturbed that these people didn't understand and would say some of the things they said.

After three months in rehab, she went from a pre-kindergarten level to about a seventh-grade level. (She was in the ninth grade when the accident occurred.) Because she refused to go home in a wheelchair, she also pushed herself physically and walked out of the hospital with a cane.

The cane was used for the next three months at home. A tutor helped with her schooling. Her routine: go to outpatient therapy, visit the tutor, go home, do homework. There was no question of what made her do this...it was just something she *had* to do. "You just *do* it." She relearned everything and reentered school in the fall with her classmates.

People kept coming into her life, anybody and anything she needed, it just happened. Tess believed God had a lot to do with everything. "God always has a reason for why things happen to you the way they do," she says. She would probably have looked towards a business career or tried to be the President of the United States. But now, she wants to work with head injury patients. She can understand and do something to help others. "Everything happens for a purpose and a reason." Perhaps it is just her way of rationalizing everything, she's not sure. She says she doesn't think much about it, just believes that whatever happened was supposed to happen. Tess is twenty-five years old and in graduate school. She still pushes herself, needing to work twice as hard as others, yet she is frustrated when comparing herself to others in her program.

Valentina

Valentina was born in 1912 at her parents' home in Salt Lake City. She had three older brothers and one older sister. When she was eleven months old, she contracted spinal meningitis and double pneumonia. The operation that was performed consisted of drawing all of the serum out of her spine and injecting horse serum in its place. It was a long time before she learned to walk or was able to talk. Her dad taught her to read early - just in case she remained an invalid. Valentina loved to read. She read history books, the classics, The Life of Plato. Soon she was practicing speech with stones in her mouth.

Valentina says she was not like the other girls; she didn't like to play with dolls or go shopping. She preferred to climb trees, hike, jump, fish, hunt, and shoot guns. The piano was also a source of joy; she was very talented and played concerts at the age of twelve. Four years later, she accidentally smashed her finger and basically stopped playing.

Engineering was Valentina's first college choice. The lack of finances, however, allowed only her brother to work towards a university degree. Instead, Valentina received a two-year degree and taught English at the old LDS high school. She then decided to attend business college and received a degree in business management.

She married when she was twenty-four years old. Her husband was in the military. They had two sets of twins. The first set died (Rh factor). One child was lost in the second set. The other son lived because he received a blood transfusion from an uncle. They had one more son in 1941. It was shortly after this time that Valentina didn't feel well and went to the military hospital. She was told she had cancer.

World War II was at its peak. Valentina's husband got orders to go back East, and from there he was later shipped overseas. She didn't feel well enough to accompany him

back East, so she decided to return to Utah where family might be able to help with her sons. She went to work at the Post Office, where she remained until 1945, when the soldiers came home from the War. (Meanwhile, her husband had fallen in love with an Austrian girl and had married her. He came home in 1945 and told Valentina, and they were divorced.)

Finally, in 1946, Valentina went back to the doctor to see what to do about the cancer. Nothing had been done to that point because she didn't know how to manage cancer surgery in addition to providing for her children. There was no longer any choice. The doctor didn't know if they could save her or not. He gave her only five days if she didn't have surgery. Valentina's father watched the children while she was in the hospital. The doctor removed eight pounds of cancerous tissue, along with her female organs. The doctor said it was an extremely difficult operation and he would "never do a job like that again!"

The atomic bomb was being researched at Dugway. Valentina was there (1950s) during the fallout. She said most of the men who were with her died within months of coming in from the field.

Valentina remarried in 1958. In 1962, it was discovered she had intestinal cancer. This operation required taking a "big hunk" of the intestines out. The doctors said they thought they had gotten it all. She and her second husband divorced in 1964.

School still held special allure. She was in her late fifties, but why not save money and go back? Special vocational tests indicated her interests were in medicine. With the help of a "sponsor," Valentina was able to enroll (1971) -- first finishing required undergraduate and pre-med courses, then into medical school itself. The next year, cancer

struck again. This time it was the gall bladder. The surgeon removed it and started to take part of a kidney, but was losing her on the table, so closed her up. The doctors said they thought they had gotten it all.

She graduated from Ohio Medical School at the age of 65 in medical gerontology. She was the only one of her original class of eighteen that graduated and the oldest student ever to walk across the stand to receive that kind of degree. She practiced in Ohio for a year, then decided to come back to Salt Lake City.

Utah would not license her -- “too old and a woman.” Instead, she worked for the Utah State Division of Aging, conducting research. The resulting book concerned prevalent diseases -- what they were, where they were, and the reasons for them.

Lowell Bennion, a friend of Valentina’s, called and asked if she could help him get “some” patient papers organized. After she was done organizing, he asked her to visit the 800 people and find out about them. She found that most people with bad health didn’t eat properly, and their teeth were causing disease. She felt that Utah needed a good dental program for shut-ins.

In 1987, doctors told Valentina she had colon cancer. They took out her colon. The doctors said they thought they had gotten it all. She kept working with Dr. Bennion until he retired in 1991. Then she began putting together a dental program that would help those people “behind closed doors.” She searched for grants, dentists who would help, equipment that could travel to the houses, and other necessary items.

Last year, after doctors consulted about blood clots she had from her hips to her toes, it was determined that Valentina had lymphoma. The doctors said her legs would need to be amputated. She said, “No. I’ve got legs. I can walk. And if there’s a possible

way to treat them, we'll treat them." Due to ulcers, she is unable to take the pills the doctors prescribed. So, with the help of a pharmacist and the consent of her doctor and dermatologist, she is treating herself with various creams, her own specialized protein diet, and other alternative modalities. Her legs seem to be responding.

She currently manages the Dental House Call program she helped design and implement.

Meg

The daughter of an army officer, Meg was accustomed to moving every three to four years. Born in Colorado, she had two older sisters and three younger brothers. Meg's mother made each move an adventure. They would unpack immediately and put the house quickly in order. Most of Meg's growing-up years were spent in the States, but the family did live a few years in Germany. Visiting local sites was something they looked forward to wherever they lived.

Meg's family was Catholic, and, mixed with the military environment, discipline was fairly strict. However, because her personality was more of the little housekeeper, the little mother, she felt her father was more permissive with her than with her sisters. Her schooling was mostly through Catholic schools. She graduated from a Catholic high school in Pittsburgh, PA. and completed a few years of college at the University of Pennsylvania.

When college did not offer what she was looking for, she quit, decided to work as a service representative, married at the age of twenty-one, and then moved to Ohio. Meg gave birth to a son a few years later. Problems ensued, and she and her husband separated when their child was two years old. Meg worked for a company in credit and finance and

really enjoyed that. She went back to school at nights, getting financial credentials. Moving up the corporate ladder was accompanied by literal moves. Trying to follow her mother's example, she would make each move an adventure. When Meg decided to start her own business as a business consultant, she chose Salt Lake City. The scenery was beautiful, plus her son was going into high school, and she felt it would be a good place to raise a teenager. Three years ago, Meg remarried and is exceptionally happy. Her son is currently in college (ROTC) in Ohio.

Meg had had a "mole" on the back of her hand for several years. It was sort of a strange looking, silvery-colored mole. Early in 1973, while she and her first husband were living in a very small town in Ohio, she noticed that there was a black ring around the mole. This occurred during the years that the medical community was attempting to educate the public on the "seven deadly signals" of cancer. She called and was referred to a clinic nearby. One look and the doctor appeared visibly shaken. He operated immediately to remove what he could. Tests confirmed it was malignant melanoma, and the doctor believed it was advancing up the arm. Prognosis was very poor; he told her the best case scenario was six weeks to six months. He said this particular form of cancer spread very quickly and would be in the lungs soon. They would do more tests, but... Malignant melanoma is the only form of skin cancer that is deadly; she was told fewer than five percent survived. At this time, Meg was twenty-two years old and pregnant. She miscarried soon after the diagnosis was pronounced. At the time, she says, this seemed to be a greater trauma than the cancer disease.

Meg felt she was in a world all by herself, confused, in shock, not believing. A few weeks later, another biopsy was done -- on her arm this time. When the results finally

came from lab, the doctor called and said, “Young lady, if I were you, I would get down on my knees and thank God, because we cannot find any cancer.” There had been no doubt in his mind that the cancer had spread, as his experience and the original tests had indicated. The doctor maintained, until the day he died, that it was a miracle.

Interview Themes

Due to the largely unstructured interview format of the investigation and the participant diversity in backgrounds, diseases, and treatments, a wide range of viewpoints and experiences was expressed. Many common themes, however, were repeatedly mentioned by one participant after another. The importance of the themes (mentioned in the first interviews) were rated by the researcher per frequency and intensity, and are portrayed in Table 3. Intensity was assessed by the amount of emphasis and emotion the participants expressed in regard to that particular topic.

As the interviews progressed, three major categories emerged as a response to participants’ illnesses. Themes and sub-themes fell under each of these major categories. One category was predominantly comprised of “healings,” with attitudinal and behavioral approaches subsumed under it. The next category consisted of “learnings” -- knowledge that was gained from this experience or previous knowledge that was strengthened and given meaning. The third category was comprised of “lessons” -- internally constructed meanings and understandings of life -- what it means, how to approach it, and possible purposes for living it. Responses to the second interview questions are interspersed, according to content, throughout the three categories, and are specified as such.

Table 3

Theme Importance to Participants*

| Themes | Very Important | Important | Somewhat Important | Little or No Importance |
|------------------------|----------------|-----------|--------------------|-------------------------|
| Prayer | 10 | | 3 | 1 |
| Belief in Higher Power | 9 | 3 | 1 | 1 |
| Meditation | 7 | | 2 | 5 |
| Present Moment | 7 | 5 | 2 | |
| Karma/Reasons/Tests | 6 | 4 | 2 | 2 |
| Read/Study | 6 | 3 | 3 | 2 |
| Affirmations/Self-Talk | 6 | 2 | 3 | 3 |
| Care of Self/Others | 6 | 7 | 1 | |
| Visualization/Imagery | 5 | 5 | 2 | 2 |
| Emotional Expression | 5 | 5 | 4 | |
| Young Children | 5 | 1 | | |
| Color/Nature/Outdoors | 4 | 1 | 6 | 3 |
| Outside Support | 4 | 4 | 3 | 3 |
| Nutrition/Exercise | 1 | 8 | 5 | |

*Based on Researcher Interpretation

There are degrees of overlap and connection among the categories, as well as among the themes within the categories. For example, most participants underwent a major existential shift, considering themselves fundamentally changed from who they had been. This change could be placed under the healing or lesson category, as it contains elements of both. Changes occurred throughout the healing process -- sometimes before healing began, sometimes concurrently with healing, and sometimes as a direct result of the healing aspect. But because change appeared as an internally constructed meaning, it was placed under the category of lessons. Another example concerns prayer. This theme is both an attitude and a behavior, both an external, physical manifestation and an internal, non-physical striving. This theme, among others, is placed under a mixed (attitude and behavior) approach to healing.

Other themes can be equally confused as to placement. Interactions, interconnections, and interdependencies exist as patterns of relationships within an organized whole. What an individual learns, believes, and practices is interwoven into the tapestry of his or her life. Zak gives an example in this statement:

I was raised with the axiom that if you keep your mind sufficiently open people are going to throw a lot of manure in it, and it's up to you to dig through the manure and find the beauty and the gold that the gods have for you. So, I try not to let things stress me out too much. I try to take things as they happen, and deal with them on a moment by moment basis. Because that way, what you build now will end up somewhere in the future.

A researcher could code this under God/Belief, Stress, Present Moment, Hope, or Philosophy/Purpose. There are many such quotes that have been coded under the theme

that the researcher felt was most appropriate in the context of what the participant was trying to express.

The results section of this research attempts to look at the various themes or parts that exist by means of each other, and then to integrate them into the context of a larger whole. Table 4 provides a general overview and outline of the categories, approaches, themes, and sub-themes. Themes are discussed in the following sections, with accompanying participant quotations. Those quotes not identified by specific participant code name were either used in a “global,” more illustrative sense, or warranted a greater degree of confidentiality.

Table 4

Overview of Categories, Approaches, Themes, and Sub-themes

- I. Healings
 - A. Attitudinal
 - 1. Belief (spiritual)
 - a. God
 - b. Karma/Reasons/Tests
 - 2. Personality (determined)
 - a. Coping
 - 1. Denial and Fear
 - 2. “Why me?”
 - 3. Bargaining
 - b. “Don’t like being told...”
 - c. Challenge
 - d. “The Wisdom to Know the Difference”
 - 1. Control/Letting Go
 - 2. Accept/Surrender
 - 3. Young Children
 - 4. Hope
 - 5. Positive Affirmations and Self-Talk
 - 6. Present Moment/One Day at a Time
 - 7. Support from Family and Friends
 - B. Behavioral
 - 1. Read and Study
 - 2. Visualization and Imagery
 - 3. Support Groups
 - 4. Work
 - 5. Color/Nature/Outdoors
 - 6. Physical Exercise
 - C. Mixed
 - 1. Prayer
 - 2. Meditation
 - 3. Expression
 - a. Emotions
 - b. Humor
 - c. Gratitude
 - d. Needs
 - 4. Balancing Focus -- Self and Others
- II. Learnings
 - A. About Self

Table 4 (Continued)

-
- 1. Diet
 - 2. Body Awareness
 - a. Stress
 - b. Blame
 - c. Music
 - B. Medical
 - 1. Role of Doctor
 - 2. Medical Settings
 - 3. Integrated Care
- III. Lessons
- A. Philosophy/Purpose
 - B. Change
 - C. Definition of Terms
 - D. Short Time to Live
 - E. Live by What is Important
 - F. Life in Harmony

Category: Healings
Approach: Attitudinal

Healings concern those processes that involve a individual's life-style, environment, feelings and emotions, beliefs, thoughts, and perceptions -- and how these factors influence the immune system and physiological or psychological functioning. Attitudinal attributions encompass beliefs, personalities, and mental processes that are believed to be life-affirming. Most of the participant responses suggested that one of the most important aspects of healing concerned the attitudes they already had or attitudes they developed during the disease.

Belief

For many people, religious, philosophical, or spiritual beliefs are central in coping with the major stressors in life. These beliefs incorporate various concepts of a higher power or supreme being, existential perceptions, and an awareness of being part of something larger than themselves.

God

Many participants made references to God throughout their narratives -- in their visualizations, prayers, meditations, who they bargained with, what they read about, and why they are still here. The idea of a god or a higher power permeated their lives, in so much that God was not always mentioned exclusively, but was often part of something else. Typical comments included:

I have a strong belief in Higher Power. I'll say, "Right now, Spirit, I surrender my entire life to you." (RoseMarie)

I remember thinking, boy, there's only two people I can really trust right now. I mean, you can trust your doctor and you can trust the Lord upstairs, and that's about it. (Steve)

I still say it's the power of the Lord that I've come through. (Valentina)

I'm always looking for signs and justification. I feel like God is leading me that way. I felt that way when we moved. It was like it wasn't even in my hands. Everything was just working out too good. I didn't need to do anything, just sit back and enjoy the ride. I never agonized over leaving. It just felt right. (Robin)

By the grace of God I was meant to stay here. For some reason, it was just not my time. (Meg)

The concept of God was not comforting to all, however. One participant said:

Sometimes I think, you know, maybe I was chosen to go through this because of some higher purpose, but I'm not sure what it might be. (chuckling) I can remember lying in a hospital bed and telling God what I thought of Him and then I thought, "That's really stupid, you haven't been in church for years, you know, what's God care about you...if He's up there at all." (Mike)

Karma/Reasons/Tests

Karma is a concept of natural consequences. It is a belief that an understanding of the past (including past lives) is possible through appraising current situations. A desire to know the future is possible by looking at current actions. Past lives can conceivably dictate certain circumstances of life as it is now but cannot dictate one's reactions to those circumstances.

Most all the participants had some belief that they were on this earth for a reason. Either they were here to learn lessons about themselves, to improve and understand more about their karmic patterns, or they were here to be tested, to prove themselves worthy to live with God, which usually meant going through and overcoming some sort of difficult situation(s).

We're here to learn lessons. I do believe that we have picked our time. We pick our families. We pick our parents. We pick situations we're going into for something to learn. If we're to learn anything, the lessons are going to be hard. No one ever said life would be easy. If you know that you are here for the lessons, you don't feel sorry for yourself and the first thing you know.... Well, I shouldn't say this, but I have a cousin that...she's had everything in her body removed...but her heart. And I'm not so sure about that. (chuckles) She is always talking about, "Oh, poor me." (Isabell)

I do believe strongly in Karma. I do believe that you are sent what you need. And...I think that there is no way...I could've gotten to where I am, right now, in my life, with this spiritual stuff, without the cancer. (Leslie)

Some people come here with karmic work to do, which will manifest as a disease for them as a part of their...process to go through. But I honestly believe that we have the power to transcend that. (Pete)

I don't know the answers, but I guess the Lord, you know, we all have tests.... And the way we live with it or not live with it is, I think, our test. Our real test. To me it is. (Steve)

It's kind of an eye opener. It's kind of a test to see what I will do with this, you know, if I just give up and die or if I become a better person from this. (Lee)

When this concept of karma came up I thought, "I don't know, this is pretty far out. I don't know if I can accept this." [My friend and I] needed every new idea validated in the Bible before we could accept it, because we did accept the Bible. [Then we found] the first chapter of Ecclesiastics, and it says something about vanity, vanities or something, and then it says something about nothing new under the sun, the sun goes around and comes again and the moon goes around and comes again and the wind goes around and comes again, so do we. There won't be a remembrance of things past nor will there be things of the future.

Wow...everything fell into place and clicked and made sense. At that moment. I believe in past lives and stuff and that we often choose the situations we'll come to and the people we'll interact with in order to balance some karmic debt. (Robin)

We're put on this earth for a purpose. And I tend to feel that things happen for a purpose. You know, like God tests us and stuff. And it's our job to overcome things. So that later on we can help others in whatever it is that God wants us to do. (Tess)

Personality traits are dispositions that interact with the opportunities and challenges of the moment (McCrae & Costa, 1994). These traits are generally stable, yet they are expressed in an infinite variety of ways, dependent on situations and circumstances. Participants in this study shared one enduring personality trait that was expressed in wide variation. This trait, as I saw it, was determination. Some individuals were openly and strongly determined -- shown through competitive activities or insistence on getting their way. Others were quietly determined -- they listened politely to what they were being told, then did what they wanted or thought it was important to do. There were moments when participants felt a loss of hope, control, and determinism. They went through periods of grief, denial, fear, and bargaining. But none of them stopped, laid down, or gave up. Their frame of reference became that of courage, challenge, and the opportunity to create a new way of being.

Coping

Patients who face cancer or other serious illnesses pass through many stages in the attempt to come to grips with the prospect of death. Elisabeth Kubler-Ross (1974) mentions denial (they keep going as if nothing is wrong, “this isn’t happening to me”), anger (“why me”), and bargaining (promises good behavior, “let me see my children graduate”). The participants in this study were no different. They bargained, felt fear, and, at least for a time, denied what was happening.

Denial and Fear. Participants offered stories of their fear and denial mechanisms. They were also asked about fear in the second interview.

There are many different kinds of fear out there. I get real anxious, when I’m fearful. I might get angry...just short temperament and that kind of stuff. I might

be a little reactive...at least initially. Then I just kind of go, ‘Well, can’t do anything about it, so don’t worry.’ (Alex)

It was hard for me to face the fact that, actually, you know, maybe I could die. I would think, “If I go in for treatments everything will be fine and I’ll be through with this.” In the beginning it was denial, then anger and feeling sorry for myself. (Magic)

When I was being diagnosed, I didn’t even know what they were testing me for...I don’t know if that was the denial or I was just so frightened.... Was I in denial? I just thought, “They might find something, they might not.” (Lee)

Question: How do you handle fear?

How do I handle fear? I’m such a wuss. I’m just terrified most of the time. But I’ve learned that you can either sit in your house and be terrified or you can walk out the front door and go for it. That’s how I handle fear. I usually walk right into the middle of it. (Pete)

Oh, when you’re on the highway and somebody’s going seventy miles an hour and...your guardian angel says, “Stop quick. There’s gonna be an accident,” and it happens.... Maybe the fear should’ve come, but it didn’t. It felt like I was wrapped in “god.” (Isabell)

I usually meditate. When I get totally freaked out about things I just...I just go and meditate. There’s nothing else for me to do. (Leslie)

Boy, I don’t know. I think you just have to deal with it any way you can. I think you have to talk yourself out of being afraid. At least in my case. If I have a fear of something, I have to work at telling myself the reasons I shouldn’t be afraid. (Steve)

Years ago, I was so deathly afraid of cancer. The big C was a scary word. I used to just live in fear if I ever got cancer what I would do. Even when I had no other insurance, I had cancer insurance. I lived in fear of getting cancer. So nobody was more surprised than I was, when I got it, and I had no fear. It was, ho-hum. You know, another challenge. (Robin)

“Why me?” Participants could not help asking themselves, at one time or another, why they were the ones to go through this experience, especially, as many of them were active, watched their diets, and had no bad habits.

Needless to say, I was pretty shocked. I mean, it was ah, you know, your life kind of passes before you and you ask, “Why me?” (Steve)

I questioned, “Why me?” but then, I think, what else would I rather have? (Lee)

The discussion surrounding this issue in the group meeting centered around the conclusion that Magic came to:

And when people say, “Why me?” I ask, “Well, why not you?! What is it that you have over everybody else that you should be exempt? Why shouldn’t it be you?”

Bargaining. It is a common occurrence for people, especially when given a terminal diagnosis, to make deals with God, the doctor, themselves, anyone, in order to give themselves a little more time.

I kinda remember feeling, or saying, “If you’ll get me through this, I’ll do whatever you...ask of me.” I think probably this put a little too much pressure on me. At the time. Looking back. Granted, I think that that’s a lot of the reason I got through it...for whatever reason. Sometimes I really feel...pretty close and I’m more in tune with...a higher being, than other times. (Steve)

I read of a cancer patient who tried to set goals for herself. So I started trying to do that -- and that really did help me a lot. I made a goal for myself to see [my daughter] get through her sophomore year. Then make myself a new goal and a new goal, and pretty soon I saw her graduate from high school. I bargained all the time. “If I can just live awhile longer...I’ll do this and this and this.” Oh yeah. I think that, in a lots of ways, it is a very natural thing to do. (Magic)

I’m all for positive outlook but I don’t think there’s any reason to delude yourself. If you have a chance of dying, you’ve got a chance of dying, you may as well prepare for that. I guess my feeling was that whatever you can do, eating or exercising...buy yourself an extra six months. I negotiated with my body...I would do all the stuff. So we did the chemotherapy and surgery and radiation and then I cut a deal with my body that I would do the best I could for it -- exercises, food, meditation, all this, and then it had the responsibility of containing the rest of the tumor. If you look at cancer cells they’re so frantic and...if they’d just mellow out a little bit, they wouldn’t be so abnormal. (Leslie)

I accepted going through the process, especially the last one with the asthma and being in the hospital, but...I didn’t accept the hospital or the doctor’s idea of how I was going to heal. I didn’t buy their program. I changed it for myself. And I

would negotiate with my doctors every morning about what I was going to eat, what I was going to do, who was going to work on me. (Pete)

“Don’t like being told...”

Participants not only fought against their diseases, but also contended with their families or health care providers. They not only wanted to get well for themselves, they wanted to spite their physicians. Lee had said, “I’m gonna prove to her [doctor]...she’s wrong.” Mike was told, “You’re too sick to go to rehab.” He answered, “I don’t care. I wanna go to rehab. I wanna learn how to walk again.” Doctors said, “You won’t be able to walk without a prosthetic foot.” He answered, “Why not?” Mike continued:

I don’t like anybody to tell me I can’t do something. Every time I turn around some doctor is telling me I can’t do something. And I’m saying...help me do what I want to do...there’s no reason why I can’t. If I can’t do it, if I try and I fail...fine.

Others made similar comments -- all relating to reactions against being told something that was, to them, not an option. They wanted to get well or achieve something -- who would dare tell them differently?

If someone criticizes me or tells me I can’t do something -- that’s all they have to say because I’m gonna prove them wrong, no matter what. You know, it’s like, in your face. (Tess)

One thing that makes me tough...my brothers and sisters used to say to me, “Oh, she can’t do that. She’s just a little cripple. She’s just a little nobody. She’s never gonna amount to anything. She can’t do that. She’ll never be able to do anything....” I thought, “Well, by damn, I’m gonna do it!” (Valentina)

I don’t know why I didn’t quit. I guess I wanted to show him that I was better than what he was perceiving. (Steve)

I just can’t have a group of men telling me where to go search.... I have to do everything for me and maybe the hard way. (Isabell)

Challenge

Events often appear as threats to things as they are. Many participants looked at their diseases as challenges -- something to overcome, beat, triumph over.

I can always make challenges. I'm passionate about life, and about my work, my kids, my wife, and my bike racing. I tend to be consumed by stuff, but in a positive way. I don't want to be arrogant about it, but I'm...happy with what I've done for myself. I'm pleased with my progress. (Mike)

I was thinking something along, "I'm gonna kick its ass, or fight it, you know." (Steve)

I realized it was there, and nothing was going to do away with it unless I did something about it. And then I went to the doctors, had them remove it, and then I determined to make myself get better.... It's a shock each time when they tell you [that you have cancer]...kind of, "Oh, not again" feeling. But, you think, "Well, I've conquered it once, I'll conquer it again." I said, "I'll beat this thing." That's my attitude. I'll beat it. I might still have the cancer but if I can keep going, so what? (Valentina)

I decided early in my life that I wasn't going to feel sorry for anything. I was going to take care of it and do something about it. (Isabell)

In the group meeting, when asked how many had the attitude of "I'm going to beat this," there was a chorus of assents, and the comments: "In fact, I do that now, I don't have time to be sick. I've got too much to do," and "I think if you sit back and feel sorry for yourself and not do anything...you *will* be sick."

"The Wisdom to Know the Difference"

Participants in this study had to learn how to balance (1) their need to control with their need to let go, and (2) their will to fight and live with finding peace through acceptance and surrender. Four participants specifically mentioned the use of the Serenity Prayer: "God, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference." These thoughts allowed

them to do what was necessary but not overly concern themselves about responsibilities that weren't theirs to carry.

Control/Letting Go. The Roman philosopher Epictetus said we would be forever miserable if we failed to distinguish between what was controllable and what wasn't. Knowing when to let go the burden of diagnosis was imperative. Releasing all the whats, whys, whens, and hows was important. Often there was nothing that could address the questions nor give answers. Often there was no way to solve the problem.

Leslie mentioned her acquired knowledge and use of "sensible things," such as juicing, supplements, exercise, meditation, and other useful techniques. But, she said:

I feel that I've had to relinquish the control over what's gonna happen with the tumor or with the illness. It's going...the karma's gonna play the way it's gonna play. And the only thing I can possibly be responsible for is what I do right this second. That's the only thing. And you know, I just...if my children have, as part of their karmic package, losing their mother early, well...you know, it's gonna play out the way it's gonna play out. There's not much I can do. And spending all my time getting ballistic about it doesn't do anything.

Other participants mentioned similar conflicts balancing issues of control and letting go:

I think, having come from such an unstable environment, I've done my best to control life. And I can't. I'm starting to slowly but surely learn various things about myself. Doesn't always make me feel good about me, but I have more compassion. I use the Serenity Prayer almost as a mantra. We need to reduce things to trivialities, because we have this tendency to make things much bigger than they need to be. How important is it? You know, live and let live, easy does it, listen and learn...I didn't cause it, I can't control it, but I can care....
(RoseMarie)

To me, the Serenity Prayer is my lifesaver. Whenever I'm in trouble or I don't know what to do, I just say that prayer over and over and over and over. (Lee)

I do believe that we always have free choice and that we can choose to give God control of our life, but sometimes we take it back. You know, sometimes we just take it back. We think, "I've gotta do something. I can't just sit here and do

nothing,” when we could just sit there and do nothing and just see what happens. (Robin)

I think that the mind controls whether you are well or whether you are sick. No matter what you have. Yes, you can control it. You can't get over cancer, per se, just because you think it away, but you can keep going long enough to get the things done you want to do. (Valentina)

It's like being angry about what's happened to me. How can you? You can't do anything about it. I say, “Be angry at things you can do something about, and then, either fix them, or don't worry about them.” (Mike)

The focus-group meeting talked about control in the context of “why worry about the things you have no control over?” Participants mentioned that if you relax, it allows you to laugh more, live more, and love more. Many of them felt that they had tried to take care of, and control, everybody and everything else most of their lives. They finally realized the only thing they could control was themselves. This meant, generally, dropping their perfectionism.

Following close to the idea of control versus letting go was the concept of acceptance and surrender.

Accept/Surrender. Acceptance and surrender in no way refers to giving up the will to live -- but only giving up rigidity of every kind: rigidity of the mind that hold expectations and thoughts of how things should be; rigidities of the heart that close chances of letting go and falling into an unimaginable embrace; rigidities of the body that refuse a healing touch; rigidities of the soul that congest the spirit, reinforcing beliefs of separation from the mind and body (Kingma, 1997). When participants allowed this definition of surrender to enter, in tandem with the will and desire to fight and live, they were able to step away from statistical certainties and from their own expectations and could then accept all possibilities -- of death and of life.

What you really need to keep your eye on is...this sense of spiritual development that allows you to take whatever you're handed and to use this as a tool, so that...if the tumor recurs now, it's not that this wasn't me being chipper and positive enough, it's more that this is another tool that might get me just a little bit further along in this lifetime...these are all opportunities to try to develop. (Leslie)

One of the things I know...when it's the blackest and I'm the most down...and I can't get any further down, the answers are right around the corner. Basically, it's back to surrender, "My life is unmanageable. Help!" You know. (laughing) (RoseMarie)

Young Children

Six of the women participants mentioned the importance their children had in their quest for recovery. One woman signed over custody of her child to her ex-husband because of the six-week limit she had been given on her life -- and then had "the audacity not to die." Other participants gave credit to their children for the exceptional desire they had to survive. Following are comments that typified this experience:

The first thing that came to my mind was that I had two children, two young children still to raise. I think...my main concern was them. One of the reasons I got better, and I *really* feel strongly about this, was because of my kids. (Magic)

I *had* to take care of those children. I *had* to get better because I had two lovely little boys. (Valentina)

They [children] were the most precious thing in the world to me...and I *had* to be with my kids. I was frantic about dying. And not because I'm scared of dying, but because of what was going to happen to my kids. (Leslie)

Hope

Hope was often found in reading stories of others who had "made it." It became a reasonable expectation based on the experiences and outcomes of others. "If others have made it through circumstances similar to our own, then so might we..." (Taylor, 1997, p. 52).

Bernie Siegel's books and tapes were mentioned by three participants as both helpful and inspirational. These books told of other patients who had beaten cancer and were still going strong. So, they started believing.

I just thought, "Hey, I can do this and I can beat it." (Lee)

I felt like he [the doctor] gave me no hope after awhile. And I needed that. I needed somebody to give me hope. So I started reading. (Magic)

Positive Affirmations and Self-Talk

"Affirmations are consciously chosen seedthoughts one inserts in the subconscious mind in order to produce a certain result" (Levine, 1991, p. 148). Eight participants specifically mentioned they used affirmations and/or self-talk in order to keep themselves going in a more positive direction. According to Dr. Emmett Miller, affirmations are "brain language" -- sensory-rich positive suggestions and images that are more easily accepted by the brain (as cited in Levine, 1991, p. 149).

I just tried to keep a positive mental attitude. Just say, "I'm gonna beat this." (Steve)

Anything that's positive, positive, positive -- I pick up, I read, I believe in. (Lee)

I think my attitude makes all the difference. Having a positive outlook of self-talk...realizing I have control. I have to be responsible for who I am and what I do, but I can also have a positive attitude through that. I'm going to see things completely different than if I look at it from a pessimist point of view. I don't beat up on myself like I used to do. (Magic)

If we concentrate and keep our thoughts positive...we draw good to us. If we're pessimistic and always looking for bad, that's what we'll find. I practice positive affirmations. (Robin)

Present Moment/One Day at a Time

One of the most widely mentioned themes concerned the idea of living in the present moment. The importance of living each day to the fullest was a concept every participant mentioned in one way or another. Typical comments included:

I guess what I've really tried to do is to focus much more on the present, which was hard for someone who's been very linear and very goal-oriented.... (Leslie)

I figure I take it a day at a time. (RoseMarie)

I kind of live for the moment I think. I don't worry about what happened in the past. I don't worry about what's gonna happen tomorrow. (Mike)

I tried to change my philosophy to thinking about living each day instead of worrying about what was gonna happen down the road. (Magic)

I've always been taught, even more since I had the near death experience, that this is me, in the moment, and I am perfect in this moment. I can work on improving myself, sure, but right now, in this moment, here and now, I am perfect as I can be. (Zak)

Support from Family and Friends

Social support provides a number of benefits to patients in crisis. David Spiegel (1993) lists some theoretical and researched findings concerning the need for social support: (1) people feel less alone and frightened, (2) behavior is influenced when it is believed that someone cares, (3) positive interaction with friends generally translates into positive interaction with medical personnel, (4) mitigation of stress is experienced, and (5) there is increased immunological defenses.

Varying degrees of social support were mentioned by the participants. Eight participants received high levels of familial support, three received some support, and three received very little social support of any kind.

Lee received a lot of support from her family and friends. She reports that the most helpful support, however, was talking with a volunteer from the cancer society. This volunteer was able to empathize fully. She had had the same type of cancer, although not the same treatment, and was able to talk Lee through many troubled times. They visited through telephone conversations for a year before they finally met in person.

Mike received support from many friends and family. In speaking of his wife, Mike says, “She basically stayed by my side twenty-four hours a day.” He also had photos of his daughter placed by his hospital bed. A disabled cyclist came to visit Mike in the hospital before Mike had the amputations. This cyclist gave Mike hope and the determination that he could go back to cycling. Another disabled friend called on the phone several times to give support, names of prosthetists, and most importantly, an invitation to a cycling training camp.

Others did not have this kind of support. Meg’s comment was indicative of this:

I really didn’t have a support system. I had...the people closest to me choosing to ignore it. So there was no support.

Category: Healings
Approach: Behavioral

Behavioral attributions are the active roles that participants incorporated in their efforts to regain health and promote healing. Their focus was on making changes, either internally or externally, by doing or bringing in various aspects they felt would maximize their chances of recovery. These changes required hard work, repetition, and dedication.

Read/Study

Being informed about their own diseases and diagnoses was an important element for nine of the fourteen participants. These participants felt it necessary to understand what was happening in their bodies and make decisions based on that acquired knowledge. They also read about others who went through the same experience.

I got this diagnosis Friday afternoon at four o'clock, so I had limited resource opportunities...for information gathering. I got in my car and went to the library to get as much background information as I could. And then, I called a couple of my girlfriends that are RNs and asked them to come over the next morning for coffee to...help me get some information about all this. And then...called the doc to find out when the lab reports would be back. So that...I could just sorta like put everything on the table and look at it and evaluate it. I had to disengage emotionally from...whatever it was that was going on so I could make an objective decision about what to do next. (Alex)

Then what I started doing is I started reading everything I could get my hands on. I found that reading books about people and how they got better...what helped them, in their case, really helped me. (Magic)

While waiting to get the results back...I was educating myself...to inform myself ahead of time what was happening. What to expect, what the usual treatment was, how the treatments affected you, what your options were, if any, and stuff like that. I had this need to know more. This was medical establishment's view. So I went to the bookstore and...picked out books on cancer treatment and alternative therapies. These were people who were sent home to die with cancer and they cured themselves.... (Robin)

I'm spending my days up in the medical school library, reading.... My approach to things is that I read. (Leslie)

Visualization/Imagery

Imaging is used to bring about a specific result. Some people see clear images. Some will feel a change in the body. Some hear or think words. Imaging has been used to help achieve goals in athletics, schooling, public speaking, and for medical purposes. Kenneth Pope of the Brentwood, California Veterans Administration Hospital reports this medical image:

Mental imagery of blood vessels increasing in diameter, in combination with general relaxation, helps hypertensive patients lower their blood pressure. Those using relaxation alone were less effective. Telling blood pressure to drop just doesn't do it. The autonomic nervous system responds to a more basic language -- imagery. (Levine, 1991, p. 146)

Visualization can help in eliminating errant cancer cells, destroy bacteria and viruses, reduce tumors, heal broken bones, and restore organic function to parts of the body. It can also be used preventively -- stimulating immunity when used before signs of illness appear. One can image the problem shrinking, burning up, or being erased, dissolved, or washed out of the body (Levine, 1991). Visualization or imaging was a powerful technique mentioned by ten of the participants. Some of their comments follow:

I would visualize a white light coming into my head and into my body and flowing through the cells of the body, through the blood, through the bones, through all the flesh, and that I may be in tune with the cosmic. And if I would start to feel down, instead of getting panicky, I again would do this. And so maybe I did it five hundred times a day, I have no idea. I would visualize this healing light of Christ, the goodness of God, pouring into me, and bringing healing. (Isabell)

Okay, this was shortly after the Persian Gulf, so I said, 'This is Desert Storm and my role will be General Norman Schwarzkopf...and the medication will be like the bombs, and it's a positive thing that these cells need to be destroyed. At night, I would visualize rounding up the cells and pushing 'em into the intestines...and excrete them in the morning. (Alex)

There are certain types of weeds that grow here in Utah that have very deep tap roots. That's how they survive in the dry desert climate. And I had a picture out of the Scientific American of a cast that they had made of a cancer tumor. It showed the extent to which the blood vessels, instead of just entering as they do in a normal tumor, are very convoluted and kinked, and part of the reason that chemotherapy's not as effective is because it can't make it through all the little kinks to get to the center part of a tumor. That was what the article was about. But I had a very clear, visual picture of the tumor with the blood flow to it. And so...I would like, walk the surface of the tumor and pull out, pulling these weeds. Just pull out all the blood going into it so that it's not so much killing it as cutting off its lifeline. And, a lot of the time, while I was doing it, I wasn't actually alone. I had somebody there with me. Who was, who was...you know, somebody else. It

was like, God with me. Pulling this stuff out and...and just...I mean, it was so clear, what I was doing. (Leslie)

The method I used at first...to get rid of my cancer...visualized this little Pacman going along, eating all my cancer and leaving the healthy cells. I did that and then all the sudden I quit doing it and I thought, “Well, maybe I don’t need it anymore.” So I don’t do it. (Lee)

Mike and Meg had somewhat different ways of visualizing. Meg mentioned that she doesn’t use visualization in the form of meditation but “as part of the goal setting process.” She says she makes a goal, writes it down, and looks at it every day. She “sees” herself achieving the goal -- so in that respect, she believes she is visualizing.

Mike also does some goal visualization -- especially when he rides his bike. He said:

I tried the visualization and meditation and relaxation for the pain. None of it seems to work, you know. When I’m on my bike sometimes visualization works...but most of that’s, you know...hocus pocus.

Mike goes on to talk a little more about his way of visualizing, which is much more product-oriented than process-oriented. While he was recuperating in the hospital, a social worker came to visit. Mike said:

The [guy] had me doing visualization things and relaxation things and you know, at that point in time I was in lots of pain, so...it was kind of comforting to talk with him. But once I got up here [work], I was more determined to actually be DOING things rather than sitting and TALKING about my feelings.

Support Groups

One of the more surprising aspects of this study was the lack of participation in “official” support groups. Three participants tried attending cancer support groups offered through their hospitals. Alex felt responsible for cheering those in the group; she would dress as a character named “Sheila” to try and lighten everyone’s mood. Lee attended

different groups, sometimes coming home and feeling worse than before she left. She felt that the most effective method, for her, was the one-on-one relationship she had developed with the cancer volunteer who had called the night of her diagnosis. She said:

I mean, some of the people were so negative, negative, you just knew they weren't going to be around. And then, others were so frightened, they just didn't talk. It [attending] was a mixed feeling.

Robin didn't attend because:

I didn't want to go to other people that had cancer. I was so cheerful, I thought I'd rain on their parade saying, "What are you afraid of? There's nothing to be afraid of." I thought I had better just stay away.

Other subjects, however, did participate in various other groups, such as church, meditation, or stress reduction classes.

Alex discussed her theories concerning why she felt women did not attend support groups. Women, she said, report that they have strong support from their family and church. Some don't want to deal with talking about it [cancer] and being around other people. Alex thinks one of the reasons they might not seek help is:

The physician element. Maybe that's the element that is missing...the physician referral to support groups. Then they [support groups] need to do their own marketing to the physician groups and say, "Hey! We want you to know that we have this service." Maybe there's just a big loop right there...communication.

Work

Participants varied in their responses to work and jobs. Some started new jobs; some quit old jobs; some worked harder; some relaxed more. One quit her job, later becoming a cancer volunteer. One started her own business, selling it eight years later. Others stayed where they were, but worked more consciously and mindfully.

Way back when I first got cancer, I came through that and I changed my outlook then...I'm gonna control what I do with my job. I'm not gonna be a workaholic, and I'm *not* a workaholic anymore. I'm not gonna devote all my energies to building a bank account. Life is too short. There are other things that are just as, that are more important than work. But I work because I really like the work. I love what I do. (Mike)

I quit my job. Which was a very hard thing, from the standpoint that it changed my whole life. I had worked for 17 years, in a very high stress job...all of the sudden, I am home and I have cancer. I'm sick and everything is just changed. I mean, my whole life is changed. And it was very scary. (Magic)

Color/Nature/Outdoors

Colors involve personal taste. A healing color for one person may be a detrimental color for another (Achterberg et al., 1994). But what was important to five participants was that color brightened their worlds. Nature and the outdoors were included in the color theme because participants connected them together. The earth, flowers, sky, and sunlight provided spectrums of color that were calming and uplifting.

Color is very, very powerful. If you think about our world...think about our world right now and the main influence is that we all wear gray and brown and navy blue and all these very drab colors and that we live in very monochromatic houses and it's not good for us. It's not good for our little eyes. Your eyes need a full spectrum of color. If they don't get it, you get sick. And its why you need to be out in the sunlight for a certain amount of time. If your body doesn't get a certain amount of full spectrum light, it starts rearranging everything wrong. (Pete)

I believe that color and the rate of vibrations from color is a healing force in itself. If you live with brown and black or black and white, there is nothing there to heal. And so...that is why the outdoors is so wonderful. I would go outside and sit. And then I would absorb the living and I'd come in here with all the other vibrations. I believe that colors that you live around feed the part of you that needs help. Color therapy is probably one of the greatest things that helped me in the early stages. I believe that beautiful things feed you. (Isabell)

Physical Exercise

All the participants were involved in some form of physical activity. Exercise provided both direct and indirect benefits. One of the questions asked in the second interview was, “What forms of physical activity do you do?” Participants mentioned greater awareness of the capacities and limitations of their bodies than before their illnesses, and, through concentrated physical effort, they have been able to increase their strength and endurance. Psychological benefits also surfaced. Repetitive activities offered chances to practice active meditation. Participants reported that exercise helped alleviate stress, tension, and anxiety. And if it helped them live longer they would do whatever was necessary. Exercise activities mentioned by the participants included walking, dancing, aerobic tapes, cycling, tennis, or, as Isabell said, “Weight lifting. It takes an awfully lot to lift my butt off my chair!”

Category: Healings
Approach: Mixed

The mixed approach includes both attitudinal and behavioral aspects. These themes required both internal recognition and external action.

Prayer

The word prayer comes from the Latin *precarius* - “obtained by begging” and *precari* - “to entreat”. “Prayer starts without words and often ends without them. It knows its own evasions, its own infinite variety of dodges. It works some of the time in signs and symbols, lurches when it must, leaps when it can, has several kinds of logic at its disposal...” (Ulanov, A. & Ulanov, B., cited in Dossey, 1993, p. 5).

In a survey of 12 years of publications of *American Journal of Psychiatry* and *Archives of General Psychiatry*, David B. Larson and Susan S. Larson found that, when measuring participation in religious ceremony, social support, prayer, and relationship with God, 92 percent of the studies showed a benefit for mental health, 4 percent were neutral, and 4 percent showed harm (Dossey, 1993).

In 1990, F. D. Craigie and colleagues reviewed 10 years of publications of the *Journal of Family Practice* and found similar findings for *physical* health: 83 percent of the studies showed benefit, 17 percent were neutral, and none showed harm (Dossey, 1993).

Ten of the fourteen participants specifically mentioned prayer as one of the most powerful healing techniques they used. Three participants alluded to prayer as a technique in conjunction with meditation or church blessings.

During the period when I was recuperating from the cancer, P. and the girls were having the meditation class. I was in bed and all the sudden, I hopped out of bed, ran over and sat in my chair and my husband came in. I said, "I feel like a million dollars! I feel like I've had a blood transfusion." I looked at the clock and it was a quarter past eleven. Later on, P. called me and told me that at a quarter past eleven the group had sent me love, light, and healing. (Isabell)

I always pray. Every night I pray. I just ask the Lord to heal me. Just plain prayer. (Valentina)

I prayed more, probably, in a two week period of time there, than I prayed in my whole life, up to that point. (Steve)

Zak says he was taught to learn, to think, and to pray in 3D. When asked what praying in 3D meant, he said:

Well, imagery, vision -- envisioning how things could be. How in time and space that might not be now but might be in the future -- to envision things happening. Meditating and envisioning myself in a time not too long after the surgery, completely whole, completely well, no problems, and with better freedom of

movement. I was picturing myself, not just my inner self, but my outer self, as improving and getting better, on a continuum in the future. The meditation was encompassing a whole time and space and process to get from here to where I want to go.

Meditation

Meditation has been described as a “mental martial art,” a prescription for retraining the mind from conditioned past experience to peace and contentment (Borysenko, 1989, p. 193). Meditation is really about paying attention. It is learning to slow down, nurturing calmness and self-acceptance, observing what the mind is up to from moment to moment, watching thoughts and letting go of them without being driven by them, looking for new ways to see old problems, and perceiving the interconnectedness of all things (Kabat-Zinn, 1990). Meditation is a way of remaining centered in a world of chaos.

Half of the participants specifically mentioned practicing some form of meditation.

I learned to meditate when I took ballet...it was so important to learn how to focus. And through any kind of one-pointed focus, no matter what it is, you can access that part of yourself that is timeless essence. As a dancer, you become so familiar with your body that there is no separation. I mean, the idea that your mind could be separate from your body is hilarious to me. (Pete)

I found that if I sat in that chair, every morning at 6 o'clock until 7...that it was a different world. I would sit and I would hum -- ommmmmm -- and breathe along with it, and the first thing I knew, fabulous worlds.... I felt...the only thing I can say is like liquid warmth, and it started down here and went right up my spine and all the sudden my head expanded. (Isabell)

The ways I meditate can be anywhere from listening to a tape to sitting on the toilet. Taking a few moments and reading, you know, positive stuff on the pot. Daily meditation stuff. I'm serious. I call it...TM, Toilet Meditations. (laughs) My own personal TM. (RoseMarie)

Expression

Research has shown that people who give vent to emotions (positive and negative) survive adversity better than those who are emotionally constricted (Siegel, 1986).

Unexpressed anxiety, hostility, and other emotional states seem to depress the immune response. In 1979, Leonard Derogatis found that breast-cancer survivors who expressed their feelings of anger, fear, depression, and guilt lived far longer than patients who relied on repression, denial, and other psychological defenses (Siegel, 1986).

Expression of gratitude and a sense of humor are also important components in healing. There have been scientific studies showing laughter increases certain brain chemicals that, in turn, increase production of endorphins, the body's natural opiates (Siegel, 1986). Humor relieves pain and diverts attention, allowing relaxation and new perspectives to appear. Expressing gratitude for everyday things brings a greater appreciation for what is present at this moment.

Being able to recognize and express personal needs was difficult for most of the participants. Asking for help was especially hard for those who had spent most of their lives caring for others.

Emotions

A question asked in the second interview concerned whether or not the participants felt emotions played a role in illness and what could be done to stay healthy.

I can see that harboring certain emotions can cause a reaction in your body. If you walk around saying that so and so is a pain in the ass, by god, you're gonna get a pain in the ass. I really do believe that some forms of cancer are repressed emotions that the body...you're just holding them in and the body starts to react against itself. (Pete)

If you have anything that bothers you, speak it out. Don't keep it in...because if it stays in, it festers like a boil and then you have problems. And so just say, "Hey, I think you're a jerk." (laughs) (Isabell)

Write your feelings down. It really, it helped a lot. (Lee)

People say, "Oh, I just, I'm not going to be angry." Well, I think that you have to be angry about it. Because I think that's an emotion that is part of getting well. And I don't care what anybody thinks anymore. I have to do it for me. (Magic)

I was awakened to the fact that we bring these things onto ourselves by stuffing emotions endlessly...and not dealing with them. Breast cancer...is a loss of self-esteem. I always wanted people to like me. I wanted to be liked. Right now I don't care if people like me or not, but back then I cared. (Robin)

Humor

Though not mentioned specifically in individual accounts, humor was evident in every story. Participants laughed at themselves, their doctors, their treatments, the loss of hair and body parts, and, in general, at life. One example was:

I like to think of having a *tumor*, rather than having cancer, 'cause that sounds more like a "pet" to me. I actually don't mind having a tumor as long as it doesn't take over my life. "Sit, tumor, sit! And don't grow! Just stay right there!" And I think that could almost work. I don't mind living with it for forty years, as long as I get to have the forty years. (Leslie)

The group brought this up by saying, "One of the things we haven't brought up...is the sense of humor." (chorus of assents) "...to laugh about it, instead of taking everything so serious. To be able to sit back and say...there are some funny things that go on here and we've got to learn to look at those things."

Gratitude

Participants mentioned various things they were thankful for during their first interviews. A question in the second interview, however, specifically asked, “What do you appreciate about your life?”

I was a ski guide. I mean, I was going to chemo once a week and skiing five days a week. For me, being in the mountains, I mean, that was just an energy force for me because, you know, it was like, “I can’t believe this. I’ve got this illness, I’m getting chemo and I’m going to work five days a week on skis.” I mean...I just felt blessed. (Alex)

I love the people in my...I’m speaking about everybody that walks through my door. It’s like...if you notice the people that come to see me, are wonderful people. I don’t have shitty people in my life. (RoseMarie)

I’m thankful for everything. I’m thankful. I love everything now and I just see things so different through my eyes. (Lee)

There’s so much I’ve been blessed to experience. I feel sorry for people whose life is like a blank page. They have had no experiences or they haven’t looked at their lives to see where the learning experiences are. I was always taught, at the end of the day, to look back on the day and see what you accounted for. The positives and the negatives -- accounting between yourself and a higher power. (Zak)

The focus-group meeting discussed at length the importance of gratitude. Robin said, “You get so you’re grateful you got sick. You almost get grateful you had it because you learn so much.” Lee added, “Every day I’m glad to be alive.” She suggested that at the end of the day, before going to bed, you should say five things that you’re grateful for. RoseMarie said, “It’s called the attitude of gratitude.” Valentina summed up what the others were saying in this way, “The thing that we’re all saying is it teaches us total awareness.” (assents) “Because we’re aware of everything around us as well as ourselves.” Lee added, “And before this we were just going and doing and not even existing. We weren’t even aware of the precious things in life.”

Needs

The question posed in the second interview was: “Did you ask for help?” Five participants answered similarly to Isabell, “Oh, yes, I talk to God all the time,” or RoseMarie, “First of all, I ask Higher Power for help.” Lee said, “I don’t know if I asked, but help was there.”

I was forced to rely on other people and to let them help me, and to be in a position of receiving, and right now, I am allowing myself to receive more than I ever have. Without feeling guilty, without sitting around and saying I don’t deserve it. I mean, I have so much conditioning by the predominant religion in this area, about being female. You know, all those things keep coming up into my head. (Pete)

When the emotional element had started to kick in and...my hair was starting to come out...it was just hard. This was so weird, but I was just having a hard day...I got in my car and drove up to my dad and his wife’s house and I knocked on the door and I just started crying and I said, “Can I just come in and watch Sixty Minutes with you? I just need to be around somebody.” It was so hard for me to do that...to let down my wall and boo-hoo. They were just shocked because they had never seen me like that. “Well, of course you can come in. Here, sit down, have some wine.” (Alex)

At Magic’s cancer volunteer training, she was asked who the most important person was in her life. She thought and thought about it, then said, “Well, my husband. I mean, he took care of me.” The teacher said, “Wrong. YOU are the most important person in your life.” Magic said that came as quite a surprise, and taught her a valuable lesson. She says, “I had never looked...I think we grew up in a society of thinking that that’s selfish, to think that we are the most important. I’ve learned you have got to take care of *you* instead of worrying about everybody else.”

RoseMarie talked about some of her unexpressed wishes and needs. When these weren’t being met, she began sending herself flowers when no one else did, buying special cards for herself. She said, “When I showed up for my life so did other people.”

Balancing Focus -- Self and Others

One of the more salient themes mentioned by the participants concerned recognizing the importance of caring for themselves yet not losing sight of the need to care for others. As has been expressed previously, many participants felt that their diseases allowed them, for the first time in their lives, to truly pay attention to their needs and wants. Finding a balance is what was difficult. Comments included the following:

Healing...you can't possibly help someone else until you help yourself. You have to love yourself in order to love others. You have to like yourself in order to like others. Unless you're a hypocrite. (Isabell)

If we'd just get in tune with ourselves, we'd know God a lot better. We have that stronger connection. We burden ourselves down with all this crap that we don't need. (For lack of a better word.) And the more true you are to yourself, and the more honest and the more you walk in integrity with other people and love and care about them, the better off you are. And the better your life will be. Christ said it so simply and yet we all overlook it... love the Lord your God with all your heart, might, mind, and strength, because that's where YOU reside. And the second truth is, love your neighbor as yourself. And with that connection, you've got your own center, you've got your own grounding and yet you have that exchange going out to other people, where you are living and working and growing. (Zak)

Taking care of others is the most important...which in turn means taking care of the self. A balance. Take care of the self to properly take care of others. (Valentina)

While in the group meeting, Leslie listened to the others talk about balancing self-care and responsible care for others. She offered the following integrative concepts:

To put it in a context that I've been exposed to, I got pretty heavily into Buddhism after my diagnosis, and there's three different "vehicles" of Buddhism.... In the first vehicle, the approach is very much focused on self (meditation, removing yourself from the world, the hermit living up in the cave approach). That's a first step, where you look inside, forgive yourself for all of the bonehead things that you've spent your life doing, accept where you are and become comfortable with yourself. The next step is to see the divinity in all the people around you.... If you believe in reincarnation...in another lifetime, every single person that you encounter in the world has been your mother, at one time or another. Now, if you think the checker in the grocery store who is just taking absolutely forever, at one

time took care of you and nurtured you -- you really have a different attitude towards this person. So that's the next level...developing a connectedness with other people and a forgiveness of what they do and seeing the divinity in other people. The third vehicle actually breaks down the boundaries between people and other beings. I think this sort of gets at what you [Valentina] were talking about. Where, if you care for another, you're caring for yourself. But the boundaries, the divisions between us, have dissolved so much that it's much more this interplay of energies. [So] taking care of another person isn't that different from taking care of yourself. And so I think that the things [we're] trying to tease apart are almost like sequential steps of internal healing connectedness, then the removal of the external boundaries and just being together.

Category: Learnings

This category contains elements of knowledge that was gained from participants' experiences of illness or previous knowledge that was strengthened or given meaning.

This category of knowledge contains information about themselves and their bodies, as well as their experiences and thoughts regarding the medical community.

About Self

All the participants gained a better understanding of themselves -- who they were, their strengths and weaknesses, their priorities, beliefs, what they could face and accomplish, and what was possible. One participant put it this way:

This society has a lot of taboos about knowing who you are. They want to TELL you who you are, but they also don't want you to KNOW who you are. They don't want you to know how powerful you really are. So they will (whether it's your religion or whether it's television) provide all these distractions. And how can you possible heal your own body when you don't even know what you feel like or what's going on? It's not possible. You HAVE to be alone and you HAVE to learn to be comfortable with being alone. I have heard stories of people who have been given 2 months to live and they've gone off by themselves and have cured themselves. Just being alone...I think they find peace. I think, people find... great...realizations about who they really are. You begin to learn about your own power and you begin to learn where the source of that comes from -- and you, you learn how connected you are to all other living parts. This is my own experience. (Pete)

Other participants mentioned that even though they had support from friends and family, there were times when they felt completely alone. It was inevitable. It was important that they not only dealt with this, but lived with it, accepted it, thrived from it. This aloneness led to better knowledge of themselves and gave them more independent power. In the group discussion, Robin commented:

The number one step I would offer to somebody [if given terminal prognosis] is that you need to go within and get in touch with your creator or maker and yourself...then you will know at the right time what action to take and what route to take and...you'll know it's right. There won't be the doubt and there won't be the fear.

Meg reported feeling “suddenly in a world all by myself...there's nobody else that's there, it's just you alone.” Others said they experienced feeling much the same type of aloneness -- sometimes for short periods of time, sometimes for extended periods. They learned to make peace with this feeling and grow from it.

Diet

A question asked in the second interview concerned participants' diets. Half the participants mentioned that they had always been conscientious about their eating -- fruits, grains, vegetables -- so why the disease? Seven participants were extremely watchful of their foods during the most difficult phases of their diseases. They are not as strict now but are still careful. Most of the participants mentioned that they are following the current dietary guidelines of healthy eating. In general, they eat sensibly, in moderation, watching fat content, drinking lots of water or herb teas, and taking nutritional supplements. Partaking of an occasional dessert or chocolate treat seemed to be the norm, even though sheepishly admitted.

Body Awareness

Questions concerning changes in the body when under stress, listening to music, and feelings of guilt and blame were asked in the second interview. Participants expressed a greater knowledge of the effects the external environment plays on their emotions and their physiological responses than they had had previous to their illnesses. The following two comments illustrate the recognition the participants gained of themselves:

You learn to listen to your body. When you've had a serious illness, you know immediately if there's a problem. You get so you really recognize the things that are happening in your body. (Magic)

We need to listen to our bodies. Nobody knows our bodies better than ourselves. Even though I had all these major things going on, I wouldn't let 'em get me down. My mind can...grow and feed my spirit when my body might be stressing at a different rate...and in time the body will catch up and allow me to be free again. To travel and to move... I realized early that my body is just a vehicle to get me from point A to point B, but my spirit could go a lot further if I let it. (Zak)

Stress. The question asked was: "Are you more aware of changes in your body when you are angry or under stress?" One participant said he keeps stress inside until he blows up -- which, he adds, is not the best strategy. Another participant said she notices tighter muscles, headaches, upset stomachs, and will pull back and tell herself "do what you can do and be done with it." Following are two suggestions for alleviating stress:

We have twenty-four hours a day and if you let the clock run your life you're in real trouble. So I go the Indian way. (Isabell)

You're the individual, you have to live inside yourself, so why not be at peace with yourself. Whenever I had any problems, I go...inside myself, the commonality inside myself, and everything else that didn't fit -- don't worry about it. If it's supposed to happen, it'll fall into place and then you'll have your aha! moment. (Zak)

Blame. Though most participants did not blame themselves for their illnesses, they did take responsibility. Research has shown that people who have suffered traumas and felt they contributed (whether they did or not) were able to get over the experience faster and easier than those who felt helpless (Siegel, 1986). The questions asked were: “Is it your ‘fault’ when you get sick? Do you blame yourself when you become ill?”

No participant felt it was their “fault.” Eight participants, however, felt that they bore some responsibility for the illness. Either they had let their immune system become weak so they were more susceptible or they were sent what was needed to make changes. Three participants believed that their disease was something that just happened -- they had done nothing to cause or precipitate its presence.

I brought the cancer onto myself. Unknowingly. But, nonetheless, I don’t blame myself for it...I have learned that much. Things that have happened are causing manifestations in your health, but there is a way to deal with it and erase it. Just get rid of it. (Robin)

It isn’t your fault. It just happens. And then it’s your fault if you let it go on. (Valentina)

Blaming doesn’t serve anyone. I know I caused the breast cancer but I also took care of the healing. The asthma was a much bigger thing, and it was just something I had to go through. (Pete)

I questioned [why] and...the doctor at UCLA told me that everybody has cancer cells in their bodies, and for one reason or another, one time, you just don’t fight them off and they take hold and they grow. It’s comforting to know that you didn’t screw up and do something wrong, you know, it just happens. (Steve)

I haven’t done anything physically that would lead me to get sick. I don’t smoke. I don’t drink to excess. I don’t do anything; well, cycling can be dangerous. I used to be a lunatic on my bike.... Yeah, I never really blamed myself. (Mike)

One of the attendees at the focus-group meeting was the husband of one of the participants. He mentioned that he had drawn some conclusions (as an observer) of what

culture has done to women. He has really noticed that women, his wife included, are often taught that the man will make the decisions and accept responsibility. That will go on for awhile until “lightning strikes and...we, each one, die by ourselves.” He added that there were two sides -- responsibility (choices, decisions) on one, and blame on the other. “It seemed like it was handy to blame God, the devil, the bad guy, the trickster, somebody.” Then it gets to the point where a decision needs to be made, and it is time to recognize that there is responsibility inherent in making a decision. One of the participants replied:

And that’s really a good point. I think it’s so important...I grew up that you always blame somebody else, you know, it was somebody else’s fault for whatever happened and I think once you get to the point where you can take responsibility for your own actions, then you’re so much happier.

Music. Music can be used for relaxation, upbeat movement, or healing. It opens and expands the heart, evoking feelings and images and memories. Music, like color, is a personal taste. Music that one person feels is relaxing can make another person tense. Music is often chosen on the *iso-principle* -- matching the music to the mood that you want to evoke (Achterberg et al, 1993).

I like soft, sweet music. I never listen to any music that makes loud crashes and bangs -- unless it’s on the Fourth of July. (laughs) (Isabell)

Other participants mentioned similar feelings. Eight participants mentioned enjoyment of classical, nature, melodious, harmonious, and relaxing music. Three participants also mentioned using faster music for dancing, exercising, or when playing with the children.

Medical

It has been suggested that patients recover better and faster when they become full partners with their health care providers. Experiments have shown that rats who lack levels of control develop ulcers and the inability to reject cancer (Borysenko, 1989). Humans who lack levels of control show anxiety, depression, and immune defects (Borysenko, 1989). Conversely, when participants took responsibility for getting well and were involved in treatment decisions, anxiety and depression levels were alleviated. It is true that some patients heal on their own with no medical attention; but, more often, patients heal with the help and intense commitment of caring professionals. Part of this research was to ascertain feelings and attitudes towards these professionals and the medical settings where treatments occur.

Role of Doctor

The question was asked: “What role do you want your doctor to play in your life?”

Isabell suggested that patients find a doctor with “good vibrations,” who has good “energy and expertise.” It is important, she said, to have absolute faith in their abilities. She did not want to worry about the medical aspects. “Don’t tell me the details. That’s your business. Mine is getting better. I don’t wanna know about those things.” But even though Isabell expressed these feelings, she took personal responsibility for her treatment and, on occasion, would override a doctor’s decision if she felt her body wasn’t responding.

Eight participants wished that doctors would listen more to what they have to say and be partners and advisors in their healing. Three participants mentioned doctors should not try to play God, because they are not. Two mentioned that doctors could be more

caring and interested in them as people; give hope, concern, maybe a hug, and go beyond statistical reporting. Two participants had good experiences with their doctors, one adding that, “In general, I had a good experience, ‘cause I’m still alive.”

Anna Quindlen (1997) agreed that most people want a doctor who is not only a clinician, but one who cares about the patient. She wrote:

Medicine must change because people -- the patients -- have lost their faith in doctors. We have a crisis in health care not just because of costs and insurance, but because a significant number of consumers believe the system does not even *see* them. We want doctors to see us as human beings, not the gallbladder in 13-C. (p. 43, italics in original)

Medical Settings

Question: “What is your perception of how people are treated in hospitals or other medical settings?”

Well, I think they’re treated like they’re idiots most of the time. There is not enough emphasis on good nutrition...they’re so sure that all their drugs and medicines are the only way. I think hospitals should be preventative. They don’t get to the source, they just treat the symptoms, and...you know, that doesn’t work. (Pete)

We got treated really well, but we had to stand up for ourselves, ask the right questions, challenge people. If we didn’t stand up for ourselves, I would’ve lost one foot completely. (Mike)

One of the things I found...that you have to stick up for your rights. You don’t have to do everything they tell you to do. You have a choice. (Magic)

I think a patient should be consulted and considered in choosing treatments. I would not have known I had as much control as I did if I hadn’t been reading books. No reasonable request from a patient should be ignored. (Robin)

Other comments centered around the general demise of health care due to managed care companies. Six participants mentioned that medical care has become big

business. They felt that this situation will have to revert or change to something else, because it wasn't working as (perhaps) originally planned. Some of the problems mentioned were: for-profit motives drive the pendulum too far in one direction; corporations are dictating to doctors what treatments can or can't be done; insurance claims are denied or accepted by non-medical personnel; doctors are so busy there is little time for analyzing what is really wrong; and there seems to be no coordination in care. Zak said, "The hospital is the place where people go to get care, but it's not always the care they need." One participant was especially incensed at having to be poked and prodded numerous times for blood (they couldn't find a vein). She suggested that hospitals are definitely not a place to go when one is sick. Again, the human quality was mentioned as lacking. Personal attention and care was in short supply. Many participants, however, believed this was largely due to HMOs and the time limits placed per patient. While most of the participants were grateful for modern medical techniques, only three participants expressed great appreciation for their hospital staff and the care they received. It might be noted that one person was in California for treatment; the other two were elderly women.

Integrated Care

Questions were asked about changes that could be made in hospital settings and whether patients' feelings should be attended to along with their medical problems.

Suggested changes participants mentioned were: preventative care; post-surgical counseling; alternative remedies (mentioned by 5 participants); cleanliness; pastoral care; and "get rid of HMOs or none of us will have any health."

Every once in a while, a new one [doctor] comes along, who's a bright spot, and hopefully they will be the ones that will stir up the pot and make the others aware and will look at these alternatives as maybe something.... (Robin)

Concerning the treatment of feelings along with medical aspects, one response was simply, "No shit." Another participant suggested that medical professionals should "get their heads out of the sand." Because people live on feelings, said three participants, doctors should be taught to respond in an appropriate manner. Perhaps that means that doctors should be on the other side of the stethoscope, suggested Zak. Three people mentioned that integration of medicine and psychology (counselors working with doctors) would be very beneficial for patients.

Category: Lessons

For the purposes of this study, lessons are considered to be internally constructed meanings and understandings of life -- what it means, how to approach it, and possible reasons for living it.

Philosophy/Purpose

Many participants had mentioned particular ideas and philosophies in the first interview. The second interview asked specifically, "What is your philosophy of life?"

Comments were as follows:

I came into this life to learn. Well, I think we all have to learn patience, compassion, being able to give. You have to learn that, no matter what happens, you keep going. It doesn't matter at all what happens in your life. You just keep going and you make goals and you go toward the goals. (Isabell)

You're here to try to interact with all the surroundings...and the people and the elements and to try and be in an environment that's harmonious, with the least impact as possible on others -- whether it's people or physical environment or whatever. To try to find a balance and a comfort level...the care that you provide

for others as well as caring for yourself. And I think you also need to have that emotional involvement with other human beings. (Alex)

I definitely have a spiritual mission here on this planet and that ALL of this, the illness and the healing, was part of my particular journey and my particular task. I'm here to help other people realize they don't have to drown. (RoseMarie)

I was put here for a reason and I have choices and decisions to make and those decisions...I'll have to be accountable for those decisions. It's not just gonna be free gratis. (Magic)

I still feel kind of at a loss for why. What purpose. But it's like it doesn't matter. I know there is a purpose and when it's time, I'll know it. I have that faith...I don't need to worry about all the whys. Some of us don't have big purposes. A simple little hello, or a smile or opening the door to somebody for a warm cup of tea...we never know when something little is gonna have a profound, deep effect on somebody and maybe that's the only reason we're here is just those little touches. A little here, a little there...that's why I'm here. (Robin)

Well...I think we come to this earth to develop ourselves. And it's up to us to develop ourselves mentally (particularly), and physically (if we're able to develop physically). My purpose in this life is to help those that can't help themselves. I felt that the people in this town needed someone to look after the ones behind the door. They DON'T look behind the door. And it makes me FURIOUS! I see it in my own ward. I see it in the state as a whole and I get BURNING about it. Just BURN! Because I said, "They forget the people who need them the most." (Valentina)

It's our job to figure out what God wants us to do. I wouldn't want to help work with post-head injuries if that [accident] had never happened to me. Why would I? But now I have this experience, so...for me there is a purpose. (Tess)

I think...the realization that I had been left on this earth and there was something I was supposed to be accomplishing. What is it that I'm supposed to be doing? My contribution...to this world is...passing off whatever knowledge I have learned that may be of help.... (Meg)

Change

Change occurs in many ways. The changes spoken of by the participants concern internal growth. Participants became more aware of their true natures, their authentic selves, expressing no desire to return to the people they once were.

I feel so profoundly different than I was, say three years ago at this time. (Leslie)

You find out that life's a battle. And now I guess I try to enjoy myself a little bit more...my life has changed in many ways. I spend so much time and energy on my kids. It's probably hurt my business because of the time I spend with them. But I don't care. (Steve)

It's awful to say you need to get a crisis in your life to really shape you up, but, it can. (Lee)

I say to myself, "I hope you never forget where you've been." And when I tell myself that I think, now if I never forget that, I will keep learning. If I forget that, then I'll go back to my old self. And I don't wanna be that old self. (Magic)

One of the biggest changes that still affects my life...is how I perceive time. What things are important and what aren't. Things of the soul and things of the spirit and things of relationship nature, how we treat each other, are vastly more important than things that need to be done here and now of a factual type of nature. (Zak)

I'm really learning, now, to go with my feelings. And to trust my intuition. I've never even thought about it before, but I'm turning into a person that's more aware. (Robin)

I became more aware of the need to do for others. That life is about what you do for others and then it will naturally come back to you.... I just began seeing things in a different light. (Meg)

The focus-group meeting discussed the necessity and power of change. Magic said that she discovered the importance of re-evaluating your own situation -- to look at what is going on in your own life that might be making you sick and what changes need to be made in your life. Some changes, she added, must be made in order to move on. It is incumbent upon us to look beyond survival to what is really important to us.

RoseMarie added that even though she has done a lot of re-evaluating, she still has a lot of work to do, lots of garbage to clean up. She admits, however, that after she "did the terminal routine" she was quite different than before. She feels that she is "regenerating."

Valentina thought it was important to first have faith in God, and then to have faith in ourselves being able to carry through with whatever needs to be done. She said not to look back, but to stay where you are and continue on. “Build yourself on. Build up all the time -- building.”

Definition of Terms

Participants were asked if they thought there was a difference between disease and illness, healing and curing. There was general agreement that disease was a specific impairment, such as malignant cells, chemical imbalances, viruses, or other named conditions. Diseases were considered to be more prevalent in physical form. An illness was described as an unhealthy condition of the body or mind. It was felt to be something that could occur on any dimension -- physical, spiritual, or mental.

A cure was described as a symptomatic treatment, something that is more physical in nature. Take the medicine, set the broken bone, put a bandage on. Healing was believed to be more of an internal process. It means repairing damage from the inside out. Healing is intangible and can occur on all levels -- mental, emotional, physical, and spiritual. For example, a person can be *cured* of the signs of physical abuse, but may not be *healed*.

Short Time to Live

Participants were asked what they would do if (or what they did when) they were given a short time to live -- perhaps six months.

Four participants mentioned they would want to travel. It would be fun, provide rich experiences for themselves and those they would take with them, and is something

they have always wanted to do. Eight participants (there was crossover due to participants mentioning more than one thing) said they would spend more time with their loved ones. Four participants felt that getting their lives in order, finalizing details, talking to people, forgiving and asking forgiveness, telling others of love and gratitude, was important. One participant would have a “sing,” another would pray for her soul. Cleaning out closets, said one participant, would be a good idea, but probably not possible. She said she could spend years doing that, and it would never get done.

Leslie felt that she was “missing one too many sunsets.” She then started a massive renovation on her house. She said, “I don’t care how much longer I live, this wall’s coming down.” In talking with other friends who are in various stages of cancer, Leslie found that there were about 12 women they knew personally who were doing “breast cancer redecoration.” She theorizes that (1) it is a socially acceptable way for women to keep busy, (2) keeping your mind off cancer by working on the house is an alternative to playing golf all day, and (3) it’s a gift from them to their family -- a “nesting legacy.” Advice from women who have metastasized and lived longer than expected is “work on your house.”

Live by What is Important

The question was: “Do you live now by what is really important to you?”

This seemed to be a more difficult question for participants to answer unequivocally. Responses included: “I’m getting closer,” “Think so,” “Trying,” “Mostly,” and “Working on it.” Important things mentioned were: eliminating unnecessary physical things and simplifying life; helping people; letting go; being with children, wife, and

working well at the job; achieving goals; affecting others and being a friend; being a responsible parent.

The most important thing to me right now is to make sure I'm meeting the needs of my child. And the time is coming where I'll need to pay a little more attention to my parents' needs, too. This is just a time span where I need to pay a little more attention to other people that I care about. (Alex)

Life in Harmony

The group discussion covered many topics, some of which included diet, foods, relationships, control, blame, responsibility, and purposes. Leslie, after thinking about some of the comments going back and forth, put it together this way:

Whether it's the particular diet that you go for may not be as important than that you feel a sense of harmony with it. You might feel a sense of harmony in the way you've repaired your relationships with your family, your lover, with whoever, and once you get a sense of balance like that.... I don't know if any of you have kayaked or river rafted -- but, you can fight the river all day long and end up exhausted and go about a mile -- or you can learn to work with the river, and...it's so much easier. I think that's probably why you have so much energy...because you found a way to work with the day, with the people in it, and then things are back in balance....

Other participants added that when one gets the feeling of "Now, I'm definitely gonna die," there comes such a sense of clarity in life. Their illness has prompted new lessons about themselves and new transformations in their lives. They don't want to return to who and what they were. There was a newfound commitment to themselves. One participant said, "I'm so much more balanced and I'm focused on me and I let go and let God, and I don't try to fix somebody else's crap -- I fix my own 'cause I got plenty, thank you very much."

It is this sense of clarity that participants repeatedly mention they would hate to lose. The proposition of being healed completely is wonderful, they say, but there is a fear

of slipping back into the “before.” It is difficult to keep a state of clarity and balance in this society. The environment can literally push someone out of the state of harmony they have worked so hard to achieve. RoseMarie ended her comments with one everyone agreed with:

We really, truly don't know what's going to occur. I sure don't. You know, I might like to think I do, but I don't. I don't know a tinker's damn. The truth is, I said, “I surrender.”

Summary

Fourteen individuals were interviewed to examine their thoughts, beliefs, perceptions, and behaviors regarding their healing process. A great deal of information was collected, and, from that information, three main categories, along with approaches, themes, and sub-themes emerged. The first category dealt with the attitudinal and behavioral approaches used in healing. The second category concerned what participants learned about their bodies through diet and physical awareness. This category also included their learning experiences with the medical community. The third category was comprised of the internal constructions and individual experiences of meaning, purpose, and change.

The crisis of death seemed to focus attention on the most meaningful aspects of the participant's lives -- God, children, family, friends, themselves. Many participants attributed their recoveries to spiritual factors. Their belief in God, karma, and the reasons for going through the disease, or the tests they were to face, were significant components. They examined the meaning the illness represented for them and what it had to teach. Many found that meaning was inherent in being exactly who they were -- no more

pretense. There were expressions of distaste at the thought of returning to their previous ways of coping and living. The illness was recognized as a turning point. They had reprioritized their lives to reflect their new awareness of themselves and the precious things in life. Self-judgment, beating up on themselves, and many of their former insecurities no longer exist. This, they admit, would never have happened had they not had the disease.

Determination, albeit manifest in great variability, was a personality trait of all the participants. Many looked toward this crisis in their lives as a challenge, something to face squarely and if possible, overcome. They learned, many for the first time in their lives, to focus on themselves and ask for their needs to be met.

Like many of the women participants in this study, Jean Shinoda Bolen said that she had “heard many women say that their diagnosis of cancer was both the worst thing and the best thing that happened to them, because for many, it allowed them to put themselves first or to take care of themselves. It’s as if the cancer gave them permission to say no” (Nurriestearns, 1997, p. 32).

Staying positive, taking one day at a time, expressing emotions, gratitude, humor, praying, meditating, and visualizing were some of the resources that contributed to participants’ healing. Critical reasons to survive, such as having young children to raise, promoted change and prompted the taking of personal responsibility for treatment decisions.

Some participants have resolved their diseases. Others still have medical battles ahead. Though changed in awareness, most of the participants are fundamentally the same people they were before. It was the *pretense* of being something or someone they were

not that has shifted. Their gain in physical and psychological strength has allowed them to express who they are and, in so doing, they have acquired more compassion and understanding for both themselves and for others. They have acquired the courage to fight, learned to accept what they have no control over, and continually strive for the wisdom to know the difference. They see maintaining their commitments to themselves and to others as essential to their physical and emotional health.

Creative Synthesis

This research has concentrated on the healing aspects of disease. But healing, by its very nature, means that something was “broken,” “wounded,” “hurt,” or in “pain.” Trying to understand what healing *is* cannot be done without first understanding what pain *was*. Problems and their solutions cannot be fully understood in isolation. In other words, in mechanistic thinking it is the properties and behavior of the parts that determine the whole, but in quantum thinking, it is the whole that determines the behavior of the parts. A person is a whole being, and healing cannot take place if the focus is only on one aspect of that being. If a wounding occurs and only the body is cared for, has healing occurred? If there is mental confusion and only the mind is treated, has healing occurred? The mind and the body interact; there is a constant interweaving and a constant interaction of thoughts, emotions, energies, and feelings. To heal requires an integrated experience of the self -- mind and body, thoughts and emotions, pain and joy.

When these participants were interviewed they had, for the most part, already undergone the initial shock and most challenging times (mentally and medically) of their

diseases or injuries. Although the memories had softened somewhat with time, they were neither forgotten nor underrated. In the retelling of their experiences, many relived their emotional and physical difficulties. There were tears, quivering voices, shaking hands, and sayings such as, “I’ve never told anyone this before.” There was a remembrance of things as they were, and a resurgence of strength as they recalled how far they have come. It is to honor them and this wholeness of human experience that this “dark” side (pain, fear, denial, separation, aloneness), is explored here.

The following poetry was written by the researcher’s son, JB Flinders, based on my findings, to expose elements of the existential pain and psychological suffering so many must first experience on their road to healing. For after all, is the lesson in the healing, or in accepting and overcoming the pain?

I

Dawn.
 I awoke to find your back to me,
 Turned away as if in blatant disregard
 For where I am,
 And what lies within me.
 You were not aware of this subtlety;
 A minute detail in your oblivious slumber.
 But its consequences were more earth-shaking than
 That day of my discovery.
 For it was, at that moment, when I realized
 That you,
 With all your good intentions and all-consuming love,
 This once, you,
 With your patience and fervent steadfastness,
 You,
 Could only go so far.
 Could only do so much.
 For this journey I undertake on my own volition,
 With my own free will.
 And I am all that stands in my way.
 I tell you this not to hurt you,
 But to save me.

As even though your fears become mine
 Even though your tears exceed mine,
 And even though your years entwine with mine,
 I am yet alone.

II

Noon.
 Why try?
 When everything I do is never right.
 Please only look at me in the dark
 And talk to me at night.
 The summer sun wilts me
 Like the helplessness of my situation.
 And I cannot understand
 Why you look at me so strangely,
 When I have not changed.
 As if I wished this ill upon myself.
 As if I wanted my life upon this shelf.
 I hate what I've become, because of
 What has been done to me.
 And you ask why I am angry?
 You don't feel this growth,
 See its progression as it coats my soul with its filth.
 This sickness,
 Destroying all that lives before its
 Hallowed presence invades, touches
 Defiles.
 And you ask why I hide,
 Why I cover myself with this hardened shell of stolidity?
 Because I can't afford to let anything else in.

III

Dusk.
 Too many questions are left unanswered,
 And I wonder why I bother in the first place.
 I used to ask "why me?"
 To whatever powers that be.
 The pleading, the begging, the cursing,
 The defiance of all that I knew and held most dear,
 Because I blamed myself.
 Why am I not good enough to be given life?
 What was the turning point, the moment wherein I deserved this?
 What could I have done to become a statistic?

God and His sick sense of humor,
 Life and its twisted justice.
 There is a nothing,
 That means something.
 Justice.
 Fairness.
 And as you fall asleep
 I hold the gun in my hand,
 Wondering if it could ease your pain and
 Cease its present spread along with that of the
 Demon in my body.

IV

Finis.
 But I tire of all this
 One-day-at-a-time.
 I choose to keep my head in the clouds
 And my feet out of the grave,
 Because I won't go out like this,
 And I have come too far to let go now.
 Too far to give up now.
 Whoever will come to take my soul
 Will have to fight me first.
 And I'm ready.

Healing often happens after the pain and the anguish and the “dark night of the soul.” The beautiful Persephone, the myth goes, was gathering flowers from the field when the earth opened and a chariot stood before her. In it was a man, who looked as though he could never smile and never be happy. He seized Persephone, put her on the seat by his side, and they went down into the great gulf. The earth closed over them. The sorrow of Persephone's mother, Demeter, was great indeed. She searched the land for her dear daughter, who could not be found. When she discovered it was Hades that took her, the god of the underworld, her sorrow turned to rage. She could not stay with Zeus, who had allowed this to happen. She wandered a long way, weeping and mourning. The earth mourned with her; there was no more fruit on the trees and no flowers blossomed in the

gardens. Zeus looked down from Olympus and saw that everything would die unless the grief and anger of Demeter was soothed. He sent a messenger to Hades to bid him send Persephone to see her mother. The joy of Demeter was greater than the grief and sorrow had been. She would not let her daughter go back to that dreary place. But Persephone was no longer afraid. She was allowed to spend six months in the land where the trees again bore fruit and the flowers bloomed, and she spent six months in the land which lies beneath the earth.

The descent into the “underworld” was precipitated by anxiety, illness, pain, or crisis. Going beneath the surface of what was a previous complacent existence created a time and place where human fears were confronted, depths of the self that had been buried were found, and the remembrance of possibilities was uncovered. Thoughts of mortality led to thoughts of meanings and reasons. Feelings that had long lain buried were brought into the light, and living authentically became a necessity. The turning point in peoples’ lives was not a physical healing, although that was often a side effect; it was that dark psychological descent and then the reemergence into the light -- and there was no more fear.

CHAPTER 4

DISCUSSION

The goal of this study was to discover common denominators in those participants who had confronted their own mortality. What did they think? How did they feel? How did they process that information and what changes or behaviors resulted? And most importantly, how did they heal? Healing was originally defined (in my mind) as a dysfunction in the body that was made whole, well, recovered from illness. Finding and defining a healing system, one that incorporates the total organism and how it is equipped to return the body and mind to health is a noble goal, but is not a simple task. Although there were commonalities and connecting patterns between the participants, the constellation of factors only convinced me of one thing -- the complexity of a human being.

The prospect of imminent death can be a motivating factor for many. It certainly was for these participants. Practical knowledge available to most of society -- such as diet and nutrition, exercise, and stress reduction -- took on a vitally important dimension when lives hung in the balance. The awareness of diseased cells versus healthy cells became an important component when deciding what and how to proceed with a physical improvement program. Knowledge concerning the benefits of gratitude, humor, emotional expression, positive self-talk, and other “mental lifts,” took on practical applications as being necessary for living a quality life, however long that may be. Searching for personal meanings, purposes in life, or developing philosophies about life generally led to discovering sources of spirituality (God, karma, prayer, meditation) that

helped them prepare for and accept the inevitable -- whether that be in six months, six years, or sixty years.

Most of us have access to the same information, the same knowledge, the same processes that can improve, and possibly lengthen, our lives. A heightened awareness of perceptions and beliefs concerning physical, mental, and spiritual factors may lead to experiences of clarity, harmony, and healing -- without waiting for or requiring a life-threatening illness. We have the ability and the power to construct the way we think and to process information in a way that is beneficial to the quality of our lives.

Leap of Faith

Hahn (1995) suggested that sickness and healing may not always involve actual behaviors or environmental occurrences, but rather the person's subjective experiences and values. He believed that the culture of the society constructs the way people think and feel about sickness and healing. It is this information and these ideas that often result in sickness as a sequence of events, or healing as a sequence of events, some of which may be deliberately caused, while others are unintended.

Participants were given information that they might die soon. The facts were heard and assessed. What then? Leslie said that the information was somewhere between irrelevant and galvanizing, but "in no case was it the sum total of our thoughts." When they went as far as the facts could take them, and they were faced with the void that the facts couldn't span, they flung themselves out -- away from the known and into the unknown. They leapt, Leslie reported, because of developing faith or ideas or information that something would happen. It was, in many ways, an irrational step. And that irrational

step is what is interesting. Where did their ideas come from? What did they think? How did they act?

Einstein once said that “imagination is more important than knowledge.” In the case of healing from terminal disease or serious injury, it would appear that belief or faith is as important as, or even more important than, facts. Faith is accepting things unseen. It is believing without having any initial proof. For these participants, evidence or proof often came after acts such as meditating, praying, visualizing, reading, or affirming. But without the idea, a measure of belief that something would happen, most wouldn't have taken the time in the first place to practice such behaviors.

The dominant mode of healing throughout history has been the “placebo effect” which is from the Latin word *placere*, “to please.” This effect is thought to produce desired effects because they are believed by patients to have these effects. Placebo healing is a physiological effect of expectations (belief that something will happen). These expectations are not just logical propositions about future events but become “physically embedded in the brains of those who maintain them and are thus associated with neurotransmitters and/or hormones that affect physiological functioning” (Hahn, 1995, p. 90). Various therapies are given healing attributions, when in fact beliefs, thoughts, and expectations influence reality. But because most people don't have enough confidence in their own innate power, they find it easier to believe in something or someone other than themselves. The leap of faith taken by the participants may not have been such a leap, after all. Expectations (thoughts, feelings, hopes) appear to be a bridge that connects mind and body, experiences and information/energy.

Major Tasks

There were no two participants with exactly the same personalities, experiences, lives, or thoughts. It would be incorrect, then, to suggest that a particular personality style is needed for healing. It seems that many differing personalities are able to recover from illness. Perhaps the individual's personality type is not as important as whether or not the person processes information (beliefs, attitudes, and behaviors) in such a way that they resonate with that person's particular mind-style.

Participants, in general, felt that their recovery could not be attributable to biological mechanisms alone. They felt that psychological factors were significant in their healing. "The mind," said Valentina, "should be in control, 100% of your body." One thing that is important to mention is that no participant felt that his or her healing strategy was the *only* way to heal. It was right for them, certainly, but may not be right for everyone. This finding agrees with Berland (1995), who found in his study of cancer survivors that there was no "right" way to heal. Some participants struggled with the fight itself. Others prayed, meditated, visualized, changed attitudes, or expressed needs. Most found meaning and purpose in their lives and in their disease. Berland (1995) suggested that survivors experienced shifts in their perceptions that led to healing. In some cases, it might have been the illness itself that brought about the perceptual shifts. Or perhaps the interaction of healing and perception occurred simultaneously. Either way, each individual, based on his or her thoughts and experiences, had a unique approach to healing. Each had to find his or her own way.

Coming to terms with death was the first major task. As Levine (1989) says, "Why do so many of us not give ourselves permission to be alive until we are absolutely

assured that we will die?" (p. 200). Most psychological texts concur that the (primal) fear of death connects to all other fears. RoseMarie stated that "lessons come, generally, in the thing that brings you the most fear." If one can confront mortality and be free from that fear, then all other fears can be eliminated. One does not risk death by giving up the fear and preparing for death. The fear of death keeps us from living, not dying. Participants generally dealt with this fear through their beliefs in God, lessons, karma, or remembrance of their out-of-body or near-death experiences. Even Mike, who professed no particular belief system, displayed no fear and a very accepting attitude:

I don't think about what's going to happen if I get hit by a bus tomorrow or I get sick again. I don't really think about what's on the other side, if there's another side. I figure if it happens, I'll see what's there when I get there. I have too many things to do right now to worry about that.

Participants found that peace meant coming to terms with all facets of life -- including death. They were no longer afraid. When the body is not being depleted by anxiety, panic, depression, or distress, immune systems respond. There was no question that participants worked hard for recovery and health, but they accepted that even the worst outcome would be okay.

Ambivalence about the medical community was another major confrontive task. Participants agreed that they wanted doctors to be partners in their recovery -- not pronouncers of irrevocable statistical doom. Siegel (1986) reported that physicians can literally kill with words. Not deliberately, of course, but by taking away hope and predicting how much time is left in a person's life. The Western world does not practice "voodoo death" per se, but the "giving up complex," and "sudden and rapid death during psychological stress" does happen (Hahn, 1995, p. 93).

People do not necessarily want false promises, but they do want medical personnel to recognize their limitations and admit they don't know everything. There are always reasons for hope. Many participants felt that they were just numbers, not people who were cared for and respected. The doctors may have been well-trained and technically competent, but lacking interpersonal skills can have a devastating effect on vulnerable and frightened patients.

Finding meaning or purpose in their disease and/or suffering was the third major task. How the participants reacted to their diagnoses was often a product of past experiences, thoughts, perceptions -- the way they have previously processed information.

Jean Shinoda Bolen states:

When suffering is a universal experience and we know it, we neither assume prosperity, work, love, or health as our due, nor do we rail against adversity, misfortune, or ill health as violations of some agreement that such things should not happen to us. Suffering, in one form or another, does go with the territory that is human experience. It is unpredictable in the form it will take, in the intensity and durations, and is not equitably distributed. (Nurriestearns, 1997, p. 30)

Participants first may have wondered, "Why me?" but they soon began asking themselves, "Why not me?" They made choices as to how they would respond to the unchosen circumstances that arose in their lives. As Lee said, "We have a choice. We can have a quality life or we can have a shitty life."

The fourth task is one the participants developed and wished to share with others. This task concerns how they or significant others can approach and help those who have been given a "terminal" diagnosis. It is common for people to distance themselves from serious illness. It is, perhaps, a way to avoid confronting the eventuality of their own mortality. They don't know what to say, what to do, how to approach, how to respond, or

how to react. It is hard for others to treat the “ill” person the same as they did before the disease. In many cases, participants felt as if others avoided them. There were feelings of isolation, abandonment, and disconnection. Participants wanted to get closer to others. They wanted to reveal themselves -- all the various and different sides -- and be acknowledged in their wholeness. Magic suggested:

One of the things that I have learned is, how hard it is for the other people, the people that don't have the cancer. Your loved ones, the people that are around you all the time. They have a hard time dealing with this. They don't know what to do. They don't know, sometimes, what to say, how to react. One of the things I say when they ask, “Well, how should I treat them? What should I do?” I say, “Treat them just like you always did. That's all they want. They wanna be treated just like they were before...without being sick. They don't want you to feel sorry for them. They don't want you to go through all of these things.” And some of the things that people say to you are just because they don't know what to say to you.

Other suggestions include just listening and being accessible. Provide them with human contact. Don't tell them what to think or how to behave, but listen -- to their fears, their anger, their sadness. They will find their own way.

Other participants recognized that having gone through their own “dreadful experiences” has given them the opportunity and the “license” to help others when no one else knows what to do. During the group meeting, these comments were made:

Leslie: Other people will say, “Oh, what should we do? What should we do?” and I say, “Hell with it, I'll call 'em up.” I've had all these things. That's fine, I'll call. And I think that is part of what all this has done...it gives you license to hop right in there when somebody else is having a problem and it's your territory. You have the right to do that. You have the right to open the door. If they don't want you there you can close it again, but you have the right to jump in. And having had a bunch of things happen, it's kind of nice...because it gives you access to other people who are having a difficult time and it allows you to make that first step.

Robin: Well it makes it possible for them to talk because they think that nobody knows how they feel -- but you do. So it just makes all the difference in the world...to know somebody who has had the same things.

Tawna: But I don't want to go through cancer in order to open that door to people. That's what I want to learn from all of you. It may give you that license, but I would rather not go through that, if I can help it at all....

Leslie: Oh, don't be such a weenie.

Magic: You just don't know what you've missed.

RoseMarie: We know your type. I know you, maybe if you choose not to be stubborn....

Limitations

As with most qualitative research, the issue of sample size was of concern. While quantitative empiricists would likely consider the participant number in the current study to be quite small ($N = 14$), the sample selected appeared representative of the phenomenon in question. Findings were consistent with studies (Berland, 1995; Dafter, 1996; Benor & Benor, 1993; Wirth, 1993) mentioned in the literature review.

Another concern that must be addressed is transferability. This study, due to time and money considerations, was geographically bound. At the time of the interviews, participants lived or worked in the Salt Lake City metropolitan area. However, only six of the fourteen were born in the state, and only two of the six had not lived out-of-state for any length of time. All were Anglo-American, most came from a middle-class socioeconomic background, and all were educated (eight had completed college degrees, three had attended some college, and the other three were avid readers). Therefore, all findings should be viewed within this limited context. At the same time, it should be recognized that each person had a unique history, family, and disease. Further interviews with those of diverse ethnic and socioeconomic backgrounds, and from various locations would add information and possible transferability. However, any type of generalization

or applicability to others must be carefully considered. While many of the beliefs and behaviors were common amongst the participants, there is absolutely no guarantee a disease will “disappear” should an individual emulate all the characteristics and practice all the methods outlined in this and other studies of survivors. It is a distortion to think that if only ill people would try harder, eat better, meditate more, visualize perfectly, pray constantly, or love nature, they will be cured. Although beating the disease was obviously important, it was not seen as the only outcome. Healing and curing, as defined by the participants, have different meanings and sometimes different results. Most of them found that the disease gave them the opportunity to learn about themselves and discover new meaning in their lives. They found that a quality life was enhanced when they did everything possible, believing what they did made a difference, yet knowing that if it was their time to go, it was their time. It was important to take responsibility, but it was equally important to recognize human limitations.

Researcher bias is another area of concern. While every effort was made to be objective when drawing conclusions from the interview-based data findings, it is possible that, because of my personal and professional interest in health practices, especially in relationship to mental cognitions, bias could have influenced the results. Gribbon (1995) wrote:

if an experiment is set up in a certain way, and certain measurements are made, then you will see certain results. Set the experiment up to measure waves, and you will get an interference pattern; set the experiment up to monitor particles passing through the holes, and you will see particles passing through the holes. (p. 14)

It would appear then, that even under the most stringent scientific experiments, often what is seen is what was expected. Attempts to eliminate as much bias as possible was

done through researcher reflexivity, participant checks and insights, looking for negative instances of the themes and patterns, healthy skepticism, and enmeshment (through participation in meditation and stress reduction groups, working with cancer patients, studying medical and alternative or complementary practices, reading articles, books, magazines, watching special TV programs and videos regarding healings and medicine, and talking to anyone and everyone who would listen).

Implications

Based on the literature reviewed and the information provided by the participants, directions for investigation within the disciplines of biology, medicine, psychology, theology, health, and physiology could be undertaken. Areas of possible exploration include: personality and coping; psychological factors and disease; spirituality in healing; behavioral links to health; illness and meaning-making; mental attitudes towards life and death; imagery and body image; psychosocial support groups; effectiveness or ineffectiveness of caregivers; and energetic healing. In addition to participant self-reports, developed questionnaires, surveys, and interviews with significant others, doctors, friends, and co-workers, could be added as supporting data. Further implications suggest that if the mind does affect physiology directly, as is theorized, then cannot the mind (information/energy) help improve relationships, build resiliency, lose weight, ease mental distress, and resist addictions to alcohol and drugs? These types of interconnections and interrelationships are also suggested areas of investigation.

Implications for therapists are also an important aspect of this study. Counseling a client who has received a terminal diagnosis involves deep understanding of all the

issues, not just the immediate crisis. An accurate, correct assessment is a vital consideration. Each client has his or her own significant history, traditions, belief systems, and attachments. Often, major issues and conflicts that are not immediately apparent need to be addressed. It is important to assess the impact of the crisis and understand the hopes, expectations, and circumstances surrounding the life of the client. People approach illness and health in unique ways and it is important that they follow their own path to healing. By recognizing that there is no one “right” way to counsel, any more than there is no one “right” way to heal, therapists can provide support by helping clients develop their own specific goals. A behavioral approach would be best for someone like Mike, who wanted to DO things. Others, like Leslie, who want to focus on spiritual matters (figuring out the “God” thing) may do best with an experiential or transpersonal approach. Others simply want hope and support in striving for recovery. Some will want to concentrate on matters of purpose and meaning in their lives. Still others may have no intention of making any changes in their lives, believing nothing will make a difference, and need only transitional help in embracing the dying process with control and dignity. Relationship issues often arise amid crises and need resolution. Oftentimes, when people prepare for death, it becomes necessary to deal with emotional issues from the past -- repairing, resolving, and healing. LeShan (1989) believes that each person has a “song to sing,” and therapists can help their clients overcome despair, effect changes, by finding their personal “song.” Research has shown that emotional expression is associated with an improved prognosis, so therapists should encourage clients to talk, while listening without judgment or interpretation.

An illness or a crisis can be a catalyst for change. Difficulties can shape souls; they can be lessons that define and develop authenticity. How people respond to unwanted or unchosen circumstances, such as those that lead to a medical diagnosis or surgery, may shape a person as much as, or more than, the adversity itself (Nurriestearns, 1997).

Conclusion

The brain and the body are involved in many complex interactions. All of these variables -- emotions, attitudes, beliefs -- need to be included in the healing equation. The concept of a healing system needs to include all the unique qualities of the individual within the context of the system or environment in which that individual lives. A healing system is not just the immune system. It incorporates the circulatory system, the autonomic nervous system, the digestive system, the lymphatic system, and literally every cell in the body, including, and especially, the brain. Everything that affects the body-mind has an impact, for good or ill. Treating patients, whether medically or mentally, should involve a holistic approach -- treatment of all parts that make up the whole.

Toward the end of his life, Albert Schweitzer was asked about his respect for traditional African medicine and so-called witch doctors. He responded, "The witch doctor succeeds for the same reason all the rest of us succeed. Each patient carries his own doctor inside him. They come to us not knowing that cure. We are at our best when we give the doctor who resides within each patient a chance to go to work. (Ornstein & Sobel, 1987, p. 258)

APPENDIX A

RECRUITMENT LETTER

To Potential Research Participants:

Hi, my name is Tawna and I am working on my master's thesis through the Educational Psychology program at the University of Utah. Thank you for your willingness to consider participating in what I consider a very exciting project.

This study is about healing and how the mind affects physical responses. I have always been interested in why people think what they think and why they do what they do and what effects these thoughts and actions might have. I want to hear your story and discover your meanings, beliefs and perceptions about your mental information processes and what you believe affected your healing.

I want to see what patterns weave in and out of the lives of people who have faced death and been given a second chance -- and to what they attribute this second chance.

The first stage of the study will consist of two or three audio- and/or video-taped interviews that will last approximately 1 1/2 to 2 hours. During these interviews I will ask questions about your life -- what it was like before the diagnosis, what it is like now, what you attribute to and what you understand about your healing and recovery. I want you to have the opportunity to tell your own story -- what factors you believe contributed to your healing. And in order to clarify information or interpretations, one to three brief follow-up checks (about 15-20 minutes) will be scheduled. A thirty minute interview, after the analysis is written, will also provide a check for accuracy of meaning and interpretation.

Participants will also be invited to participate in a audio- and/or video-taped discussion group with others who I will be interviewing. We will talk about the themes that have emerged from the interviews and discuss those meanings along with meanings that are created from the group as a whole. We will meet for approximately 90 minutes, one to five times, depending on the time schedules of those involved.

In addition, I hope to include volunteer participants in helping with data analysis. This is to provide a check and balance system that help ensure meanings are consistent with the data. The time commitment on this will be negotiable.

I hope to begin interviews during the month of July, 1996 and complete the analysis by March, 1997.

The interviews will be entirely confidential, and every caution will be taken to provide confidentiality. As a participant, you would be free to decline to answer any questions, and are free to withdraw from the study at any time.

If you have any questions, please call me at home -- (801) 363-1978. Thanks!

Sincerely,

Tawna Skousen

APPENDIX B

INFORMED CONSENT

Mind-Body Healing: A Qualitative Study into Information Processes and Physiologic Consequences

I understand that Tawna Skousen, a graduate student in the Educational Psychology program at the University of Utah, is requesting my participation in research exploring the experiences, meanings and perceptions of those who have lived beyond reasonable medical expectation and consider themselves “healed”. I understand my involvement in the study will include participating in the following:

- ◇ two to three 1 1/2 to 2 hour interviews
- ◇ one to three brief (10-20 minute) follow-up “checks” to clarify information and/or interpretations
- ◇ a 30 minute follow-up interview after analysis is written -- checking for accuracy

plus *optional* participation in:

- ◇ one to five (1 1/2 - 2 hour) discussion groups with other participants
- ◇ co-analyzing data results; time commitments would be negotiable
- ◇ sharing of journal writing, letters, or other documents that provide information about me

I understand that these interviews will be audiotape- or videotape-recorded and I give my consent to be audio- and/or video-taped.

I understand that there are no foreseeable risks or discomforts to my participation in this study. I understand that every effort will be made by the researcher to preserve confidentiality, including:

- ◇ keeping lists of names, addresses, and phone numbers of participants, along with informed consent forms and information sheets, in a locked file to which only she has access
- ◇ assigning a pseudonym (which I may select if I wish) that will be used on all transcripts and researcher notes
- ◇ keeping all audiotapes, videotapes, and researcher notes in a secure location available only to the researcher. When no longer necessary for research purposes, all materials will be destroyed
- ◇ training any possible transcriptionists in the principles of confidentiality

I understand that the information gathered from this research will be summarized in a thesis or other publications. Tapes and transcripts, however, will be kept totally confidential. Code names will be used in any written document and descriptive information will be adjusted in order to preserve confidentiality. If I choose, I may ask that my identity be revealed in any publication. At that time, the researcher will discuss with me any foreseeable risks to making my identity public.

I further understand that the researcher will verify my clinical diagnosis by checking with significant others, medical personnel, and/or with my medical records.

Potential benefits of my participation in this study include the opportunity to examine my own meanings and perceptions concerning my life -- through disease and into healing -- while adding to the growing knowledge and acceptance of the mind-body connection. In addition, summaries of the results will be made available to me at the conclusion of the writing of the research.

I understand that my participation in this research is completely voluntary and that I may discontinue my participation at any time. If I wish to withdraw from the study, I need only contact Tawna Skousen and inform her that I no longer wish to participate. At that time, all individual tapes and other data concerning me will be destroyed. If I have participated in any discussion groups, I understand that those tapes will not be destroyed, but that nothing I have said will be used in the research. I also understand that I may refuse to answer any questions I do not wish to answer.

I understand that if I have any questions about any aspect of the research, I may contact the researcher, Tawna Skousen, at 679 Cortez Street, Salt Lake City, Utah 84103, phone: (801) 363-1978. In addition, if I have any concerns about my rights as a research participant that cannot be discussed with the researcher, I may contact the University of Utah Institutional Review Board at (801) 581-5382.

This Informed Consent document has been explained to me, and I understand the material it contains. I have received a copy of this document. I also agree to having my interview audio- and/or video-taped.

Date: _____

Signature of Participant: _____

Signature of Researcher: _____

APPENDIX C
SECOND INTERVIEW LETTER

December 7, 1996

Dear Participant,

The first interviews are finally transcribed and I thank you all!

I will be calling to set up second interviews this coming week. This interview will be designed to clarify and answer any questions I might have had during the first interview, plus cover a few other ideas/thoughts/questions.

I recognize that December is a very busy time for everyone, so with this in mind, I wanted to share a list of the questions concerning issues I am researching and that I listed in my HEALING thesis proposal. Some of the answers to these came out naturally in your stories, others may not have been covered. If you choose, please write out your thoughts regarding any of the questions presented -- which would make for a shorter second interview. Either way, I look forward to talking with you soon!

Thanks,

Tawna

-
- What is your philosophy of life? How do you think it relates to your health, sense of well-being, and purpose?
 - What does your diet consist of?
 - What role do you want your doctor to play in your life?
 - What kind of physical approaches to healing do you do?
 - What kind of non-physical approaches to healing do you do?
 - Are you more aware of changes in your body when you are angry or under stress or listening to certain music?
 - Do you think it is your "fault" if you get sick? Do you blame yourself when you become ill?
 - Do emotions play a role in illness? What can be done to stay healthy?
 - What is your perception of how people are treated in hospitals or other medical settings? What changes should be made?
 - Should patients' feelings be attended to along with their medical problems?

- Do you think there is a difference between disease and illness?
- What is the difference between healing and curing?
- Did you ask for help?
- How do you usually handle fear?
- If you found out tomorrow that you only had a short time to live, what would you do or change?
- Do you live by what is important to you? If not, what keeps you from doing so?
- What do you appreciate about your life as it is now? Have you waited for someone to give you permission to live?

APPENDIX D
FOCUS-GROUP MEETING LETTER

March 18, 1997

Dear Participants,

It is the human condition (at least mine) to wait until the last minute to accomplish things that should have been taken care of days, weeks, or months ago.

Therefore, with that said, I want to invite you to attend a group discussion session where I will present some of my research findings and ask for your perceptions, suggestions, checks on accuracy, and any further comments. I should also have your individual participant profiles (short biographical sketches) prepared in order for each one of you to peruse and approve.

| |
|---|
| Date: <u>March 29, 1997</u> |
| Time: <u>10 a.m. to noon</u> |
| Location: <u>211 East 300 South (Worthington Building)</u> <u>Suite 203 or 207</u> |

Please RSVP as soon as possible.

Phone: 363-1978
or 328-8452
Fax: 328-1118
email: tskousen@attila-att.com

If you can't attend, I will try to do a quick check on the phone.
But I do hope to see you there!!

Sincerely,

Tawna Skousen

APPENDIX E
PARTICIPANT PROFILES
AND SUMMARIES

The following profiles and summaries were prepared, copied, placed in individual folders, (participant profiles on one side, summaries on the other) and given to participants attending the focus-group meeting. Folders were mailed or otherwise delivered to those participants who were unable to attend. This “member check” provided an additional way to obtain accurate information. Additional revisions and clarifications were made after checking with the participants and revisiting the transcripts and tapes.

Pete

Born in SLC, 1948. Mormon family. One older sister, two younger brothers. Not really a neighborhood -- more rural, lots of fields and a river by her house. Spent a lot of time alone. Assisted her in getting in touch with ‘other things’. Left the LDS church at age 14. Had always been interested in astrology, energy, psychic stuff. Also had vivid imagination. Accepted by family, not by peers. Felt different from friends. Learned to shut down, not let others in. Healthy childhood. Would have occasional temper tantrums.

Moved from SLC to California right after high school.

Tried to go to college - just not for her. Was a hippie. Almost died -- San Francisco of drug overdose.

Moved back to Utah five years later. Single mother at age 23 -- never particularly wanted, nor felt the necessity to get married. However, married at age 25, because she knew he would be a good father. Ectopic pregnancy -- almost died. Had good jobs, but nothing that was a lifetime career. Lot of up and down times in marriage. Separated now, and much better.

Dancer - mind-body connection, learning how to focus. Walking meditation. Being in tune with body.

Developed asthma. Adult onset, age 35.

Father died at age 59 of brain tumor. Did something to her. Said “I’m not going to wait to live my life. I’m either going to do it now, or not at all. I mean, it has to be now, do your dream now.”

1991 - breast cancer (age 43) Refused to have surgery. Radiation only. Began to believe she was “...resting myself into the grave.” Deadly asthma -- Lungs filling up and asthma taking over. Started having dreams - containing people who had died, room ready. Started writing funeral plans. Knew she was in trouble.

Wanted to see pulmonary specialist, no one available. Went to Instacare for breathing treatment - didn’t budge the peak flow meter. Body was not getting breath - At a certain point, body stops producing carbon dioxide and starts producing carbon monoxide, poisons your own system and death results. Needed to continue breathing treatments, which was dangerous, but all doctors could think of to keep her alive.

Breathing treatments force oxygen, albuterol down the lungs to open up passageways, but nothing was moving. Sent to hospital. Put on a respirator, given a paralyzing drug -- curare, which shuts down everything but the heart. They started to clean out lungs, but it was a few days before they even knew if this would work. Was “gone” for two weeks. Doesn’t remember anything in this world for that length of time.

Out-of-body experience. Lights, symbols, important to witness divinity of each person, be microscopically honest. Healing began when 1. woke up, 2. dealt with past abuse of father, 3. natural foods, 4. physical therapist who cared, 5. acknowledged self. “I wasn’t going to hide from anybody anymore. Because my life depended on it.” Working on the body energetically. Belief in the power of the mind. But hard to undo the past programming of not only her life, but 2000 years of cultural upbringing -- that suffering and struggle are noble, and happiness is unattainable - no one worthy to be happy.

Reason for illness: “happening to me so that I could let other people know that there’s a whole other part of themselves that they haven’t explored yet, and we’re so into this physical part of our being that we’re forgetting this larger piece.”

Isabell

Born: 1918 in Minersville, Utah (near Beaver). Six older brothers and then her. Stopped going to church at a young age. Listened to stories about J. Smith and early history. Moved to Payson, Utah in 3rd grade. At age 17, moved to SLC. OK childhood health. Could never measure up. Mom liked boys, felt she didn't like her. Plenty of people go through life without being loved by parents. Used to feel sorry for herself, but in late teens, decided enough of that, just change it. Taught lesson -- have to look out for yourself.

Met husband in 1937, married in 1939.

Started mediation age 35 -- prism, laid on floor and prism light all around. Awareness. Expansion.

Children: one daughter and one son (seven years apart).

Antique dealer. Worked with indians. Restoration work of older historical Utah houses.

Age 65, had a series of mini-strokes that got her into hospital. Found breast cancer. Surgery and radiation.

Told doctor no more radiation. Dr said she had better or she would die. She said "no, it's my body, and I'm not going to."

Then skin cancer.

Began teaching meditation LDS Hospital to social workers etc, for about 7 years. Then to Westminster for another couple of years

Age 74, bleeding of the bladder -- internist gave medication -- did nothing. Went to another doctor.

Discovered cancer of the bladder. (1991) Had surgery to take bladder out, found cancer in the lymph nodes -- became a 10 1/2 hour operation, needed 8 pints of blood. Told that with that combination, people usually last about a year. She answered "no way" would live to be at least 87. Had two months of chemo. Visionary experience - during chemo, lethargic/deep meditation. Gold chandeliers, lights and lights/ angel. Beautiful music. Wonderful smells. Was saying there are wonderful people down here, in spite of what we hear and see. Man brings light into heaven by good deeds.

Told in a dream not to have any more chemo or it would kill her. Stopped. Went to doctor, blood work done, and they discovered she was right, body had gone toxic.

Does a lot of meditation, visualization - white light.

Got cancer because of hereditary history, about 45 cases in the family. Also sat on hill in St. George when government blew up bomb, as she and husband sat there in the fallout.

Has numerous bladder infections. Most recent concerns are kidneys -- kidney stones, infection, antibiotic reactions.

Lesson learned: not to be afraid of anything. We've been programmed by the media to be afraid of cancer and that you would die. "Well, you're gonna die anyway." Greatest lesson: I do not feel sorry for me. Used to, not any more. Also - lesson from cancer: not to be afraid of anything.

Alex

Early forties. Born in Alabama, moved to Utah while she was very young. Oldest of seven kids - three brothers, three sisters. Took care of them. Childhood health, good. Active. Had always been a real dominant personality.

She was married in 1983, had a daughter five years later, divorced in 1993. Previous to this, little stress. No debts or financial problems or many problems of any kind. Now had to deal with breakup of marriage, being a failure, having one income instead of two, needing to go back to school, having a child to care for, society, friends and family and what they thought and how they reacted. Very difficult time. She had been married for 10 years, her child was 5 years old, they had been in therapy for 4 years and was mutual decision to part, but still difficult. If looking at a stress reaction indicator that is rated from 1-10, she feels hers was about a 30. She felt she "agonized over" these decisions.

Cancer discovered in July 1994 (she was 38 yrs old). She was angry at first -- had always watched her diet and was busy and active. Then disengaged emotionally in order to make objective decision. Would deal with emotions later. Read and informed herself about everything she could.

She had been a skier for Snowbird for many years, and kept her job there during the cancer surgery, and during chemo treatments.

Cared for external self after chemotherapy. Did chemo once a week - smaller doses allowed her to work and not be too lethargic. She would have chemo, go to gym and do workout - weights, aerobics. Visualized Desert Storm - fighting bad cells. Round up of all bad cells at night - put into intestines - excrete them in the morning.

Support group (8 week) helped her in being able to talk about what was happening with others going through the same thing.

Went back to college in order to qualify herself for a different type of job, to care for self and child.

Lessons learned: Recognizes the need for certain things in her life. Nature is very important. She had a job where she was outside (for many many years), and now works behind a desk. It is important that she get outside for a time each day, if only to have a walk. More actively conscious of what is important in life: Nature, time, life, her daughter. Says, "life isn't forever, and if this doesn't play out the way I'd like it to play out, well, I've been far more fortunate than most people on the planet, with all the experiences I've had. I mean, what are you gonna do?"

Leslie

Born in 1954, first of four children. Parents still married. Family was fairly strict, restrictive Catholic. She is no longer a practicing Catholic.

Father was college professor. Mother had master's in nursing. Education was important in growing up. Family was together a great deal.

Like many families, avoidance was practiced. Difficult issues were not discussed, except behind each other's backs. Never discussed things like drinking - which was one of the family activities when together. Perhaps that is why family gatherings are disasters. Get along better when one on one. Mother had been diagnosed with small cancer tumor in her late sixties.

Received undergrad degree in Physics and PhD in mathematical Statistics. Married in 1986. Moved to Utah in 1988. Works in academia. Had first child at age 35. (1990) Very infected, hemorrhaged, shock, transfusions. Second child born in 1992. Birth defect. Correctable. In intensive care for some time. Intense commitment in pumping breasts for breast milk. Feels that is what cured him of his acute diarrhea, ear infections, etc. So doesn't think she ever hated her breasts, nor felt they were useless. They saved her baby's life. And they assume she had the cancer at that time. Feels that it was okay that she wasn't diagnosed earlier.

Diagnosed with breast cancer in 1993.

Found lump while at a conference in Canada. Had mammogram, biopsy. "I have always said I was gonna get breast cancer." Had a relatively aggressive, fast growing tumor. Went into high gear and had modified/radical surgery on right hand side along with lymph node dissection. Then had as high a dose of chemo as possible after Christmas and New Years (waited because of belief that the hospital is not playing with a full deck of cards during the holidays.) When hair fell out, had pulling out Mom's hair party. - Then shaving the head party (w/friends and drinking).

Very worried about dying - knowing so many others that were having recurrences. Worried about what would happen to her kids. Read, studied, tried to "figure out this whole God thing."

Found another lump on her chest. Found it on a Friday afternoon. Was pretty hysterical by Sunday. Went in for biopsy -- turned out to be scarring. But had prophelatic mastectomy and then bilateral reconstruction. Radiation, back opened up, take muscle from back and brother around, fold a flap on the front so they can put an implant under it and implant on other side.

Whenever a specific ache or pain hits - wonders if the cancer has metastasized.

Talking to her, like trying to drink from a fire hose. Type A, goal oriented. Says more relaxed now.

RoseMarie

Age now - 48 years old. Born in Badhomburg, Germany. War-time. In European orphanage for some years. Crippled and had diphtheria. Lots of illnesses - stomach and intestinal problems. Adopted - about age 5, into military family - who were into "isms" - whether emotionalism or workaholism or alcoholism. Lived with them for about 10 years. Lots of psychological abuse. Very little self-worth. Can still hear adoptive mother's critical voice in head. Was never good enough. Never. No matter what. (High GPA, magazine articles, etc.) No praise, no acknowledgment. Never told she was attractive. Used food as a weapon. Controlling. Locked up in the dark. Still has night terrors. Recently diagnosed with post-traumatic stress disorder. Adopted brother died at age 52 from stress-related problems (pneumonia, intestinal, heart problems).

Neither her adopted family nor her husband liked illness. Was always told she was not ill even if she felt so. Not able to own her own body and what was happening or what she was feeling.

Kidney problems during her twenties. Was involved with Recovery Incorporated, a self-help health program, a free program to help people and former mental patients. But life still felt pretty awful. Had a belief that at age 32, she would die. Set herself up. Discovered that the things that we learn early on in life stay with us. Much harder to erase those things than problems developed later in life.

Developed a huge tumor in her throat. Heart would beat over two hundred a minute, got up and would pass out. Called a thyroid storm. Everything in body accelerates - can burn yourself up. Was told that if something not done in 6 weeks, would literally burn out everything. Wound up with Grave's Disease. Helped create a support group for those with thyroid diseases. Had also developed a bone spur in throat. Was given option of surgery for both (tumor and spur) - but could lose vocal chords and other dangerous options (nick other chords and become imbecile). Opted for radiation. Not the best experience. Felt as if in science fiction theatre. Only did the one treatment. It slowed the body down, and after that, she felt as if that were enough. Received letters from hospital requesting she come in for follow-up. She refused. Didn't need any more of their treatment, would "really kill me off." Did take medication for her heart for a time, but eventually took herself off that as well. Severe mental struggle -- told she would have short time to live, so gave custody of son to ex-husband. Major agony.

After radiation, traveled to Ireland, Switzerland, Israel, Germany to see different doctors. Considered it as a kind of quest or pilgrimage - necessary to do before her death. Didn't learn much - but believed the change in environment was very beneficial. Saw beauty of world, ancient artifacts - "tickled my brain and my soul." The process gave her hope. And after 27 years, age 32, went and found birth family (mother and sister who was 7 years younger) in Europe. Her father had been on the Russian Front.

But still felt awful - some days woke up crying, knowing she was going to die. Seemed to go through years of that. Went through a divorce - giving up custody of her son to her exhusband. She had felt so awful, and had been led to believe she had six weeks to live. Very difficult decision. Gradually got stronger.

Tests two years later TSH (thyroid stimulating hormone test of the pituitary gland) showed she was producing sixty times the normal person's thyroid stimulating hormone. Was finally given Thyroxin, which could have saved so much grief if known and prescribed earlier.

Studied Holistic Health and Stress Management. Many people go there for solace and comfort. Teaches meditation.

Still has health problems - ulcerative colitis - bleeding ulcer, Grave's Disease, hypertension, arthritis. PTSD. But doesn't ever feel really ill. Just keeps going. Working on removing toxicity from her life - including toxic friends, family, etc.

Steve

Born in SLC, 1951. One older sister. Mother had polio right after he was born. Had to live with relatives for awhile. Mom says he missed out on his childhood, but he doesn't feel that way. Moved to Bountiful when he was about 5 years old. Was very involved in sports. Played everything from little league baseball to basketball to football. Was also a studious child in elementary and jr high school - on Honor Roll. When in high school, played on a basketball team where he felt the coach didn't like him for some reason. He almost quit the team, but didn't. Said that he's not sure why he didn't, except that he wanted to show the coach, basically, that he was better than the coach was perceiving. Also as a sophomore, he and friends started a rock 'n roll band. Had a lot of fun playing the bass guitar and singing. Met his future wife at a backdoor party.

Kept playing H.S. basketball - got a basketball scholarship to the U. Played on the freshman team. Did not study much. Went to Westminster after a couple of years to play basketball there. Back was having trouble, so eventually gave up that competitive sport. Went back to the U and graduated in Sociology because he didn't know what else to do. Took some Finance classes. Married after graduation - age 25. Went to work for family in their lumber and hardware store, then after a year or two started working with father in the insurance business. Also got real estate license.

Age 29, noticed pants were tighter on his right leg - leg was bulging out. Thought he had strained or pulled a muscle playing basketball or something. Went to have it checked - was told it was a big cyst and not to worry. Wife's brother suggested he get a second opinion. Did so - injection of dye - and found out it was a large (two pound) cancerous tumor. Malignant. Rare type. Fibrosarcoma (in the muscle). Very shocked. Life sort of passed before him and he asked "why me?" Cancer, the word, "puts the fear of God in ya." First day, bawled like a baby. But was brought up to fight things and not be a wimp. Went to UCLA Med Center in Los Angeles to a doctor he was recommended to. Out-of-body experience. while taking nap in hotel close to UCLA. No real significance attached, but remember coming out and floating, kinda looking over self and wife on the bed, then going back. Kindof like a 'checking it out' feeling. "I'm out of the...feeling of the worldly part of your body, just...free, or just floating or whatever...interesting."

Had chemo and radiation prior to surgery. (Chemo first was to keep cancer cells from spreading when they go in to do surgery.) Doctor said he wouldn't amputate the leg at first - would let Steve recover and then take it off if needed. Tumor was very close to one of the main nerves, so close to losing leg anyway. Doctors said tumor was well defined and they thought they had gotten it all. While there, he saw little kids with tumors, being bombarded with radiation -- felt he had nothing to complain about, compared to...other there. Steve studied for real estate broker's license during recovery and physical therapy.

Six months later, had a cough that wouldn't go away. Discovered the cancer had metastasized - a tumor was found on right lung. Maybe more prepared the second time -- didn't hit like the first time when it came out from nowhere.

Went back to UCLA where the doctor told Steve, "School's not out, we didn't expect this, but school's not out. You'll get through it." He had section of lung removed, going through chemo and radiation again. Chemo caused more violent sickness, radiation was more subtle - like having the flu all the time, listless, no energy. Was given maximum dose of chemo - any more and would have been toxic to his heart. Still has little lung capacity - harder when trying to play any sport or hiking in high altitudes - very hard. But doctors were still amazed at recuperative abilities.

Mid-thirties, got hooked on cocaine. That was a battle almost worse than cancer. Would binge, not realizing the dangers. Subtle -- just grabs you. Had to fight that off. Took about five years.

Was told there was little chance of his having children. But had a child soon after, then had twins, then had another surprise close after that. Three kids in diapers. Careful what you ask for.

Has little circulation in leg. Varicose veins. Little feeling in the leg. Dad died of prostate cancer, so believes could have cancer again, just somewhere else. He'll just take it and fight it and go on.

Lee

Born in Grand Junction, Colorado. Oldest of 5 kids (1 sister, 3 brothers). Moved to SLC in 2nd grade. Parents were religious, Catholic. Very prayerful family. Mom had heart bypass surgery a couple of years ago. Dad had prostate cancer. Both doing well. Two brothers have died in tragic accidents, causing mom to withdraw quite a bit.

Married in 1961 - she was 20 years old. Didn't have children for 10 years (two miscarriages). Very difficult marriage - lots of trouble and conflict. After her children were born and things were very rough, she thought of committing suicide, things were just so hard and difficult then. But couldn't because of concern over her babies. She and husband separated, (1982) then got back together. And in 1984, found out she had cancer. Non-Hodgkin's lymphoma - slow-growing. Big sigh, ahh, cancer. Husband just sat there, did not touch, did not hold, did not look at me, nothing. I was just....alone. Sobbed in my chair, all by myself. Doctor said the cancer was treatable, but not curable. It was all throughout her body. Doctor said they couldn't take it out because they have to cut all of her. Her first thought was that "I don't wanna die." Then asked, "why me" - was eating well, didn't smoke or drink. Why were others okay?

Very frightening. Was told that her best hope was living for five years - at the most. Same night as diagnosis, volunteer called -- best support. Talked for a year before they met in person. Next day, went to hear a speaker who talked about positive affirmations. Treatment was cytoxin - pill form. Took it for 6 months. Threw her into menopause.

Support from parents and friends. Prayer, blessings, group energy.

Husband left the family in 1991. Left them a note saying he was going to go find himself. Went to California - where a woman he had been involved with (off and on) for years lived. Lee's husband was gone for four months and then came back, saying he had made a mistake, wanted to get back together. Her marriage is better, and she attributes much of that to her attitudes gained from having gotten through cancer. Said that if she can get through cancer, she can get through this. Discovered a difference in herself. Nice to have him back, but can make it on her own. Big difference when you have a choice. Getting through cancer made her stronger. Meditation classes were very beneficial. Support person, who had gone through same cancer, to talk to was great. Other support people also shocked, which accounts for their responses. Better help and support from husband now.

Was on Valium for years. Not now.

After the first five years, doctor then said "ten years, at the most." Then after that ten years have passed, doctor says she wonders about her own diagnosis. However, when being checked, sometimes there is nothing there, sometimes "they're the size of a pea." Doctor says partial remission. Lee's husband says full remission. Questions: why do we have to reach that point before we make changes? Open eyes and decide where are we headed - where are we going?

Mike

Born in New York in 1957. Grew up in military family. Dad was in Navy, submarine service, so stayed on East Coast most of the time. Younger sister (2 yrs) and nine years younger brother. Parents divorced when he was 18 yrs old. Thought he wanted to be an architect, but gravitated to English classes and journalism. Became a reporter for newspapers and did that for a few years, soon recognizing that you work really hard and don't make much money. Became a college PR director. Did that for a few years. Then in 1982 got sick. Had pain between shoulders, thinking it was from a bad chair. Was a workaholic so was always in that office chair. Took aspirin, but pain stayed. At a conference when numbness started. Fell down stairs because of numbness.

A friend took Mike to doctor next day (back home in Massachusetts). Holiday, Veterans' Day, skeleton crew - Friday afternoon. Young doctor had no idea. Wanted him to check into hospital for tests. Had three or four days of tests. Finally they did a spinal test where they put fluid in spinal column and tip body and watch progress of fluid. Could see the fluid moving slowly, then right before it got to the head it stopped. Doctors said "oh shit". Turned out to be a softball-sized tumor wrapped around the spine, going into the holes where the nerves come out and was pushing the column against the bone. Had it gone on any longer, it could have caused permanent damage (wheelchair) or death.

Also found other masses in the chest. Biopsied and found out it was Hodgkin's lymphoma. Couldn't do surgery on the tumor on the spine - too dangerous. So started very aggressive radiation. Two rounds -- every day, five days a week, eight weeks each round. In between the rounds, doctors removed spleen, abdominal surgery, because worried it had gone below the abdomen - and would have had to have chemo as well. After second round, was told he was "in remission." Tumor had responded to radiation.

Started riding bike because hurt too much to keep up jogging (that he had done all his life). Really became interested in cycling, racing - 1985.

Met future wife in bike shop in 1987. Married in 1989. Started own advertising PR business, which lasted a couple of years. Economy bad. Got PR job in Utah and moved here in 1991.

Fall of 1993, got sick again. Congestion was bad, doctors thought it was allergies so prescribed antihistamines and had an inhaler. But still felt something more was wrong. Had pulmonary function test which was abnormal. But nothing definitive. A week later, Friday evening, thought he had flu really bad. His wife got really concerned, finally called 911. Ambulance came, could not find pulse or blood pressure. Mike had gone into shock (they didn't know that at the time). Took him to the hospital and started IV's and pumped him full of fluids. Things got worse. Great pain. While trying to get him stabilized, and put in an arterial line, they nicked the carotid artery in neck and he began hemorrhaging all over the place. Last thing he remembers was two guys on him pushing on his neck and lots of red. Woke up a month later.

They called his wife and told her "You better call your family. He's gonna die." Found out he had gone into septic shock from systemic infection -- pneumococcal sepsis, the pneumonia bacteria because of not having a spleen, this got into blood stream and spread fast. All organs had failed, which put him in the coma. Was given a five percent chance of making it.

Because of shock-trauma unit, they were able to save more of his body parts. Extremities had basically died. They were black and brown -- looked like everything had burned up. There was so much initial damage, doctors had intended amputating both legs below the knee. But he talked them into doing partial foot amputations - said they could also go back and take more. Scarring on nose, ears, lips, hands. Was on a ventilator, feeding tube in nose. On dialysis - kidneys had failed. Liver damage, lung damage, heart damage. (Had heart surgery a year later - pericardium was removed. Due to radiation damage from first illness heart lining had turned to texture of brittle leather.)

Had months of rehab. Had special shoes made so he could continue cycling. Staff came to hospital for meetings. Used a laptop computer. As soon as possible, started going to work for half days, working hard. Went back to hospital for 10 days because reoccurrence of infection. Gave himself IV antibiotics for two weeks, at work and home.

Kidneys started back up, which was amazing to doctors. They thought he would be on lifelong dialysis. Still concern over how long kidneys will last.

Mike is a competitive bike racer, and pushes himself to the limit. He endures constant pain.

Magic

Born and raised in Provo. Parents were semi-active in their religion (LDS). Father had a binge drinking problem. Older brother has passed away. Have younger brother and sister. Parents are now dead. Moved to SLC after first marriage - right after high school. Has lived here every since. Went to business college, put husband through school. Had two children, then went back to work. Worked as a legal secretary for 17 years. Was not active in LDS church until 1977.

In 1978, phlebitis. Was given medication, and seemed to respond. But there were nodules, assumed to be complications. In January, 1979, flu-like symptoms. Up and down with symptoms, pneumonia, etc. Fluid on the lungs, would test fluid, nothing. X-ray, lungs looked bad, she was tired, no one knew what to do. Doctor said to get up and start doing things. But extremely tired and disoriented. Finally, in May, husband called doctor, and he came to the house - Friday, late. Doctor gave her Gatorade. Slept that weekend -- her "lost weekend." Sunday, husband took her to the hospital. She was 37 years old, and the nurses thought she was her husband's mother; she looked so gray. Took blood samples, then did a bone marrow test -- found non-Hodgkin's lymphoma. Also said that some of the cells were leukemia cells. Decided to give her chemotherapy until September. Said it should be treatable. In the weeks that followed, lots of infections, and very strange lung pictures. Nodules on the lungs -- would come and go. Appeared to be cancer on the lungs. In the hospital on July 4th, with another infection, skeleton crew. The xray taken that day showed lungs full of nodules. Radiologist, oncologist, internal medicine doctor -- told her she had six months to live.

Thought, to this point, that as long as going in for treatments, things will be fine. Doing everything the doctors said to do, believing everything they say. Now, the first thought was, "I have two young children still to raise." They were the main concern. Knew husband could get another wife, (which he did), but hard to think of the children.

Daughter would say "you will get better, Mom." Son did not want to deal with it, or talk about it. She was in denial too, just thought if she did this and this, then after the six months, she could just go on. Started reading everything could get hands on. To that point, she thought that everybody who had cancer died. Doctor gave no real hope. She thought she could deal with the cancer better than dealing with him. It was hard to face that fact that she may actually die. Her case was discussed in depth, no one knew exactly what was happening. They suggested her going to the Mayo Clinic.

She had lung biopsy, sent to every pathologist in SLC, results came back that they weren't sure -- maybe just an infection. Gave more chemo, then it cleared up. Nodules would also appear on her body, another thing they couldn't figure out. Did biopsies on the nodules, sent to California. They said it was part of same thing -- cancer.

Chemo time was over, did bone marrow tests again, cancer still there. Gave high doses of prednisone. Devastating stuff. Decided would just as soon die than to go through this. Doctor agreed, because it didn't seem to be doing any good. Told that could opt for no more treatment and see what happened, or try another type of chemo. It might sustain life, short period of remission, but didn't feel it would "cure" her -- as that treatment had been tried first.

Extra doses of chemo given. Doctor said that the lung picture looked better, but blood counts very very low. Needed a transfusion. Cried, because was going to go on a much-needed trip the next day. Said that was okay to do, but not to get hopes up that the nodules seemed to be disappearing. Could be back.

Kept coming in for more chemo, lung pictures a little better, but doctor still cautious about giving any hope or encouragement. Told her that he had not seen anybody cured at this stage.

Dealt with this by not getting hopes up. Didn't want them dashed. Thought she would just keep getting chemo to keep her alive for her kids as long as possible. And was finally starting to feel a little better, coped with things better. Husband was taking very good care of her --saying it was the first time she had ever needed him (very independent person). Also a lot of support from friends and church. Had been given blessings.

Would go in to be checked every three weeks for six months. Doctor finally said "It's a miracle. It's absolutely a miracle. I've never seen a case like this...respond at this point, to this medication." Yet he was still cautious. Pretty soon, off medication, and checked every few weeks, then every few months, then every year, then every two years.

Zak

Born in the Bay Area, Calif. 8th of 12 kids. Speaks many languages. Precocious child. First real memory (age 3) was of visiting grandparents with family, leaving and needing to lock gate behind them (rural area -- keep cattle in, etc.). Zak was closing the gate, and family - mom, dad, brothers, sisters drove off and left him. Crying, running fast as little legs could go, trying to catch the car. That is how he learned he would be going to live with grandparents. [abandonment issue] Raised, primarily by both sets of grandparents. One set was deaf, the other hearing. Adopted by mother's parents. Hindsight, being raised by them best. Nurturing environment, allowed to question, no forbidden questions, safe place, philosophically question. Jewish belief system -- day-to-day life experience. Religion not compartmentalized, way of approaching life and tackling problems that life brings, not mindset to make feel good. Would visit family on weekends -- hard to be there as mind wasn't allowed as much freedom, many areas were taboo. Mom went into Catholicism, then protestant - Nazarene. Black and white. Based on what you don't do rather than what you do do. Can't function in that type of environment.

Contracted polio when 5 years old - given a live batch of polio rather than the vaccine. Created many physical limitations, making mind expansion even more important. Thinking for himself. Passion was a quest for knowledge, any kind, any where.

Dad passed away when he was 10 yrs old. From an accident, but found out later that he had serious heart disease. Went to live with mom and step-dad. Step-dad's discipline/punishment -- take him to pool, hold head under water until he would pass out. Don't live in that moment -- distanced himself or could not progress.

During high school years, surgeries on legs -- ankle fusion, rods put in. Studied at home. Graduated from high school at age 15. Went to college in Idaho. Joined the LDS church (against mother's original wishes - although she agreed to it later). Still found some philosophical logic short-sightedness. Went to college there for about 1.5 yrs, then got sick, went home, went to college in CA. Stayed with mother for a time, grandfather ran interference. Helped Zak realize his 'difference' and be accepting of himself -- let truth free him -- about being gay. Be at peace with self.

Went on a LDS mission. Came home, school at BYU, put religion to test, got married, had 27 months of hell. Many health problems because of stress and not living in integrity with himself. (asthma, polio worse, etc.) Started underground support group for gays on BYU campus because a couple of friends committed suicide. Finished degree in Independent Studies. Went to University of London -- Ph.D. in Linguistics. Also Doctorate in metaphysics.

1988, age 36, in Germany, hiking tour, walking up a hill - suffered myocardial infarction. Near-death experience. Went through tunnel of light, met mother and others. (a sister had been murdered, she was in a spiritual ICU, a sort of spiritual recovery recuperation place.) Music in the background. Vivid colors, nothing like it on earth. Vibrating harmony. Was led back to the tunnel and woke up in body, as if mack truck were on chest. From the time of initial heart attack until time woke up in hospital was about 48 minutes. People around him were startled. Told him he had been 'gone' for 28 minutes -- the toe tag was on him. Felt no pain after that, felt that he was fine.

Age 39, problems, fainting. Check with doctor - cardiologist, who told him he was in bad shape. Found same problem as father had -- degenerative arterial disease. If not had been found at that time, he would have been a statistic in 3 or 4 weeks. After surgery, doctor said he "was a walking miracle."

Robin

Born and raised in California. Two sisters, one older, one younger. Hated being middle child. Raised in small town, where you knew everyone. Father was alcoholic, died of sclerosis of the liver. He was a happy drunk, nice and loving dad. House was busy - open door policy. Lots of relatives visiting. Good memories. Did want to be told what to do and how to believe, but minister refused. Told her that "bible is written so it means different things to different people. And god will reveal to you what's right for you at the right time."

Married at 19, moved to Panama (husband in military). Began personal spiritual quest there. Read, studied, discussion groups, different concepts, different ideas. The concept of karma answered all serious, heavy-duty questions. Decided there to give up meat and become vegetarian. Allowed family to make own choice. Never tried to encourage them to feel the same or believe the same. Important to allow others to think and believe what they will. In Panama for 18 months, then to Alabama. Then back to CA where had children in 64, 66, adopted daughter in 71. Attended congregational church. Middle of the road protestant. In serious car accident, with Mom and sister. Badly burned, very painful. Asked god to take away pain. Never had another pain. It did not hurt again. amazing. Believed that God was in control. Purpose -- to help sister, wouldn't let anyone else touch her.

Didn't want to raise children in California. Moved to Price, Utah, in 1972. Job in real estate. At age 36, stopped asking herself, "What is wrong with me?" Decided that she was not perfect, but she was okay. She was a good person with good qualities, even though she and her husband were having problems. Sometimes, some things just don't work out. Divorced in 1981. Real estate market went very bad, so moved to SLC in 1988, tried to do real estate, but didn't work. Figured somebody up there was trying to tell her something. Now has another job that has been comfortable. Hopes to go back to real estate some day.

Always been conscious about health. Eating right, taking supplements. After divorce, had no insurance for 9 years, so took vitamins and prayed alot. After getting job with health insurance benefits, went regularly for mammograms. Had to do something different couple of years ago because of scheduling difficulties-- so went to different hospital ("me and my signs"). White specks showed, said they were calcifications, but come back in 6 months. No change, come again in 6 months. Drastic change in one area. Went to see doctor. Had lumpectomy. Cancer. Wanted to get any books on the subject to educate self, to know more. Surgery done -- removed golf ball size tumor. Radiation treatments. Felt from the beginning that god was in control and didn't need to worry. Used to be deathly afraid of cancer. Surprised herself when she got it and said ho-hum. Another challenge. And because of the cancer, it has opened up other doors/avenues -- involved in groups (Survivors of the Summit) and other great people.

Tess

Raised in San Francisco Bay area. Father from Middle East, Christian. Mother from England. Strict, disciplined upbringing. One older sister. Attended private Christian school. Always at the top of the class on everything. Important. Sister is exactly opposite, needs to be pushed. Always driven, motivated. If received a grade of less than an A, would cry for days. Perfect. Also athletic. Soccer, Track - high jump, long jump.

One of those annoying kids.

Seemed to be the favorite, so got a lot of attention. Another reason to push, not just because wanted to be best but because got lots of attention for it. Good at everything, getting cocky, had an attitude. "I thought I was invincible."

Car accident at age 14. Left side of skull was crushed, bone chips made lacerations on brain. Prognosis, IF she came out of coma, would be a vegetable. Last sentence of medical report said "survival very much in doubt." Had a broken leg, wasn't fixed because "why have a straight leg on a corpse." Practically dead on arrival. Plastic plate in head, with steel mesh.

In a coma for three weeks. Restless coma, had restraints. Always pulling out IVs. Irritated nurses. Woke out of coma on Christmas Day -- nurse had come to shake her and asked "are you always this difficult?" She woke up and said "no." Shipped to rehab the next day.

Short term memory affected, not long term. Knew that she used to be able to do things that she no longer could. There were learning impairments. Left side is where all learning is located, so learning was still there, but all jumbled up. Paralyzed on right side. Couldn't remember how to do anything. Essentially below kindergarten level and had to work way up. Couldn't read, couldn't write, couldn't walk, couldn't feed self. Kept thinking, this is just a bad dream. "I'm this perfect person, things like this don't happen to me, they happen to other people." Hard to accept, wanted to kill self right now, because this is too weird.

Strong belief in God, strong personality. Prayed in hospital, talking to God, and knew that everything was gonna be fine. It would work out perfect. God told her. She says about 20 prayers a day. Whenever stressed, talk to God and know everything's gonna work out fine. Nothing ritualistic or anything, just talk. Prayer is the secret. Wishes everybody could know that.

Had about eight therapies a day. Because of competitive nature, just did it. Pushed. Discipline, do your best. Plus was getting attention again. Until Mom stopped all the media 'Christmas story' attention.

Had some negative experiences -- rehab people had meetings to discuss her while she was in the room. Guess they thought that because she had a head injury ... no information is going in .. functioning at a grade school level, don't need to worry. Very confused, why were people treating her the way they were (like an idiot). Not angry, confusion and people who don't understand.

"If somebody criticizes me or tells me I can't do something...that's all they have to say because I'm gonna prove them wrong, no matter what. You know, it's like, in your face. And so, that was actually motivating for me, but I imagine in a lot of situations it's not."

After three months in rehab, went from pre-kindergarten level to about seventh grade, (in ninth grade when accident occurred) and walked out of the hospital with a cane. Refused to go home in a wheelchair, so pushed hard. Used cane for the next three months. Had a tutor help with school. Routine: go to outpatient therapy, go to tutor, go home and do homework. Not a question of what made you do this...just something I had to do. Relearned everything and reentered school in fall with classmates. "You just do it." People kept coming into lives -- anybody we needed, it just happened. "Rationalize everything, I guess." God has a lot to do with everything. "God always has a reason for why things happen to you the way they do." Would probably have gone into business or some other such career. But now, want to work with head injuries -- can understand and do something to help others. "Everything happens for a purpose and a reason." Don't even think about it, just whatever happens was supposed to happen. Not only was it a miraculous recovery, she healed extremely fast.

School is tremendously frustrating. It takes a lot of work. Compares herself to very bright people. Anxious. Now in graduate school. 25 years old.

Valentina

Born in SLC, at home, 1912. Three older brothers, one older sister. At eleven months old -- contracted spinal meningitis and double pneumonia. Operated, drew all serum out of spine, injected horse serum into spine. Took a long time to learn to walk, learn to talk. Dad taught her to read early, in case she was to be an invalid. Read history books, things like "The Life of Plato." Practiced talking with stones in mouth. Not like most girls, didn't like to play with dolls, go shopping. Liked to climb trees, hike, jump, fish, hunt, shoot guns. Started playing the piano, talented, playing concerts at age 12. Then at age 16, smashed finger and basically stopped playing. Age 17, studied voice, thought about opera. Attended college - first wanting to be an engineer because good with figures. Then got a two year degree and taught English at the old LDS high school. Then decided to go to Business College and got a degree in business management. Married at age 24. Husband was in military. Had two sets of twins. First set died (Rh factor). Second set, lost one child, the other son lived due to blood transfusion from uncle. Had one other son, 1941. Shortly after this time, wasn't feeling well, so went to military hospital where they told her she had cancer.

Husband got orders to go back East (and from there he went overseas, WW2). She didn't feel well enough to go with him, so decided to go back to Utah where she might have some help with her sons. She worked at the Post Office until 1945, when the soldiers came home from War. (Meanwhile, husband had fallen in love with some Austrian girl, married her. Came home to tell her, they were divorced, 1945.)

She went back to the doctor to see what to do about the cancer (1946). Hadn't done anything to that point because didn't know how to manage that in addition to providing for kids. But her father watched the children while she went into surgery (doctor didn't know if they could save her or not). He only gave her 5 days if she didn't have the surgery. They took out 8 pound of cancerous tissue, along with female organs. Doctor said that was hardest job ever and would "never do a job like that again."

Was working in Dugway during the atomic bomb research and got some fallout. Men who were with her died within two months of coming in from the field.

Remarried in 1958. Discovered she had intestinal cancer in 1962. Operation. Took a big hunk of the intestines out. Divorced second husband in 1964.

Decided to save money and go back to school. Went to Toledo, Ohio, (now in her late fifties) took tests to see what/where her interests were. They told her medicine. She thought she was too old and they wouldn't accept her, but with a sponsor, she was able to enroll. She started school in 1971, took basic classes and pre-med classes. Discovered cancer of the gall bladder in 1972. Surgery to removed gall bladder and they were going to take part of kidney, but were losing her on the table, so didn't.

She graduated from Ohio Medical School at age 65, in medical gerontology. She was the only one of her original class of 18 that graduated, and the oldest student ever to walk across the stand to receive that kind of degree. She practiced in Ohio for a year, then decided to come back to SLC.

Utah would not license her -- "too old and a woman." Ridiculous laws. She began working for the state in the Division of Aging. Did research for 2 years. Wrote book on where most prevalent diseases were, what they were, and what were the reasons for them.

Lowell Bennion called and asked if she could help him get patient papers organized. After she was done organizing, he asked her to visit the 800 people and find out about them. Found that most the people whose health was bad, didn't eat properly, and teeth were causing disease. Decided Utah needed a good dental program.

Discovered colon cancer in 1987. Took out colon. Kept working with Dr. Bennion until he retired in 1991. Then she began putting together a dental program that would help those people "behind closed doors." Worked on getting grants, dentists who would help, equipment that could travel to the houses, etc.

Last year, doctors consulted and determined she had lymphoma, blood clots from hips to toes, and said legs would need to be amputated. She said "No. I've got legs. I can walk. And if there's a possible way to treat them, we'll treat them." With the help of a pharmacist and the consent of her doctor-dermatologist, she is treating herself with different creams, feet in hot water, etc. Legs seem to be responding. She is unable to take the pills the doctors prescribe due to her ulcers.

She currently manages the dental-program-on-wheels. Hard to keep up with her.

Meg

Born in Colorado. . Two older sisters, three younger brothers. Daughter of army officer, moved every three to four years. Mother made the moves an adventure. Unpacked immediately. House was quickly put together. Visited sites wherever they lived. Most of the time in the States, although spent some time in Europe (Germany). Family was Catholic, environment fairly strict. Although she felt her father was a little more permissive with her than with sisters. Her personality was more of the little housekeeper, little mother. Schooling was mostly in Catholic schools. Graduated from a Catholic High School In Pittsburgh, PA. Did a few years of college at the University of PA in Education. Began work as a service representative, married at age 21, moved to Ohio. Gave birth to son at age 24. Went back to work for a company in credit and finance, and really enjoyed that. She and husband separated when son was 2 years old. Went back to school at nights, getting financial credentials. Moved up corporate ladder. Plus moved literally. Also tried to follow mother's example and make each move an adventure. Started own business as a business consultant. Chose SLC, loved area, plus son was going into high school, and good area to raise a teenager. Remarried almost three years ago. Son is currently in college in Ohio.

She had had a "mole" on the back of her hand for several years -- sort of silver, strange-looking. Early in 1973, noticed that there was a black ring around it. This was during the years that the medical community was attempting to educate the public on the 7 deadly signals of cancer. She called, was referred to a clinic, where doctor looked at it and was visibly shaken. He operated immediately to remove what he could. Tests confirmed it was malignant melanoma, and doctor believed it was advancing up the arm. Prognosis was very poor, and he told her the best case scenario was six weeks to six months. Said this particular form of cancer spread very quickly and would be in the lungs quickly. They would do more tests, but.... Only form of skin cancer that is deadly, fewer than five percent survived. She was 22 years old and pregnant. Miscarried soon after, which seemed, at the time, a greater trauma, than the disease.

Felt in a world all by herself. Confused, in shock, not believing. Weeks later, another biopsy was done on the arm, and when the results finally came from lab, the doctor called and said, "Young lady, if I were you, I would get down on my knees and thank God, because we cannot find any cancer." The doctor maintained, until the day he died, that it was a miracle. There had been no doubt in his mind that the cancer had spread, as his experience and the original test had indicated.

PeteHealings

Visualization.

Belief in Power of the Mind.

Reading everything possible.

Prayer (for others and for self)

Meditation -- not guided or visualization, more sound -- very abstract, but "I work in abstractions."

Color - imagery, visualization. Going through body to clean out dark or diseased areas. Need full spectrum of color, need sun. Gold, liquid gold.

Express -- emotions, feelings. Harboring emotions, repression -- body starts to react against itself.

Learnings

No longer in denial about self. Not going to hide from anybody anymore.

"Because my life depended on it."

Body is barometer - incredibly sensitive.

Spend a lot of time alone, "really, truly learning, who I am, and how I work energetically. So that I can distinguish my own patterns." Chakras - energy.

Have to learn to receive from other people. Can't do it all by yourself. All the time. "That kind of surrender was being asked and it literally brought me to my knees."

Realized how all life is organized, planned, with incredible timing. Gives opportunity to "wake up."

Lessons

Personal reason for illness -- let others know that there is so much of themselves that need to be explored.

Main theme - purpose - see the divinity in each being, light-bearer.

Intuition, ask, trust what you receive.

1. Philosophy -- Purpose...to be here...to be as joyful as possible. Experience joy and bliss.
2. Diet -- Diet: little dairy; use of herbs, no wheat but other grains and vegetables, body needs meat. to get well...vegetable juices, fruit, herbal supplements (not hospital food), now whatever body want to have, carefully -- meat, vegetables, chocolate.
3. Role of Doctor -- necessary, not gods. listen and hear what I have to say about my body. Tell me what is happening and why functioning this way. Almost died because drs didn't listen.
4. Physical approaches -- difficulty separating phys from nonphys. -- couldn't do much, no energy. Just slept and read. Getting stronger so walking and dancing again.
5. Non-physical approaches -- color therapy, reading
6. Changes in body when angry, stress -- everything shuts down, energy level down, causing closed lungs and throat. learning to express emotions before trapped inside.
7. Emotions and illness, fault -- harboring can cause reaction in body. I caused breast cancer, took care of healing. Asthma - something to go through, transition, to learn.
8. Acceptance and fighting of illness -- accepted necessity of going through process, but not hospital's program of how to do that. Changed it to work for me.
9. Perception of how people are treated in hospitals -- treated like idiots most of the time. not enough emphasis on good nutrition. think drugs and medicines are only way. not open to other areas. Should be more preventative. Treat symptoms, don't get to source.
10. Patient's feelings treated along with medical problems -- yes. there are some incredible drs., but most have underdeveloped personalities, lack compassion and caring because missed growth cycle. think they're the authority's and know everything.
11. Difference between disease and illness -- can be ill without disease (emotional, cultural, etc.) Some may have contracted to come down and have certain diseases to work through them. Illness can be mental thing to be addressed.

Pete, cont.

12. Difference between healing and curing -- cure is treating symptom, healing is holistic. Can heal emotionally and mentally, not necessarily cure physically.
13. Ask for help? -- from unseen sources, definitely. out of hospital, atrophied, couldn't do anything, had to rely on others and let them help, position to receive. hard not to feel guilty and not deserving (early conditioning). Better at asking, still difficult.
14. How fear is handled -- such a wuss. Mostly terrified, so can either sit in house and be terrified or walk out the front door and go for it. So I usually walk right into the middle of it...
15. Short time to live -- at first said I would quit job and travel. Now think I would just do what I'm doing and spend time with the people who are meaningful in my life. And be with them.
16. Live by what is important now? -- I'm getting closer. Eliminating unnecessary physical things, furniture and clothes - simplifying. Don't require as much. consumerism. Destroying planet because people think they need 20 pairs of shoes and 14 televisions.

If someone had just been diagnosed with a life threatening illness, and they came to you for advice -- Children can visualize. Older one, "find a way to take some time out -- get in touch...ask for help, be with yourself, know who you are..." too many distractions in life, so how to hear what's happening inside and know the self? Be alone, and be okay with being alone.

Being alone -- find peace. . . find great realization of who they are, begin to learn about own power and begin to learn where source of power comes from and learn how connected you are to other living parts. Honor the core of you, what you know to be true.

IsabellHealings

Asked for healing light to fill mind and body and would visualize white light coming into head and into body and flowing through cells of body, through blood, through bones, through all the flesh, and become in tune with the cosmic.

Believe in guardian angels, guides, helpers.

Peace. "I try not to let anything bother me."

Energy.

Meditation. Liquid warmth, starts low and goes up spine and head expands.

To heal -- ask for healing. Go within, be at peace with self, talk to self. Bring in peace.

Color therapy. Vibrations form color is healing force. Outdoors. Absorb from nature - beauty, harmony.

Prayer -- sending love, light, healing from meditation group -- felt better right away.

Learnings/Knowings

"If you have anything that bothers you, speak it out. Don't keep it in. Because if it stays, it festers like a boil and then you have problems. So...just say, 'Hey, I think you're a jerk.'"

Choose doctors who have "good vibrations." then leave it in their hands "Don't tell me the details. That's your business. Mine is getting better." Don't want to know.

Thoughts are things. Be careful not to pick up others' negative thoughts.

Stress and aggravation contribute to cancer, heart trouble, other body symptoms, and mental problems.

Help self, then can help others. Love self in order to love others.

Have a cousin who has had everything in her body removed but her heart. And I'm not too sure about it.
"oh, poor me"

Lessons

Lesson: learn tolerance, patience. Not everyone has same, so can't assume they should heal (cure) themselves as she did. Just use tools and see what happens.

Find own entertainment. Enjoy own company - talk to myself and to birds and to bees.

"Hey, I chose this to work through for the lessons that I need in my life" so don't feel sorry for yourself.

1. Philosophy -- (1) cancer is just a word, heart-attack is a word, stomach ulcers are a word, eyestrain is a word. See, it doesn't mean a things. if frightened, hits, and all poison pours through body, then in trouble. Belief -- we pick time, family, parents, situations -- lessons to be learned.

(2) captain of own ship. Lessons. Not easy. Work - losses through death, illness, property, health. Learn patience, compassion, giving. Keep going. Goals. Must make own changes, decisions.

Purpose -- evidently have one. If help one person, that's what it is all about.

2. Diet -- fruits, eggs, whole wheat bread, green salads, fruits, vegetables, occasional dessert. No smoking, drinking or tea or coffee. peppermint tea. Vitamins (C, E, multiple, aspirin). Loves pickles.

3. Role of Doctor -- must have faith and confidence in doctors. so choose wisely. Don't want to know all the gory details, depend on them and their abilities.

4. Physical approaches -- "Weight lifting. It takes an awfully lot to lift my butt off my chair."

5. Non-physical approaches -- meditation; prayer; affirmations. Colors - "beautiful things feed you."

6. Changes in body when angry, stress -- Music, soft and sweet will soothe to sleep. Loud crashes and bangs - only on July 4th. Otherwise ruins magnetic field. Meditation helps anger leave. Deadlines - only 24 hrs a day, don't let clock run life, or in real trouble.

7. Emotions and illness, fault -- hypochondriacs, can't cope - so pick an illness. Emotions can blow hole in aura. Try to keep mind active. Talk to myself.

8. Acceptance and fighting of illness -- not let anything get the best of me.

9. Perception of how people are treated in hospitals -- people there were absolutely wonderful. good treatment. they were overworked, but treated me very well. Changes -- maybe not ask what religion.

Isabell, cont.

10. Patient's feelings treated along with medical problems -- Sure. should be put in touch with someone who has had same things. Know light is at end of tunnel. Medical professionals should "get their heads out of the sand." People live on feelings, should deal with them.

11. Difference between disease and illness -- disease is of body - viruses, pollution. Dis-ease of body and mind. Illness is when getting ready to go.

12. Difference between healing and curing -- none. If gonna heal self, then will cure yourself.

13. Ask for help? -- talk to God all the time. And doctors.

14. How fear is handled -- Overcome fear. Just don't seem to have it anymore.

15. Short time to live -- Don't buy anyone's timetable. Carry on, garden, be with family and friends. Have a "sing" - great big party. Courage to say "No" -- with no need for explanation. "Hey, you're stepping on my toes."

16. Live by what is important now? -- Think so. Send love and light to earth and universe.

17. Appreciate about life -- Wait for someone to give permission to live? -- No, if it was my time to be gone, I'd be gone. Still have things to do. Haven't put finger on them, but there are things out there to do.

Differences/changes - before/after diagnosis --- Same person, just older.

AlexHealings

Visualization, but in mountains, nature - energy force.

Felt blessed to be working in that environment.

Reading. Informed self. Some don't want to know - just "fix me."

Different people require different approaches - and resources. (Hard to find resources, information gathering.)

Proactive stance with cancer and chemo -- Anger at first, then decision-making.

Visualization - Desert Storm.

Good to stop, slow down. (Got pneumonia, had to stay in home and rest for two weeks -- first time to sit. hard to do nothing.)

Disengage emotionally in order to make objective decision. Deal w/emotions later.

Learnings/Knowings

Why don't many use support groups? -- many say they have strong support from family and church. Others don't want to deal with talking about it or being around other people. Physician referral is an element that is missing -- big loop in terms of communication.

Lessons

Mortality issue: "life isn't forever, and if this doesn't play out the way I'd like it to play out, well, I've been far more fortunate than most people on the planet, with all the experiences I've had." Can't do anything about it - "I mean, what are you gonna do?"

Diagnosis: Friday afternoon at four o'clock.

1. Philosophy -- Purpose -- Interact with surroundings, be harmonious, find a balance and comfort level. provide for others and care for self. nourish mental state. Involvement with other human beings.
2. Diet -- Had been real good, so why cancer? Didn't do anything special -- no energy to go through the confusion. "Just take medicine and be normal." "Can't be bothered with that" (special foods)
6. Changes in body when angry, stress -- Music - classical, relaxing. Try to remember to lay on couch and do nothing every once in a while.
8. Acceptance and fighting of illness -- be proactive in fighting, but if it doesn't work, then it doesn't work. Can't do anything about it.
9. Perception of how people are treated in hospitals -- made effort to be informed, so had good dialogues with health care practitioners. So a more positive, good experience. But medicine has become big business. Holistic health should come in 10-15 years.
12. Difference between healing and curing -- healing is part of curing the body of the illness. healing is a process. Cure - take this medicine and disease is gone. End result.
13. Ask for help? -- Emotional element kicked in, was alone. Needed to be with somebody. So hard. Drove to dad's house, knocked on door, started crying, and said "can I come in and watch Sixty Minutes with you" -- so hard to do that. Let down wall and boo-hoo. They were shocked. A little easier to ask now, but... And when asked someone who did not respond, very hard to ask again.
14. How fear is handled -- real anxious, short temperament; initially reactive anger. then will let it go. Cancer: prepared self. Fight or Flight response.
15. Short time to live -- (1) probably not work. Be with daughter. Travel, have "rich" experiences. (2) go to Paris, kayaking trip, and share experiences with family. Planning now - one decade at a time.
16. Live by what is important now? -- Trying. Responsible parent, caregiver to child. Time span now is to pay more attention to others (child, parents).

Purpose and belief system now: meet needs of child, most important thing to focus on.

Differences/changes - before/after diagnosis --- was already going through evolution of change -decision to terminate marriage and what that would mean.

Paying dues professionally now. Still doing some things that are not liked, but just the way it is.

LeslieHealings

After diagnosis - spent lots of days in medical school library, reading up on things.

Visualization -- Go after Saddam Hussein. Don't stop at Baghdad, go all the way. Let the games begin.

Dealt with it -- pulling-out/shaving hair party, "life is too short for cheap wine," three trips during chemo-time. Then radiation treatments. As aggressive as possible.

Began to explore spiritual side of things.

Approach -- read.

Read books on Islam, Judaism, Mormonism, history of God. Felt as if "flailing" -- Tibetan Book of Living and Dying -- and found something, a sense of coming home. Compare objectives of search and where search led her -- doesn't fit, but obvious that "this was it."

Gym -- where she would go, not recreational, but as an investment. Not selfish. Physical therapy. If stronger, will give an extra few months with children.

Meditation. Sense of well-being. In touch with something much bigger.

Other visualization -- imagery. Weeds in Utah desert with deep tap roots (to survive) -- comparison to tumor with blood vessels. Walked the tumor and pulled weeds. Cut off lifeline. Not alone.

Someone there with her. One day, didn't work any more. Thought maybe, just maybe, tumor is gone.

Renovating house -- "missing one too many sunsets" wall is coming down. Nesting legacy - acceptable way for women to keep busy, gift to the family.

Learnings/Knowings

Nothing makes her happier than being a mother. .

"When you think that your chances of dying are a hundred percent, when you realize they are only forty percent, suddenly forty looks great!"

Mind-boggling to think not going to die.

Wanted to find a good support system, stable community for children -- was no longer practicing Catholic, husband not interested in organized religion -- but needed "to figure out this whole god thing."

Process information through books, tapes. Lots of experiences, "should I care to reflect on them."

Frantic about dying -- because of what would happen to the kids.

Worried about many friends dying -- Visual image of daughter relaxing in arms -- came together as not resisting or fighting as much - relax into it.

Like the term "tumor" better than cancer. Tumor sound more like a pet, so not too bad to have that as long as it doesn't take over life. "Sit, tumor, sit!"

Develop attachments to pictures of future --when taken away very sad, so better not to think too far ahead --uncomfortable in buying airline tickets eight months out.

Pattern -- just don't want something, then not disappointed when you don't get it. "I don't get how people feel okay with really, really, really wanting something and then not getting it. I mean, I don't get how they feel okay with that. I don't get why everybody doesn't think it's just a better plan not to want it."

Lessons

Sense of spiritual development that allows you to take whatever you're handed and to use this as a tool.

Become more aware.

Less than perfect situations allows you to develop.

Wide-angle view -- step back, view the entire situation unfolding -- not as reactive.

Focus more on the present. Pay attention to whatever message the tumor was bringing.

See commonality between me and all other things. Mirrors.

This illness..."I found it to be a great motivator."

Friday, Holiday

Leslie, cont.

1. Philosophy -- Purpose --- (1) Karma -- sent what you need. could not have got here - spiritually - without cancer. Needed to get attention. Daughter's birth, son's birth defect, now cancer. Pay attention!
2. Diet -- (1) nutritional supplements, blue-green algae, calcium, garlic, carrot juice
3. Role of Doctor -- "slice and dice" boys
4. Physical approaches -- gym
5. Non-physical approaches -- meditation, reading
6. Changes in body when angry, stress -- constriction. Music is important, get right sound environment, female vocalists, new age, Enya, Harmonic choir, Celtic, drumming, chanting
7. Emotions and illness, fault -- not fault; sent what is needed, much larger picture. Learn, but doesn't mean it will necessarily cure you once learned.
8. Acceptance and fighting of illness -- (1) Finally, acceptance. "You know, either I'm going to live or I'm not." Dealt with other breast and reconstruction. "The karma's going to play the way it's gonna play."
11. Difference between disease and illness -- Disease = specific thing pointed to (malignant cells, chemical imbalance); illness is the whole - put into someone's life -- interfaces with life. Can deal with specific diseases; hard to deal with illness that impacts on life.
14. How fear is handled -- meditate, nothing else for me to do.
16. Live by what is important now? -- Without tumor, would not have had the nerve to get involved with Buddhism stuff.
17. Appreciate about life -- Wait for someone to give permission to live? -- "Think of it as...not being quite clear that I have the permission to...to legitimately think that I am...not going to die." Feel permission to live, but not tenure, just month to month contract.

Differences/changes - before/after diagnosis --- (1) feel so profoundly different than I was, say three years ago at this time, before the diagnosis.

RoseMarieHealings

Strong belief in higher power.

(Always felt as if on some sort of spiritual quest.)

Use of prayers and mantras. Serenity prayer. Listen to meditative tapes. Work with 12-step system, American Book of the Dead.

Needed hope. Had to get past feeling of utter hopelessness.

Read positive stuff on the pot. Daily meditation stuff. TM = Toilet Meditations.

Mandalas -- color fuzzy posters.

Vibrational healing -- chanting with her voice.

Learnings/Knowings

We are a work in process.

“Be radical and honest. No bullshit.”

Lots of feminine energy -- here to balance out and help others.

Constantly studying and learning.

Western culture - doctors have so much power.

Working on not being a victim.

“I do sacred sorrow. I do sadness.”

People learn from example, I put focus on ME, and not trying to fix anybody else.

“I can’t hear it, I didn’t cause it, I can’t control it, but I can care about the person.”

Lessons

One woman, getting through life, figuring out answers as best as possible, sharing with others that which has assisted her in experiences.

Major mission: be a healer, be of service.

Lesson learned: don’t try to persuade an outcome to be like what you might want. Reduce things to trivialities. We have tendency to make things bigger than they need to be. “How important is it?”

Lesson and recovery: getting over the care-taking stuff. “That’s been my disease.”

Really love life, may sound crazy, but....

1. Philosophy -- Purpose -- (1) definitely have a spiritual mission here on this planet and that all of this, the illness and the healing were the whole process of my particular journey and my particular task. Here to help others realize they don’t have to drown. (2) Very eclectic and on a path of surrender. Turn life over to higher power. Stay and assist people.
2. Diet -- (1) drink lots of water, herb tea, herbs. See a Chinese doctor.
3. Role of Doctor -- Don’t want them to play god, because they’re not.
4. Physical approaches -- massage, walk, dance
5. Non-physical approaches -- prayer, mantras, meditation, imagery, visualization. Color, knit.
7. Emotions and illness, fault -- (1) most illnesses are cognitive. We do create them. (2) Must heal on mental, emotional, physical, spiritual level -- must be done on all levels. The mental, emotional and spiritual stuff manifests itself into the physical stuff.
8. Acceptance and fighting of illness -- Basically just surrender. Accept and surrender. Whatever Spirit wants. We all die. Nobody gets out of here alive.
10. Patient’s feelings treated along with medical problems -- “no shit” Many doctors who say there has to be more than AMA technology. help me.
11. Difference between disease and illness -- dis-ease
12. Difference between healing and curing -- curing, do it once and for all -- healing on all levels, mental, emotional, physical, and spiritual, or no cure. it will be manifest in another illness.
13. Ask for help? -- ask the higher power for help, most important.

RoseMarie, cont.

14. How fear is handled -- don't like it, but go through it. when it is blackest and can't get further down, answers are right around the corner, it's back to surrender. Help. "I'm tired of being a blockhead. Give me the answer."
15. Short time to live -- Take it one day at a time. Give me six months and I'll work on it.
16. Live by what is important now? -- every day is full. hard to figure out if I'm working or playing.
17. Appreciate about life -- the people in it. everyone who walks through my door. No shitty people in my life, they are all wonderful, neat people.

Steve

Healings

Belief in God and Jesus Christ --

Prayed more in two week time than whole life to that point, probably.

Bargain: remembers feeling and saying... "If you'll get me through this, I'll do whatever you...ask of me. Probably put a little too much pressure on me." But feels that is a lot of the reason why got through it.

Received Priesthood blessing before surgery.

Attitude: "I'm gonna beat this."

Wanted to fight it -- brought up to fight things. Although has mellowed with age.

Tried to keep positive mental attitude.

Physical therapy, worked gut out.

Lots of support from family, friends and relatives.

Learnings/Knowings

Information -- wife took care of that part. Just wanted to know the steps, what to do.

Pretty traumatic, coming that close to maybe not making it - so owe something.

Stayed close to LA temple -- wondered about reason for going to LA rather than NYC.

Maybe too much radiation, but no problem with it...."it saved my butt, so...."

Lessons

"You find out that life's a battle."

Reasons for everything. Soul-searching. Hard to do everything "they" (church) wants me to do.

Spend lots of time and energy with kids. Business suffers, but too bad. Would rather be with them.

Life is a delicate balance.

Cancer - wake up call: cherish things a little bit more.

(But time goes on, becomes faded memory, more dull and distant.)

1. Philosophy -- Purpose -- just try and be a good person and do the best you can.
2. Diet -- Not bad, try to balance. Too much fast food, because on the road.
3. Role of Doctor -- had good experience. give doctor A+. Very confident, gave hope, instilled belief in his abilities/skills. Conveyed experience and success rate. Personal attention - perhaps because Steve had come from UT.
4. Physical approaches -- hard, no lung capacity. Also leg has little flexibility. 10-12 inch incision to get out tumor. Not good circulation. Hamstrings cut. Do some stationary bike.
5. Non-physical approaches -- Prayer, some visualization, seeing self well.
6. Changes in body when angry, stress -- Usually keep stress inside and then blow up. Is not the best strategy -- takes a couple of days to get better.
7. Emotions and illness, fault -- everyone has cancer cells, sometimes they take hold and grow. Comforting to know didn't screw up and do something wrong. Just happens. No blame. Didn't smoke or anything. Depression can cause certain illnesses.
8. Acceptance and fighting of illness -- "realize you're gonna get the shit kicked outta ya sometimes, you just have to go on." Felt the need to fight it. Second time, easier to accept, not as shocked, but still prepared to fight it.
9. Perception of how people are treated in hospitals -- I was treated very well. For the most part, everyone was great. Tried to include me in the loop. There could have been a little more post-surgical counseling.
10. Patient's feelings treated along with medical problems --
11. Difference between disease and illness -- Disease has a worse connotation of something more serious. Illness, congers up more of a sickness, you know, like the flu.

Steve, cont.

12. Difference between healing and curing -- Healing is kind of a global perspective...heal body or mind. Curing means more that the symptom is being cured, getting through that, getting it over with. Like a broken bone, you cure but you may not be healed.

14. How fear is handled -- that's a tough one. Talk yourself out of being afraid. Work at telling yourself the reasons you shouldn't be afraid. Break it down, get past it. Think about -- what's the worst thing that could happen?

15. Short time to live -- Spend more time with family.

16. Live by what is important now? -- Mostly. People are important, I'd like to try and help people.

17. Appreciate about life -- I have come through some trials in life. Not bitter, got past them, trying to progress. Am a pretty good person, pretty good father, pretty good husband. Appreciate that I am with my family and "I'm still here to experience life."

LeeHealings

Strong belief in God, higher power.

Prayer: Catholic upbringing, but was happy to have other religions pray for her. Had an LDS blessing. Not alone when others pray and support. Better quality of life.

Meditation classes.

First Visualization (fierce, forceful attack in the beginning) -- Pac Man going through and eating all my cancer away. did it for awhile, then all the sudden quit, wondered, maybe don't need it anymore.

Visualize: Light coming through top of head, power of God, healing every cell, every atom, curing it, being whole and complete. Every morning. Take all bad stuff and just throw it away, throw it out away from me.

Read: Daily Word (little book with quotations for every day); Bernie Seigel books; Meditation for Women Who do too Much; Twenty-four Hours a Day; One Day at a Time. Read anything that is positive, positive, positive.

Serenity prayer - 12 step program,

Positive affirmations, tapes, etc.

Write feelings down. Helps a lot.

Love the outdoors -- breath and enjoy the day, the sky, everything.

Rest a little every day.

Attended workshops on positive talk, visualizations, hearing about cures.

Important to ask -- ask for healing, etc.

Goals: one at a time -- get kids out of school, etc. Don't have time to be sick.

Information -- was given booklets by doctor, but would look at them and say "wow."

Personal contact was better -- relating to someone that has same thing, same illness, really helpful.

Belief: "Hey, I can do this and I can beat it."

Color -- has a lot to do with how you feel.

Learnings/Knowings

Doctor did not give much hope, said it could be for nothing. Not for nothing if have good quality life, live each day to the fullest.

Stayed with doctor, even though advised to get another one. Wanted to prove to her that she was wrong.

Didn't like hospital support groups as much as one-on-one. Not as effective. Couldn't relate as well to them. Some were negative, some were frightened, others just brought you down.

Wouldn't trade places with anybody else. My problems, no one else's.

What you think, works. Thoughts are things.

I see things so different now through my eyes.

Relationship with children - very important.

Lessons

Live one day at a time.

Up to us -- awareness -- live with it or not live with it...is, I think, our test.

"Awful to say you need a crisis in your life to really shape you up, but, it can."

Let the past be in the past, can do nothing about it now.

Thankful for everything.

"We can have a quality life or we can have a shitty life."

I decide, this is up to me.

Being alone -- love the quietness now. Can be by myself.

Illness like this is a gift.

Test: give up and die or live and become a better person.

Lee, cont.

1. Philosophy --... live one day at a time. Value every day. I'm just glad I'm here. Purpose -- kids say I'm the neatest mom, paying more attention to me and my family and overall life; being and teaching positive thought. Spread the word and let people know and help them. Put the pebble in the pool and watch the ripples.
2. Diet -- eat about anything I want, in moderation. Fruit, water.
3. Role of Doctor -- Wish they would be more human, not robots. Talk, show concern, smile. Doctors should be more feeling, more caring, more touching. Get closer.
4. Physical approaches -- Exercise (Denise Austin tapes) back exercises -- about an hour to take away stress, tension.
5. Non-physical approaches -- read inspirational books, color, meditation, visualization, prayer, gratitude.
6. Changes in body when angry, stress -- tighter muscles, headaches, stomach upset: so pull back and say, "do what you can do and be done with it." meditate, slow down. Music -- nature tapes, classical. Like western, because like to dance.
7. Emotions and illness, fault -- Blame, yes, not so much that I caused it, but that because I let myself become weak and let my immune system down (from stress). Responsibility.
8. Acceptance and fighting of illness -- all gonna die, just don't want the suffering. Ask, what can I do?
9. Perception of how people are treated in hospitals -- Use whatever works, alternative, herbs, etc.
11. Difference between disease and illness -- same. Dictionary definitions. Disease: an impairment of the normal state of the living animal body that affects the performance of the vital functions. Illness: an unhealthy condition of body or mind.
12. Difference between healing and curing -- Dictionary. healing: to restore to health, to make sound or whole. Cure, remedy, curing: to restore to health, soundness or normality, to bring about recovery from. "I say I'm not cured, because they still...find little nodes. I say I'm healed, but not cured." Healing is more important.
13. Ask for help? -- Help was there, and I accepted.
14. How fear is handled -- Pray a lot.
16. Live by what is important now? -- yes, new phase in life. Letting go.
17. Appreciate about life -- not so much worry anymore "Is there something I can do about this? If I can't, be done with it and let go and let god."

Differences/changes - before/after diagnosis --- before, didn't appreciate the days, myself, or my kids, just going, going, going, doing, doing, doing. Now eyes are opened and appreciative of...everything. More aware. Thankful. Treat yourself better. Don't beat up on self.

MikeHealings

Wife stayed by side, read to him, talked to him.

Photos of daughter helped in the hospital.

“Don’t like anybody to tell me I can’t do something.” Doctors would say that. Wanted them to help him accomplish what he wanted. Or give resource name. Refer. Want to try. Doctors kept saying, can’t do things. He would answer, “why not?”

Support from another disabled cyclist -- now knew he could come back to cycling.

“Happy with what I’ve done for myself.” Progress. Want to be accepted as real athlete.

Good to talk with one guy at LDS hospital - did visualization and relaxation for pain; comforting to talk with him. HOWEVER, once back to work, “I was more determined to actually be doing things rather than sitting and talking about my feelings.”

Passionate about life, work, kids, wife, bike-racing.

Learnings/Knowings

Radiation, maybe too aggressive -- damage to heart, spleen removed.

After amputations, doctors tentative about rehab. Thought he was too sick. “Don’t get your hopes up.”

“I don’t care. I wanna go to rehab. I wanna learn how to walk again.”

Attitude regarding possible kidney loss: “It’s not gonna ruin my life and I’m not gonna worry about it. you know, if it happens, it happens. I could get hit by a bus tomorrow.”

Illness drew family back to church -- but “church is more about community than real spirituality.”

Not much church attendance because the concern was concentrating on getting better.

Thoughts of God -- what does he care? if he’s up there at all.

No thought about what is on other side, if there is another side. See what’s there when I get there.

Too many things to do to worry about it.

Angry or depressed? No, never angry, “who do you be angry with?” this just kinda happens.

“You can be disappointed, but you can’t be angry. Be angry at things you can do something about, and then fix them, or don’t worry about them.”

No depression, frustrated and angry (not at situation, just that everything was so hard, or couldn’t do something.)

Not thought of as special, just respected for what he’s doing.

When younger -- “I’m better than everybody else ‘cause look what I went through.”

A little bit of invincibility syndrome still.

Consumed by stuff in positive way -- wrapped up.

“I like competition. I’m very competitive.” “Gonna race my bike again.”

Lessons

“If I’m gonna put energy into something I prefer my energy go into something that I can do something about and I can’t do anything about this other than adapt to it and go on.”

More challenges. Can always make challenges.

Lesson: If there is a lesson, don’t know if it is learned yet. Maybe here for a reason, to affect people or something, but haven’t figured out how that will happen.”

Friday, Holiday

1. Philosophy -- (1) live for the moment. Don’t worry about what’s gonna happen tomorrow. Purpose (1) maybe chosen to go through this because of some higher purpose, but I’m not sure what it might be.

(2)...with bike racing, show people what’s possible.

2. Diet -- low potassium.

3. Role of Doctor -- generally good experience - because still alive. Would like more support, help him in his challenging quests. Mentioned another person’s experience where doctor gave “curse” - saying she

Mike, cont.

would just have to live with it the rest of her life. She couldn't do such and such. She would buy into it. Need to learn to do for self.

4. Physical approaches -- cycling

5. Non-physical approaches -- tried visualization, meditation. Didn't seem to work. Do some visualization while on the bike that is okay. But most is "hocus-pocus."

6. Changes in body when angry, stress -- No difference. Always pushing. High-strung, personality-type. Music -- plays all different kinds dependent on reasons -- training tapes, upbeat; jazz, mood music.

7. Emotions and illness, fault -- didn't do anything physical that would lead to sickness, no smoking, etc. No blame.

9. Perception of how people are treated in hospitals -- get what you pay for. Wealthy and educated people get taken care of best. HMOs are for healthy people. No coordination in care. Businesses. Treated well if stand up for self, ask right questions, challenge. if not, would have lost one foot completely.

10. Patient's feelings treated along with medical problems -- Yes, use social workers, psychologists for any major illness.

14. How fear is handled -- don't know if ever fearful. Made it last time, can make it this time.

15. Short time to live -- Cut back on work and spend lots of time with kids.

16. Live by what is important now? -- things that are important are children, wife, self -- and job, because part of who he is.

Differences/changes - before/after diagnosis --- after first cancer, changed outlook. Get a job that he liked and could control. Not be a workaholic. Life is too short. More important things than work, even though love what he does. Bank account building not so important. Want kids to grow up and know they can do anything.

MagicHealings

First thought was of children, and the need to stay and raise them. They depended on her. (Husband would find another wife.)

Belief that she got better because of her kids.

Hope: She needed hope. Doctor gave no hope, no encouragement.

Read: lots of books about people who got better. What helped them. Read Bernie Siegel books. Gave hope that she wasn't getting anywhere else. Also Norman Cousins story.

Dealt with it -- not getting hopes up. Do what needed to be done to stay around a little longer for children.

Got angry in hospital -- was reinforced by books above concerning these feelings.

Started to stick up for her rights. (Towards the end.) Don't have to do everything they say. Have a choice.

Started taking much better care of self - diet, etc.

Goal-setting: -- stay until graduation, stay until they are married, see grandkids.

Support systems of church and family helped.

Belief: if not taken that last treatment, wouldn't be here.

Bargains with God about getting better. All the time. "If I can live a while longer, I'll do this and this and this..." Very natural thing to do.

Volunteering to help others, talk to them, was very helpful. (learned importance of self.)

Learnings/Knowings

Whole life changed with cancer diagnosis. Scary. Quit high stress job - been there 17 years.

Hard to face fact of death.

Concentrated on getting better.

Very independent person.

Learned to listen to her body, and know immediately if there was a problem.

Recognized how hard it is for other people when someone you love has cancer. Individually, not hard to die -- but affects it has on others. Especially when you are young and have children and parents to take care of -- bad timing.

Learned alot about self in taking cancer volunteer training.

Last six years of life -- divorced; lost mother, father, brother. Hard business situation. Cancer almost easy compared to these stressful things.

Was afraid cancer might come back when divorce happened -- decided "have to get a grip here" -- and said "learn to take care of you instead of worrying about everybody else."

Learned what it took to survive -- no pity for self.

Can forget to do that, and go back to bad habits.

Learned that "nobody else can make you happy but yourself."

Does not want to forget where she has been, keep learning. Don't forget and go back to old self.

Told of neighbor who recently died of cancer. Woman never cried, never got angry. Wondered why and how people respond and what differences it makes.

Possible reasons for getting cancer -- stressful job, in 77 got active in church which added more responsibilities and more stress.

Lessons

How do you treat people with cancer? -- She says -- treat them as you always did. They just want to be treated like they were before, without being sick. Don't feel sorry for them.

Lesson: who is most important person in life? You, you are most important. Had grown up in society where thinking of yourself was selfish (important to take care of everyone else, not the self).

Don't care what anybody thinks any more. Have to do it for yourself.

Taking, living one day at a time.

Being more honest with who she is and how she relates to other people.

Friday, Holiday

Magic, cont.

1. Philosophy -- Put here for a reason. Make choices and decisions, challenges are what makes us who we are. Accountable for what we do. Purpose--(1) reason to get better, besides children, was that there were some things still needed to learn in life.
2. Diet -- Eating better; breakfast. Vitamins, stress tabs w/zinc. Low-fat. Downfall - chocolate.
3. Role of Doctor -- give hope, say there is always a chance. No reason to believe in statistics. Can be one of the 25% that gets better.
4. Physical approaches -- tennis, moderate exercise.
5. Non-physical approaches -- Positive attitude. Attitude makes all the difference. Could ask "What's the worst that could happen?" Self-talk -- don't beat self up, say it's okay, do better next time. Will look better tomorrow. Took prozac when depressed (divorce time) which got her back on track. Church Blessings.
7. Emotions and illness, fault -- Why do some live and some die? Will to live, other variables. Be angry - part of getting well.
8. Acceptance and fighting of illness -- Denial first, then sorry for self. Then recognition of 'death sentence' - but if do treatments, will get well.
9. Perception of how people are treated in hospitals -- (1) Got angry about treatment in hospital -- pricking arm 10 times to find a vein -- not the best place to be when sick. Taking so many vials of blood when many tests could be done with one vial. Got sick from germs present in hospital. They should simply wash hands more often. Cleanliness.
10. Patient's feelings treated along with medical problems -- yes. Doctor would call nurse to deal with feelings. Wanted doctor to respond to feelings.
11. Difference between disease and illness -- Illness -- lot of different things, mind and others. More broad term of reasons you get things. Disease is cancer or cold, specific.
12. Difference between healing and curing -- Healing is inner thing. Not done by doctors, done by self. Curing is the medical part.
13. Ask for help? -- Very difficult at first. Young, so supposed to be taking care of others, but when got really sick, didn't care who was helping.
14. How fear is handled -- (cancer) denial, first. feeling sorry, then process of accepting. Live one day at a time. Don't look down the road so far.
15. Short time to live -- Not change that much. Just make sure life was in order, financially, etc. No last ditch things -- if not doing it now, then what does it matter anyway? Judged by whole life, not just a sudden change. Tell people how you feel, don't leave stones unturned.
17. Appreciate about life -- responsible for own happiness.

ZakHealings

Meditated since a child. Focused attention, on what is happening NOW. Active meditation, contemplation.

Must live with self, so be a peace with yourself.

Envision things as they should be -- go toward that.

Attitude -- upbringing, brought him through open heart quintuple bypass surgery.

Didn't play into negative emotions. No need for imagery. Felt that if give body support it needed (walk, exercise, care) and not worry, it would take care of itself. Never saw self as less than whole.

Think and pray in 3D, or more dimensions.

(envision how things could be, how, in time and space, might not be now, but might be in the future)

Meditation -- envisioning self in future time not long after surgery, whole, well, no problems, more freedom of movement...picturing self, inner and outer, as improving and getting better.

"Encompassing a whole time and space and process to get from here to where I wanna go."

Learnings/Knowings

Grandparents were open and taught him many philosophical truths " If you keep your mind sufficiently open, people are gonna throw a lot of manure, it's up to you to dig through the manure and find the gold." "There are no such things as failures in life, but failures do happen when you don't learn from your mistakes." "It's not so much that life's been good to you, but you've been good to life."

"Nature has it's own way of healing and if you interfere with that too much, you're gonna get a bad result."

Listen to bodies, nobody knows our bodies better than ourselves.

Don't focus on aches and pains. Learned that body is just to get from point A to point B but spirit could go further if let it.

Found that many religions have basic logical philosophical short-sightedness.

It it's supposed to be, it will fall into place.

Taught to look back at the end of each day and do accounting. Look at positives and negatives between self and higher power.

Learned -- perfect in this moment.

Job -- where he wants to be. Helping others communicate. Deal with processes. Giving back what grandparents gave to him.

Incidents come along a person's way because there is something that a person can learn.

Develop some calluses along the way.

Not stuck in way things appear to be -- appearances aren't whole story. Don't look only at surface.

Look to experiences in childhood as what happened -- use experiences and learn to be better individual, to face up to challenge and make best of it. "That which doesn't kill us makes us stronger."

Envisions god: various attributes, like diamond. Multifaceted, turn ever so slightly, will see different face of God. Can study one facet at a time, but so far superior to what we know...unknowable in totality. Catch a glimpse and reflect to others -- done our purpose. Sign language -- just point up for God. No gender identification.

Don't stick with regular, imposed paradigm, or you're sunk.

Lessons

Feel sorry for people who haven't looked at their experiences in life and see what or why they happened.

Lesson learned from NDE: Be in tune with self to know God better. The more true you are to self, the more honest and more you walk in integrity with other people and love and care about them, the better off you are. And the better your life will be.

Forgive, or would be stuck in past, unable to progress.

Zak, cont.

1. Philosophy -- Not let things stress him too much. Take things as they happen. Deal with them on moment to moment basis. Create future without garbage and baggage. Glean best things to use later in life. Purpose
2. Diet -- Less fat. Cut down on red meats, but need good steak once a week for protein. Eat sensibly, on a regular basis, not overdo, allow treats now and then.
3. Role of Doctor --
4. Physical approaches -- walk
5. Non-physical approaches -- meditation, prayer, visualization, imagery, envision (used interchangeably)
6. Changes in body when angry, stress -- Sensitive to music -- rock music, disjointed, causes spirit to sink. Wrong environment - ethereal garbage. More melodious, ordered, harmonies remind him of what he calls heaven. Goose-bump experience, function better. More aware of body and importance of attending to its needs. Also important to improve spiritual body, hoping that physical body will reap rewards.
7. Emotions and illness, fault -- negative emotions can tear down. Recognize and make a choice whether to stay in negative moment or try to improve situation. Watch and deal with others' energies, not let them attach to us.
9. Perception of how people are treated in hospitals -- hospital is place where people go to get care, but it's not always the care they need. Oftentimes treated as cattle. Dr, nurses sometimes lose sight of what job is about, lost personal touch. Be aware, don't wake up a patient to give them a sleeping pill -- following the book. Include more pastoral care to add dimension of spirituality to get them through trauma. People would heal faster if they are helped through process and don't feel alone. Changes -- incorporate alternative remedies.
10. Patient's feelings treated along with medical problems -- Total person should be cared for, all the needs, not just physical. If only doing that, then dealing with very small part of person's makeup. For doctors to learn, must be patients themselves and experience being on other side of stethoscope.
11. Difference between disease and illness -- Disease takes on physical connotation. Illness can be any dimension -- physical, spiritual, mental.
12. Difference between healing and curing -- Physical symptoms can be cured, but no healing (as in abuse). Healing is an internal process. Must heal self before can help another person. Come to terms with experience. Curing is totally on physical realm. healing is the more important.
15. Short time to live -- Do what Mom did when she was given that ultimatum. Contact everyone who had come across her life, forgave them for any infraction that she felt they had done to her and also asked their forgiveness. Told everyone she loved them, spent some quality time with those she could, picked out coffin. Let everybody know that he was grateful their lives had become entangled with his, life is better place because they had been a part of it, and go on to next phase of existence.
16. Live by what is important now? -- Yes. Hard to figure out -- but important to affect others' lives in best possible way -- call them to account, if need be, and be a friend.

Differences/changes - before/after diagnosis ---Biggest change is perception of time. What things are important and what aren't. "Things of the soul and things of the spirit and things of relationship nature, how we treat each other, are vastly more important than, you know, things that need to be done here and now of a factual type of nature."

Robin

Healings

Read: books -- wanted to read about the subject, teach self what to do, what would go through.

Educating self, inform self. What to expect, what to feel, what usual treatment was, how treatments affected, what options were available.

Besides just Medical establishment's view.

Don't want to ever get this again, so how to prevent this.

Read affirmations "Daily Word"

Found books on cancer treatment and alternative therapies. Read about people sent home to die and cured themselves. Also found Internet website (Healthcraze) that answered many questions and gave lots of options.

Healing process: compelled to research everything, consumed life, and resented time out for treatments, just wanted to get on with it.

Changed language -- not "my" cancer, but "the" cancer. Don't own it. Talk about it in the past.

Looked for concrete things to do and look for.

Stayed away from cancer support groups -- thought she would depress them because she was cheerful and unafraid.

Support: mom and sisters were great, checking in - letting her unload, listening.

Meditation -- gives understanding, learning how to listen to god.

Knew from day one that God was in control and didn't need to worry.

Prayed for freedom from burn pain. No more pain.

Learnings/Knowings

Spiritual quest -- karma, lessons to learn here, working through past and towards future.

Supported by bible (which she feels needed to be validated by bible) - Ecclesiastics -- "nothing new under the sun, sun goes around and comes again and the moon goes around and comes again and the wind goes around and comes again, so do we."

Able to accept situations and people much more -- don't try to worry or contemplate or dissect things.

Doesn't matter. Just enough to know there's balance and purpose and divine plan.

Transition - winds of change were in the offing.

Always looking for signs and justification. "I feel like God's leading me that way." Feel like it isn't in hands, so don't do anything, just sit back and enjoy ride. Don't agonize over -- just feels right.

When things start happening, and there is no controlling it, and though it involves you, get ready for the ride, things just fall into place.

Everything seems to talk to her -- obligations clear, things fall through. "Somebody up there's trying to tell me something." Trying to get my attention. "Gotta grab me by the collar and slap me around before I get the message." (2) "Felt God was taking me by the neck and shaking me and saying, 'it's time to do something.'"

Wouldn't do radiation again.

Lessons

Learn to follow the signs.

No more fear. Never felt would die from this. But if so, it would be okay, just go on to next life and next adventure.

Just another challenge.

No coincidences. Put meaning behind everything.

Meant to get cancer, so got it. Has opened up different life, met wonderful people, new groups, etc.

Almost feel guilty.

Don't know full purpose, doesn't matter. "I know there is a purpose, and when it's time, I'll know it."

Lesson: Really learning to go with feelings. Trust intuition. Turning into a person who is more aware.

Robin, cont.

1. Philosophy -- is in the process of change; doing lots of reading--used to believe in no coincidences, God was mastermind. Now think we draw to us good or bad, and choose situations in order to balance karmic debt. Purpose-- yes, maybe just to affect others, even in a small way through little things.
2. Diet -- ovo-lacto vegetarian (include eggs and dairy products). Supplements (naturopathic medicines)
3. Role of Doctor -- want advisor, role model and teacher. Open to different things, and willing to include in practice.
4. Physical approaches -- like being active; walking, hiking, aerobic exercise to TV in mornings.
5. Non-physical approaches -- Prayer, meditation, affirmations. Imagery. some self-hypnosis.
6. Changes in body when angry, stress -- Music is relaxing, wrong music rubs wrong way, uneasy. Don't get angry.
7. Emotions and illness, fault -- Indirectly feel it is our fault. By stuffing emotions, and not dealing, can bring in illness. Growing up with lack of self-esteem - wanting to be liked. Brought cancer unknowingly, so no blame. It is a tool, script to read to give ways to deal with original problem and erase it. Now it doesn't matter whether other people like me or not.
8. Acceptance and fighting of illness -- yes, I believe so.
9. Perception of how people are treated in hospitals -- Patient should be consulted and considered in choosing treatments. Would not have know about personal control if not read certain book. No reasonable request from patient should be ignored. Would like to have support in education, about internet sites, books, what has been tried and what were results. Eliminating overkill.
10. Patient's feelings treated along with medical problems -- Old ones are hesitant and skeptical, New drs are bombarded with so much...hard to fathom anything. But every once in a while, a bright spot appears.
11. Difference between disease and illness -- Never thought about it. Disease is like the germ, illness is the way it's manifested.
12. Difference between healing and curing -- Healing is the body repairing damage from the inside out and curing is through outside influences, drugs, surgery, etc.
13. Ask for help? -- yes
14. How fear is handled -- talk about it, yak, yak, yak.
15. Short time to live -- Too bad Visa's are maxed out, tempted to travel and have fun. Maybe take equity in house and do that. But not going to die. Kinda disappointed. It would be fun.
16. Live by what is important now? -- No. Still hanging in there, coasting. Still content to sit back and let God orchestrate. Would like to be in a job really liked, and feel that in time that will happen. Open to change.
17. Appreciate about life -- At age 36, decided that I'm okay. Not perfect, but good person with good qualities. Will not buy into others perceptions so much, divorced from emotion of that, decided to just see where the cards fall.

Differences/changes - before/after diagnosis --- used to be deathly afraid of cancer. (had cancer insurance)
 Amazed that there was no fear, and is none.

Tess

Healings

Physical fitness may have influenced recovery.

Prayers, belief in God.

Personality -- drives her.

Belief that everything works out the way it should. God's plan.

Support from parents, and boyfriend.

Learnings/Knowings

Coma -- bad dream there or later -- wonder if NDE, but not good one. Like a feeling of death. Like going to hell. Worried. Everyone else sees light, she saw black and rooms and it was awful.

The feeling of dread was immobilizing. Bothered her for a while.

Told it was anxiety attack.

Strong beliefs are what shapes who she is.

Learning impairments -- but have stuff to do, so just did it.

Lessons

Way she looks at life: there is a reason this happened, god has a purpose and that is why had to go through this awful stuff. "I don't know if it's just rationalizing a bad situation or what, but this is what I think."

God has reason why things happen the way they do.

1. Philosophy -- Put on this earth for a purpose. Things happen for a reason. Our job to overcome, so later we can help others in whatever it is god wants us to do. Purpose-- work with post head injuries. Would not have done that if this had never happened.
2. Diet -- Trying to improve.
4. Physical approaches -- Aerobic tapes.
5. Non-physical approaches -- Talk to myself. Talk to God. Say at least 20 prayers a day.
6. Changes in body when angry, stress -- Not as much control as before accident. Heart races, palms sweat, have to stop and think, maybe cry, then calmness comes. Then deal with whatever was bothersome. Music, classical, can help to relax, and also to concentrate.
9. Perception of how people are treated in hospitals -- Seem to be too involved in medical books. Lose the human quality. Treat patients as just patients, rather than individuals, with feelings. Need to be more aware. Just because they are highly trained, don't look down on the patients and say "who are you to question me?"
10. Patient's feelings treated along with medical problems -- Should combine more medicine and psychology. Counselor to work with them.
11. Difference between disease and illness -- disease would be cancer or AIDS, but illness could be psychological problems.
12. Difference between healing and curing -- diseases to be cured; illnesses need healing.
15. Short time to live -- I would travel. Selfish, but I'd go have a blast. Like to go to Africa and take one of those safari things. Take boyfriend and parents.
16. Live by what is important now? -- yes, what is important is to be happy and achieve what I want to achieve. Do my best at school and everything else.

ValentinaHealings

Attitude: "I'll beat this thing. I might still have the cancer but if I can keep going, so what?"

Medical can only do so much, mind and prayers are answer.

"I say it's the power of the Lord that I've come through."

Believe that the body will heal itself if you think right. Mind should be 100% in control of the body.

Support: Dad did until death in 1947. But pretty much alone after that.

Question: "What makes you so tough?" Answer: "I had that spinal meningitis, and my brothers and sister used to say to me, 'Oh she can't do that. She's just a little cripple. She's just a little nobody.

She's never gonna amount to anything. She can't do that. She'll never be able to do anything

except just sit on a chair." That used to hurt, felt she was fighting alone. So there was little

support, but no one knew how bad it was or how hard she was struggling. "I have a lot of pride."

Lots of determination.

Death was not an option with her cancers: first, had sons that needed to be taken care of. No one else to do it. Then wanted to finish school and help people that needed help.

Read: after diagnosis, read up on cancer -- talked with dad about it.

Learnings/Knowings

Won't do chemo -- figures that it's a lost cause. Unless they catch it within a few weeks of the first time they notice it. Thinks that's the only time chemo will help. Feelers go out all over body.

Philosophy about death: Nothing to be afraid of. No use fighting it. When it comes to you, you're just graduating. Not stopping your life, you're going on with your life.

Think that the mind controls whether one is well or sick. May not get over the actual disease, but can keep going long enough to get done what needs to be done.

Purpose in life is to help those that can't help themselves. "I felt that these people in this town, needed someone to look after the ones behind the door. They DON'T look behind the door. And it makes me FURIOUS! I see it all over and get BURNING about it. Just BURN! They forget the people who need 'em the most."

Lots of cancer in the family. Extremely prevalent. Father, uncles, brothers died from cancer.

Believes that the 72 hours of radium she received in California for lump shot the cancer throughout her system.

Father taught her to not feel sorry for herself, feel sorry for the other fellow.

Doctors, after every operation, would say "think we've got it all."

Lessons

Question: You weren't angry that you had cancer...again and again and again? Answer: "No, It's a shock each time when they tell you, it kindof...oh, not again, you know, feeling. But, you think, well, I conquered it once, I'll conquer it again."

1. Philosophy -- Come to earth to develop ourselves. Up to us to develop mentally, physically, if possible. Improve minds and much as we can, bodies pretty well follow.
2. Diet -- decided own diet -- live on almost total protein. Eggs and meat and milk products. No vegetables that grow above ground. But carrots, potatoes, parsnips. Found that vegetable, fruit fibers irritate system. Eat very little grains. Thinks high protein is best solution. Lymph glands affect kidneys, when eating lots of vegetables, urine is strong. Don't want strong urine, want it weak. So drink lots of water, fluids, milk, anything not acidic. Protein gives energy.
3. Role of Doctor -- Find out what's wrong, tell me what I should do, help me conquer it. Advisory position.

Valentina, cont.

4. Physical approaches -- (used to) hike, climb, ski, tennis, fish. very active.
5. Non-physical approaches -- Prayer. Ask the Lord for healing.
6. Changes in body when angry, stress -- No real noticeable changes until deadline is over and I can just exhale. Cut out emotions (anger, rage, stress, feeling sorry for self) or can't progress.
7. Emotions and illness, fault -- Don't be a victim. No fault, something that just happens, but you're fault if you let it go on.
8. Acceptance and fighting of illness -- Yes. Realized it was there, won't go away unless something is done about it. Went to doctors, had parts removed, and determined to make self get better.
9. Perception of how people are treated in hospitals -- Treated like the want to be treated. If moan and groan, then nurses get a little tired of it. And nurses get hardened, just like everyone else. Changes -- "They'd better get rid of all the HMOs or none of us will have any health." Takes personal care out. Doctors are required to take care of so many patients per hour, so there is little time to spend in analyzing what's wrong. Let alone time to go into it. So, just give a pill and send them home.
10. Patient's feelings treated along with medical problems -- Yes, but they don't have time. There is no time. A doctor with his own practice will check everything, and will talk with you. Takes more time and explains about the disease and what can be done. Includes the patient as part of the cure.
11. Difference between disease and illness -- Disease comes from a virus, illness comes from mind. Can think yourself into a corner.
12. Difference between healing and curing -- Healing is done by this body. Curing is what you're doing to the body to help it to heal. Mind and body work together.
15. Short time to live -- Keep working til the last minute. Try to have all bills paid, things in order as much as possible. Not closets and stuff -- would take years and would never be done. Would want to see family as much as possible.
16. Live by what is important now? -- Yes. Work is important, and there is much to be done and little time.
17. Appreciate about life -- will do things for self -- get hair done once a week, that's a treat.

MegHealings

Prayed.

Belief in miracles.

Felt that by the grace of God was meant to stay here, for some reason, not her time.

Learnings/Knowings

Upbringing: no matter what, you keep going forward. Mother/father both practiced.

“The world doesn’t stop because of you, you just keep on going.”

Support: husband so young, could not communicate. Other people close to her, choose to ignore.

It’s just you alone.

Small town, nothing to read, doctor didn’t do more than basic explanation.

Life and career -- ask holy spirit to help and give wisdom in seeing things correctly and imparting that knowledge to others.

Lifestyle attitude: Quality, not necessarily longevity.

“I don’t have a lot of confidence in the medical system.” (HMOs) “All the more reason to do what I can to take care of myself so I don’t become a product of it.”

Deal with stress by dealing with issues, getting them resolved and behind her.

Lessons

Profound affect -- self-examination, what to do with life, religion, etc.

Overwhelming philosophy began after ‘cure.’

Get to a point in life where realization is “It’s just the way I am, and some people will accept me and some people won’t. I am the person that I am. I’m not gonna try and change you, but don’t try and change me.”

Try to mesh different styles together.

Can’t have smiley faces on everybody all the time. Not realistic, and can be destructive.

There are natural conflicts in life, and conflicts are good.

1. Philosophy -- based in religion; given set of talents, and on judgment day, will be asked how well were talents used and how well treated fellow man. 10 commandments and basic Christian ethics guides daily life. Purpose -- contribution to world, in business especially, pass knowledge learned that may help others.
2. Diet -- moderation.
3. Role of Doctor -- partner with patient. Not paternal attitude (misguided). Want straight talk, no-nonsense.
4. Physical approaches -- Some form of exercise
5. Non-physical approaches -- Prayer. Goal-setting visualization. Have goal, write it down, look at it every day, see self achieving goal.
6. Changes in body when angry, stress -- Yes, More in tune with body, and notice the physical effects of stress for me (tired, nauseated). Strongly affected by music, emotionally affected.
9. Perception of how people are treated in hospitals -- future of healthcare--heading for disaster. HMOs, managed health care. Doctors fed up with only having 4.2 minutes per patient, etc. There are no choices for doctors either; join HMO or get out, and then live by their (business) rules. For-profit motive drives the pendulum too far in one direction. Corporations are dictating to doctors what treatments can or can’t be done (insurance claims denied or accepted by non-medical personnel).
11. Difference between disease and illness -- disease is diagnosed, specific condition with real name. Illness can be psychosomatic in nature, more of a connotation of nothing yet being diagnosed.
12. Difference between healing and curing -- curing reacting to specific medication. Tangible. healing is intangible, says it comes from within and is part of attitude. Doctor can give chemo to cure me, but healing is the wholeness and comes from within.
15. Short time to live -- Spend more time in prayer, making sure soul was saved. Finalizing things wrapping up details, taking care of projects. Reinforce things already said in the past -- telling son how

Meg, cont.

proud of him she is, love to husband. Good news: nothing new to say.... Bad news: I've said it all, already, in the situation.

16. Live by what is important now? -- Working on it. Practical person, can't give up everything and live in wilderness. Working toward retirement. Garden, read, learn more. Take more classes, like in horticulture. Explore antique shops.

Differences/changes - before/after diagnosis --- After, began finding out about inner needs. Life for women was changing a lot during these years. Worked in tandem. More aware of need to do for others. Religious beliefs became more internalized. Not so much changed, but in a different light.

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