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# The Role of the Mind in Healing

"I'm going to fight this thing!"

How often I have heard patients declare their resolve to struggle against a life-threatening illness. They are supported in this stance by conventional wisdom and by societal norms. We are very comfortable with the symbolism and imagery of warfare in our approaches to disease. We fight wars against cancer and drug abuse. We look to medical scientists to develop new weapons against germs and other agents of disease. Doctors commonly refer to the pharmacopeia as the "therapeutic arsenal." It is not surprising that individual patients try to regain health by assuming warrior roles.

Over the years that I have been interviewing men and women who have experienced healing, I have come to feel that "fighting this thing" may not be the best way to obtain the desired result. Although there is no one state of mind that correlates exactly with activation of the healing system, a consistent theme in the interviews is acceptance of illness rather than struggle. Acceptance of illness is often part of a larger acceptance of self that represents a significant mental shift, a shift that can initiate transformation of personality and with it the healing of disease.

I find it difficult to talk to medical scientists about this possibility, because of the great gulf that exists between scientific understanding of mind/body interactions and public perceptions of the subject. Just recently I received a letter from a woman who attended a talk I gave on the future of medicine. She writes:



> I am a medical technologist and after working in the hospital environment for a number of years, I became disillusioned with the traditional medical model. It just seemed to me that medicine as it is currently practiced is completely one-dimensional. I became interested in mind-body aspects of healing, and I continue to pursue learning everything I possibly can about the mind-body connection. I have since expanded my concept of True Health to include mind, body, and spirit. I really believe that we will, as a society, make a quantum leap in our true healing potentials once this mind-body-spirit complement is accepted and understood by all.

The writer speaks for many people today in her enthusiasm for mind/body medicine. There has been an enormous surge of books, magazine articles, and television shows on the subject, many of them featuring doctors and researchers who are dedicated to advancing knowledge of the mind's role in health and illness. What the public does not understand is that these visible efforts are not representative of medicine and science in general. In fact, relatively few in the medical establishment take the field of mind/body medicine seriously; and the most prestigious researchers, those who set priorities and influence funding, are contemptuous of colleagues who work in it. What research there is is often of poor quality. Mind/body medicine is not taught in medical schools, except occasionally as an elective course. Meanwhile, proponents of the biomedical model are rejoicing about what they see as imminent conquest of the final frontier: human consciousness. There is increasing consensus in establishment science that mind is merely the product of the brain's circuitry and biochemistry, which we are on the verge of clarifying to the last detail. From this perspective, where mind is always an effect rather than a cause, scientists are unlikely to come up with ideas for studying how the mind might affect the body.

From my vantage point as a medical school faculty member, I see movement backward, away from some of the progressive approaches of the recent past, and, as a result, a widening division between professional attitudes and public expectations. For example, when I was a student in the late 1960s, the entire medical community acknowledged four diseases to be psychosomatic (literally, "mind/body") in origin: bronchial asthma, rheumatoid arthritis, peptic ulcer, and

ulcerative colitis. Today, that short list has been whittled down to two—asthma and rheumatoid arthritis—with researchers busily challenging those assumptions as well.

Nine years ago, I saw an unusual and difficult patient, a man in his early fifties who worked as a wholesale produce manager. Except for mild hypertension that had not required medication, he had been in good health—until he quit smoking. He had been a two-pack-a-day cigarette smoker for most of his adult life, but, increasingly, his family had put pressure on him to stop. Finally, he did. "It wasn't that hard," he told me. "I just put my mind to it and only really suffered for the first three days." But two months after he stopped, he developed ulcerative colitis "out of the blue," never having had any digestive problems. He went to a gastroenterologist, who started him on medication, told him not to drink milk, and sent him on his way. The medication did not control the patient's cramping and diarrhea and produced unpleasant side effects. After a month, he decided to follow his intuition that if he resumed smoking, his colitis would disappear. He did, and it did—very promptly. By the time he came to see me, he had repeated this pattern three times. Each time the colitis appeared faster after he quit smoking and took longer to disappear when he resumed. Now he feared he was going to be an addicted smoker with ulcerative colitis.

When I presented this patient to a group of second-year medical students at the University of Arizona, I was dismayed to find that they had learned nothing about the psychosomatic nature of ulcerative colitis. They had learned many facts about cellular and biochemical abnormalities in the disease but nothing about any involvement of the mind in its origin and possible remission. Shortly afterward an article in the *New England Journal of Medicine* reported for the first time on an increased incidence of ulcerative colitis in ex-smokers, but not in current smokers. After reviewing the pathophysiology of the disease and the pharmacology of nicotine exhaustively, the authors concluded that they could find no mechanism to explain the correlation.

If you work from the premise that ulcerative colitis is psychosomatic, it does not take a great deal of intelligence to surmise that smoking is an effective outlet for stress and that if you shut that outlet, the stress is going to go somewhere else. Why in some people it goes to the colon, while in others it produces compulsive eating or nail biting, must be a matter of individual susceptibility. My advice to the patient was not to make another attempt to quit smoking until he had mastered techniques of stress management. I sent him to a biofeedback therapist and a hypnotherapist and also gave him a number of suggestions about improving his lifestyle. (He was a major consumer of coffee, which irritates the colon, and was not eating in a way to make his digestive system happy.)



In this way I learned that ulcerative colitis was no longer one of the classic psychosomatic ailments; that concept had gone out of fashion.

I was much more aware of the successful attempt to eliminate peptic ulcer from that category. It is fashionable today to regard ulcer as an infectious disease, due to the activity of a bacterium, *Helicobacter pylori.* The discovery of the ability of this organism to cause chronic irritation of the lining of the stomach and the duodenum has led many doctors to conclude that ulcers are unrelated to stress and to rely entirely on antibiotics to treat the disease. I have no doubt that *H. pylori* is a factor in gastritis and ulcer (and, almost certainly, stomach cancer), but that admission does not negate the influence of mind. Most people infected with this germ do not get ulcers or other symptoms, and some people with ulcers do not have the infection. Might not stress change the chemistry of the stomach in ways that allow the germ to follow an aggressive, invasive course? All of my experience with infections suggests that the mere presence of a bad germ is not the whole story. Variations in host resistance determine the behavior of microorganisms capable of causing disease, whether they live in balance with their hosts or injure them.

I remember listening to a radio report of dramatic increases in stress-related disorders among children in the war zones of Bosnia. Two of the diseases doctors there are seeing increasingly are hypertension and ulcer, both normally rare in this age group. Evidently, Bosnian doctors still cling to the old-fashioned view that ulcer is a stress-related disorder.

Actually, some of the indifference toward mind/body interactions that I complain about is peculiarly American. In other countries psychosomatic medicine is more viable (though still marginal), and investigators are working to expand the list of stress-related disorders rather than eliminate it. In Japan, more than twenty conditions are recognized as psychosomatic. I am delighted to see among them "autonomic nervous system imbalance," a disorder I recognize and

diagnose frequently but one that does not officially exist in the United States. I diagnose it by taking a careful history and by simply feeling hands. Cold hands (in warm rooms) are the result of reduced circulation due to overactivity of the sympathetic nervous system, which causes small arteries in the extremities to constrict. People with chronically cold hands often have disturbances of digestion and other body functions rooted in internal tension; if it persists, this imbalance of autonomic nerves can lead to serious problems. It is best treated by mind/body approaches rather than by prescribing drugs to suppress symptoms.

A German colleague who works at a hospital devoted to psychosomatic medicine surprised me recently by describing the success his institution has in treating tinnitus—ringing in the ears—a common symptom that can be quite debilitating. American medicine has no specific treatments for tinnitus, no understanding of its cause, and little success in alleviating it. My German friend thinks tinnitus results from chronic muscle tension in the head and neck, often associated with poor posture and stress. He prescribes yoga and relaxation training along with body work and says he is frequently able to help rid patients of it.

Because I am not a researcher I will not waste words speculating about mechanisms to explain the role of the mind in healing. I can see many possibilities, not only in the operations of the autonomic nervous system, but also in the panoply of interactions between receptors and the many neuropeptides that we classify variously as neurotransmitters, hormones, and growth regulators. Candace Pert, one of the pioneer investigators of these regulatory substances, suggests that each one might be associated with a particular mood state and might affect behavior in addition to its actions on body functions. She notes that receptors for many of the neurotransmitters cluster in the gut and in the brain, especially in areas concerned with emotion. Endorphin receptors certainly have this distribution; they affect intestinal function as well as produce euphoria and tolerance for pain. This gives deep biochemical meaning to the commonly referred to "gut feelings." Perhaps our guts are also seats of emotion. What goes on in our guts might influence deep brain centers and vice versa.

Since cells of the immune system have receptors for many of these same peptide molecules, it is likely that our defenses are also part of



this web or net that connects the nervous system and the endocrine system, suggesting mechanisms that explain how host resistance to infection varies with host state of mind. Pert writes: "Clearly, the conceptual division between the sciences of immunology, endocrinology, and psychology/neuroscience is a historical artifact; the existence of a communicating network of neuropeptides and their receptors provides a link among the body's cellular defense and repair mechanisms, glands, and brain." In short, the mechanisms are there to be discovered if researchers will look for them. In the meantime, practitioners should not be constrained by the lack of research.

Let me share with you a few experiences that have strengthened my own long-standing belief in mind/body interactions and have made me pay even closer attention to the mental and emotional lives of patients who consult me for physical problems.

In August 1991, when my wife, Sabine, was seven months pregnant with her fourth child (my first), we were in British Columbia, where I was teaching a workshop on health and healing. One of the participants was a friend and colleague, Marilyn Ream, a family-practice doctor from Spokane, Washington, who works in a women's health clinic. Marilyn was completing training in interactive guided imagery therapy, one of my favorite mind/body approaches. I wanted her to give a demonstration of the method, and Marilyn asked Sabine if she would consent to be a volunteer subject in front of the group. Sabine agreed.

My wife has a history of back trouble associated with pregnancy. Usually, around the seventh month her lower back goes out—two vertebrae move out of place—and she is in the habit of getting weekly chiropractic adjustment to help. On this occasion we had been traveling for several weeks, no one was available to adjust her, and she was living with steady pain. Marilyn asked her if she wanted to work on her back in a guided imagery session. Sabine said no; she thought it was a mechanical problem needing a mechanical solution. Instead she wanted to work on issues around the birth. She wanted the baby to come on time, because I was scheduled to leave the country a week after the due date and she wanted the labor to be quick, because she had had long and difficult labors with her previous pregnancies.

Marilyn asked Sabine to lie on the floor, loosen her clothing, and take a series of deep breaths. Interactive guided imagery uses the forms

of hypnotherapy to induce a state of light trance and openness to the unconscious mind; but, more than standard hypnotherapy, it empowers patients by encouraging them to develop their own strategies for managing illness. It assumes that the unconscious mind comprehends the nature of disease processes and how to resolve them, an assumption consistent with the healing system's diagnostic capability. The problem is to make that information accessible to waking consciousness and to encourage patients to act on it. Marilyn began the process by asking Sabine to picture herself in a familiar place where she felt completely secure, then to describe it. Sabine described a site in the canyon country of southern Utah. Marilyn directed her to focus on small details, to try to hear sounds and smell scents as well as see the place. Sabine warmed to the task and quickly became very relaxed.

Marilyn then asked her to shift her focus to her uterus and to the baby inside it. Sabine was soon in contact with the baby. Marilyn guided her through a dialogue with the baby, in which Sabine asked her (we knew the sex by this time) to come on time (she agreed to do so) and to help make the labor quick and uneventful. In this dialogue, Sabine would speak the words she "heard" the baby use in reply to her questions. After a time, Sabine felt she had completed this work, and Marilyn told her to return to her spot in southern Utah.

"How do you feel?" Marilyn asked.

"Great. Very peaceful."

"Is there anything else you'd like to work on? How about your back?"

"Mmmm. Okay."

"Good. Then put your attention on the part of your back that hurts and tell me what you find there."

Sabine gave a little gasp.

"What is it?" Marilyn asked.

"It's . . . it's all black."

"Go to the blackness and see if it has anything to say to you," Marilyn suggested.

"It says it's really angry," Sabine answered, sounding surprised. "It's angry at *me*."

Sabine was quite unprepared for the intensity of her back's anger at her. With Marilyn's guidance she entered into a tentative conversation with it and discovered that it was angry at her for being angry at it, and for not taking care of it.



"Ask it what it wants." Marilyn directed.

"It says it wants me to put warm towels on it."

"Will you do that?"

"Yes, but I've been putting cold on it. I thought cold was better for it."

"Tell it you'll put warm towels on it and ask it if it will stop hurting."

"I did. It says it will stop."

"How does it feel now?" Marilyn asked.

"Better," Sabine replied. She moved around on the floor. "Definitely better. That's the first time in weeks it's been any better."

"Is it completely gone?"

"No."

"Ask it if it can go away entirely."

"It says it can."

"Ask it to please do so."

"Okay. I did. And I think it did."

"Now how does it feel?"

"My God, I think it's gone."

"Is it gone?"

Sabine moved this way and that. "Yes, it's really gone."

When Sabine returned to normal consciousness, the pain was still gone. It remained absent that night and the next day. (Nonetheless, Sabine kept her promise to put warm towels on her back.) In fact, the pain did not return for the remainder of the pregnancy, even though Sabine got no further chiropractic work. She had never before been free of back pain in the last two months of a pregnancy.

I will tell you what happened with the labor and delivery in a moment. Meanwhile, on the way home from British Columbia, I too had an interesting experience with this technique. Sabine and I drove back to Tucson, stopping first to visit a friend in Olympia, Washington, who had a hot tub. Usually I am quite discriminating about hot tubs: some I get into and some I don't. I had my doubts about this one but soaked in it anyway. Two days later, I had a skin infection. Hot-tub folliculitis is now a recognized disorder, a bacterial infection of hair follicles, caused by an organism called *Pseudomonas* that is notoriously resistant to treatment. In my case, it produced several painful red lesions on the left lower leg and knee. I could not take proper care of myself on the drive, but each morning and evening I would put hot compresses on these sites of infection, try to squeeze

material out of them, and sop them with hydrogen peroxide. They looked as if they contained pus, but nothing came out. Then new lesions appeared on my thigh and left arm.

As the infection progressed upward, I became more anxious about it. By the time we arrived home a week later, it had spread to my face, and I began to feel generally unwell. I was contemplating going to a doctor the next day, when Sabine, still flushed with enthusiasm about her pain-free back, said, "Why don't you call Marilyn and have her do a guided imagery session with you on the phone?"

"Oh, come on," I said. "This is a bacterial infection." Sabine looked at me in a knowing way. "My back was a mechanical problem," she reminded me.

I called Marilyn, more for Sabine's sake than for mine. Marilyn said she had never worked over the phone but was willing to try. I curled up on a couch with the phone cradled by my right ear and under Marilyn's guidance went to a favorite spot in New Mexico's Gila Wilderness. After I was settled in, Marilyn asked me to pick the one lesion that was bothering me the most. I picked the one on my face.

"Put yourself there," Marilyn directed, "and tell me what you see." I saw a mass of swirling, trapped, angry, red energy.

"Listen to see if it has anything to say to you." I put my attention on the spot and "listened." Immediately words popped into my mind.

"It says it can't leave my body by going outward," I reported excitedly. "I've been wanting it to go out, but it can't. The only way it can leave is by going inward and being absorbed."

"If that's the case, what should you be doing?" Marilyn asked.

My conscious mind supplied the answer. "Well, I suppose I should stop squeezing these things. Soaking them with compresses is all right, but I should be resting more."

"Does it have anything else to tell you?"

"I don't get anything else, except a thought that I should be eating hot peppers to stimulate my circulation."

"Then let's go back to that wilderness place you started off in."

When I hung up the phone, Sabine said she could see a difference in the lesions. "They don't look as purple," she told me. I could not see any difference, but I went to bed relaxed and confident that my body could take care of itself. The next morning, without my having eaten peppers or done anything else, I could see that the problem had clearly begun to diminish. Within twenty-four hours, all



of the sites of infection were obviously on the mend, much to my delight.

If a pure mind/body approach like interactive guided imagery can cure back pain associated with misaligned vertebrae and a bacterial skin infection, why shouldn't it be able to turn around anything? These experiences left me convinced that no body problem is beyond the reach of mental intervention, especially since mind/body techniques are very time- and cost-effective and are unlikely to cause harm.

Three weeks before Sabine's due date I asked a friend and colleague, Dr. Steve Gurgevich, who practices hypnotherapy, to do a session with her, again in the interest of a timely, quick, uncomplicated birth. The baby was in a posterior presentation at this time, which worried us. Sabine's last baby had been posterior, causing long, painful labor. Steve did an hour-long session with her at the end of an afternoon, encouraging Sabine to talk with the baby, asking her to turn around before the beginning of labor and help make the labor quick. When he brought Sabine out of her reverie, she looked supremely relaxed. After Steve left, Sabine and I went to the kitchen to start dinner. Suddenly, she clutched her belly and bent over.

"What is it?" I asked.

"I think the baby's turning," she said, amazed.

It happened that our midwife was coming for dinner that night. She examined Sabine and reported that the baby was now in an anterior presentation, having turned within twenty minutes of being asked to do so. The baby came right on her due date, October 4. Labor lasted a mere two hours and six minutes, which was, if anything, a little too brief in that we barely had time to prepare. Needless to say, Sabine and I are both true believers in the effectiveness of mind/body approaches, and when we hear doctors and researchers dismissing the role of the mind in health and healing, we exchange knowing smiles.

In taking a history from a new patient, I ask many questions about lifestyle, about relationships, hobbies, ways of relaxing, patterns of eating and exercising, sex, and spiritual interests. In a formal history, all of these questions are grouped in a section called the "social history"; many practitioners omit it, because they consider it unimportant. The first time a medical student sits down with a patient to take a history, the process takes over an hour. Students follow a prescribed form, ask questions by rote, then painstakingly write up the lengthy

answers. By the third year of medical school, under the pressures of the wards, students learn that they must speed up the process in order to get their work done. By internship and residency, histories become streamlined, mostly by eliminating questions. Unfortunately, the social history gets jettisoned first, since doctors put higher priority on questions about symptoms, past health problems, and current medications. I call it unfortunate because in my experience the social history most frequently contains clues to the origins of patients' problems as well as possibilities for their solution.

I am convinced that stress is a primary cause or aggravating factor in many conditions that bring patients to doctors. Suppose a patient comes in complaining of frequent headaches, and physical examination and blood tests are normal. If I want to determine whether the headaches are stress-related, I can usually do so by asking one simple question, namely, "What happens to the headaches when you go on vacation?" Symptoms that disappear on vacations are likely to arise from stressful circumstances in a person's workaday life. To determine which of the circumstances is the problem—job, marriage, children, lack of relationships, or something else—requires a bit more probing.

Because I take extensive social histories and work from a model of health and healing predicated on mind/body interaction, I am keenly aware of correlations between mental/emotional events and healing responses. These correlations are important, because they suggest ways that people can keep their healing systems in good working order and can use their minds to promote healing rather than obstruct it. I present this information in detail in Part Two of this book.

First, some caveats. Healing sometimes just happens in the absence of any profound change of heart or mind. Some scoundrels are healed of serious illnesses, while some saints die agonizing deaths. At the level of DNA repair by enzymes, the influence of mind on the healing process may be negligible, as it may be at other levels. Nonetheless, I see a clear role of the mind in healing, visible in correlations of healing responses with mental and emotional changes.

For example, a healing response may immediately follow the resolution of some intolerable situation, such as ending a bad marriage or quitting a miserable job or making peace with an estranged family member. A colleague wrote me that the most dramatic case of healing he has seen was "a bank president with chronic hypertension,



whose blood pressure normalized one day after his wife filed for divorce. It dropped to 120/80 and stayed there."

Another correlation is disappearance of a serious medical problem with falling in love. I have seen this with autoimmunity—rheumatoid arthritis and lupus particularly—and also with chronic musculoskeletal pain and chronic fatigue. I wish I could arrange for patients to fall in love more often. If I could figure out how to do that, I would be a very successful practitioner indeed.

I have also seen healing mobilized by expressions of anger. New Age therapists who teach people to rid themselves of negative emotions may not like to hear this, but facts are facts. One example is a patient I worked with over a long period, a man in his thirties with chronic autoimmune disease that attacked his blood platelets and red blood cells. Through a complete reworking of lifestyle and the use of several mind/body approaches, including visualization, he was able to get off the steroids and other suppressive drugs he had been taking for years. Becoming aware of and then expressing anger toward doctors and hospitals was part of the change. Finally, his health improved so much that he felt able to fulfill a long-standing desire to make an adventurous trip through Australia and New Zealand. One day I received an emergency call from down under. My patient had been thrown from a horse and had cracked two vertebrae (weakened in the recent past from long-term steroid use); the shock had set off an episode of autoimmune destruction of blood cells, and he was being air-evacuated to a hospital in Arizona.

Despite the accident and the reactivation of the disease process, he looked better than I had ever seen him, and he said that he had enjoyed a year of unprecedented good health. As he checked into the hospital, I told him not to be discouraged, that setbacks were to be expected. The goal, I said, was to make the relapses less and less frequent and get through them faster with less drastic intervention. The patient was started on steroids, but his blood counts fell so low that the hospital doctors wanted to give him transfusions. He refused, and I supported him in his refusal. In the past, he had been able to turn falling blood counts around by working with his emotions and by visualizing his white blood cells protecting his platelets and red cells from immune attack. The doctors put ever greater pressure on him to take the transfusions. Finally, one night, as he lay sleepless in the hospital, he felt a surge of rage at his predicament and his dependence

once again on hospital medicine. He experienced this as a body sensation as well as an emotional wave that he directed at the whole attending staff. Within hours, his platelet and red cell counts started to climb, making transfusions unnecessary, and he was discharged from the hospital within days. He also ended his steroid use following this episode faster than he ever had in the past. I have no doubt that appropriate, focused expressions of anger can sometimes activate the healing system, New Age therapists notwithstanding.

Belief in the healing power of some person, place, or thing can also be a key to success. This is the realm of placebo responses and miracle shrines. We do not seem to be able to will healing responses to occur, because our will does not connect directly to the autonomic nervous system and other controlling mechanisms of the healing system. Yet we can circumvent that obstacle by projecting belief in healing onto something external and interacting with it. I have already noted that if physicians understood this process and were better trained to work with projected belief, they would better fulfill their roles as shaman/priests and be much more effective at helping sick people get well.

Finally, the most common correlation I observe between mind and healing in people with chronic illness is total acceptance of the circumstances of one's life, including illness. This change allows profound internal relaxation, so that people need no longer feel compelled to maintain a defensive stance toward life. Often, it occurs as part of a spiritual awakening and submission to a higher power.

I will summarize one case history as an example. A Japanese friend of mine, Shin-ichiro Terayama, who is an executive director of the Japan Holistic Medical Society, is a cancer survivor. By training Shin is a solid-state physicist and management consultant. Now fifty-eight and radiantly healthy, he is an international networker for the cause of holistic medicine, an accomplished cellist, and a counselor of the sick, especially those with cancer. I do not think I would have liked him if we had met ten years ago, before he was diagnosed with cancer. In photographs from that time he appears pinched and unpleasant, nothing like the warmhearted, spiritually awake man I know.

Back then he was a workaholic, on call twenty-four hours a day. He slept little, drank between ten and twenty cups of coffee a day, was much enamored of beefsteaks and sweets, and had no time for



music in his life. In the fall of 1983 he had a fever lasting a month and could not stand or walk, but medical tests were normal. In those days, Shin says, he had complete faith in doctors and hospitals. A few months later he had three episodes of blood in his urine and became very tired. A friend who was a lay practitioner of Oriental medicine and macrobiotics told him something was wrong with his kidney, a diagnosis he based on observation and a check of the acupuncture meridians. He recommended a radical change of diet, but Shin was not interested, and the doctors still told him nothing was wrong.

Early in the fall of 1984, Shin's fatigue increased so markedly that he could not work. He wanted only to rest. When he returned to a clinic for additional tests, an abdominal mass was discovered, and a subsequent sonogram revealed the right kidney to be enlarged by thirty percent. Still, Shin did nothing. In November 1984, at the urging of his wife, a physician, Shin went to a hospital. X-rays revealed a tumor, and the doctors pressed him to consent to surgical removal of the kidney. Shin asked if the tumor was benign or malignant and was told it was "something in between." In fact it was renal cell carcinoma—kidney cancer—and had already metastasized to his lungs.

In Japan, the diagnosis of cancer is still routinely withheld from patients lest it depress them unduly. This leads inevitably to subterfuge. After the surgery, Shin's doctor said that he wanted to give him a series of injections as a "preventive measure." In fact, the treatment was cisplatinum, a strong chemotherapy agent, but Shin did not know it. He did know that the shots made him vomit, turned his beard white, and caused his hair to fall out, and he refused to complete the series. His doctor next ordered "ray treatments" to the kidney area, which he said were like "artificial sunlight." After the first few of these, Shin became very tired, lost his appetite, and had to remain in bed all day. One night he had a powerful dream about attending his own funeral, which made him feel for the first time that he was very sick and might die and had been deluded about the real nature of his illness. He also developed an unusual symptom, a hyperacute sense of smell.

"I was on the second floor of the hospital," he recalls, "but I could smell food being prepared on the fourth floor. I could smell the body odors of all the nurses. I was in a ward with six patients, and the smells became intolerable. I had to get away from them; they reminded me of death." Shin waited until after dark, got out of bed unseen, and followed his nose to safety. The only place that smelled

all right to him was the roof of the hospital, where he drank fresh air into his lungs. Meanwhile, a nurse discovered him missing from his bed and raised an alarm. When a search party found him on the roof, their immediate thought was that he was about to commit suicide, which would bring the hospital bad publicity. Eventually five nurses came and carried him bodily back to his room. Next morning his doctor scolded him, saying, "You caused a big commotion last night. If you want to stay here, you must follow the rules; otherwise you can go home." This was music to Shin's ears. He promptly signed out of the hospital and went home. He then consulted his macrobiotic friend, who urged him to adopt a strict brown rice diet. "I couldn't imagine it," said Shin.

When Shin awoke the next day, he was amazed to find himself alive. The morning seemed to him unbearably beautiful, and he was aware of a great desire to watch the sun rise. He went to the eighth-floor rooftop of his apartment house, where he could look over the skyline of Tokyo. He recited Buddhist mantras and poems, put his hands together to pray, and awaited the sun. When it rose, he felt a ray enter his chest, sending energy through his body. "I felt something wonderful was going to happen, and I started to cry," he says. "I was just so happy to be alive. I saw the sun as God. When I came back down to my apartment, I saw auras around all my family members. I thought everyone was God."

During the next few weeks Shin observed the strict diet and performed daily the important ritual of watching the sun rise from his roof—the one thing he looked forward to each day. His condition fluctuated. His doctor tried to warn him off the macrobiotic diet, urging him to eat more meat and fish, and also tried to get him to take oral chemotherapy. Shin refused. He then checked into a new healing retreat a friend had opened in the Japan Alps, with hot spring baths and excellent natural food. He rested, took daily walks in the forests and mountains, and began to play the cello, something he had not done for years.

"The clean air and water invigorated me," he recalls, "and I became aware of the natural healing power that was in me and around me. Gradually, I began to realize that I had created my own cancer. I had created it by my behavior. And as I came to that realization, I saw that I had to love my cancer, not attack it as an enemy. It was part of me, and I had to love my whole self."



Today Shin Terayama is not merely a cancer survivor. He is a transformed being, who neither looks, acts, nor thinks like his old self. I have been privileged to hike with him in the mountains of Japan and America, sit with him in hot springs, attend his concerts and lectures, and listen to him counsel dozens of newly diagnosed cancer patients. "You must love your cancer," he always tells his clients. "Your cancer is a gift. It is the way to your transformation and new life."

Many doctors might not agree that Shin's is a case of spontaneous healing. After all, he underwent all three standard treatments for cancer: surgery, chemotherapy, and radiation, even if he did not complete the latter two. Renal cell carcinoma is fascinating: for kidney cancer with lung metastases, the five-year survival rate is only five percent, yet it is one of the types of cancer most strongly associated with spontaneous remission. The feature of Shin's story that I find most impressive is his psychospiritual transformation, symbolized by the sun ray penetrating his chest on a rooftop in Tokyo, and summed up in his statement "I saw that I had to love my cancer, not attack it as an enemy." That is true self-acceptance.

Most people do not go through life in an accepting mode. Instead they are in a state of perpetual confrontation, trying by the imposition of will to shape events and control situations. According to Lao-tzu, the ancient Chinese philosopher, such an attitude is directly opposed to the way of life (the Tao), and those who cling to it are doomed:

*As the soft yield of water cleaves obstinate stone,*
*So to yield with life solves the insoluble.*

*It is said, "There's a way where there's a will,"*
*But let life ripen and then fall,*
*Will is not the way at all:*
*Deny the way of life and you are dead.*

Acceptance, submission, surrender—whatever one chooses to call it, this mental shift may be the master key that unlocks healing.