Q| How do our thoughts and beliefs affect the health of our bodies?

A| You can’t separate thoughts and beliefs from your body. What you think and what you believe literally change your body chemistry. If you have a pessimistic, hopeless outlook, you’ll change your body, your immune function, and you can die much faster. I hear stories from people, when someone’s hope is taken away – say they’re told they have a few months to live, but they go home, climb into bed, and are dead in a week. So it’s really like turning off the live switches. When you study survivors, you find that relationships, connections, hope, and meaning all relate to people staying alive.

For example, many women live longer than men with the same cancers; this has more to do with the men’s attitude of ‘I can’t work, and what’s the point of living?’ And the women see all the connections in their family, and reasons for being here, so they stay alive much longer.
Q| How much of a disease do you think is self-willed?

A| We are responsible for a lot of the things that happen to us. If you hate your job, you are much more likely to get sick and die at a younger age than someone who’s happy at work and has a nice family life and is mentally well adjusted. I think some people who do want to die will get a disease. There are people who know their lives are so troubled and their bodies are getting them out of here.

But if you use words like self-willed, people end up feeling guilty. Ninety percent feel guilty because of what their parents did to them already. So when you say here’s something else you did to yourself, it’s another guy telling them they did something wrong.

But if you look at how much disease we participate in, I’d have to say 90 percent. You have genes and are exposed to poisons, but when I meet identical twins who get cancer 30 years apart, that’s when you have to stop and think.
Q | What are the best ways for a healthy person to reverse the aging process and extend his or her life span?

A | Keep moving and keep active. Also, have some meaning in your life. What I find particularly helpful is to not think of yourself as an age. Don’t let the child in you die. Seeing things through the child’s eyes makes life interesting and humorous and keeps you young.
Q| Do you think people have control over when they will die? For example, sometimes it seems like people will wait for one last conversation or visit from someone they love, and immediately afterwards they close their eyes and pass away.

A| I am totally convinced that we are capable of leaving our bodies and dying in a much more comfortable, controllable way as long as we don’t let our families, the medical profession, guilt, and fault get in the way. You know the idea that we shouldn’t die and we’re letting people down by doing so? The way we refer to death generally is as ‘a failing.’ That’s the craziness of our society. We’re so anti-death, but we’re not pro-living.
Q | How do you think Western Medicine could be improved to give the patient better care?

A | One simple suggestion would be to put every doctor into a hospital bed for a week as a patient. Put them in a hospital where they are not known and have them admitted with a life-threatening illness as their diagnosis. Then let them stay there. Another suggestion is to teach doctors how to communicate. I got a phone call from somebody who was waking up from surgery and being told how bad things were. From the minute that she woke up they started telling her how terrible her diagnosis was and what’s going to happen to her, and that really destroys the patient. Most doctors aren’t aware of what they’re doing because they haven’t been laying in that bed.

We need to be trained on how to deal with our emotions and how to express them, not just have meetings about, ‘What do you think?’ and ‘How do we classify this: Death or complication?’ We should discuss how it feels to have a patient that you’re taking care of die or what it feels like to have someone come into your office that you can’t cure. I mean, we can’t even use the word death. You go to a hospital and everybody talks about ‘failures,’ ‘passing,’ and ‘loss,’ and nobody says, ‘so-and-so died’ because that word just carries too much emotion for people.

The word ‘doctor’ is derived from the word ‘teacher,’ and we have stopped teaching people how to live. Doctors of the past did so because they didn’t have all this technology and they had to care for people that they also knew. Today, we don’t even know the patients we’re taking care of. That’s why there are all of these mistakes in the operating room and so many medical errors – because we’re taking care of diseases, room numbers, and diagnoses, not people. That’s important.
You had cancer patients draw pictures of themselves and their families with crayons to get an idea of how they are doing. Can you explain how this works?

The fact that this is not a part of medical education drives me crazy. Carl Jung interpreted a dream and made a physical diagnosis decades ago, but no medical student is ever told this. I can diagnose somatic problems as well as psychological problems from the patients’ dreams and drawings. One of the saddest drawings to see is the one by a medical student who, when asked to draw himself working as a doctor, drew a picture with no human beings in it – just books, computers, medications, and instruments. The majority of the drawings show the same depersonalization. The dreams and drawings speak for the soul and body in symbols that we can interpret.

Mind, body, spirit, and soul are all one. Consciousness is not limited to the mind alone, and we can see this when transplant recipients receive organs and become aware of the life history of the donor. Our lives are stored in our cells and affect the genetic blueprint we then live by.
**Q** How do your patients’ drawings offer insight into the symbolic meaning of their illnesses to help them heal?

**A** I use drawings literally to communicate with lots of people and help them make decisions, because then they can put the symbols on a piece of paper, which are largely coming from their unconscious. I ask people to draw themselves at work. Those are simple instructions and hundreds of people hear the same thing, but you get hundreds of different images because it’s coming from an intuitive place within them. Then we can interpret the drawings, and interpret the dreams, and help them be in touch with that.

Here are people whose intellect tells them: Don’t have an operation, don’t have chemotherapy, don’t do this, don’t do that, and they may make a decision that comes from their intellect. Then the drawing that they do will show them that the decision is wrong. Again, it’s their inner wisdom – intuitive wisdom, heart wisdom, whatever you want to call it – saying yes or no, this is good or not good for you. And believe me, that other wisdom knows more.
Drawings can answer all kinds of questions, like where should I live? Or what job should I take? It doesn’t have to be about medicine. I help them to either change their belief systems, their ways of thinking, or I help them make different decisions – and to try to help them put these two things together. At other times people will say no, I don’t want that, and the drawing will be beautiful.

I say your inner wisdom knows it’s good for you and I suggest you go and do it, and don’t worry about it, and I show them how to reprogram themselves and their bodies.

So it helps them find a harmony through that. But the trouble is that most of us are busy thinking, and we forget how to use this inner wisdom, which comes from the body, from feelings, as well as this intuitive aspect.
Q | What do you think can be done to help solve America’s healthcare crisis?

A | We should try to be sure every healthcare provider knows how to care for their patients and him or herself. Also, they need to understand why they became physicians too.

If I were empowered to do one thing, it would be to see that every child felt loved. When that happens, wars cease, addictions and self-destructive behaviors end, and the world becomes a meaningful place to live.
Q| Do you think alternative/holistic medicine is becoming more widely accepted? If so, where do you see this trend leading?

A| I see it becoming more widely accepted and many excellent resources becoming available to patients. Where it needs to head is into medical education. I find it very frustrating to see how long the process is taking and how closed-minded many physicians are because of their lack of a true medical education. They are taught about diseases and technology and not about people and their experiences.
Q| Do you think that a doctor’s perception and attitude can affect the patients’ health?

A| Yes, a doctor’s consciousness and attitude literally affect the patient. Consciousness is not local. If I walk in and I’m thinking they’re going to be dead or I don’t like taking care of them, or I’m tired and I wish I could get out of here and eat something, I affect the patient. But if I walk in with hope – and hope isn’t about statistics, it’s about individuals – and I treat them, yes, they will do better.

A simple example: Years ago a doctor wrote an article about four cancer drugs - chemotherapeutic agents that came out. They began with the letters E,P,O, and H, so they were called the EPOH protocol. He looked at the letters and thought, ‘Why don’t I turn it around and make it HOPE?’ He noticed that more patients in his program responded to this treatment than to the doctors who were giving it labeled as EPOH. What was the difference? Hope.