THE SILVA METHOD™

The
Simonton Report

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Dr. O.Carl Simonton

I am honored that we were asked to present the keynote address here today, and I feel that it is appropriate because my experience with mind development has influenced the direction of my entire practice of medicine for the last four years. You see, I began with the idea that a patient's attitude played a role in his response to any form of treatment and could influence the course of his disease. As I explored this, I found the Mind Control concepts gave me a tool to use in teaching the patient how to begin the interaction and become involved with his own health process. I would say that it is the most powerful single tool that I have to offer the patient.

Over the past four years now, I have continued to explore patient attitude and how the patient's thoughts and mind influence his disease. What I am going to share with you this morning are some of the observations that we have made as we try to examine the limits. It is no longer a matter of attitudes influencing a person's health in general but to what degree and how we can change this influence.

There is a wealth of information on this. It has overwhelmed me as I pursued this to find out just how much information is available. We were discussing just this morning where the greatest amount of criticism of my work comes. It usually comes from the least informed. Whether it is a professional person or a lay person I find irrelevant. Still we have a tendency to check everything out against our experience. That is fine and good, and I think we all should do that. But I do find that the more information a person has, the more open he is to these ideas.

To give you an idea of the absolute wealth of information in the literature on the mental aspects of disease and particularly related to cancer, since I am a cancer specialist, I will begin with a quotation which is one of my favorite quotations. It was delivered by the President of the American Cancer Society, a very eminent oncologist by the name of Pendergast. This was his Presidential Address to the American Cancer Society in 1959, fifteen years ago. and I quote, “Anyone who has had extensive experience in the treatment of cancer is aware that there are great differences, among patients. I personally have observed cancer patients who have undergone successful treatment and were living and well for years. Then, an emotional stress such as the death of a son in World War II, the infidelity of a daughter-in-law, or the burden of long unemployment seemed to have been precipitating factors in the reactivation of their disease, which then resulted in death. There is some evidence that the course of disease in general is affected by emotional stress. It is my sincere hope that we can widen the quest to include the distinct possibility that within one’s mind is a power capable of exerting forces which can either enhance or inhibit the progress of this disease.” There are over two hundred articles in the world’s literature that speak to the point of the interaction between a person’s mind, his psyche and his disease. Well over half of these deal with cancer specifically. If I looked at just the reports that deal with stress and health and disease, it would be overwhelming the amount of work that is done along these lines. But just dealing with the disease of cancer and the emotional aspect of that disease, the mount of work both from clinical experimentation and animal experimentation, it is overwhelming. It amazed me that this much work, that this much information was available and I was ignorant of it as a cancer specialist. This is not just in the psychiatric literature. It is in such journals as the Journal of the National Cancer Institute the Journal of Cancer Research, and the journal of cancer itself that is published by the American Cancer Society.

I will try to present some of the salient features I have observed both in the literature and in dealing with several thousand cancer patients over the last several years. The biggest single factor, emotionally, in the development of cancer in general is a significant loss six to eighteen months prior to the diagnosis of the disease.

This has been shown in several long-term studies by independent investigators with control groups. In the general population this is not at all the case. And, if this point is itself looked at, we see that it is not just that loss that is a significant factor, but it is the way that loss is received by the individual. You see, the loss has to be sufficient to cause a feeling of helplessness and hopelessness that persists on the part of the patient. Thus, it would seem that his basic resistance goes down, allowing the malignancy to develop clinically. Therefore, it is not just the event, but the life history pattern of the patient that we are looking at. I have seen over and over again two adults lose a child. One parent does fine and adjusts to the loss and the other one does not and a very severe state of depression results. Again, this is not the loss that is the important thing. It is the person's response to the loss; the fact that he is unable to deal with it effectively. That reflects on an entire life history pattern which I won't try to go into at this time because it gets involved. We will refer to it from time to time, but as far as the personality of the cancer patient, I don't believe one can honestly search the literature and conclude that there is not a cancer personality any more that I believe one can honestly search the literature and disagree that personality is an integral party of heart disease. I believe it is equally as obvious. Actually, my work has become much easier with the new book, Type A Behavior and Your Heart, since it clearly delineates so many things about heart disease that I feel are also true about the emotional aspects of cancer. One thing that makes it difficult to accept the personality of a cancer patient is that it is not as honorable a personality to have in our society as is the heart personality.

The heart personality, basically, is an individual who is overworking, always has ten jobs going, doing more than he feels he can possible accomplish, and is usually late. Whereas, the cancer patient does not go. I can talk to this point fairly easily since I had cancer myself at age seventeen, and the cancer personality definitely fits my personality. I believe all of us have all aspects of all personalities in us. It depends on which we care to express, or which we learn to express. The current working title of our book is, The Cancer Personality And How To Modify It. To me, it does relatively little good to outline the problem without being able to present a reasonable solution. This is what I feel has been done so many times in the past, is just outlining the problem. I certainly hope and strongly believe that I am capable of changing my personality. As a matter of fact, it changes whether or not I want it to. That, again, is one of the big things that we see in life is change. That is one thing that doesn't change is that everything keeps changing.

As far as the aspects of the cancer personality that can be pretty well delineated is that the cancer patient—and I strongly object to the word "victim" as applied to me when I had the disease and just in general—has a tendency towards self-pity. I believe this is one of the most self-destructive aspects of the cancer personality. Going along with this is a very poor self-image on the part of the cancer patient. His capacity to trust is very limited. That is both trust himself and other people. A lot that underlies this stems from rejection, either real or imagined, that the patient has suffered.

The third clearly outlined aspect of the cancer personality is a strong tendency to hold resentment. Another way of saying that is he has a great deal of difficulty in forgiving, letting go of what he considers injustices done to himself or someone else. The last aspect is a poor ability to develop and maintain long-term meaningful relationships. All of these are very much interrelated and it becomes a little artificial to separate them out. We like to talk in blacks and whites and it really seems that the world is made up of varying shades of gray. I realize that just in setting this out, it lends a degree of artificiality to it. The part of my presentation which I really like to talk about the most because I really consider what I have said so far is the most negative aspect of looking at the whole problem, and that is, how do we begin to modify this? How do we make changes in the personality, or how do we help the cancer patient change his personality? This is what I spend most of my time doing.

There is one key word that I would bring in at this time. To summarize all of this in one idea, it would be the idea of expectancy. Another way of saying 'expectancy' in a less psychological connotation is "hope"; hope being positive expectancy; dread being negative expectancy. Expecting something good to happen versus expecting something bad to happen. I have observed three major factors in dealing with the idea of hope or expectancy of a patient. The first is the belief-system of the patient. His belief about this disease; his treatment, and his ability to get well.

The next major factor is the belief-system of the family about the patient's disease, his treatment, and his ability to get well. That is a very major factor in modifying and dealing with the personality. The last observation is the belief-system of the physician.It is interesting to observe that not infrequently the belief-system of the physician is as negative as the belief-system of the patient, and sometimes even more so. I am convinced that the physician's belief-system and his expectancy influences the course of treatment. That is very threatening because it causes us, as physicians, to begin to look at what our belief-systems are. Now, as I go back to the belief-system of the patient, you see, cancer in our society means the same thing as death. That's a bad place to start from.

Now, it is important that that be modified, obviously. We will go into the specific ways that we do that later. I will try to give you an idea of the theory behind it, and Stephanie will cover the specific day-to-day aspects of how we practically do this. Then comes the patient's idea of his treatment. You see, I am a Radiation Oncologist and I use radiation therapy in treating my patients. I find that the patient's, and the patient's family's beliefs about this influence the way the patient responds. Whether he believes he is going to be nauseated, whether or not he believes he is going to be weak, whether or not he believes he is going to be burned, whether or no he believes this is going to be something very good or something very bad influences the way the patient is going to respond. The best way I can exemplify this is that as a group, during the time I was in the Air Force, I treated most of the patients who came back from overseas, and that in included a large number of Japanese patients. As a group, I found their fear was the greatest about radiation, which is very understandable, and their side effects were among the most difficult to control and the most severe.

The only really severe side effect from radiation I had while in the Air Force was from a Japanese woman who had a minimal amount of treatment. I went back to check, sure that I must have made an error I must have overdosed her in some way. But, when I went back and double checked, I could find that she had had much less, because at that time, I did not appreciate the fact that the patient's belief- system was such a big factor. Then, as I went back through and looked at this, it became obvious that it was. As the patient comes in we begin to approach this very early in talking to them. "What do you expect from this treatment? What horror-stories have you heard?" We try to clear the air of all of that. "Let's understand what we are doing, and not feel, in order to get rid of this disease, we have to be hurt." There is a lot to that. The treatment has got to make you a little sick in order to get well.

Now, if he has a simple cancer and has been told fifteen or twenty times by everybody around him how lucky and how fortunate he is, these patients do well. On the other hand, the lung cancer patient, everybody say, "Sorry to hear it's lung cancer. I would like to have your garden hose after you died." They come in and their expectancy is very bad. In trying to explain to them the importance of this, it becomes difficult because this outside of the way we normally think about things. It is certainly outside of the way I used to think about things.

But, you see, if we begin to educate ourselves and our patients, then we realize that cancer is a normal process going on in all of us, that we have cancerous cells developing malignant degeneration all the time. The body recognizes them and destroys them the way it handles any foreign protein. I think of cancer a lot in the way I used to think of tuberculosis. It is not a matter of having to get rid of all of the cancer cells, because we develop cancer cells all the time. It is getting the body back winning again, handling its own processes. It is not important to rid of all. We like that, but that is the black and white versus grays again. Understanding about the treatment, both with the patient, the family and the physician is very important, and many physicians are negative about many of the types of cancer therapy. This is an important factor that is just beginning to be appreciated. It is well appreciated in psychological literature, but there is a gap between psychology and medicine, and it is a big gap. This is being bridged by many people in the area of psychosomatic medicine in a few areas, but these are really very small. One of the most healthy signs I see is an opening of the thinking of the physician brought about largely by the publicity on acupuncture that is causing us to say, “There are a lot of things that we really don’t have answers to that seem towork.” That has helped a lot. The book, Type A Behavior And Your Heart, which is written by the very eminent physicians in San Francisco, Drs. Friedman and Rosenman, is doing a lot to open the minds of people, and that includes patients and physicians. It is just changing the awareness and thinking of people. That is really what we are talking about. I can say as far as my belief-system goes—I know patients get well without any form of treatment, but as far as malignancy goes, we have people that are open and closed and told to go home and die. From a medical science standpoint, we would say there is simply no chance that person is going to get well whatever you do for them. Well, they get well. The percentage is very small; it is very rare, but that person gets well. Something happens, and when analyzed, the small numbers that have been looked at, there seems to be a very possible psychological, socioreligious thing happening there in that individual as a basic change in his will to live, going from a “giving up” to a very strong new hope. Something happens, you see, that changes the orientation of the personI believe that is what is happening in these people. So, you see, if you start looking at it that way, then what of people who are diagnosed as incurable and who, get well? So, what are the limitations of the body’s ability to heal itself? With that, I will turn it over to Stephanie and let explain some of the specific aspects of what we do with the cancer patients at our clinic.

Mrs. Stephanie Simonton

Before I get into the actual specific of what we do with a patient, I will try to give you an overview of the type of practice we have. it has been my experience, and it was my experience before I began working in this field that people who have a knowledge of Mind Control techniques, parapsychology, mind-body relationship, seem to think that when a physician decides to treat his patients holistically and deal with their minds as well as their body, there is an ideal, perfect practice of medicine going on. I am going to try—if it seems negative, I am going to try to give you a realistic picture of what a physician who tries to address himself to the psychological aspects of any disease faces in the patient.

Let me first begin by telling you about the type of practice we have. We are in private practice so that the majority of our patients are referred to us for medical treatment. They come to us from local physicians, surgeons, and other specialists and family physicians in the area for the medical treatment of their malignancy. Most of them come unknowing of what we offer in mental approaches and in psychological support. They come strictly for radiation therapy. This represents about 90% of the patients that we treat.

Out of these patients, most of them find out after they are referred to us that we address ourselves to their emotions and their mental aspects. Out of those patients, a majority —50 to 60% of those patients will not involve themselves at all in any form of psycho-therapy. They will not use relaxation and mental image techniques; they will not attend group therapy; they will not bring their families in for conferences. Many of them become very angry and go back to the referring physicians and ask for another doctor to be put on the case. That shows you the first problem. That is over 90% of the patients we deal with in our medical practice. I will talk a ittle more about why I think that happens in a moment.

The other type of patient we see locally are patients who hear about us through their physicians or through the local community. They are generally patients who do not have active disease process. They may have had cancer a year, two, three, four, five years ago. There is no active evidence of disease, but they are learning to deal with what we now know as a very real residual of cancer, and that is fear. Fear of recurrence, fear of spread, will it come back, what can he do to keep it from coming back, can he ever expect to live a normal life again. These patients are very rewarding to deal with. A simple basic meditation technique is greatest too for these patients, to allow them to quiet themselves, to relax, to tune into themselves and to gain confidence in their own ability to Before I get into the actual specific of what we do with a patient, I will try to give you an overview of the type of practice we have. it has been my experience, and it was my experience before I began working in this field that people who have a knowledge of Mind Control techniques, parapsychology, mind-body relationship, seem to think that when a physician decides to treat his patients holistically and deal with their minds as well as their body, there is an ideal, perfect practice of medicine going on. I am going to try—if it seems negative, I am going to try to give you a realistic picture of what a physician who tries to address himself to the psychological aspects of any disease faces in the patient.

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A simple basic meditation technique is greatest too for these patients, to allow them to quiet themselves, to relax, to tune into themselves and to gain confidence in their own ability to keep themselves healthy. We usually have them attend group therapy for a way of venting their feelings.

The third type of patient we see in our office, and the last group I will try to describe for you, we are very selective about and treat very few. But, we have begun to allow some patients to come in from out-of-town, usually out-of¬state. They generally come to us for psycho-therapy only. They either receive their medical treatment in their local community, or there is no appropriate treatment available to them. These may be patients who have completed all the chemotherapy there is for their disease and had all the surgery that is appropriate, and they are sort of waiting. I think these are probably the most exciting rewarding patients we deal with. We joke at the office about whether we help them more or they help us more because it is from these patients \and from the insight that they tell us about that they gain their own disease process that we learn from the most.

These patients, in essence, come to us saying, “I know I have participated in the development and the progress of my disease. I know that my own emotional factors are a component and I need some help in dealing with that." This is a very exciting patient to deal with. It is gratifying that some of these patients who have very good responses have made the remark, as they begin to get well, that having cancer is one of the most meaningful things they have ever had happen to the, which is an unusual thought when you think about the general ideas we have about cancer.

Let me give you an idea of the basic concepts that we use in our psycho-therapy. I think the first one, and foremost, is the one that would explain why we have difficulty in getting many, if not most of our patients to accept this approach. That is the basic concept that we operate on that person participates both in the development of their malignancy as well as in the course of their treatment and their response to any form of treatment.

In other words, what we are saying is that, in essence, it seems logical that if a person is able to mentally influence whether or not the disease spreads or are able to gain control their disease in the first place. Most of the work done in psychological literature points of contributing emotional factors six to eighteen months prior to the development of the disease. We see life history patterns with cancer patients; we see common stresses among them.

I think one of the reasons that people have difficulty with this is that we confuse responsibility with blame. Our patients get the idea that they should feel ashamed or guilty for the disease. There is a vast difference, I believe, between responsibility and blame.

If you stop to think about it, if you were not to give your body any food for several months, we know that you would, in all likelihood, become very ill, if not die.

Now, we wouldn't blame the body and beat up on it because it got sick. For some reason, we don't use that same idea with our emotions, because, we all have emotional needs that are as strong if not stronger than physical needs.

There have been studies done where they have taken live infants and given them shelter, food, clothing, the things they need to survive physically and they have literally died for lack of emotional support via attention from the mother creature. So, we know that a human being does not live by physical needs alone. We have emotional needs that are very important, and if those needs aren't met the body can easily become diseased, if not die. That is something we shouldn't feel guilty about. for some reason, our emotions are things that we are not supposed to talk about and are not supposed to be important. But they are. Sometimes, we ignore them, they make us very aware of themselves in some way.

So, what happens with our patients who reject the approach is like a double-edged sword. They may gain comfort in the fact they have nothing to do with the development of their disease. On the other hand, the fact that they believe that makes it difficult for them to see that they can do anything about the future of it. Whereas, in order to mentally influence the future and the progress of a person's disease, most need to accept responsibility for it. Our patients who do best do accept responsibility for its development in the beginning.

It is difficult for me really to convey emotionally what our patients go through at this point. The family members so many times will say, "A-ha. Now I know why. You are right. I can see where my mother or my sister lost her will to live, so I can see how she participated." The patient can't see this. We all have blinders when it comes to ourselves. If you want to appreciate how difficult it is, the next time you have a cold or the flu, instead of excusing it on the weather or exposure, try asking yourself, "Why did I need this disease? What need is it fulfilling for me?" Imagine that your relatives and your fiends and your doctor are all posing that question to you. And, yes, we are going to give you a pill to help the pain, but in addition to that, why did you need this? What need is it filling? Now, I think if you try that the next time you are ill, you will begin to experience a change in consciousness when you look at disease, not as an agent that acts on the body from without, but as a result of a breakdown from within. A breakdown of the spirit, a breakdown of the mind and emotions that result in a breakdown of the body resistance.

One of the things we try and do early in our treatment of a patient is to take as much fear out of the word "cancer" as possible. As my husband has already mentioned to you, cancer is synonymous with death in our society for a large part, and that is purely an unhealthy attitude. If you believe at all that what you fear will come upon you, we as a society almost have a morbid fear of cancer. There are many forms of cancer that are less harmful to you than many other diseases. The more we can get away from the fear, the better, because fear ascribes power of any situation.

I remember recently in a group therapy session, we were talking about the cancer cell itself. Most people, we found in our discussions, visualize a cancer cell being a very ugly, mean, insidious thing that can sneak around and is very powerful; once it gets started there is nothing to do with it. In reality, a cancer cell is a normal cell that has gone crazy. It no longer operates by the laws of nature. It is a very stupid cell—it reproduces so rapidly that many times it will encompass its own blood supply and starve itself. It is very weak. You cut into it a bit, or radiate it, or give it chemotherapy, and if it gets sick at all, it can't regain its health. It dies.

Now, compare that to the healthy cell. We know that in healthy tissue, you can cut your finger, and if you do nothing more than put a band aid on it, it will heal itself. We know that normal tissue can repair itself. They obey the laws of nature; they don't devour their own blood supply. Yet look at the mental image we have of those things. You can see the power we ascribe to the disease by our fears and the mental imagery that we use in our fears.

One of the things that we try to stress in our psychotherapy is not to do a great deal of delving into what is wrong with our patients, but to stress what is right with them. If they gain enough insight into why they developed their disease merely as a preventive measure so that they can prevent it from recurring and happening in the future, that is what we are concerned about. We talk about what we call "secondary gains" in our psycho-therapy sessions. To give you an idea of what I mean by "secondary gains", those are the side benefits that a person gets why they are sick.

For instance, we learn quickly as children if we have a stomach ache, we don't have to go to school and Mom will bring us chicken soup. She may let us watch that television show, and we get out of that test that we don't want to take. Those are secondary gains of disease.

To show you how this operates with many of our patients, let me just outline a common history. Let's say that a woman has developed breast cancer. We see breast cancer occurring in woman generally between the ages of forty and fifty. By then, the woman, she has not worked outside the home but considered her job to be mainly with her family, takes a look at her family situation. He children are generally growing up and going off to school, getting married, and they need less of her time. Her husband at this point, is very involved in business, his professional life, and that is going well, and he doesn't need her like he used to. Suddenly, she finds herself without a lot of her emotional needs being met. After the development of her disease, she suddenly finds children come home to visit more often, her husband spends more time at home with her. He takes time from that all-important job to come home and take her to lunch. He gives her attention and affection that many times she has not had in years.

Now, there is nothing wrong with that. She needs that love and affection and attention. We all do. The thing that is wrong with that picture is that the disease is the way she has gotten the love, the attention and the affection. Because you see, if that is the only way she has of getting those needs met from family, then she has to stay sick in order to get the emotional support. As soon as she begins to get well, her children go back to living their lives, her husband goes back to his business and stops going home to lunch. They stop being so concerned about her and showing her so much love.

So, in order to get the secondary gains the disease has to continue, and that will eventually kill her. What we try to get people to see is not that they should deny themselves love and affection and attention. But that she should take the opportunity her disease has given her —and it can be opportunity—to look at her life-style and say, "What I am getting now that I wasn't getting before. How can I get those things in a more healthy way? How can I get my husband to pay more attention to me when I am well instead of just when I am sick?" We try to get them to find healthier ways of getting those secondary gains. This gets into a difficult area sometimes with families. There is a very thin line we have to tread with the family.

Many times in a family where cancer is present, there is a lot guilt. One member of the family is punishing another member of the family through the disease, and it all gets over-emphasized. When we are talking about the secondary gains, all too often the husband says, "A-ha. You have just been doing all that so I would come home and show you more attention, so now I am going to ignore you," That will only serve to encourage the progress of the disease.

The cancer patient feels alone, afraid and alienated, and that reaction from the family will only further the feeling they have. So, it is a delicate line to perceive in understanding we do have emotional needs that must be met in order for life to be meaningful. If the whole family recognizes the need the disease is filling, they all need to work together and develop better communication to fill that person's need in a more healthy way.

We really stress in all of our therapy that a person doesn't first regain their health and then go back to living a normal life. A patient should do their best to do both simultaneously. They do a little more every day than they thought they could, push themselves just a little harder, and as quickly as possible, begin to stop thinking of themselves as an invalid, as a sick person, as a cancer victim. Let me talk about some of the specific techniques that we use. We start out early in the course of a patient's treatment, usually during the first week, with an orientation session. This is basically an educational time. We take about an hour to an hour and a half and talk to the patient about the kinds of things we have discussed here today. We talk to them about the surveillance concept of disease. Something has happened to cause that system to break down. The immune mechanism is not adequately handling the malignancy and it has grown to a critical state.

Then, we talk to them about mental techniques to mentally influence their own immune mechanism. We do that during the orientation session, and this is the point where we start to involve the entire family. We know that a person doesn't get sick in a vacuum, nor can he get well in a vacuum. So, we try to get them to bring as many family members and relatives and friends to this first orientation session.

At the send of that session, we give them two tools to use throughout the course of their treatment. One is the book, The Will To Live by Dr. Arnold Hutschnecker. Dr. Hutschnecker doesn't talk about cancer in this book. He does talk about the mind and the will of the person to live, further elaborates what we discuss in our orientation sessions. We ask the patient to read the book. We ask that as many family members as well also read the book.

The second tool we give the patient at this time is a tape recording of the actual meditation process that we use, the relaxation and mental imagery. We have recorded this on a cassette tape recorder. All the patient has to do is listen. We give them the instructions that they are to use that tape recording three times a day; first thing in the morning, after lunch, and before going to bed. It takes about twelve minutes each time.

So, we give the patient those two tools at the first session. Fifty to seventy-five percent of the patients never read the book. Very few of the family members ever read it. The tape is used by maybe 30% of the people who attend that session. They are told at that time once they have read the book and use the relaxation and mental imagery techniques on a regular basis, they may come to our group therapy sessions. Very few ever come. We treat about thirty patients a day on radiation therapy equipment and we deal with about four or five patients in our group therapy sessions.
Probably the single most important tool we have is the mental imagery technique. It is so powerful that I have only seen one patient in my experience who used that technique three times a day and continued to get worse. He kept coming to the group sessions and saying he was using the techniques and his wife said he was. So, we asked him to describe his meditation.
There are only three basic things we ask the patient to do. We ask them to visualize their disease, visualize their treatment, and to visualize the body's immune mechanism. He described his meditation this way. He said that in his mind's eye, his cancer looked like a big black rat. We said, "That's fine. What does the treatment look like?" This gentlemen was receiving chemotherapy at the time. He was taking little yellow pills. He said, "They go into my blood stream and they just look like miniature little yellow pills." So, we asked, "What happens between the rat and the pills?" He said, "Once in a while, he eats one."
We said, "All right. What happens when he eats that pill?" He said, "Well, it makes him sick for a while, but then he gets better again and fights me all the harder." "And what about your white blood cells, your immune mechanism?" He said, "They look like an incubator."

This man was a farmer, so we asked, "What do you mean by incubator?" And he said, "Well, you know how eggs sit in an incubator, and the warm light shines down on them and pretty soon they hatch?" We said, "Yes." And he said, "One of these days my white blood cells are going to hatch." That was the way that he mentally pictured his disease. The way a person pictures their disease and their body's immune mechanism and their treatment gives you many clues about how he really feels about getting well, I can remember one of the first patients I really told I wanted him to change his mental image. In the beginning, we thought whatever makes sense to the person let them do it, as long as they meditated three times a day.

One patient was a young man who in describing his meditation, said he saw his cancer as a muddy, dirty lake, and his white blood cells as a big white cloud that came and hovered over the lake. That was it. I said, "How does the cloud take the cancer out of the lake? I don't understand that." And he said he didn't understand that. It was very interesting that this was the technique he had used most of his life in dealing with his problems. He didn't actively do anything; he just covered them up and ignored them. As long as the white blood cells, the big white cloud, covered up the lake, he felt comfortable. So, we had to change his mental image. I told him I wanted him to picture something where the white blood cells were huge and much more powerful than the cancer and there was a lot of action.

We had him think on that, and he came back to group therapy. This time he pictured his cancer as hamburger and he pictured his white blood cells as a giant polar bear, eating up the hamburger. Do you know that there was a change in the way that young man walked and thought about himself.

What we are talking about is picturing what we want to come about. Before we believe it will come about, we have to begin to picture it that way. The group therapy sessions are very low key. The main thing we talk about is the meditation. How often are you meditating? What are you doing in your meditation? It seems that the stressful event in their environment that prevents them, or they allow to prevent them from using the mental imagery techniques, are many times the very things that are causing life to lose its meaning for them.

I would say the number one stress factor that we work on in group and individual psychotherapy sessions with our patients is their marriage. I think probably marriage is the most stressful thing that we encounter in our lifetime. It is so uncommon in our patients for them to have a good marriage. When there is a good marriage with a cancer patient, it is one of the greatest thing we have to work with, one of the greatest reasons for them to stay alive. We also see children being a very prominent stress factor—children not doing what we want them to do, not living the way we want them to live, not becoming what we had hoped they would become.
Then, we see the area of a person's self-image, which is generally expressed through their job. When that job is not going well, or he is passed over for promotion, he realizes that he will never get ahead, or he has reached the top and he's thirty-five years old. what does he do with the rest of his life?

Then, we see another common area of difficulty surrounding retirement. The average man dies two years after he retires. That says something to me. The most common area of cancer in women is breast cancer, between ages forty and fifty, which is a women's retirement age. Her children are grown up, her husband doesn't need her, she's retired. That is mainly what we discuss in our group therapy sessions. I would like to give you an idea as far as the future direction of our work at this point. We are very excited about some of the things we are doing. We really have two different types of research at this point. We have a controlled study in progress with another radiation therapist in Fort Worth, Texas. Patients with a common disease are treated on the same equipment by the same technicians and they live in the same community with the same socioeconomic background. That, in time will reap some very interesting statistics. How much are we really able to help? We recognize that there is an emotional component to the disease. We recognize that a person's attitude, can you affect his survival rate? Those are the analytical questions that we The other phase of our research at this point is information gathering. When you begin to deal with a cancer patient, there are things that you experience emotionally that have never been committed to a study or to paper. There has been a lot of work done on the cancer personality, which most who have done that work have admitted is a gross over-generalization. There has been some preliminary work to show that the location of the disease can be correlated with the personality pattern of the patient. This is very intriguing to us. We are in the process of identifying the breast cancer personality from the colon cancer personality.

If you consider the disease a symptom, and we very much see it as a symptom of a breakdown from within of the spirit, the emotions, the mind of the patient—then, the symptom, which is the disease itself, is only a symbolic expression of the spirit and the mind and the emotions of the patient. The symptoms become specific and to the point, that our research thus far indicates. This is the first time I have ever been part of a keynote address which I think should speak about the whole conference. It has recently struck me when you talk to a doctor, he will tell you that he treats ten patients with the same disease and gets ten entirely different responses. Some people live; some people die. He can't really correlate their treatment to the actual response of the patient, not strictly and not every time.

I have talked to and I have known many faith healers and asked them about the people who come to them. They are not able to cure every person with cancer who comes to them; they are not able to cure every person who comes with multiple sclerosis. Some have dramatic results; some don't. And I think if we use the nutritionists, they will tell you, too, that they are not able to heal every person who comes to them. I think we have got to come to a point in our society where we realize that the variable, the largest variable, is within the patient. That places a great deal of responsibility on us as individuals. You know, we can look at the physicians and criticize them because they don't deal with the emotions of the patient. yet, on the other hand, we try to do that and most of our patients reject it. They won't let us deal talk about their emotions.

I look at it as being somewhat similar to acupuncture in this country. Acupuncture came to this country, not because the medical profession wanted it, but because the public became aware of it and demanded it. And I think our medicine will change, not by trying to cram dealing with the mental aspects of disease down our doctors' throats. When each of us as individuals begin to take responsibility for our diseases, and in accepting that responsibility, we will request of our doctors that they deal with the emotional aspects of our disease. You see, they deal in a service and they can only deliver the kind of care their patients are willing to accept. What that comes down to, to me, is the vital key of personal responsibility, both in our interpersonal relationships, and in our health. I suspect that if everyone of us, not just intellectual, but emotionally, believe and operate on the premises that when we become sick, it is because we needed it. And it is up to us to try to find out what the need is . More importantly, it is up to us to use the technique that all of you have had the Silva Mind Control course have learned, and use it regularly. To stay in tune through meditation, or whatever you want to call it, on a regular basis, with our emotions, our spirit, and our own attitudes so that we can recognize problems before they express themselves as disease. Perhaps it is possible that we will one day have a disease-free society. I believe with responsibility comes freedom , and only with responsibility.

Thank you for your attention.

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