

CENTER FOR MIND-BODY MEDICINE
COMPREHENSIVE CANCER CARE 2000

CONCURRENT: Helping Patients Cope

PRESENTERS: Maureen Redl, MA, MFT; Howard Bell, MDiv; Ingrid Dilley, OTR; Susan Silberstein, PhD

MODERATOR: William George

COMMENTATOR: Susan Haegar

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P R O C E E D I N G S

MR. GEORGE: Coming to what I think will be a very, very exciting workshop on Helping Patients Cope. My name is Bill George and I'm the moderator of this session. I'm the support person for a four-and-a-half-year breast-cancer survivor.

So I've learned a little bit about helping patients cope, and in my spare time, I also work for a company that restores two and a-half to three million people a year to full life. So, we are in the business of trying to help people cope with life-threatening disease.

I think we could look at this session as an extension of the patient panel we heard this morning, where we heard from the voice of the patient. We're going to hear four very exciting professionals this afternoon tell us about their work in helping patients cope.

I particularly was taken yesterday with Michael Lerner's statement that healing is the inner human potential to become whole, because I think that really is the mission of all of us, both to become whole ourselves and to help others to become whole.

Also with Brendon White's statement, this morning on his eighth birthday, in which he concluded his remarks after spending nearly half of his life in chemotherapy. He said that, it choked me up, but he said, but most of all I knew I could do it. I knew I could heal.

You know, after going through this entire, complete odyssey of his experience and all the unpleasantnesses of the ravages of chemotherapy he said most of all, I knew I could do it.

So, we're going to start today with Maureen Redl. Maureen is the founder and president of Voices of Healing. She has a Masters in Health Education. She's a private psychotherapist, operating in Marin County, California, North of San Francisco, and she's also on the faculty of the University of California at Berkeley extension school. So, Maureen.

MS. REDL: Thank you. Aren't we lucky to be here? You know, in all senses of the word? At least I know, I really feel lucky to be here in all senses of the word. But especially so this year. Two years ago, I spoke at this conference and this year there just seems to be such a shift, such a change to a time in which there are so many people saying similar things, maybe in different words and from different perspectives. But I'm hearing so much more of a unified sense of what this healing process is all about.

I'd like to tell a little story to begin with. Stories, to me, have value if we learn from them. So, I hope there's some learning in this story.

This is a personal story. I was diagnosed with metastatic ovarian cancer in 1989 out of the clear blue when I thought I was very healthy and life was good. Okay. I can still hear, right now, almost 11 years later, the pathologist's words saying, yes, it's metastases from ovarian cancer.

I was driving back across the Golden Gate Bridge into Sausalito, where I lived on a houseboat. October in San Francisco is incredibly beautiful, often. It was one of those days that was almost too beautiful to be real, clear and sunny and bright, and all I could hear were these words echoing and reechoing in my mind.

Yes, it's metastases from ovarian cancer and I thought, that doesn't make sense. I can't have cancer on a day as beautiful as this. It doesn't compute, it just doesn't compute.

That was the beginning. That was the beginning of things not making sense; of all the old rules breaking down. So I began treatment, and 11 years ago there was not much that was ready-made in the way of integrative medicine. So I put together my own program of both traditional and alternative and complimentary treatments and therapies.

We began a very aggressive program of chemotherapy and, in addition, I was doing acupuncture and qi gong and I very fortunately began working therapeutically with Rachel Remen and doing dance and drumming and writing, and I was working with a very deep spiritual practice and all of it, all of it was about healing.

Five months after this, we did surgery. Then, a month later, the whole journey shifted and deepened, because I had a ruptured disk that put me in bed flat -- flat, flat, flat in the most excruciating pain that I had ever known.

Until that time, I thought I had something of an ability to mediate pain, and previously had been able to. But that pain, I couldn't touch.

The alternative, after being in traction, the alternative was surgery; another surgery, which I refused because it seemed like too much of an onslaught or assault, rather, to my body at that time, so that there was this month in bed of total inactivity, total inability to do anything, and what that did was to change everything I knew as me, because, at that point, I couldn't imagine ever biking again, or hiking, much less skiing, or dancing.

All of those things were simply beyond imagination. It became a time of deep grief, of deeper grief, and still deeper pain than I had ever known.

One day, a friend who is a music therapist came, and he brought an African instrument, one of those strumming things that I don't know the name of. He started to strum and chant and sing and my drum was sitting in the corner, and he said, you want to drum with me, and he handed me the drum in bed. He started his rhythm again, and I couldn't find the rhythm and that distressed me because I had always been very rhythmical and I started to cry and said Grant, I can't find the rhythm, I can't find the pulse, I can't feel it.

He said, well, start your own rhythm, I'll follow you. I can still feel that now, 10 years later, the drum in this hand and the stick in this hand and they were dead. They were dead. There was

nothing there. There was absolutely nothing. And I wept and said, Grant, there is no rhythm, there is no pulse, there is no me.

It was a time of really deep despair. As I mentioned, I was fortunate to be working with Rachel Remen at the time, who most of you probably know. Incidentally, her new book, *My Grandfather's Blessings*, is out, and for those of us who couldn't get enough of *Kitchen Table Wisdom*, *My Grandfather's Blessings*, will follow in its path.

At any rate, Rachel, in her kindness came to my houseboat because I could not get out of bed. And the day that she came, when this despair was probably at its depth, she sat by the bed and I probably couldn't talk, or at least, not without crying.

She sat quietly for a moment and said, what happens if you just invite an image? I remember, it was instantaneous. An image of a face, an androgynous face, neither male nor female, but a kind, benign face simply appeared and the words that I heard were, oh, you of little faith, have you forgotten to trust?

Well, trust, trust was about the farthest thing from my mind, from my being at that point. Yet something happened in that moment, something rather inexplicable. Something that I would call a shift in consciousness occurred because there was some knowing, there was some knowing. There was a very deep knowing that those words were exactly the words that I needed to hear.

They were not said as a reprimand, they were not said in any way to blame, just have you forgotten to trust?

I knew, at some level, that trust was both being asked of me and offered to me in this time of the deepest despair that I could imagine; in this time when I had no sense of me. There was no me.

I've come to believe, out of my own experiences, that being just one. But of many of that sort of experiences, as well as the experiences of working with other people who are facing serious illness, that that shift in consciousness that goes beyond mind, that was not thinking.

While we're talking about mind-body medicine, I want to say that kind of shift in consciousness goes further than mind, that goes into psyche and soul. I've come to believe, perhaps know is a better word, that that is an innate universal and trustable aspect of the human condition. That there is a tendency, we all have this tendency to move in this developmental, evolutionary, whatever we want to call it, movement to higher and higher states of awareness and consciousness.

I want to say something that may not be very popular, or at least, no, I'm not going to assume that, because some of you already know it and I'm sure of that. But it's not been a popular way of seeing things and that is that illness, difficulty, despair, failure, oh, all of those kinds of things, all of the breakdowns can be some of the most important catalysts in our lives toward that movement.

It's so much easier in this culture, and Dale was talking in the last session about this culture and its attitude towards death.

Well, I want to say the same thing exists in our attitude toward what we call negative experiences and negative emotions. We want to push them away, we want to deny them, we want to keep them at bay and we have all sorts of ways to do that.

Well, I want to suggest that we neither have to do that, nor maybe should we do that if we are truly interested in healing, because everything in my experience says that those are the doorways, those are the catalysts.

It may be something like the wild fires. You know, a few years ago we thought that fire was destructive and so all fires needed to be stopped. Then we found that fire is necessary for the heat to open the pods of certain trees so that they can continue to grow. I think there's a metaphor there that may apply to us in the human condition and the development of consciousness, which I want to equate with the healing process.

To me, it's a circular sort of thing that triggers the shifts in consciousness; the shifts in consciousness then come around and frequently impact the healing process physically and/or emotionally and spiritually.

Before leaving this story, I want to take just a moment to look at Rachel's part in this because she did something and didn't do something that both I think are of note. She didn't try to fix anything. She didn't do anything but ask a question. She didn't make an assumption that it was going to be something that she said, or her knowledge, or her wisdom, or anything that was going to do anything for me.

She held perhaps an energy and asked a question: What happens if? Totally moving into the unknown and trusting that. I'm going to suggest it is trustable and, I suspect, Rachel would say, she might not say it about herself, but I'll say it about her, she was serving the healing process.

I want to suggest that that, perhaps, is all that we can do and that that is as much as anyone could do, when we serve this process, something happens, healing happens.

I've been introduced as the founder of Voices of Healing and that's been my way of serving the healing process. We're a nonprofit organization in which people share their experiences of healing, because we focus on the healing process, and that doesn't mean, clearly, as you can tell from my own story, that doesn't mean that we ignore the difficulty, the pain, the despair, the discouragement, but we don't say that they shouldn't be felt or that they're negative but, rather, simply look for the place that is beyond them, the healing that for which they are the catalyst.

I have a little short video, in fact, some of you may have seen that a couple of years ago, which we'll show after this presentation for anyone who is interested in that.

I also just want to say, because this is about coping, that the way we cope is to live and die with the awareness that in healing anything is possible, even as nothing is certain.

So for anyone who might be interested in starting your own story circles, I'll be happy to give you information about that. We have a new study guide and I want to just leave you with the notion that the healing process is innate, universal, and trustable and it's in all of us. Thank you.

MR. GEORGE: Thank you, Maureen, for those beautiful words.

MS. REDL: Oh, I forgot something.

MR. GEORGE: Go ahead.

MS. REDL: Oh, oh, thank you. It'll only take a minute. I knew there was something else. I'm sorry. I got upstaged earlier today and I almost scratched this off from what I intended to say, but, no, I want to say it anyway.

During that visit with Rachel, she quoted a couple of lines from a poem, she could only remember a couple of them. About three weeks later, a cousin that I hadn't heard from in at least a year, sent me a card that had the entire poem in it, you know, synchronicity being what it is.

Well, synchronicity being what it is, a woman earlier today, read another version of that same poem, but gall-darn it, I'm going to read mine anyway, because I think it's so important, and it's a little bit different, but, clearly, it came from the same place.

When I received this poem, it was called anonymous, well, many of us know that anonymous used to mean written by a woman. I took the liberty of changing that title to "The Terrible Gifts of Savage Grace." The poem goes like this, "I asked God for strength," I can't read it, "I asked God for strength," I need my glasses. Well, so much for everything being prepared huh?

FEMALE SPEAKER: Would you say the title again?

MS. REDL: The original or mine?

FEMALE SPEAKER: No, yours.

MS. REDL: "The Terrible Gifts of Savage Grace."

"I asked God for strength, that I might achieve. I was made weak, that I might learn humbly to obey. I asked for health, that I might do greater things. I was given infirmity, that I might do better things. I asked for riches, that I might be happy. I was given poverty, that I might be wise.

"I asked for power, that I might have the praise of men. I was given weakness, that I might feel the need of God. I asked for all things, that I might enjoy life. I was given life, that I might enjoy all things.

"I got nothing that I asked for, but everything that I had hoped for, and almost despite myself, my unspoken prayers were answered. I am, among all people, most richly blessed." Thank you.

MR. GEORGE: Thank you, so much. It's wonderful to have an overflow crowd. If some of you want to come up, we've got more space up here, it's on the floor but if you want to come up, stand, sit, I'd invite you to come up now. It'd be a wonderful time.

We're going to go now to a tag-team effort and learn about the process of renewing life.

Howard Bell is the executive director of a wonderful place in Minneapolis, called Pathways, which is a health crisis resource center, which offers this program. Howard's the former director of supportive services of the Minneapolis Age Project, and also the coordinator of the Hospice Care at Abbott Western Hospital in Minneapolis, and he has his masters in divinity from Yale.

The other half of his team is the creator of the Renewing Life program, Ingrid Dilley, and Ingrid, this is the Renewing Life is an integrated workshop to empower the mind, body, spirit

integration, which is operating at 14 sites, including Pathways at the present time. She, herself, is a cancer survivor and also is president of Insight Dynamics.

So, I'll invite Howard to come up and then Ingrid will come up after Howard.

MR. BELL: When we were given the title of the workshop, we each submitted our own submissions, but it didn't have to do with the title, and I needed to say two comments about helping people cope.

I have two difficulties with the title. One is the assumption that an ill person is somehow disadvantaged and that I, a well person, may not be disadvantaged and that I have something to help them to cope and the opposite has been true in my experience; that when I serve and am available to people who are ill, that they are wonderful teachers to me, they are masters and wise people.

Ingrid often says that by doing Renewing Life groups, we get to be with the most wonderful people in the world and that is played out in all of the 90 groups that I've had the privilege to cofacilitate.

The second is that coping implies somehow getting through a difficult time or a crisis and then you get back to some other time when you don't have that crisis. I think that's so underestimating the possibilities of renewal and transformation in dealing with a serious illness.

Pathways is a small nonprofit located in Minneapolis. We primarily serve people living in our area, although we draw throughout the state and five-state region for special programs.

Last year, we conducted our first national education program, trying to teach ourselves and learn from experts in the world new ways of framing and looking at death and dying. We called it Life, Death and After Death.

Pathways started in 1988, so we have nearly 12 years of experience in offering services to people and learning from those people. We are an educational resource center. Our services are offered free of charge through volunteers. Everything that we offer is offered free of charge through volunteers.

We have 120 active professional, we call provider volunteers, and 55 volunteers who offer their services answering the phone and making the appointments.

We have just one full-time staff member, myself, as executive director. We currently have approximately 200 one-on-one bodywork healing sessions that are offered through volunteers, free of charge, per month. So we don't have a research evaluation evidence, but we have tremendous practical experience of the power of bodywork, healing touch, and massage.

We have another 700 to 800 attendance each month. In 1993, we built our own free-standing facility in an urban setting that, in addition to offices, meeting space, and bodywork room, includes a garden, the kitchen, a library, a meditation room, and an art room. The building, itself, is a healing resource.

As I said, our identity is as an educational resource center to empower the individuals. We're not a treatment center or clinic. We do not offer alternative medicine. Our philosophy is that

everything we offer can be done complimentary with allopathic medical treatment and/or with alternative medical treatment.

Our resources are many of the complimentary and alternative therapies that have been talked about at this conference, where we offer imagery, meditation, bodywork, other stress-reduction relaxation techniques, yoga, tai chi, qi gong, attitudinal healing, expressive art classes, and other mental and emotional processes of dealing with the normal emotions associated with illness, such as grief, anger, fear and, of course, humor.

We offer support groups, single-session classes, group series, practice groups and everything offered at Pathways is experiential in design and allows participants to try out a variety of these healing techniques.

There are written materials, handouts up here, if you want to know even more specifics; the current calendar and other materials of what we do.

But one of our core programs is the Renewing Life, eight-week, education and support group developed in Madison, Wisconsin and Ingrid, the founder, is sharing this presentation with me. She will provide an overview of Renewing Life.

I am pleased to serve on a national advisory committee for Renewing Life, whose primary purpose is to help expand this program to other centers. I've been across the country to conferences. I've been blessed by being a director at Pathways to go and learn from the experts and experience for myself.

There is nothing that I have found that in an eight-week series that can offer the kind of consciousness shift and transformational experience that Maureen just spoke of.

I often describe Pathways as a kind of buffet table, where people get to pick and choose what looks tasty, anything, and decide for themselves. And say that, when we were looking for the 7-course meal, we were fortunate to find Ingrid in the Renewing Life program. Ingrid will now describe for you those gourmet ingredients.

MS. DILLEY: Well, it's kind of interesting, you know, describing your life work and your life in seven and a half minutes, but here we go.

I don't think that there's anything unique in Renewing Life, in terms of techniques. It's not the techniques. Techniques are a way to get to you. It is the intention and the package in which it is done. I think it is possible to renew yourself in the crisis of illness and that has been my experience and that's what my intention was in writing this program.

It is the package that Renewing Life is that makes it possible for people in eight sessions to take them, literally, off the streets as outpatients and with all their skepticism and, you know, shift them, really have them have the transformational experience that illness can be a growthy experience and that it is possible to grow in a positive way from the negative circumstances of life and of, particularly, of illness.

So, one of the most important things, I think, is to help people to become more intuitive and particularly to help them become more intuitive to their own healing path. I think that there is nothing more powerful than to listen to your energy. I know this sounds incredibly simple, but this is really one of the magics of life.

When you have no energy, you are so sick, you have no energy, energy becomes a very precious commodity and you start looking at what is important and necessary in life and it becomes one of your guiding tools to do what gives you energy and to not do what drains you of energy.

It turns out this is one of the masterful tools of life. I mean, you know, we listen to our head way too much and we listen to our heart the rest of the time and, especially if you're codependent leaves you in the wrong place.

If you listen to your energy, it will never lie. It may not look, you know, like it's supposed to, like, this person's supposed to be your support person, but you feel terrible after you're with them. This is like the truth, this person is toxic to you, you know. I mean, it may not be their intention to be toxic to you, but that is the truth of your relationship.

So, one of the most important things we do is help people to become more intuitive to that energy, and to where that energy is going.

I think that this is intimately related to what psychoneuroimmunology is. You know, we know things like attitude and social support and stress and all those things are related to your immune system and that, you know, we, I think for a long time, we thought psychoneuroimmunology was thinking positive thoughts all the time. Well, yeah, right. You know, especially when you're ill, you're going to think positive thoughts and have a positive attitude all the time. I have people come to me all the time, like, really worried, you know, they're not doing this.

Well, get real. So, you know, really what psychoneuroimmunology is is being more authentic. So, all of these tools and techniques that we teach in Renewing Life are designed to help people become more authentic.

When you are authentic, you are the same inside as you are outside. You are not fighting your energy. You are not losing your energy over relationships and over, you know, unfinished business in relationships, and over things that you need to say no to, in order to say yes to your own energy level and all of those kinds of things that are unfinished in our lives; the unsaid things, the unfinished relationships. Those are the things that need to heal.

It is as though you are a sack of sand with holes in it and as you mend these things, you are able to hold onto this energy. And as you are able to hold onto that energy, it is like they said in Star Wars, let the force be with you. I mean, I really think this is the invisible force. I think this is often really underrated in medicine and thought of as kind of foolish because it's not real easy to measure this kind of thing.

But, certainly, all of us know when we're enjoying life and we know when we're not. I think this is very linked to quality of life and quality of life has clearly been linked to psychoneuroimmunology.

So, these are the kinds of things that we're talking about. You know, I think it's very interesting that the more we're discovering about psychoneuroimmunology, the more we're discovering that the very things you do to heal your life and to heal your heart are the things that are the best things to do for your body.

So, really, what Renewing Life does is first, we help people to actually have this notion that it is possible to reverse the feeling of victimization that illness often causes and that it is possible to grow in a positive way from the often negative circumstances and you don't have to like it. You know? But it's still possible to grow.

The second thing is, is that after we give them that sense that it is possible, then it's important to actually give them tools so that the quality of their life goes up. So we give them real tools of coping and communication and sorting through the issues of illness and some consciousness about all of this stuff that's happening in their lives, like, you know, all of these emotional rollercoasters and all of that.

Very often that's grieving. That's grieving all the nondeath losses. Well, who the heck ever heard of nondeath losses? We have a hard enough time in this culture with death losses, much less nondeath losses. You know, people don't know all of this stuff.

But as they have this education and they have this kind of knowledge, knowledge is power. There's plenty of that kind of knowledge in medicine. That's not what they need. Illness, you know, and medicine is all about what's wrong with you. I mean, that's what they get paid for, that it's all insurance driven, that's what it is about. It's about diagnosing and treating what's wrong with you.

Healing happens out of the part of you that's okay. That's what needs to be embellished. That's what needs to be worked on. This is a different model. This is a different frame of reference than medicine. So, many support groups are looking at the wrong stuff and dealing with the wrong stuff. The run in the medical model, this is disempowering to the human process.

I'm not saying medicine is disempowering, I'm saying this is the rest of the healing path that has been missing in traditional medicine. How to be in the circumstances and not be run by the circumstances of illness. When you are always looking at what's wrong with you, then that becomes your identity and it becomes overwhelming.

Besides the tool-building, there's a whole component that's the spirituality. And in the spirituality part of it we're looking at, you know, really helping people to connect to this higher sense of wisdom and that you don't have to do all this on your own; it's possible to connect.

We do that with guided imagery, and we do this with, you know, experiences and having people talk about near-death experiences and the fear and all of that stuff gets released and there's much more of a sense of connection.

We have people be around thrivers and survivors because in one of the most difficult parts about self-renewal, and I know medicine didn't specifically design it to not make it easy, but the three steps of self-renewal are:

First, you have to have an active struggle response. This means it's not all up to the doctor and God, you have a part to play in this. Now, this is not easy to do. You go into a big institution and you try not following the protocol, you try asking too many questions, you are a difficult patient. All right, we know from research that angry patients live longer than passive and compliant patients. We know that. Doesn't the system make you passive and compliant? It coaches you about it and if you are not, you know, you're difficult.

Now, I think that if staff people actually could hear the anger in patients as their active struggle response, they would have a completely different response to it.

The second step of self-renewal is that you are going through a transformational growth experience. You will never be the same again. Not that that has to be bad, but it's pretty uncomfortable in the middle of it and you don't know what's going on.

Unfortunately, in medicine, you're not given much time or mentoring about this. I mean, you know, especially with managed care, you hardly get the questions out so you really have few people in which you're never around survivors and thrivers, you know. What I mean by thrivers are people who are, in their circumstances, may not physically survive, but do well in those circumstances.

The last step of self-renewal is sharing. It is in sharing that you get mentored, first, so you know you're not crazy. You know, you ask people how they're doing in a waiting room, they'll say fine. They're in quiet desperation. They don't know the right questions to even ask. So, you know, it's very important that they have a place to share and make meaning and get mentored and also to be around exceptional patients.

Doctors are very good at giving us all the information on this end of the bell curve and all the possibilities of things that could go wrong and the side effects. They hardly ever, do you get exposed to this end of the bell curve of the people who survived that weren't supposed to.

I don't walk around with a neon sign going I survived, I survived, you know. But I am one of those people who wasn't supposed to. I think that that's one of the most important things is that actually people have to see there are exceptions. There are possibilities.

So, I think I just want to end with that I think the thing about Renewing Life that actually makes it unique is that it's a package. You don't have to recreate the wheel in every hospital here.

You know, I think that we have a package that we have been using for 12 years and we've had thousands of people go through this program and the research that's been done out of this by the University of Wisconsin Medical School shows that people have not only significant change in the quality of life, but dramatic change in the quality of life whether they physically survive or not.

It is also for the support people in the -- that are in the same groups and it's also for staff people who want to learn these techniques and to apply them in their job.

So, you know, this is very cost-efficient to the hospital to do this. It's a program that's flexible enough so that the facilitators really feel like it's their work. It doesn't feel like, you know, you have to do it exactly like the written page.

We've replicated this program and fourteen sites and I think one of the most satisfying things is that patients are satisfied. You know, they feel like they were treated like a whole human being. One of the things that our hospital loves the best is their PR ratings have gone way up, because people now not only feel like they got the best medical care, but they feel like they got their needs met as a whole human being, because it's time limited. We've been able to be covered by HMOs and because it's cost efficient, you know, I think the HMOs like it as well.

We've been endorsed by people like Joan Borysenko, She says it's one of the best programs in the United States. Dr. Carbone (?), who is a leading oncologist and that was the director of GW Hospital, says every cancer program in the United States ought to have a program like this.

So, if you want more information, we have a Web site, www.renewinglife.org, and it also is available in a three-day format at Pathways and so we'll have those kinds of information. We also have a booth downstairs, so you're welcome and visit us there. We will have some handouts here for you on the research results if you want them, and the facilitator training. Thanks.

MR. GEORGE: Thank you, Ingrid.

MS. DILLEY: The flier on Renewing Life will be available on the table just outside this room.

MR. GEORGE: Our next speaker is Dr. Susan Silberstein. Susan has many roles, she's founder and executive director for the Center for Advancement in Cancer Education, she's director of the Integrative Program for Cancer at the Village at Newtown Medical Center, she's editor of Immune Perspectives, magazine, she's also an adjunct professor in counseling psychology at Immaculata College, and she's a lecturer on radio and TV. So, Susan, we look forward to hearing from you.

DR. SILBERSTEIN: Hi, there. I can't say hi without my glasses.

May I ask how many of you have been diagnosed with cancer? Thank you. How many of you are health care practitioners? A lot of you. How many of you are support persons? Welcome to all of you.

I'd like to apologize in advance for speaking too quickly and for relying heavily on my notes. That's so that I can maintain focus and economize words. Also, I apologize for lacking the time to be able with case illustrations. It may be helpful to you to read the interview of me in your big white binders. I'm on the 14th sheet from the beginning and it's section b, which I'm not sure if that stands for boring or maybe something worse. Thank you very much, that may help elaborate on my remarks for you.

When I began my work in the 1970s, complimentary and alternative therapies for cancer were only whispered about and patients and families had a real rough time finding any resources. Well, we've come a long way, baby.

Today's patients are often overwhelmed by too many options. So, they not only suffer from cancer but, also, from a syndrome I call information overload. Patients are simply bombarded with data on treatment options, courtesy of the broadcast and print media; certainly, the Internet and, yes, wonderful conferences like this one.

Actually it's from doctors and well-meaning friends and neighbors and relatives. So, as a result, the passive patients are often only too happy to abdicate their participatory to the first oncologic opinion that comes along and those who are inspiring to make informed decisions as sophisticated medical consumers, often end up researching themselves into totally indecisive confusion.

Well, in an age of specialists, I am a generalist. When my husband died of cancer 22 years ago, I founded the Center for Advancement in Cancer Education, which has become a national

information counseling and, hopefully, unbiased referral agency for complimentary and alternative cancer treatments.

During that time, my colleagues and I at the center have had occasion to examine dozens and dozens of therapies, communicate with hundreds of doctors and practitioners and receive feedback from over 15,000 patients. That feedback, in particular, has placed us in a unique position to develop criteria for evaluating nontraditional cancer treatments, for determining which types of programs produce the best results for the most patients over the longest period of time, and for guiding patients towards individualized game plans.

We have found that the most important principle is to favor a host-oriented, rather than a tumor-oriented approach. That is, to attempt to restore and repair biological function to every extent possible, healing from the inside out, rather than from the outside in.

We've also found that the three most fruitful fields, by far, for accomplishing this are clinical nutrition, botanical medicine, and psychoneuroimmunology. Especially, when they are personalized for each patient.

Of course, we'd all like to see tumors reduced and with these three approaches, we often do. But that's not our focus. Certainly, tumor reduction is appropriate, is an appropriate goal in life-threatening situations and when significant functionality or pain relief depends on timely intervention.

Debulking is also often highly desirable, when the tumor is huge and/or rapidly growing. But we know the chemo, radiation, and surgery often leave the body depleted, toxic, immunosuppressed and vulnerable to recurrence.

In the process of completely concentrating on destroying tumor or the abnormal blood picture, the host is often abused or neglected in the process and the symptom is addressed, rather than the root cause.

But we must be careful not to substitute alternative treatments in the same old allopathic equations and we do sometimes get tending to move in that direction. Many alternative cancer therapies simply mimic orthodox medicine by focusing on eradicating the symptom rather than repairing the host.

It's well known in the medical community that tumor reduction does not usually represent a cancer cure. The controlling factor is really how the body functions. Most patients do not die directly of their tumors, unless that malignancy is in some way suffocating a vital life function. They die, rather, of malnutrition, toxemia, and/or opportunistic infections.

The programs that have produced the most consistent results from my observations are those that recognize the body as a self-healing mechanism and give it the essential tools for immunocompetence and self-repair.

Now, how do we choose a therapy for a patient? We don't, we choose a therapy with a patient. I have a confession, when a patient asks us which doctor or which therapy or which clinic offers the best alternative treatment for say, breast cancer, we tell them we don't know.

We may have 20 different breast cancer patients all with the same diagnosis in the same stage on 20 different programs and all doing well. Our approach is highly individualized, patient-driven, and empowering.

We have found it's much less important what kind of cancer the patient has than what kind of patient has the cancer. So we look at patients' physical, financial, and geographic limitations. We look at their belief systems, work patterns, family dynamics, lifestyles and goals.

We look at their mental or emotional readiness for a certain treatment approach. We never tell patients what they should do or what they should not do. We ask them what their doctor has told them; what their doctor's offering; how they feel about what the doctor's offering; how they feel about the doctor; what they feel comfortable doing in the conventional or unconventional medical worlds.

Then, and only then, do we start designing a game plan and offering resources.

Our volunteer nurses and other counselors take a history, of course, and then they make a careful needs assessment. This takes a lot of time, we ask a battery of questions.

They include things like, how would you describe your quality of life, your functionality, in what particular way would you most like to the quality of your life improve? What's your work schedule or other responsibilities? How flexible are they? How flexible could you make them? What's your family situation; who's in your support system; would you like more support; from whom; from what type of source?

What stress patterns might have been present prior to diagnosis? Which of these have not yet been resolved? What are your new stressors; would you like help managing them? What were your eating habits and bowel habits prior to diagnosis; prior to treatment; to what extent have they changed? To what extent are you willing to change them?

What's your weight and height ratio? Who can shop for and prepare your food? How efficient is your digestion and elimination; would you like to learn more about those?

Finally, and most interesting, do you have any idea why you got sick? It's amazing the answers we get.

What might have been your risk factors? Could any lifestyle factors, like, smoking or alcohol or drugs or diet or work, or especially stress, have played a role? Which of these factors are still operative and would you like to do something about any of them?

Those patients who are most open and most willing to dialogue on all of these issues place us as support personnel in the best position to be of real help. Those patients who manage to achieve a balance between cognition, emotion, and behavior are the most likely to outlive their prognosis with quality longevity.

From that group of successful patients, emerges a clear pattern of psychosocial behavioral qualities. Again, I repeat what was said formerly, we hear a lot about need to maintain a positive attitude, as if we're going to have guilt if we sabotage that. That doesn't mean plastering a smile on your face, it means self-affirmation and it means being authentic.

So, that would include, also, accepting the diagnosis, but rejecting the prognosis. Participation, initiative, and commitment, choosing a treatment plan according to one's own wishes understandings, intuition, and beliefs.

This may involve disagreeing with one's doctors or loved ones in favor of that intuitive sense of what's right for one's self and then persevering on that course.

Introspection: Use of the illness for personal learning. We heard the word growth today. Resolving previous losses, completing grief work, self-actualizing, you know, the Chinese pictograph for crisis comprises two symbols, that for danger and that opportunity. So, cancer becomes a dangerous opportunity for growth.

Transformation in interpersonal relationships, especially learning to receive, making one's self a priority; reconciling conflicts, even with those deceased and purging toxic relationships. Lifestyle changes, developing new patterns of diet, exercise, work, and play, particularly, changing jobs or living arrangements; expression of emotion, including both positive and negative emotions that may have been repressed or suppressed, externalizing anger and resentments and digging deep for the joie de vive that perhaps existed in early childhood.

Life purpose: Finding a life purpose means clarifying one's goals, creating meaning in life, developing a sense of self worth and trying to understand one's place in the spiritual universe. These are the qualities of the patients who beat the odds.

Now, I'd like to focus briefly on the role of the health care practitioner or counselor or support person in helping patients decide on appropriate alternative and complimentary therapies. The most important advice is not read, read, read or explore, explore, explore. It's listen, listen, listen. Help the patient determine realistic goals.

What works is not necessarily going to mean full recovery from cancer. It may be gaining more energy, less pain, more mobility, gaining weight, living until one's son graduates, or one's daughter marries; better family communication or greater spirituality.

Next, find a patient's particular way to define quality of life. For some patients, quality of life means not having to give up meat and potatoes. For others, it's going on a vacation; diet and treatments be damned.

For others, they'll take enemas and drink awful tasting teas around the clock, as long as their energy improves. The definition of quality life is very personal and no one is wrong.

Next, direct attention to the host, not only the tumor. Patients can live many productive years with a tumor in homeostasis with the immune system, not disappearing, but not going anywhere, and so it's much better to focus on repairing the body and the spirit.

Start with the basics of human nature and human nurture. Look at patients in terms of what they're eating and what's eating them. Appropriate nutritional and emotional repair is often all that is required.

Target quality, not quantity, mere survival is inadequate anyway. Our host-oriented yardstick always measures not only life's length, but it's depth and it's breadth, as well. Give options, not opinions. Put out a smorgasbord of ideas, accept that you do not need to be an authority. Don't

fall into the "what should I do" trap. Respond by asking, what are you comfortable doing, or better yet, who are you?

Be supportive, not judgmental. A patient may not choose what you know to be best for him or her, the fact that he or she is making choices at all is much more to the point. Give them permission not to do a perfect job.

Work within the client's belief system. Help design a game plan that makes sense to him or her, don't try to talk a patient out of chemotherapy if she believes her doctor knows best, but if she believes chemo is poison, it probably won't work anyway.

Negotiate and compromise: Say, for example, if you won't give up ice cream, could you at least cut down? If you won't change your diet, would you take some herbal supplements? If you're afraid of hypnosis, would you try biofeedback? If you can't travel an hour to see Dr. X, would you consider 30 minutes to see Dr. Y? If you can't afford a \$300 juicer, would you buy an \$80 one, if you won't juice, would you take some freeze-dried juice in capsule form?

Next, help patients achieve balance in their lives. Help them avoid becoming professional cancer patients twenty-four-hours a day. Help them choose a program that leaves them room for play and fun, family and friends, and any other choices they may make. Make certain the life they are fighting for is a life worth living.

Gear choices towards comfort and control. You know, they call the cancer the Big C, well that ought to stand for choice, comfort and control. That's what the cancer patients always lack, that's what they always need from the day of diagnosis. You have to take this uncomfortable test; you have to go for this nauseating treatment, you have to put up with this poor quality of life. Patients must have choices and those choices must fit the logistics of their lives.

Help patients understand when to be patient and when to be impatient. Overeager patients can push the body too far and too fast, same as doctors can. Biological repair takes time with many ups and downs and ins and outs. Patience with a "C-E" while the body heals is crucial. On the other hand, waiting a recurrence before a doctor has a treatment to offer is much too passive.

Patients, generally, want to take a proactive, preemptive role to prevent recurrence and we have the information to help them do that.

Show the difference between curing and healing. As you heard, the terms are not synonymous. Stress the difference between the removal of symptoms and the repair of the host; between superficial and often transient external responses and deeper, more lasting internal responses. We've seen many examples of treatments that make the tumor disappear at the expense of the patient.

Even in death, healing can take place. Often emotional and spiritual transformations end up producing physical transformations and remarkable recoveries. Coach them about the key qualities of successful patients.

Over the last 22 years, thousands and thousands of patients have contacted our center for alternative or complimentary treatment resources. Many have left with referrals to medical nutritionists, second opinion surgeons, third-opinion oncologists, clinical immunologists, acupuncturists, herbalists, osteopaths, naturopaths, homeopaths, yoga teachers, support

groups, hypnotherapists, colon therapists, psychotherapists, psychotherapists or family therapists.

Many more have walked out with the recommendation to paint, to sculpt, to sing, to act, to write, to play an instrument, to move out of town, to change a job, adopt a baby, or get a divorce. So, there you have it. The ultimate host-oriented approach.

I'd like to close with a couple of quotations from professionals with far more impressive credentials than mine. Professionals who deeply understood this host-oriented approach.

Famed medieval physician Moses Maimonides wrote, "The physician should not treat the disease, but the patient who is suffering from it." Sir William Osler father of modern medicine, said, "It's more important to know the patient that has the disease than the disease that has the patients." Finally, the great Albert Schweitzer philosophized, "Each patient carries his own doctor inside him. We are at our best when we give the doctor who resides within a chance to go to work." Thank you.

MR. GEORGE: Thank you, Susan. Wonderful.

Our commentator today is Susan Haeger. Susan is president and CEO of Citizens for Health. She's been a leader in the natural health movement and very much an activist in this field and has set up numerous sessions to encourage natural health to become more broadly accepted and she's going to comment on the speakers we've heard and then we'll open it up to the audience for questions and answers.

MS. HAEGAR: Thank you. First, let me say I'm very proud to be here today. I think this is a very inspirational session.

The work that our organization does, Citizens for Health, is political in nature, because we have so many Americans who come to us who have made a decision about a choice for their own health care and found that either federal or state regulations or medical board policy stands in their way.

What we do is, both at the federal and state level, work on public policy, legislation, and regulation to change the paradigm of how health care is being given the opportunity to flourish in this country.

I was thinking as I was hearing the presentations, that really the transformation and the renewal that goes on in the life of an individual whose been diagnosed with cancer is a transformation and a renewal that is happening in our entire society. It's really needed.

Our work as an organization has helped to take the energy that people are generating in this process and changed the very institutions that have created circumstances where a lot of these diseases have allowed to continue without being properly addressed or without being holistically addressed.

I was remarking, we had hearings on Capitol Hill just before this conference started on integrative oncology. Some very, very excellent speakers were there to present the congressional members why government institutions and regulatory bodies need to open up opportunity for more integration and cancer care.

In that process, we found that many officials at FDA, at NIH, at NCI had difficulty finding how did they address all these changes that were going on to protect patients but allow people to be empowered, and it's just an enormous shift going on in our society.

Each of you who are participating in this process personally, can really make the difference, because we live in a society in which we can affect the political process.

So, I just wanted to say that I am very inspired. We, also as an organization, have a Web site where we try to bring resources together. We're looking forward to making accessible to people that come to our site all the resources that we've discovered here. I certainly agree with a point that Susan made is that many people are just in information overload.

With the explosion of alternative and complimentary therapies and many of the controversial studies that come out about conventional therapy, each individual is faced with figuring out for themselves what is the best treatment.

So, this concept of the Big C being about choice, comfort, and control, is something which I think we have seen among people that have successfully addressed these issues. It's what they've created for themselves, but many people feel that when they hit the system, and that's not an option for them, they don't know how to fight against it.

They don't know how to demand that choice. They don't know how to create the comfort. They don't know how to institute the control and they really need help.

So, I'm just very inspired by the resources I see that are being brought to people. I'm hoping we can get the word out to many more people, and it is really person-by-person that that happens.

I also wanted to say that when Maureen was speaking, she talked about that breakdowns can be the most important catalysts in our lives. I think really what is happening now in cancer care is the breakdown of all of the kind of conventional wisdom.

It's this partnership that's happening where patients are empowering themselves. Care providers are looking and saying, my patients are bringing this to me, how can I look at it with an open mind, how can I help give them professional guidance in this process and institutions are having to change as a result. This is a very important process.

So, I was originally scheduled to be a moderator and not a commentator but I'm very pleased that I had an opportunity to give some comments. I hope that they've been helpful. I would just like to reemphasize that each of you who are sitting here, are the catalysts for change in our society to ensure that whatever fight you had to go through to get the control, the choice and the comfort in your lives as you've learned through that experience, help pass it on to others by becoming active in communicating these issues and letting people know what they can do and helping them get resources. Thank you.

MR. GEORGE: Thank you Susan. We've been able to reserve about 25 minutes for Q and A. Four wonderful speakers and our commentator, so we have five very thoughtful people and there's a microphone here, if you just give us your name and organization. Don't everyone leave, this is the dessert, guys, so don't leave.

FEMALE SPEAKER: I have a comment rather than a question. I want to say how much I appreciate the work that you all are doing. It's what I've been looking for in the conference and I

also want to just -- I have to plug what I'm doing because it's so related, and Maureen knows, because she spoke at my last conference.

I'm the director of Healing Journeys, a nonprofit and we produce a free two-day conference called Cancer is a turning point from surviving to thriving. I've talked to Susan about this on the phone, too.

We've been doing it in California. I have brochures of the next conference which will be at Stanford University in September. It's attended by about 1,200 people and it's an introduction to what you're doing on a long-term basis and I would love if we were in the same place. So after this conference people could come take your program. Thank you very much.

MR. GEORGE: Thank you so much for sharing that. Who's next?

FEMALE SPEAKER: I've been very struck throughout the course of the conference that the work that's happening is wonderful to someone like myself. Does anyone have any experience in extending programs to ethnic populations? For example, the Cambodian population I work with -- about emotions -- how --

MS. REDL: I'd like to address that a little bit. In Places of Healing, we had a wonderful opportunity with the black community. There was a man for whom community was his healing process and it was just extraordinary what he brought to the rest of us in what he said and what he shared of his personal experience. And at the time we were making a video and we had the opportunity to go into his community and film him and all the collection of people.

It was like a little UN that was his community. He kept saying and they kept saying, how much it was their being together, that they were strengthened by him and he was strengthened by them.

It was one of the most beautiful things I have ever seen. I'm only sorry that video is not yet complete, it still needs funding, but that very thing on the importance, in his case, of community much more than anything else, that was the healing process for him.

MR. GEORGE: Thank you, we have comment from the audience, Dr. Loren Fisk.

DR. FISK: I just returned from Jerusalem, where I was working for four years as a psycho-oncologist for a major hospital there, and I developed and ran a program in breast cancer awareness and I just returned from Jerusalem about six months ago, where I worked as a psycho-oncologist at the Sherrizetic (?) Medical Center, which is a major hospital in Jerusalem, and I was involved with two projects that targeted culturally sensitive programs.

One was a breast-cancer awareness and early detection program for the ultraorthodox community and one was the Israeli-Palestinian Collaborative Fellowship in Support of Oncology, that we developed out of NABALIS (?).

I think, in both cases, number one, I said, you know, my main role is as a translator, that my job is to translate vital medical information into culturally and personally relevant terms. So I think that's a very big point, you know.

I think there's been a lot of discussion at this conference about the relationship between disease and illness. I think the medical model and the medical system operates around a disease model, which is the diagnosis and treatment of pathological organ systems.

People experience illness. What is the impact of the disease on my day-to-day functioning, on my social functioning, on my social roles? And that is a socially mediated process. It has to do with the meaning that we ascribe to illness.

So, I just want to say, in working with underserved communities, and we began a project with the Russians, and Sephardic Jews, as well. I think there are several principles that need to be very prevalent. One is to understand the culture and the meaning system and the belief system through which disease and illness is a by-product and I think illness more than disease. Which is what is the meaning of that socially in my functioning.

Number two is, we spent, for example, in the orthodox community, we spent the first year, full year just running focus groups and meeting with rabbinic authorities. There was no way we could do anything effective until the rabbinic authorities supported and were active participants in this process. I worked with NGOs, community-based NGOs that were operated by participants of this community.

When we wanted to start the breast- cancer awareness project, we spent over a year getting rabbinic authorization, and if anybody knows Israel, there are few things more difficult than getting the ultra orthodox rabbis, and I'm talking about the most powerful rabbinic figures.

It was only accomplished because of knowledge of the culture. You know, the first time I went to a rabbi to ask for his approval to run this program, he said to me, it's not modest. No. And there is a very big concern for modesty.

I said to him, with all due respect, rabbi, in a culture where a woman checks herself every month to see if she's menstruating or not and if there's a question, brings a dirty rag to a rabbi to get his decision, it's hard for me to accept that checking her own breast is immodest.

He looked at me and he said, you're right, I never thought of it that way.

If I didn't know Jewish law, I wouldn't have gotten past A. So, I think it's important that we develop and work closely with practitioners in the community, with community resources. We need their support.

I think it's a very, very important area to look at how -- we can have the best system of medicine, the best technology and the best doctors in the world, but half of medical practice is how and when the consumers utilize the resources we have. We have to be relevant and accessible.

MR. GEORGE: Thank you very much. I just might comment, in Minneapolis, that there are several programs aimed at newly immigrated Americans, particularly Southeast Asian, and Somalis at Center for Spirituality and Healing at the University of Minnesota, at Minneapolis Children's and Regent's Hospital, our Medtronic Foundation is particularly funding some of these programs to try and encourage this kind of cross-cultural understanding. Al.

SPEAKER: My question is aimed at all members of the panel. It seems to me that one of the main problems of most people is that it's very difficult to change, even though your rational mind tells you you need to change.

My question is, what does your particular program do in regards to facilitating change or reprogramming, as I call it? We know how to program and reprogram computers, but when it comes to the main computer, the human brain, we seem to still be in the dark ages.

Finally, would you be interested in finding out about a program that facilitates reprogramming, if so I'll talk to you later.

MR. GEORGE: Good, thank you. Anyone like to respond to that?

MS. DILLEY: I think if you make it safe for people to change, they do. You know, that's really what we do in the program that I facilitate. I think that we really try and create a sense of unconditional love and we try to give them a path of many choices, and a way for them to choose their own path and they begin.

What I notice is that they often don't notice the small changes they're making in themselves. They notice them in the other people in the group first.

Out of the noticing the shifts and listening to the shifts in the other people, it does it to them. So, that's why I think the power of groups is tenfold what, you know, individual. It takes much longer in individual therapy than it does in a group situation.

SPEAKER: Yes, you have through the progress of the others, it increases what I call the belief factor and that's a very powerful factor in producing change.

MS. DILLEY: I've also found that, actually, the mixed groups were better than groups of the same diagnosis, because they often get clarity and appreciation from the struggles of other people that are far different from their own and they actually become grateful that they don't have that, or, you know, they get a perspective on it that they would never get if they were with people of all the same disability. It's really interesting. So, those are just my observations.

MR. GEORGE: So, Ingrid, have you been successful in getting patients into regular support groups that meet on a more-or-less permanent basis?

MS. DILLEY: Well, they do that on their own. Most of them go on to do other kinds of education of, I mean, some people go more into tai chi, or some physical form, some people go more into other more quiet meditation form. Some people want more in terms of insights, you know, kinds of dynamic, into, you know, communications skills. I mean, people get on the growth path and they grow, whatever that is.

MR. GEORGE: We found the regularity of weekly support groups to be extremely important in the healing process of being able to share experiences on an ongoing basis, because oftentimes, as disease progresses, there's need for ongoing support and --

MS. DILLEY: I actually have found both. I think that there also is a downside into having ongoing groups. I think people overidentify with their illness and so often use it for their intimacy instead of their life and that they, they need to stay attached to their illness to stay attached to the group.

That's the downside of it, in that they need to learn a language of self renewal in which they can go out into their life and live their life and include this as part of their life.

So, that I think when there is reoccurrence, they sometimes need an ongoing group. If they're in the middle of something, they may need a group, but I guess I don't think everybody needs an ongoing group.

MR. BELL: I just want to say that one of the things I do at Pathways is to be available on a one-to-one basis one time for people to come in and sit down. I think what I do is, I listen, they tell their story and they get heard from their story and then I convey to them, my belief in them and that often I can see a shift, even within one session, or when they come back for more of the resources. But I think being heard, being able to tell their story and hear it be affirmed in the midst of it.

One of the most powerful things that happens for me is that when somebody has come back for a reoccurrence, when they think they've done it right the first time. They did everything, they went to all the complimentary and alternative, they followed the protocol, they changed their diet, their on macro, you know, they've done everything and then, in the face of that, they get recurrence.

They come to me and they say, I can't do it again. I tell them that I see them as masters because they've already done it and reinforce their ability, because they demonstrated their capacity to be masterful, and to support them in doing it again.

They often can, just by being heard and having that kind of support of their inner resources, and not thinking they have to get it from elsewhere. They get it from within themselves.

MS. REDL: Just one quick little addition to that. It seems to me that there's a very natural process that happens when people come to a certain stage of their own healing. There is a desire to do service and the service is another one of those cyclical things, as we do, we also receive and there is further healing in the doing service.

MR. GEORGE: Thank you. Did you have a comment?

FEMALE SPEAKER: I think all the information is so rich and fabulous and my question is, when someone is either in the stage of paralysis and panic, when you first get the diagnosis, or if you are at the stage where you have such a serious diagnosis that you really don't have very much time, what can we do to help people in those positions?

Someone who may have very little time left that I tried so desperately to get here and if he could have gotten here, we would have loved him into a great place. But I knew his paralysis was formidable and impenetrable. Do you have any suggestions about how to help someone quickly? Sorry. Bad question.

MS. HAEGAR: What you just said, Howard. What Howard just said was the answer. You listen to them, say it again.

MR. BELL: Well, I do, I think what Renewing Life has taught me by being a facilitator, as being present in the moment, each moment is just as powerful as the next moment, I mean, the fact is that we only live in this moment and to bring, whatever circumstances they come in with, whether they're in new diagnosis and panic, or paralyzed from reoccurrence, to be present with them in this moment, to honor and respect them, to know that this moment that they're alive, they're in power, they have power, choice, and control in this moment.

I think, in whatever stage, I haven't found that it varies in whatever stage. That if you can be authentic, be with them, listen and be present and help them see the power of the present moment, they can do transformations in the midst of whatever the circumstances are.

DR. SILBERSTEIN: I also think it's very important to take tiny little baby steps, even when we're at the life-and-death crisis door. One little thing that the patient can verbalize they would like to see improve. Whether it's pain or it's nausea, or it's energy. In other words, not bite off that whole thing, how am I going to recover and I don't have any time to recover.

One little thing that we can change, sometimes that can be changed. They can build the confidence and then they're ready for the next step. So we do things in very little steps and we may move them from point A to point B knowing that we'd like to have them over at point Z, knowing that we may never get them there, but once we get to point B, then we can add to that and build to that, build on that.

My oldest and most successful patient was a woman who was diagnosed with metastatic malignant melanoma. She was opened up and closed up. She was 98 percent full of disease. That was about 20 years ago, or maybe 21 years ago and the doctor sent her home and said, well, you won't make it til the weekend.

The woman is still alive and thriving and she pursued a very aggressive program of nutrition and detoxification. But the point is, when I tell this story people say, you mean to tell me that you turned her around in 48 hours, this woman was cured of cancer in 48 hours? I say, no, she just stopped dying for an extra 12 hours at a time. So it's little steps.

MR. GEORGE: Great, thank you.

MS. HAEGAR: I would also just say that, you know, all of us are terminal, none of us are getting out of this lifetime alive and so, the lesson for all of us is how to live well for however long we live and that is lived in moments.

You know, life is lived, I mean, we're alive, alive, alive, alive, alive, alive, and at some point we're dead. So, it's about supporting a person in their livingness until they're dead, not supporting their dying. We have all this conversation about the dying time and what we really need to do is support people in their living until they're dead.

MS. REDL: I'd just like to remind us that none of us is responsible for anyone else and that sometimes we can try to take on too big of a responsibility.

MR. GEORGE: Very good, thank you. Next question.

FEMALE SPEAKER: This question might already be --

MR. GEORGE: Can you stand up so everyone in the back can hear you?

FEMALE SPEAKER: You've already done this part, but how do you teach cancer patients to tap into their intuition?

MR. GEORGE: The question is, how do you teach cancer patients to tap into their intuition.

MR. BELL: The most comprehensive way I have found is to put them in the Renewing Life program, because, seriously, I mean, they do work with each other and they see it modeled in others. The facilitators are all people who are participants.

So, when I first went through the program, I went through as a participant, then I went through certification to be trained as a facilitator. Even though I didn't have an illness. All of my cofacilitators are survivors, so they go through the program as a participant and then they can move up as a volunteer and eventually can be facilitators and get certified as facilitators. So, a lot of what we do is model.

I didn't know what energy meant before I went through Renewing Life. But now, I live my life following my energy as Ingrid spoke about earlier. So, I think one way we do it is modeling.

One way is that we honor and respect that they're fully capable of it. Rather than we have to teach them how to do it is to honor that it's inside, the Schweitzer quote we use in Renewing Life. It's already in them.

Their intuition is there, it's just removing the fear, removing the barriers, honoring that we know they're capable of doing it and fostering that within them. There's no quick fix, there's no magic pill. It's a process of deep spiritual transformation and honor.

MR. GEORGE: Other question? This a question coming up? No. Okay. How about speaking a little bit more about the role of spirituality if you would, and particularly how do you help people who are searching for spiritual support but don't really have a strong spiritual base?

MS. HAEGAR: Well, I, you know, have worked most of my career in a state institution and so you can't talk about religion.

MR. GEORGE: Why not?

MS. HAEGAR: Because --

MR. GEORGE: I wasn't talking about religion, I'm talking about spirituality.

MS. HAEGAR: Yeah, I know. So, of course, you have to, I mean, so, I just want to make the distinction between religion and spirituality, because, I think, for many people they don't have that distinction.

Spirituality to me is your spirit, is your life spirit, like, what, you know, the carrot on the stick that drives you in life. So, illness and many things stop that in you if you don't have ways in which to express what it is that's bothering you, or what it is that's upsetting you. Then most of those feelings block you and they stop that spirit within you. So, I think that's one way to help people move in that direction.

The other way is guided imagery. I had a near-death experience when I was 18 and, you know, after that, I always had a spirit guide and I thought wouldn't this be wonderful to be able to give other people this sense of intuitive wisdom within them. I believe all of us have it, it's just that we're not in touch with it.

MS. REDL: The technique is the intention, but they are the means to the end and the means is contact with that sense of spirit, that sense of inner self. We talk about an inner healer. I'm so

touched and impressed by how we're, many of us, using just different words for the same notions. But the inner healer, that's the first thing that we do in Voices of Healing is look for that, however we find it and that's unique to each person. But it is universal within us.

MR. GEORGE: Wonderful. Well, on that note we'll thank the panel.

(Whereupon, the proceedings were adjourned.)

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