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THERAPIES

CONCURRENT: Spirituality and Cancer

SPEAKERS: Lora Matz, M.S., LIC.S.W.; Elizabeth Targ, M.D.

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P R O C E E D I N G S

MS. MATZ: I'm going to start by reading you a poem from Rumi, which I think is quite appropriate to our times right now. And for those of you who don't know who Rumi is, he was a mystic poet who was born in Afghanistan and was a Sufi mystic. And in his later years he started the tradition of the Whirling Dervishes, and he would twirl in a state of ecstasy and trance for hours, and a scribe would follow him around, recording the poetry that would spontaneously utter from his mouth. And this is one of his poems. It's called "One Song." "What is praised is one, so the praise is one, too, many jugs being poured/into a huge basin. All religions, all this singing, one song./The differences are just illusion and vanity. Sunlight looks differently/on this wall than it does on that wall and a lot different on this other one, but/it is still one light. We have borrowed these clothes, these time-and-space personalities/from a light, and when we praise, we pour them back in." I took a moment to light the candle at the beginning of this session, and it reminds me of a time when I was working at a children's hospital and I had gone through 13 deaths within a month, and I was at the bedside of all 13 of them, and they were all children. And one night, the oncologist and I had been up all night with a 15-year-old who had passed during the night, and we had to walk into a board meeting the next morning. And there was something that feel so ego-dystonic about that experience, about going from what felt like a very sacred event to this very left-brain-head experience, that we both looked at each other and said, "We've got to come up with something." And we went from there to rounds. And what we decided to install or initiate into our Friday rounds from then on was that any time we had a child pass away, we would take time that Friday in rounds to light a candle and, as a staff, talk about what about that child and family had taught us and meant to us. And that was the beginning of changing a whole culture on a children's oncology floor. It was a very simple act, and it came just from this desire to not feel like we were in the supermarket business somehow. There was a sense of going from one thing to the next and never stopping and paying attention. Doing something very simple, like playing music as people enter a room or having a moment of silence together and lighting a candle can sort of shift the energy and the awareness between people. I want to talk today about spirituality, not as a doctrine, not as a metaphysical speculation or deduction, but a state of being, a lived experience that can become a lived conclusion. I myself come from the world of transpersonal psychotherapy; that's where some of my training comes from. But my real training has come in the heart of darkness. This wonderful picture that captures the underside of a dandelion reminds me of the Tree of Life. In every spiritual tradition, there are stories of the Tree of Life, whether we're talking about Christianity or the Islamic tradition or Judaism. I once worked with a family that had a little boy who went through a very difficult transplant. And the mother, a year later, was recovering from Andrew's transplant. He had had neuroblastoma. He had nearly died. He was in a coma for a week. And she was a writer, and so she had religiously recorded in her journals throughout his entire illness. And a year later, she was trying to go back through her journal entries, and it was almost as though they had become Pandora's box. And I was working with her individually and had given her some assignments, and she was working with the assignments to sort of move through the trauma of his illness. And her worst fear was that Andrew had been so traumatized developmentally, because of the age he was when he had had his cancer, which was age 2 and 3, that he would never be okay. Well, the day that she was going to go through her journal, the house was quiet, her younger child was taking a nap, Andrew was playing with trucks on the floor. And she went to open her journal to the passages that were the most overwhelming to her that concerned the transplant. And it was as though, on cue, Andrew looked up from play, and he said, "Mommy, remember when I was in the big hospital stuck in the tree?" And his mother said, "No, I

don't remember that, Andrew." And he said, "Yes, you do," like 4-year-olds are prone to do, with indignation. And she said, "Tell me about it. What are you talking about?" And he says, "In the big hospital." And he always called the University of Minnesota, where he had the transplant, the big hospital and St. Paul Children's Hospital the little hospital. So she knew exactly what period of his life he was referring to. And she said, "Tell me." And he said, "When I was in the big hospital, I was stuck way up high in the tree, and I thought there were monsters at the bottom, and then a pink lady and a purple lady - I think angels -- and these were non-churchgoers so he'd not, to her knowledge, heard the word "angel" before -- "a purple angel and a pink angel came and they rocked me for a while and told me those weren't monsters, they were just doctors and nurses, and then they took me down through the middle of the tree, way down in through the middle of the tree, right through my body, and then there I was back in the bed with you and Daddy." Now, of course, what's astounding about that is that child was speaking of a major archetype, the Tree of Life. And during that time, when his mother was very concerned that he was being traumatized, he was being held by a force and power that was very great. And his story transformed her experience, and she no longer had fear and could face the memories of being a parent and the anguish of holding a child that had been so deathly ill through that time. Our stories are very important. One of the things that I've done at a number of hospitals that I've worked at is institute story time. It's very important that doctors and nurses and social workers and chaplains come together and share their stories, because those are the legacies, those are the gifts that those who have gone through the dark night of the soul leave behind. Those are the legacies that those who have lived well and passed on leave behind, are their stories. This is a very simple way of looking at helping. I see the medical model as being the most focused point of view. And then, for a long time, the psychosocial model really became the thing, and we started to look at the fact that patients weren't just bodies; they were people who had a whole lot going on in their life socially and psychologically. The self-actualization model, which comes from Maslow's theory, is about self-actualization. It's about personality development. I believe that, from my personal experiences and from all I've learned from children and adults as well as my own journey, there is a model that is even broader than that, and I call that the enlightenment transformative model, and that's that which transcends the personal level. And I believe that you don't have to be enlightened to intervene with people from that place. And I believe mind-body skills in particular and energy therapies run through all levels of this model, and I think there are some other things that I'm beginning to see run through these levels, but I won't take time to go into that for now. Existential crisis is a crisis that totally and dramatically not only is upsetting to people, but has enormous transformative power. It's a turning point. An existential crisis is a crisis that challenges our beliefs about everything. We ask questions like, what's the meaning of life? Will I ever be the same? A lot of people, now, of course, are asking that question about the 11th. Cancer patients ask that at different stages of their journey. An existential crisis affects our identity and what we identify with, what we think is important. It's a psychological crisis, and by its very nature, it's a spiritual crisis. Cancer is a spiritual crisis, because it affects the core of a person, and it affects our beliefs. And our beliefs are the blueprint from which we construct our lives. Now, I'm very proud of this. He was actually supposed to fly into a drum roll, which I thought was quite appropriate, because how often do we get so puffed up and full of ourselves because of what we believe in? And I don't know what happened to the drum roll; I guess this computer probably doesn't have sound. I like that particular quote. It was written by an unknown Indian poet. "He whom I enclose with my name is weeping in this dungeon." And the reason belief systems can imprison us is because we think they are the truth and they define -- we let them define how we cope with any given experience and what alternatives we will allow to come in. I'm going to give you a couple examples of that. I worked a number of years ago with an 18-year-old who had first been diagnosed with a brain tumor when he was age 12. At 18, he had his third relapse, and it was a very serious relapse. And I was in the room with his family and the physician when they told Jesse that there was nothing more that could be done. He had had a seizure that they almost were not able to bring him out of. He was paralyzed on one side of his body, and it really truly was the time to say nothing else could be done. Jesse, with these very old, soulful eyes at 18 years of age, looked at us when the doctor said, "Jesse, there isn't else we can do for you, so we want you to go home and live life as fully as you can for whatever time you have." Jesse looked at us and he said, "Yup, I just have a few more things to do." One of Jesse's wishes had been he'd always wanted a tepee. And his family was a very moderate-income farm family, and had never had enough extra money to buy him a tepee, and Jesse was quite clear, it had to be an authentic Native American tepee. This was not a Native American family. Make A Wish only grants wishes up until 18, and Jesse had had his 18th birthday so he wasn't eligible for Make A Wish. But the hospital that I worked for generously supplied the money, and we tracked down someone

who made genuine Native American teepees. So the day that Jesse was told that he was going to go home and die, his mother also told him about the tepee. He looked at us and he was very grateful. He said he wanted some time alone, and as we started to leave the room, he said, "I want some time alone except with her," pointing to me. And he said, "I want to talk to you." I sat down and he looked at me and he said, "Why did you really help get me the tepee?" And I sort of went into this social work kind of bullshit -- Jesse called it that later. "Well, I think everybody should, you know, have what they wish for when they're going to die," and blah blah blah. He wouldn't let me get away with that. He said, "Why did you really get me the tepee?" And I had to really think about it. And I said, "You know, Jesse, I probably wouldn't say this to too many people, but I just had this intuition, this sense, that somehow this tepee has to do -- you're longing for this tepee with your spirit, and that there's something important about it." And I had studied for a while with a Native American medicine woman, and I shared that with him. And I said, "So I know teepees, besides just being living places, are incredibly powerful symbols in archetypal -- and hold powerful archetypal energies." And he said, "Yup, that's what I wanted to hear. Now I want you to do something else for me." And he asked me if I would create a going-away ceremony for him. And he told me what he had in mind, and Jesse and I got to know each other quite well during the next several weeks. He did get his tepee. His dad and his brother put it up the day he went home from the hospital with him laying in the lawn chair, giving them instructions. What he wanted is, he wanted an opportunity to talk about what cancer had taught him. Jesse had been an avid reader. His mother had been an English teacher, and he was introduced to some of Joseph Campbell's works as an adolescent, and the way he made meaning of his cancer journey was by reading everything he could find on adolescent rite of passage ceremonies on Joseph Campbell's work around the hero's journey. And that's how he made meaning of his illness. And because he had so thoroughly made meaning of his illness, which was soulful, soulful work, he was ready to die. And what he believed -- he had taken some of Joseph Campbell's words very seriously, that the hero, when he comes back from a journey into the underworld, it's an initiatory journey, and they bring a boon, they bring a gift back for their community. And Jesse wanted to bestow a gift to his family and friends, so he wanted an opportunity to talk about what cancer had taught him. And the ceremony and that time with Jesse was some of the most profound time in my life. On the other side of that, I worked with a woman about a year and a half ago, an adult woman with advanced ovarian cancer who is at this point doing quite, quite well. But Mary, from the first day I met her, was convinced not only that she would not live, but that she did not have a right to live. That's one of those belief systems that can imprison you. And the reason that she didn't believe that she had a right to live -- but it took us weeks to get to this -- is she had had polio as a youngster, and the child in the bed next to her had died. And when she became upset and cried, the nurse kept telling her to quit being such a naughty girl, and somehow because she was so little, she had internalized that she was a bad girl and never understood why the other child had died and she had lived. And so that experience came back at the moment of her adult diagnosis of cancer. That's a belief system she had carried through her entire life, and she could tell you story after story of how she put her life in harm's way, sometimes consciously, sometimes not consciously, because of that belief system that she didn't have a right to live. Because of my time with Jesse, I now do what I believe is a wonderful group. It's a wonderful group for me and a wonderful group for the patients that I work with, called Mapping the Hero's Journey for Adult Patients with Cancer. And we actually use some of Joseph Campbell's work. We use movement and dance and meditation and art, and people make journey cards for themselves. And that's a gift that I got from the soul of that child, that spirituality. That boy taught me from his core, from his essence, as we reflect back to some of the early definition that I gave you of spirituality. I want you to look at this carefully for a minute. You're taken from what you knew into the unfamiliar. You feel isolated. There's a period of fasting, drugs, or induced altered states, or the drugs may induce the altered states, if not, something like chemotherapy or surgery. There's fear of possible death. You're given information in stages. There's a sense of loss of identity and a question, "Will I ever be the same?" And there's a period of incredible confusion and turmoil and transition. What does that sound like? Most cancer patients think I'm talking about cancer. Those were the characteristics of ancient initiations in mystery schools. What happens when you say to a cancer patient, "You are going through a sacred initiation; you are on a hero's journey"? I can tell you what the cancer patients that I work with say. They say that somehow it ennobles all the hard stuff they go through. It paints the canvas with a broader brush stroke. It somehow gives them a sense that maybe they can find meaning in this. They can make meaning for themselves in the hardness, in the harshness of what they're experiencing. Our society has done us no good, I think, in helping us to believe that easy fixes satisfy the soul. They don't satisfy the soul. And some of the most

profound comments that I have that come from patients come from women and men and children who have spent time in the dark night of the soul. Some of the most profound transformative times in my own life have come from time in the darkness. The great mystics of every tradition speak of this fertile void period, this time of incredible darkness where something's germinating, something's happening. And we as health care professionals are so quick to rescue people from that. Now, I'm not saying that it's not important to empower people to be able to deal with their anxiety. Absolutely, of course it is. And it's also important to honor the darkness. An ancient pilgrim poet named Basho wrote, "An experience of the deeply real lurks everywhere beneath centuries of stereotypes and false images that prevent us from truly seeing other people, other places, other times. Sometimes we can catch a glimpse of the underglimmer, and that glimpse can create a feeling of deep longing. That glimpse can come in a traumatic experience, in a dream, an encounter with nature, an encounter with another person, in the reading of a piece of poetry, in a moment of synchronicity." This is a transpersonal map of spiritual development. I want to talk for a minute of how I see spirituality. This is a very daring thing to do in this kind of audience, but I think it's an important thing in our time. If I were to go to the ocean and try to come back and talk to you about the blueness of the water, and what it was like seeing the dolphins skimming the surface of the water, and what the sunrises and sunsets were like, and what it was like to pick up new shells on the beach that just gotten washed up early in the morning, or what it was like to see my footsteps washed out to sea, or to see the ocean as it was preparing for storm when the waves are so high you have to back up and keep backing up to get out of their way, I would have only brought you back a container this big that described an experience this big. Even if I was wonderful at colorful language and taking of photography, I still would have only imparted to you something in a very small container that is this big. My definition of spirituality is that we all long to return to the ocean. We all have a longing to return to a sense of oneness and connection. And religion -- it becomes the expression of our spiritual natures. And because we're all different people in different souls, we have different ways of both experiencing and expressing our spiritual nature. I'm going to go through this very quickly, because it's a map that I use with cancer patients, and they love it. This is one slice of a very complicated teaching. People are thirsty. They're longing for bigger containers. They're longing for the ocean. It's a synthesis of some of Ken Wilbur's work. There's also a new book that takes some of Ken Wilbur's work; Ken Wilbur is a philosopher, primarily, and is prolific. He's very difficult to read. I have a very difficult time reading him. But there is a new book out called "Putting on the Mind of Christ," and a man named Jim Marion has taken some of Wilbur's work and really simplified it, but tied it in with some of the Christian mysteries and the notion of spiritual transformation within the Christian tradition. If you dig deeply in any spiritual tradition, you will find some of the same notions. Let's say that we come from a place of oneness as beings, and we come down into manifestation. The first thing we do is, we create a body. As infants, awareness only extends to the body. You watch any infant; they are total sensate little beings. Then their awareness at about 1-1/2, 2, 2-1/2, 3, extends to the emotions, and they get very proud of the fact that they have feelings and they learn language for feelings. Then it extends to the realm of the mind. Then what we do is, we put a ceiling above us and we say, "Aha, that's who I am." That little circle. And what we have done is, we have forgotten that we came from a place of oneness and we brought something with us from that state of oneness down into manifestation. Spiritual transformation is about expansion beyond that level. Higher mind can do what the mind at the lower level can't do. At the lower level of mind, we think in very linear terms. We categorize, we sort, we sift. In higher mind, we think in terms of paradox. How many of you have heard cancer patients say, "As awful as cancer was, it was the best thing that ever happened to me." How many of you have heard that? They're thinking from higher minds. They can embrace paradox. Higher emotion is that place of pure, uncontaminated joy and bliss and love, and the place where true compassion comes from. And the light body, the energy body, is that whole field of medicine that is developing that both Eastern medicine is teaching us about, quantum physics is teaching us about, and the whole field of energy medicine is just beginning to learn about. But we have a lot to learn from the people in the East. It's about my body that transcends this physical body. In a few slides I have a picture that I'll show you about that. I believe that transformation is about the journey home, the journey of evolution back, and that transformation is expansion of consciousness. It's an interesting thing. I'm one of those people that at some point in life was given a gift. I can see energy. It's amazing how when you watch people frightened, their energy field collapses. It hugs their body. When people are very, very peaceful, if they're in an altered state, if they're participating in imagery and relaxation or meditation or Qigong, their field opens. There's a bridge between that first level of awareness and the second level and the third level. And that bridge is all of these things -- all of these things that we are now beginning to look

at as important in medicine -- imagery and relaxation, other mind-body techniques, energy medicine, acupuncture, Qigong -- all of those things become a bridge, not just to help people with the relaxation response, to help quality of life, but literally help reconnect individuals to their soul. I don't know how many of you practice in such a way that you do rituals or introduce the notion of rituals to your patients. I do all the time, and it's astounding. I had a man come in once to see me the day before his wife was going to have surgery. And he said, "You know, I have screwed up our entire relationship. I have never been there for my wife. She is furious at me all the time, and she's even more furious now, and convinced that I can't be there. And I know you don't have a lot of time to do this, but I want you to teach me, like right now, how I can be there with her, and how she'll be able to perceive that I'm there with her." I thought, "Whoa, this is a big job," and I didn't even have the wife present. What we did together, after we sat with each other for a while and I suggested that we do some imagery and relaxation and I helped him to go into his deepest self, what he ended up doing is, he created a ritual with his wife. He went out that evening and he bought a bracelet for her and a matching bracelet for himself, and he presented it to her before surgery, and he said that he was going to use it -- it was a bracelet with beads on it, almost like prayer beads -- while she was in surgery. He wanted her to be aware that his awareness and consciousness and love would not leave her for one moment while she was in surgery, and that he wanted her to know that he was going to do some imagery and relaxation and envision himself at the top of her head while she was in surgery, stroking her face. Do you know that their marriage changed? They're doing some marriage counseling to clean up some of the communication-style stuff. But there was something very profound and powerful that happened with that one ritual. I see a lot of cancer patients who create rituals around hair loss. I had one woman who had very long, beautiful hair. She was a very young woman, and she had her friends come over and they braided her hair and cut it off, braid by braid. And they wove ribbons with messages written into the braids, and then they made a lampshade for her that is just a glorious piece of art. There are many, many rituals. Just asking or suggesting that people have a ritual and defining the notion of ritual in a very simple way can be empowering to people. I'll just say, have you ever thought about having a ritual? You know, wouldn't it be nice to do something simple? It could be just lighting a candle and spending time in the bathtub saying goodbye to your breasts, those breasts that nursed your children, or that womb in which you carried your babies, can mark what's about to occur in a very profound way. So I'm a biggie with rituals, and rituals are one of the things on that bridge. I'm going to skip that. Here's that picture. Alex Gray has a wonderful book and wonderful pictures, and he drew this particular picture of the human energy field. I can remember when I was a little girl that I'd see pictures of saints or of Christ, and I'd think, "I want a shiny halo like that when I grow up." But I thought just holy people got those, and it wasn't till many years later that I learned that we all have those energy fields. Pay attention to your dreams. Help your patients to pay attention to their dreams. Many years ago, I went through a very difficult death with a very small baby, and I had been doing in-home family therapy with the mother and the baby for some time. And it was an accident; the baby came in brain-dead. I went home from 24 hours of vigil with a single mom with this baby, and I fell into bed exhausted, and I dreamt that I was standing in the doorway of the baby's room and I left my body and entered her body, and I could feel the respirator doing the work for me. And I could feel -- I had a sense of flickering lights and some people walking by. And then I saw hundreds of geometric shapes that were very, very compelling floating in the air. And then I felt something else. I felt someone lift me from the bed -- and I had the sense of dual consciousness in this dream -- I felt someone lift me from the bed and hold me close, and there was some kind of murmuring going on. And then there was a sense of confusion between this body that was holding me close and these compelling shapes in the air. And finally, the shapes became so compelling, and the shape was the most compelling was a diamond shape. The baby and I moved toward the shape, and there was a sense of bursting into light. At the moment of the bursting into this shape, into this place of light, I saw hundreds of bluebirds, and pulled out of the baby's body, fell deeper into sleep for several minutes, and I woke saying, "Fly, baby bird, fly." And I had the sense of having had a dream, and then I was thinking about it and I thought, "Boy, that was an odd dream." And then I realized that I didn't have my pager, and I went looking for my pager and it was in the car, and the pager had been going off because Shantel, the baby, had been dying, and she had died as I had experienced that dream, and her mother had lifted her from the bed and had been giving her permission to go. The mother didn't think she could take her off the respirator that night, and she ended up dying on the respirator, with Mom's permission. I went back to the hospital and I felt very shy about -- I was much shyer back then than I am now -- I felt very shy about sharing that dream with the mother. But she was a smoker and wanted to go outside and was quite distraught, of course. We went outside, and it's the middle of Minnesota in the winter, and there is this glorious bluebird, honest to God,

this glorious bluebird sitting in the tree outside the hospital. And so I shared the story with the mom. Pay attention to your dreams. Pay attention to your patients' dreams. This is one of my favorite poems. A patient brought it to me, and I'm going to end with this. "If each day falls inside each night, there exists a well where clarity is imprisoned. We need to sit on the rim of the well of darkness and fish for fallen light." I believe that those of us who are health care workers who are working with people in the dark night of the soul need to hold the flashlight. And we also need to get very good at fishing for our own fallen light, because we can't be presence for someone else unless we've learned to be present with ourselves. I was going to talk about a whole lot of other things, but I am out of time, and I think Elizabeth is probably going to pick up where I left off and talk about research and some of those other down-to-earth practical things. And then at the end, we'll take questions. Thank you very much. (Applause)

DR. TARG: Well, I'm delighted to be here, and I'm delighted to be following and getting to enjoy the glow of the wonderful presentation from Lora. We actually thought it would be a good idea for her to do her presentation and speak with you first, because spirituality, as she has shown us in so many different ways, is fundamentally about experience. There are many, many definitions which people have put out of what spirituality might be, and most of them include words like "ineffability," "subjective experience," that which cannot be expressed or named as part of emotional or mental or physical experience. It has something to do with the beyond. And so rather than put up a series of definitions for you here, I think the opportunity to listen to music and experience images and hear stories is really the best way to bring you into, actually, what -- one of my favorite formal definitions of spirituality is one by Dr. Frances Vaughn, who describes spirituality as subjective experience of the sacred. So that said, I'm going to have the challenging, if not perhaps -- I hope I won't annoy you by taking all of the miracles and turning them into data, and that's what I'm going to try and do today. So having started with the idea of ineffability of spirituality, I'm going to tell you that, nevertheless, at our research laboratory, California Pacific Medical Center, we did come up with an operational definition, which I think is very relevant, and it was very useful to us. We look at three different components of spirituality: First, meaning and purpose; second, connection; and then third, subjective experience. And I'm not going to spend a lot of time on that right now, simply offering that is something to think about. What I like about those three different aspects is that they are relevant to absolutely everybody. Everybody struggles in one way or another with the question of meaning and purpose in their life, whether or not it seems to be on the end of the continuum that has more to do with ineffability and universality. Similarly, connection may be very simply about a sense of connection to oneself. Do I even feel myself in my body? Do I know when there are physical changes that mean I ought to get to a doctor? And that's a level of connection. The level of connection extends to, say, family, or it may extend further to the idea of connection with other people who are struggling with something like my illness. And then it may extend further to the idea of connection to all living things, or connection to something to I cannot see, and so forth. So there are ways in which this particular definition has been useful, because everybody will be able to relate to it in one way or another. Now, what I want to focus on in this talk, I think, has everything to do with why we're all here at this conference. This conference is about integration of what people have experienced and brought from many different traditions in terms of ways to improve quality of life and length of life and experience in life. But it's not just about saying, "Oh, here's something wonderful that somebody over there does." But it's about accessibility. It's about this question, are there things that not only exist but that could be available, that are desired, that could be integrated into medical care, that could be available to everybody in this country, not just somebody who feels like going somewhere very special and different, but how can we make these insights and experiences really available? So you're going to hear me come back to that over and over again. And we're talking in this session about the issue of spirituality. So we can start right there with that question. Is spirituality something that belongs in medicine, something that anybody wants in medicine, and something that would be of any use to anybody in medicine? And as we get to the end of the time today, I'll also talk about if there are answers to those first questions, how could we actually integrate it into medicine -- (Tape interruption)

DR. TARG: -- search on the idea of incorporating spirituality into medicine at California Pacific and the University of California in San Francisco. The first thing that came up was the question, does anybody even want this? And there was actually significant concern among the nursing staff about whether our even interviewing patients about their spirituality, spiritual interests, might be experienced as intrusive.

They thought it would be alienating and overly personal, and that we should perhaps not do that. That was a valid question, and we're approaching this as researchers, and we said, "Okay, this is something that a lot of people are concerned about. Let's find out." And so we actually did a little pilot study having to do with a spiritual focus group, a discussion group, four women with breast cancer. And some of the things that we looked at, as one does in a pilot study, is feasibility. Was anybody even interested? Would people run screaming from the room? Were people offended? Did they complain to the administration? And the answers to all of those questions was, there was not a problem, despite the fact that we asked people about their spirituality. Not only did they come to the group and stay in it, but they waited in line to come to the group, and they continued the group after we finished it. So it turned out to be acceptable in that way. There were other concerns that people raised. Based on that pilot study, we went on to apply for funding, actually, to the Department of Defense, which generously funded us to do a very large study of 181 women, randomized to either a psycho-spiritual group or a standard group. And among the things that we did in that group were a variety of explorations and meditations on different subjects, including on the nature and inevitability of death. And when it became known to the hospital staff that we were going to work with a variation on a Tibetan Buddhist meditation having to do with that subject, the inevitability of death, there were concerns and letters going around that this might be unethical for us to do, that we might or should be sued for malpractice if we pointed this out to anybody. And that was also a very important issue. And it's something that we studied, again, because this was a study; people signed informed consent, and they knew that they were coming into a group that might be challenging and might raise difficult emotional questions, and they were free to participate or to not participate. So that's how, when there is a question in the medical community or outstanding question, will this be helpful or will it be harmful, we actually do get to study and ask those questions as long as we have informed consent. So these are some of the levels of issues that we're working with. My guess is that anybody who's come to this session probably isn't worried about that level of question. But you might well be worried about whether or not these issues can or should be brought into a mainstream medical situation, and that's why we have to look at those questions. So I'm going to start with the just very general question, does anybody in this country care about spirituality? And there have been a variety of surveys, some of them by epidemiologists and some of them by scientist organizations like CNN, and I'm going to give you some of the poll results. So this top number actually came from a Gallup poll, and this repute was about 5 years, this recent repute this last year, and we find that about 95 percent of people in North America believe in God, that will say they believe in God. That, of course, means many, many, many different things to different people, but it's kind of a barometer. The other interesting thing we find is, again, depending on how you ask a question, somewhere between 30 and 67 percent of people in this country say that they have had a profound and transformative mystical experience. Those experiences might include things like the experience of an external or transpersonal presence or feeling of infinite love or feeling of being taken out of their body in different ways. And these are surprisingly common experiences which are rarely talked about in the medical context. Fifty percent of people -- of patients specifically -- will rate their religious beliefs as being very important in adjusting to their chronic or life-threatening illness. Again, this is information we wanted to bring back to the hospital staff who was worried that it was irrelevant or not appropriate to talk about this. Seventy-nine percent of people believe spiritual faith can help them recover from their injury or disease. So this is not just -- it's helpful in coping, but specifically that they think it might actually help them physically recover. It looks like we have a second number, possibly 56 percent, depending -- really, these questions can be asked in different ways. Sixty-three percent -- and this is a very important number -- believe that their doctors should talk to them, to patients, about their spiritual faith. So 63 percent of people think that this would be appropriate. Only 10 percent of physicians have ever done that at all, even once. It's a radical discrepancy. So what we find out first is, there's interest and there's permission. We don't know whether it matters. But we know there's interest and we know that there's permission. This is an even more radical extension I'll get into later. Seventy-three percent of adults believe that praying for someone else can help cure their illness. So this is more than just the issue of spirituality as a, say, coping mechanism or a support system or a cognitive structure. This is about the idea of whatever this transcendent or ineffable essence might be, that it has a tangible effect over space and time. And it's obviously essential to most of the world's traditions. Spirituality is fundamentally about spirit, which is about something larger and greater. Fifty percent of patients want their physicians indeed to pray not only for them but actually with them. This study was done twice, and first it was done in Alabama, and people were not maybe so surprised, because it's known to be a particularly religiously oriented area of this country. These exact same results were gotten among

inpatients in Philadelphia as well. So this is, again, a lot of permission and a lot of interest also in involving medical staff. There have been a number of studies looking at the correlations of religious practice or spiritual practice, religious or spiritual affiliation in people's experience with different illness, people's susceptibility to illness, and people's coping. I'm going to just show you some of the general numbers in the area of psychiatry, which is my field. Of the studies that have been done -- there have been probably close to a hundred studies at this point -- 83 percent showed a positive relationship: If people endorse or describe that they had a spiritual practice or affiliation, that that was most likely to have a beneficial effect on their mental health. There are some studies where it has been associated with a more negative effect on mental health. And when you actually look at those, most of those have to do with subpopulations where there is a religious practice which is primarily extrinsic, which means primarily having to do with following the rules, rather than an internalized practice where one has an experience either of a personal relationship with God or a personal relationship with precepts, as opposed to the idea of an outside force telling one what to do. These are some of the kinds of things that spirituality is associated with. These are studies where you can -- I'll just show you the formula. What it would say is, of 15 studies, 14 showed religious or spiritual practice associated with positive coping or adjustment. Eight out of 11 showed it was associated with less anxiety. Ten out of 15 found significant association with less death anxiety. Twelve out of 13 found that people had greater life satisfaction. Fifteen out of 16 found that people had greater overall well-being. So these are life experience -- these are basically all about quality of life in one way or another. It does not yet get to the issue of extension of life. But when we think about spirituality as a form of wholeness and completeness, we think about these spiritual traditions basically talking about the idea -- or basically, when people have experience of anxiety and depression, it's really about something missing. The spiritual practices are about a sense of wholeness, which is, of course, the fundamental root of the word "healing," is about wholeness. And so even though these numbers don't tell us anything about medical recovery, they do tell us something very important about healing. So this question of medical outcomes, of course, always returns. And it's a very tricky area in which to do research, because there are many ways in which spiritual practice or affiliation may be relevant to physical outcomes and survival. And I just want to point out some of them, and the reason it's important to distinguish them so much in the research situation is that we actually try to control for some of these factors, so that we can try and figure out which element which might be relevant. For example, people might say, "Well, if you're a member of a religious group, you're very likely to have a large amount of practical support available to you, which might immediately be relevant to the outcome of your illness." You may have a group of people who can make meals for you, who can drive you to the hospital. You may therefore get your medication, rather than not getting it. So all of those ways -- a very practical way in which religious groups and communities help people to cope with illness. Social and emotional support, similarly. And there have been formal studies on this. You and I may say, well, this sounds obvious. But, again, we always really have to look, and there have been a number of people doing studies. There have been large studies on this question by Dr. Christopher Ellison, who specifically looked at people, whether or not they were participating in religious institutions, and then asked about their social networks and found that, yes indeed, those people who were participants did have more friends, more access to assistance, and so forth. The issue of health-promoting lifestyle also comes up. And obviously, you can say, "Well, people who are part of religious practice may have less likelihood to drink a lot of alcohol, to use drugs, to stay out late at night, and get into all different kinds of trouble." And there are certain religious organizations that actually prescribe, very specifically, healthy diet and healthy lifestyle, and this is in the context of spiritual value, this spiritual value of extending life, because life has an intrinsic value, and in caring for the body as a temple, again, in the spiritual view of this being a gift from the divine. Relaxation and psycho-neurologic effects of prayer and meditation -- another way to describe this category is practice. So there's attending your institutions, and there's also practice specifically. Practices might be prayer, might be meditation, might be studying the Scripture. And, again, there have been studies of this that try and distinguish between whether you go to and participate in your institution and have therefore all of these additional social supports, and then what actually happens when you engage in the practices. And what one finds is, if you separate those out, the people who engage in these practices, the people who say that -- basically you can count the number of times a week a person engages in prayer and meditation, and what you find out is that the people who do more prayer have generally more hope. They have the greater ease with forgiveness. They have a greater sense of peacefulness. And all of these things are related to relaxation, which we know medically is related to better health outcomes. And this is something that has been shown over and over again, that people who

simply denote a religious or spiritual affiliation have hugely decreased rates of illness, and also significantly greater survival in the context of all kinds of medical illness. This is something that's been shown in many, many studies. But the issue has usually come back to, well, it's probably because of all the casseroles that were delivered, and that's why we're trying to tease this out. Another place where there could be a direct input is cognizant psychology. And, again, there's a lot of research that shows, even in animals from the learned helplessness studies, that when a living being has a sense of personal control or personal meaning in a situation, that they have significant less anxiety and they can be less susceptible to illness. And the kinds of things in spiritual affiliates that will show up, for example, is people who say, "God would not give me anything I could not handle," or "I am having this experience for a reason. There's a purpose to this." It radically shifts the inner process that somebody goes through, from decreased self-esteem or a sense of helplessness or a sense of unfairness, all of which cause more and more anxiety, to, rather, a sense of participation, a sense of hope, all of which are associated with better outcomes. The last one here is actually my favorite one. It has to do with the tangible effects of love, grace, and intentionality. And I would never put this on a slide, but really, it's about what some people call the supernatural. It's about, is there something non-local or separate that might actually affect outcomes? And this is the subject of one of the studies which I'm going to describe. So I'm actually going to tell you about two studies that we did in our laboratory. The first one is this study that was funded by the Department of Defense, looking at comparing the women who were randomized to a psycho-spiritual -- what we call integrated -- program, versus women with breast cancer who were randomized to be in a standard group psychotherapy. And I'll just tell you a little bit about what the program looked like. So what we did was we invited women who were within 18 months of their initial diagnosis with primary or metastatic breast cancer to come and apply to be in a group psychotherapy, and they were simply randomized to one or the other. Their preference did not determine which group they ended up in. The groups were both 12 weeks long. The integrated program met twice a week. The standard program met just once a week. And people have asked, well, isn't that an unfair test? And the answer to that is, we were very interested in creating a fair test, or a useful test, of the question, if people actually go out and do all those things that everybody says that you should do if you get cancer, like meditate and do yoga and do prayer and do imagery and do dance and expression and everything else -- so if you really went and did all those things, would that be useful? So we could have made a simpler program where there were the same number of hours in each section. But then somebody might have said, well, you didn't include the yoga in your integrated program, and that's really what was missing. Or you didn't do the ritual in your program, so that's what was missing. So we decided to put in everything and the kitchen sink, and say, okay, let's really stack the deck here. If you really stack the deck, is there a benefit then for this integrated psycho-spiritual program or not? So that's the reason for the imbalance, and I wanted to clarify that. Some of the other important questions that we wanted to study were, would this be acceptable? Would it perhaps be harmful? Some of our colleagues felt that if we did all these things, it would stir people up and get them really upset, or that people wouldn't be interested to come to such an intensive program, or that people who had just been diagnosed with cancer, the last thing they would want to do would be to really delve into inner mysteries and so forth. So all of these work on questions. And I guess the last thing I want to say about the structure of the program is also about universality -- that we did not choose, as instructors in this program, you know, gurus from the mountaintop or even people with seminary degrees and spiritual teachers. Everybody who taught in this program was a nurse or social worker or a psychiatrist from the hospital, somebody who was already there, who was either taught in our program to work with these issues or had had some personal training or experience outside. This was the design. You've seen that. Okay, the life issues group, that was the comparison group. Notice, we didn't do a comparison of, say, the integrated program versus nothing, because we all know there are many studies that say that a group is going to be more helpful than no group. So we didn't need to do that study. We didn't want to make this too easy on ourselves. So what we did for our comparison group is, we created the community best ever sort of, if you will, standard group psychotherapy with a cognitive and supportive element. The woman who led that group was herself a breast cancer survivor who was the director of a longstanding cancer support group in San Francisco, a very, very experienced therapist who then worked with different interns who came through the program. And those women in this program came, went for an hour-and-a-half group once a week for 12 weeks, cognitive expressive model. The emphasis was on real-life issues and coping. So the integrated program, our extravaganza, same number of weeks, emphasis on psycho-spiritual issues. It met twice a week for 2-1/2 hours. Two and a half each time. These are all of the elements in it, and I can divide it up. What we did is, it was Tuesdays and

Thursdays. Tuesdays, people came; they had an hour about life style, nutrition, practical implementation of lifestyle changes -- how do you incorporate yoga and meditation into your life, and so forth -- followed by an hour-and-a-half movement section, which could have been -- alternated being yoga or dance with an expressive arts component. So it was dance with doing some drawing and some Brema self-touch was included, some continuum work, if people are familiar with that, by somebody who's very experienced working with cancer patients. On Thursday when they came in, the first hour was devoted either to meditation or imagery instruction and practice, and the second hour and a half was devoted to a support group, which was often seeded by the meditation or imagery experience, or sometimes it was done in a counsel process in which people sat in a circle and were given a topic out of which they could start to tell a story. And I'm just going to show you some of the artwork and some of the pictures from the program, so you get a little sense of what this all was like. This is a plaster cast that women made of their breast. They were invited to do this. It was optional. Some chose to do casts of their arms instead. A very, very powerful bonding experience. This is an altar that the women made. They left mementos and gifts. This is some of the women in their dance program. Those are whole-body drawings that they made and worked on it for about 10 minutes each week, adding to them, sharing with each other. And this is them all saying hello to you. These are some of the measures we looked at, the profile of mood states: Anxiety, depression, anger, fatigue, confusion, vigor. These are standard psychological outcome measures used for many different cancer interventions. The functional assessment of chronic illness therapy, similarly. This is a quality-of-life measure. These are spirituality measures. The functional assessment chronic illness therapy actually has a spiritual sub-scale. It looks at faith and assurance and meaning and purpose. We used also the Principles of Living Survey from Stamford. Carl Thorison (phonetic) and David Spiegel developed this. It looks at spiritual practice, spiritual growth, and embracing life's fullness. I'm going to skip through the demographics and just tell you that there were no significant differences between the two groups. They were women in their mid-40s. Most of them had been married at one point. The vast majority were Caucasian. The vast majority were college-educated. And the vast majority were middle or upper-middle class in terms of economic brackets, although they were representative of a very wide variety of backgrounds. They were -- about 30 percent -- actually 20-something percent of women in each of the groups had a spiritual or religious practice when they came in. I mean, 70 percent or more than 70 percent had no spiritual or religious affiliation before they came in. And some of the outcomes -- and what we find is that our life issues group, our standard group, was a good group. We found that there were significant increases in quality of life, in emotional well-being, functional well-being, as one would expect. If we hadn't done that, then we wouldn't have a fair comparison. Similarly, there were improvements in total mood, anxiety and depression, in that group. In the spiritual assessments for that group, we also found that there were changes in the measures of spiritual well-being from the functional assessment of cancer therapy. There was not in the principle-of-living scale. We also found that there were no increases over time in that group, even though they were all people with an interest in alternative medicine. They didn't start doing yoga or meditation or prayer. For the integrated program, it was actually very similar. There was slightly greater, but not significantly greater than the other group, also, changes, improvement in quality of life, emotional well-being, and functional well-being. There was no significant difference between the groups on these matters. Similarly, for the mood, there were improvements very much like in the standard group. So what we did not find is that this integrated program with all its bells and whistles was radically better on these particular measures than the standard group. When we looked at the spirituality measures, we saw a different story. For all of the spirituality measures, there were significant improvements, and they were significantly greater than for the standard group. And we also found that the use of yoga was radically increased, use of meditation, though not the use of prayer. The other thing we found is that there was a hugely greater satisfaction rating among the people in the integrated program than in the standard program. So it raises an interesting question. Here are the things that were improved for the integrated program only versus all the other things. It was all about spirituality. So there are a couple of ways that you could kind of summarize this study. On one hand, you could say, oh, well, it didn't really show much difference, so why bother. On the other hand, what you could say is, spirituality was not invented -- contrary to what some people doing meditation studies think, for example -- was not invented for the purpose of lowering your blood pressure or decreasing your anxiety level. Spiritual practice is fundamentally about achieving enlightenment. It's fundamentally about changing one's relationship to oneself, to deeper aspects of self, and to other people. And that's what we found was the added benefit of this psycho-spiritual group. And I want to read you some of the questions that the people finishing our group had such dramatic increases in. They said they felt alive and joyful at the ordinary

things in daily life. "I can listen to others with a loving heart." "I try to forgive others who may have hurt or harmed me in some way." "I pray or meditate in a systematic way." "I feel peaceful." "I have a sense of meaning and purpose in my life." "I am able to reach down deep into myself for comfort." "I find comfort and strength in my faith or spiritual beliefs," and "I have a reason for living." So these were the benefits that this group conveyed. Both groups can help diminish general anxiety. So I'd like to briefly turn to another study that we did that takes this, really, one step further. We find that the women who went through this program, the breast cancer program, developed a sense of connection with something else. They developed a sense of nourishment from something else. What we're interested in in the following studies has to do with whether that something else has to be mediated by psychology or contact between people, or whether that something else could be mediated or induced through simple intentionality. And these are studies of what we call distant healing or non-local healing. I have some other words for them. Some people call it psychic healing, subtle energy healing. At the NIH you can apply, as we did, for a grant to study distant mental influence on living systems. But we all know what that means, and that's what we were studying. The definition that we actually chose was a conscious and compassionate act of mentation, which just means thinking, intended to benefit the physical and/or emotional well-being of another person at a distance. And there have been probably closer to 150 studies at this time, and so our studies were really following up on a very large body of data, which has shown consistently significant results. About two-thirds of these studies are showing significance at or better than the .05 level. And this is what we did, and we've not done this -- we've done several studies. We've done two formal studies of people with AIDS. We have ongoing studies now with people with brain cancers, another study of AIDS, and some in vitro studies following similar patterns. But I want to show you results of our study with AIDS. And this is a study in which we recruited people in San Francisco with advanced AIDS, and we randomized them after stratifying them, based on markers of illness, to either be in a usual treatment group or to be in a group that would be receiving distant healing or prayer from a large number of healers all over the country. The important thing about this study is that nobody knew who was in which group. It was a double-blind study. So we didn't know, the doctors didn't know, and definitely the patients didn't know whether or not they were receiving a treatment. And the people who were healers in this study were highly experienced people. They were people who were professionals, do this for a living at least 50 percent of their professional time for at least 5 years. The average was actually 17 years of doing this kind of work. They were divided into people who did energetic work, meditative work, devotional work, shamanic healing work. There was no criteria of any particular belief system. They used all of these different techniques: Visualization, prayer, work with shakras, energy, and so forth. And the way we set it up is that the healers were on a rotating schedule, because we, of course, had no idea who would be the best healer. We didn't even know if this would work. So each patient received an hour a day healing intention for a total of 10 weeks, and each week it was done by different healers. And the healer simply had the photograph and first name of the patient. And obviously, the subjects and healers never met. And we looked at 25 different baseline factors, which I'm not going to go through with you right now, simply to say that we wanted to make sure that all the usual things that might affect outcome, like if they took their medications or how long they'd been sick, things like that, were balanced. And all of that information is in your handout. So the outcome of this study was that after 6 months, we went back and looked at all of the data. I went into the charts before we broke the blinds. And we found that even though they didn't know they were receiving the distant healing, the people who were in the distant healing group had significant fewer new AIDS-defining diseases acquired. When we rated those illnesses based on severity -- because even among AIDS-defining diseases, some are more associated with, more tolerated than others -- we still found a significant difference in terms of severity of new illnesses acquired. We looked at recoveries and found that there was a nonsignificant trend for more recoveries from AIDS-defining diseases. These are illnesses that people rarely recovered from at all, and there were more recoveries in the treatment group. We looked at medical utilization and found that the treatment group had significantly fewer outpatient doctor's visits, that they had significantly fewer hospitalizations, and that they had significantly fewer -- 10 versus 68 -- days in the hospital, which may be relevant to some people at a hospital rate of about \$900 a day. And again, it's described in the paper, but there are a lot of statistical questions that people might want to ask, like, for instance, well, was this all one guy who is in the hospital for 68 days? And the answer is absolutely not; this represented 12 different people who in the hospital. The psychological changes followed a similar pattern. The people in the treatment group showed a decrease in their distress scores by 25 points, compared to an increase of 14 points in the control group, and that was also significant. And this is just a breakdown of all of the different measures in the psychology that

were significant. This is something that's important that I want to tell you about because we spent a lot of time trying to understand what might have happened, trying to explain away these results, basically. And we thought, well, maybe this whole thing is driven by the psychology. And so we went to look and see, did benefit on the medical measures correlate with improvement on the psychological measures? And the answer to that was actually no. The only thing that the psychological measures correlated with were other psychological quality-of-life measures. And then the other important question we asked, we said, well, maybe the people in the treatment group just guessed that they were in the treatment group, and they were so happy about that that they felt really a lot better and then they did better medically. And so we had actually asked the people that, and we found out that even though they were doing relatively better, almost half of the people in the treatment group thought they were in the control group, and even though they were doing relatively worse, almost half the people in the control group thought they were getting the treatment. And then we actually looked at it one more way. We said, okay, well, what if we just look at the people who thought that they were in the treatment group, whichever group they were really in? Did that mean that they were going to be doing better psychologically or medically? And the answer to that was also no. So every way we slice this particular study, we find that the only correlate of improvement was whether or not somebody was actually getting the treatment. I think I'm going to stop there so that we have time for a little bit of discussion. I just want to tell you that we are continuing to do this work. We have, as I say, a number of studies in progress. And I think the most important next step that we're going to be making -- we are making -- is involving people who are not experienced healers as healers in this study. So our current studies are involving mainstream nurses who promise us that they are not psychic and haven't taken meditation classes. And we have a hundred such people around the country now directing their healing intention to people in San Francisco. So I'll stop there and see if there are questions either for myself or for Lora. Thank you. (Applause)

AUDIENCE MEMBER: What is the name of the study?

DR. TARG: The citation is in your booklet that you got. There's an article in the Western Journal of Medicine volume 169 number 6, 1998 published by Fred Sicher and myself and some colleagues, and that has the healing study in it. The breast cancer data have not yet been published.

AUDIENCE MEMBER: I'm interested in why the Department of Defense. What's the connection? Why were they --

DR. TARG: The Department of Defense was the recipient and distributing agent for significant funding through Congress for breast cancer, and they were interested in funding psycho-social programs of all different sorts. And this was one of the ones that they funded about 5 years ago. Yes?

AUDIENCE MEMBER: Did you say you were doing something, a study on brain cancer?

DR. TARG: Yes. We're currently doing a replication study of our distant healing for AIDS project for people with new diagnoses of glioblastoma, and it follows exactly the same protocol. Yes, in the back.

AUDIENCE MEMBER: I have a question -- life issues compared to integrated?

DR. TARG: Yes.

AUDIENCE MEMBER: Okay, in here -- and I want you to --, I didn't hear the part on spirituality. So when you mentioned it at --, I'm like, how did you include it in those 2 days?

DR. TARG: So the question is, where did we actually include spirituality in the integrated -- it was not in the life issues program, it was in the integrated program. And I think that's a really good question. We did not do any teaching about spiritual issues. What we did is a lot of invitation to self-exploration. So the way that we -- we used those original three components of spirituality, meaning and purpose, connection, and subjective experience, as the informant for how we developed the program. So we did a lot of exercises

that invited people to explore who they are, what they believe why they're here, their own connection to themselves, and a lot of awareness practice. That's what the medication was fundamentally about. So for basically spiritual teaching, we said, "Don't believe us. Who are we to know anyway? What we invite you to do is take these 10 minutes, which we're going to provide, to check into your awareness, and see what's there." And out of that, for whatever reason, came a sense of increased spirituality. So it was not us driving it. It was people's inner, unguided experience. Yes, in the back.

AUDIENCE MEMBER: What kind of changes in a person's energy field as they present with cancer, then, as the expression of cancer?

MS. MATZ: The way I'd prefer to answer that, because that's not something that I try to tap into and focus on, is what I notice as a person's sense of well-being and serenity and acceptance of what's on their plate to deal with increases. And going back to what I talked about a little bit earlier, I see an expansion of their field. And, again, when people are very frightened, there's a collapse of the field, and it hugs very close to the body. So I'm more in tune with that than actual -- the progression of cancer, so I'm not quite sure how to -- because I'm just not focusing at that level, if that makes sense. DR. TARG: Any other questions before we end? Yes?

AUDIENCE MEMBER: Do you have any advice to people as to how to find a distant healer ?

DR. TARG: There have not yet been studies looking at comparing different kinds of distant healing interventions. What we chose was to use the same criteria we would use for choosing any other health care professional, which was number of years of training, experience with the particular ailment that we were concerned about, and reputation. We did check in, in fact, with the colleagues and patients of many of our healers to find out whether they were seen as reliable and so forth. I think that in general, there's been a trend toward finding stronger results among healers who have more experience, and that's something I might look for. If I were looking for somebody, I would probably go to one of the schools of healing and ask who their most senior people are and take it from there. You know what? I think our time is about up. Probably Lora and I can stay up here for a couple of minutes if there's questions. All right, thank you very much.

(Whereupon, the PROCEEDINGS were adjourned.) * * * * *