

Diane's WELLNESS STORY



Excerpts taken from "Smart Talk for Achieving Your Potential," by Lou Tice. Presented here, in a conversation format, Diane and Lou discuss their reactions to the news of Diane's cancer diagnosis, and the active participants they became in her treatment.



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CHAPTER ONE

A REAL MID-LIFE CRISIS

LOU: It was late summer of 1985, and our family was celebrating Diane's 50th birthday. She was happy, vibrant, upbeat. She had devoted so much of her time over the years to doing things for her family, and for others, that she hadn't taken enough time for herself. She was eagerly anticipating that opportunity.

Every year, after her birthday, Diane goes for a complete physical. Because she had just turned 50, her doctor recommended that she also see a gynecologist. She decided she would. Afterwards, Diane forgot all about the test. Quite frankly, she considered it routine. Then suddenly, in September, our lives changed forever.

DIANE: To me, my 50th birthday was a halfway point in my life. I was looking forward to, and planning for, the second half. I thought, "Now I can begin. The kids have all grown and our company is building, so now I'll have time to do all the things I want to do." I was ready to enjoy my next 50 years.

I have a firm faith in God and His presence within me. And I believe that the strength in my life comes from within, not from other people outside myself. I believe in the immortality of my soul. But I never thought too much about these beliefs until one afternoon, a week after my tests, when I received a call at home from the doctor who had done them. In a shaky voice, he said, "I have the results of your test." I said, "Oh, good." I assumed everything was fine. Then he said, very abruptly, "You definitely have uterine cancer. It's in the third stage, and there are only four stages. So you'll have to have a total hysterectomy right away. And, of course, I will assist in the surgery." I was stunned. I held the phone away from my ear, looked at it and thought, "Like hell, you will."

I was upset about the cancer, but I was so angry with the way this man told me about it that I automatically resisted him. To me, his cold, matter-of-fact tone was saying, "You don't stand a chance. But I'll do you the favor of assisting in your surgery anyway." I thought, "No, you won't. Who do you think you are?" So I hung up and called my regular doctor and told him I was enraged at the way this other doctor had broken the news. I said, "It was so inappropriate. He didn't prepare me. He didn't even ask if anyone else was there with me. What if I had taken it badly? I might've fainted dead away on the floor."

Of course, it never occurred to me to faint. I just thought, "I am not going to let a doctor determine *my* future. Especially *this* doctor." I found out later, in my own research, that many people don't react assertively with doctors. They tend to believe everything that doctors say, and blindly follow their advice. I am not in

awe of doctors – maybe because I’ve had serious ailments in the past. That attitude turned out to be an important factor in my recovery process.

This event makes you realize where the locus of control really is. You decide very quickly whether you’re going to determine your own life, or sit back and say, “Yes, doctor,” – or, for that matter, “Yes, teacher,” “Yes, boss,” “Yes, family,” “Yes, everybody else but me.” Psychologically, when confronted with a serious threat, people will either flee, fight, or just give in. Reflecting back on it now, I can say that because of the inappropriate way I found out about my cancer, and because of my self-confidence and my beliefs, I subconsciously decided to fight. And I’m glad it happened that way, because it solidified, in my mind, my belief that *we are all responsible for our own lives*.

Though I do have a firm faith in God’s strength within me, I know I must also do *my part* and use my free will responsibly.

LOU: Even though Diane had taken a devastating hit, she was already visualizing the recovery. Immediately, she started screening out threats and filtering in important information. Instead of thinking, “I’m dying, Doctor, tell me what to do,” she was thinking, “There’s no way this doctor will participate in my surgery.” Because Diane had that assertive, “I’m going to fight” attitude, the important information – that this guy was a locked-on thinker who locked out options – screamed right through. So Diane *knew* that he should not be involved in her case.

By deciding that this doctor would not participate, and also that she would fight, Diane made the first important decision in her battle to recover. To get a second opinion, she visited a highly regarded surgeon. He, too, recommended surgery as the best first step. But Diane researched further. She considered not just the operation, but the *total process of recovery*. Only after she reviewed the opinions of respected surgeons from the best cancer centers in the world did she decide that surgery was the proper way to go for the first step.

But with this unnerving intrusion into our lives, and all the uncertainty, I felt it was important to relax and have some fun first. So we agreed that it would be a good idea to get away for a few days before the surgery. We went to our ranch in the Cascade Mountains with two close friends, and we had a wonderful weekend. We didn’t discuss the operation or the uncertainty. We conducted ourselves normally, having fun with people we liked. That, too, is part of our curriculum. When you are under duress, you can control the dissonance by staying in your comfort zone and conducting your affairs as normally as possible.

After the relaxing weekend, Diane felt more assured. The following Thursday, she checked into the hospital in Seattle, and the surgery was scheduled for Friday afternoon. I had already begun a four-day seminar for about 200 people, so I needed to focus on that, too. On Friday, after I finished teaching the afternoon session, I went to my hotel room to await the call from the doctor at the hospital. I had a troubling feeling. Events were out of our hands for the moment, and I had never been in this traumatic situation before. I felt terribly uneasy.

My self-talk was both positive *and* negative. I had faith that the operation would be successful and that Diane would be fine. But I also worried, “Well, what *if*?” It was like, “I don’t want to hear the results. But I *need* to hear the results, because I want it to be good news. But I’m afraid if I hear the results, it will be *bad* news.” My self-talk was telling me to avoid the truth, but knowing I needed to hear the truth, I finally said, “I’ll just sit here and wait. And I’ll stop worrying. Whatever comes, I’ll be ready for it.”

You never really know if you are ready to handle a tragedy or disaster. I thought I could handle this, but my anxiety kept triggering doubt. An inner voice was urging me, “*Avoid this call!*” It was interesting, especially during a seminar weekend, to find out that I had a powerful urge to avoid the truth. I had to remind myself, “You can’t control events. But you can control your reaction to events.”

Finally, the doctor called with a good news/bad news report. He said, “We got all the cancer we could see. But we know it’s broken loose in her system because we found a tumor on her bladder.” He explained that Diane’s cancer was in an advanced stage. She would need chemotherapy and some follow-up radiation treatments, and even with the treatments, the chances for long-term survival were not good. That hit me right between the eyes. I thought, “Oh God. How do I tell Diane?”

Late Friday, instead of attending the reception at the seminar, I decided to go straight to the hospital to see Diane. I decided to walk the mile or so from the hotel to the hospital because I needed that time to gather myself and prepare what I wanted to say. I wanted to find the right way to tell Diane the truth, and still convey my love, my faith, my hope.

When I left the hotel room, my self-talk was, “Focus your intent,” but I was still too nervous to properly prepare what I wanted to say. While waiting for the elevator, I remember imagining what my life would be like without Diane. “We’ve been together since we were 16. We’ve never missed a Christmas together, or a Thanksgiving, or a birthday. For 36 years, our goal-setting has been so closely tied that even though we’re two separate people, with separate identities, we feel as though we have one mutual destiny.”

For an instant, I felt that if the elevators doors somehow opened into an empty shaft, it would be all right if I just fell in. I knew that our kids were provided for, and were old enough to take care of themselves. What difference would it make? I didn’t feel desperate or frightened. I had this easy, peaceful, “I quit. I’ll go with her” feeling. I’m sure other people have felt this way in similar circumstances, but I had never felt anything like it before – and I never thought I would. You see, you can’t anticipate feeling that way.

Walking to the hospital, I started to cry because I still didn’t know how to tell Diane. I thought, “Do I give up or do I fight?” Normally, my intent would be to fight. For me, that meant all-out war. I didn’t care if I had to give up everything – our business, our home, all we had. But the important decision was Diane’s. She had to have the same intent.

CHAPTER TWO

WE HAVE A FIGHT ON OUR HANDS

LOU: At the hospital, I waited for Diane to come out of the anesthetic. When she did, I held her hand and said, “Diane, I’m going to tell you the truth. The operation was a success, but the cancer has broken loose in your system. We have a hell of a fight on our hands.” She didn’t flinch. She looked me straight in the eyes and said, “Okay. Let’s get started. What’s the first step?”

The next day, people called from all over the world – the U.S., Australia, England, Africa, Japan – to share their concern and prayers for Diane’s welfare. We were both overwhelmed by the genuine love that poured in. I remember Diane saying, “It’s very powerful. You can almost feel their energy.” I told myself, “I will find ways to multiply this energy, so Diane can feel it every day.”

I thought about my friend Gene who, some years earlier, applied many of the principles we teach to help keep his son, Terry, reasonably healthy through a long, tragic ordeal with leukemia. Terry eventually succumbed to the disease, but I remembered the day-to-day positive benefits from Gene’s careful regulation of Terry’s environment. So I talked to Gene about how we might constructively apply some of those things to Diane’s situation.

I wanted to create an emotional climate of normalcy, wellness, and hope around Diane at all times. We started by decorating the room brightly with familiar photos and fresh flowers and many of Diane’s familiar personal items. We surrounded her with humorous people. We showed a lot of comedy films in her room, even though after a chemotherapy treatment it was tough for her to laugh. We kidded and joked and played lots of games. In other words, we created a light, relaxed, upbeat atmosphere. Diane and I both understood the power of humor and joy to promote physical and mental health, so it was a natural approach for us anyway.

DIANE: When people I knew came to visit me, they brought their prayers and such strong spiritual, positive energy into my room. I could physically feel it inside me. I drew on it during my whole recuperation. But it’s important to know that you don’t have to take our curriculum to become a positive, constructive person. What made the difference wasn’t that the people who came to see me had been through, or understood, our program. It was that they naturally exemplified the concepts we teach. It was just the kind of people they were – they were naturally positive and constructive, and they gave me spiritual support.

Actually, there’s a lot of constructive information the negative, too, because you can evaluate and assimilate *all* the information in current reality and make more measured judgments. It’s a mistake to think that this

curriculum is Pollyanna-ish, and everybody is always smiling. It's not that way. It's just that, in stressful situations, a positive atmosphere of lightness and humor and upbeat conversation helps carry the stress from your body so you can strengthen your immune system. With that kind of energy and strength, even in the face of the worst, you're always able to look for the best. And if the worst is all there is, you still know that you can learn something from it. Lou and everyone else around me during that period weren't creating a Pollyanna world of "Don't look at the truth, Diane." In fact, they were helping me *find* the truth.

LOU: We also realized that doctors, interns, orderlies, and nurses had their own personal and professional beliefs and their own sources of truth. I remembered how the hospital personnel had projected their limiting, negative realities into young Terry's mind, and how Gene tried to battle that. Doctors have blind spots. They're sometimes so narrowly focused on their own methods that they don't readily see other options. When they hear information contrary to what they believe, they tend to rationalize it as "an exception to the rule."

Health professionals don't mean to be that way. They just believe in their own reality – like I sometimes do in my business, like all of us do – and they aren't aware that they are communicating it. *Remember: Human beings act in accordance with the truth as they "believe" it to be.* And we unconsciously project our truth through facial expressions, body language, manner, tone of voice. Now, we know that doctors and nurses see patients die every day. That becomes a powerful negative reality: "It doesn't matter what we do. They still die." So we had to be prepared for these people coming into Diane's room, projecting their histories of patients who didn't make it, and regarding Diane as just another statistic.

I regard doctors and nurses as highly skilled, very necessary, even precious – but, ultimately, as just human beings. Quite frankly, many become detached in their statistical reality – just like the doctor who broke the news to Diane over the phone. They can easily develop blind spots of the greatest magnitude. But my conviction was this: In life-and-death situations, scotomas and negative *truths* are absolutely unacceptable. So I decided to take extreme measures to counteract the negative realities of all the "experts" who would be telling Diane "the truth."

Since we aren't sure what we control in this world, I decided to take control of darn near everything. First, we needed to overpower the negative affirmations of the experts. We needed to overpower their "doom and gloom" realities. We began by stressing the idea that, even though others had died from this type of cancer, it wouldn't necessarily happen to Diane. I made sure that either myself or someone else in our family – particularly our daughters Bonnie, Nancy and Mary, and my sister Carol — or a close personal friend would take turns being with Diane during all her waking hours. That way, when doctors, nurses or interns said anything contrary to the goal of success, we would immediately say in front of them, "That isn't necessarily true" or "We don't believe that stuff." Sometimes, the doctor would discuss postoperative treatments with Diane: "You've *got* to do this!" and "This is the way it *must* be done." And we would say, "We aren't so sure about that." We wanted Diane to become her *own* authority.

Lock on to the end result you want in your life, regardless of the present reality and present circumstances. When you have information that casts doubt, you must be strong in your own mind to know that your subconscious draws you to the images you focus on. So, sometimes you may need to deny current reality, deny what your peers and the experts and the people your respect insist is *the truth*, and hold the image of what you want in the future. High-performance people have the tenacity and resiliency to face the "gloom and doom" and "Ain't it awful?" attitudes and not be overwhelmed, or let hope be destroyed.

From the beginning, Diane was extremely positive and focused on the end result of getting well. Diane is a naturally positive person. All the time she was ill, she never talked in terms of death or giving up. She always regarded her illness as a temporary setback: "What are my plans for tomorrow?" We know that her positive, future-oriented attitude made a difference. And that's what we worked to support.

DIANE: I never despaired. When I was a child in school and I got a grade of 92 percent in spelling, I never thought of it as an 8 percent failure. I considered it a 92 percent success. It always irritated me when they wrote on my papers “Minus 8 percent.” I immediately translated it back into the positive. I still do that.

When I was preparing for the surgery, I researched statistics on the cure rates for my form of cancer, and it was something like 90 percent failure and 10 percent success. I always visualized myself in the 10 percent. If it had been only 1 percent, I would have still seen myself there. I read somewhere that thousands of people have cancer but don't know it, and they survive to a ripe old age. I also discovered there's no cancer known that someone hasn't overcome. Actually, more people recover from cancer than ever die from it. That's the kind of information I dwelled on. I always saw myself in the success category. I thought, “Well, if only one person can beat this, I will certainly be that person.” It never entered my mind that it could be any other way.

I was convinced I would get better, but I didn't ignore the possibility of death. I knew I couldn't entirely control what happened inside my body, and that it was possible I could end up in the 90 percent category. I just never *imagined* myself there. Occasionally, funny little thoughts would seep in – but not in a morbid, defeated sense. Like one time when I wasn't feeling well, I was talking to Lou and I said, completely out of the blue, “Well, that grandfather clock you gave me, I think Glen should have it.” It was such a strange remark out of nowhere that we both started laughing.

I never visualized myself dying, so I didn't plan for that eventuality. I knew we had a well-organized will, and that our estate planning was already taken care of. The only contingency I considered came out in a funny conversation I had with a close friend. I said, “In case anyone might wonder what my opinion would be on this, here it is. I think our son Glen should have my grandfather clock because he loves clocks and has enjoyed taking my watches apart to see how they work. And I know there are women out there who would love to get involved with Lou.” I even had a list of names and I started pointing to them, one at a time: “Now, this one is definitely out. This one is out, too. But this one would certainly be okay.” We had a great time with it. That was the extent of me talking about, “Well, what will happen if I'm not here?”

CHAPTER THREE

ASK HER ABOUT HER FUTURE

LOU: Because so many people cared about Diane, we knew she would have a constant flow of visitors after surgery. Here again, each person's negative expectancy could be communicated through body language, manner, tone of voice. And the question most people would ask would be, "How do you feel?" If so, Diane would need to continually affirm how she felt. After so much repetition, she might get tired and inadvertently say one time, "I don't feel so well" or "I'm scared." We wanted to make sure that she wasn't set up for negative affirmations like that.

I placed family members outside Diane's room to greet people before they entered, and to discuss what they should talk about with her. I had meetings at our company about that. I told our people, "We won't leave anything to chance." I told them I intended to orchestrate and structure Diane's environment so that it was always positive, hopeful and future-oriented. At home, we had family conferences about how we could help Diane fight her illness. We said we wouldn't ignore the reality of the cancer, but that we considered it temporary. We visualized the way we *wanted* things to be, and the way things would look if Diane didn't have the problem. Pretty soon, everybody painted the same picture of the environment that we wanted to create around Diane.

While Diane had surgery, I posted a sign outside her hospital door that read:

*If you're here to see Diane,
You're here to give her energy,
Not to take her energy away.
Don't ask her how she feels.
Ask her about her grandchildren,
About decorating our new lodge,
About her upcoming trip to Australia.
ASK HER ABOUT HER FUTURE.*

This way, we controlled the input of information. I know that the only people who saw Diane would be talking wellness, hope and the future.

After the surgery, Diane was faced with some very tough decisions about continued treatment: chemotherapy, radiation, how much of this, when to do that. I knew she needed to make those decisions for herself. That was very difficult for me. But I understood that she alone should make these decisions because it was her life. Once she made them, she would assume accountability to make them work. I wanted her to feel, “It isn’t up to the doctors. It isn’t up to Lou. It isn’t up to the treatments. It’s up to me. I am responsible for my own wellness.”

I realized that the best way I could help Diane was to provide her with the best medical information available. So I immediately relieved Betty of her regular duties as my personal secretary and assigned her to direct a “Wellness Command Center” in our offices. Her new full-time objective was to coordinate a worldwide search for the most up-to-date research on successful treatments for Diane’s type of cancer. Betty is an aggressive, *make things happen* type of person, so I knew she was the right one. I gave her priority access to all our people, who could drop everything they were doing if she needed them.

Betty contacted the most renowned doctors and health care professionals in the world who had success treating this kind of cancer. She called major cancer treatment and research centers for case studies and success ratios – San Diego, Washington, DC, Idaho, Houston, New York, Montreal, Mexico, Greece, the Bahamas, West Germany, the Philippines, Japan – wherever she had a lead. We pursued every option – people working on projects for a Nobel Prize, faith healers, immunology projects, metaphysics studies, nutrition and exercise, herbal care approaches, parapsychology, hypnotherapy, the Simonton visualization techniques, and best-selling books on cancer therapies.

I convened study groups of speed-readers who devoured relevant literature in magazines, periodicals, journals, pamphlets and books so we could quickly pass along an abundance of information to Diane. One person would read something, summarize the main points and highlights in a report, and trade with someone else, who would read the same stuff and write a second report. That way, we always had a safeguard against being locked onto a particular treatment because of personal bias or a blind spot.

Then Betty checked the validity of all this information with the best physicians we knew, so that we didn’t make hasty, emotional decisions about what to leave out and what to include. We condensed everything into study formats and presented them to Diane. She would study the materials and make her decisions: “Well, let’s try this” or “Let’s call this doctor and find out more about his method.”

We agreed that we wouldn’t follow the protocol of any one doctor. So we retained three doctors – which made at least two of them uncomfortable, because they wondered, “Why are you questioning my judgment? Why are you interfering?” Well, the reason was that we wanted to weigh opinions carefully to try to find the best one. We were searching for the truth, so we weren’t concerned about bruising someone’s ego. Now that takes high self-esteem, because Diane could easily have given up accountability to any one of the doctors: “Doctor, make me well. You know so much more than I do. I will go by your judgment.” I think that most people do that. But she knew it was crucial for her to participate in her own recovery. Accountability is a central concept in what we teach: *Take accountability for your own life*. Become your *own* authority, your *own* expert, and make your *own* decisions about *your future*.

DIANE: I started on a quest to become an expert on what I was about to go through. I read all the research compiled for me, and I gathered materials myself, so I had a multitude of choices. I had one of the best surgeons. But I discovered that, in being the best, he had very narrow views on how this cancer should be treated. It was like macro photography, where you magnify your subject many times and become focused on small details. I would say he had that view. His total protocol was surgery, then maximum chemotherapy, then maximum radiation.

I started out questioning him, and I never let up. I learned later that one characteristic of typical cancer survivors is that they question things. Many doctors consider those kinds of people *difficult* because they're always asking, "Why?" My surgeon said I would need chemotherapy once a month for six months, and I said, "Why six?" And after that, he said I'd need five-and-a-half weeks of radiation treatments. I said, "Why five-and-a-half?"

I finally learned that he was doing a study of ten cancer patients, and they were all on the same protocol. Seven had already died, and I was number eight. Another woman was doing fairly well, and the doctor hadn't found the tenth person yet. I didn't know how long his study had been going on, but I was very irritated that just because he was doing a study, I was *assigned* six sessions of chemotherapy. I didn't want to be a guinea pig. So I said, "Well, I won't say 'yes' to six. I'll say 'yes' to one at a time and see how far I want to go."

I felt an obligation to my family to go ahead with chemotherapy. I had gathered and read enough statistical data on success percentages to know that it was very effective. In fact, I had the first chemotherapy treatment the night of the day I had the surgery. Of course, afterward there was a lot of discomfort and some throwing up. The challenge was to fight off those bad images and not allow myself to think, "I'm going to be sick again." So I just kept visualizing the chemicals destroying the cancer cells and removing them from my body, and telling myself, "You're getting stronger every day."

This is when everybody decorated my room, and people came to visit, and share humor and fun, along with research and upbeat ideas of what to do next. I actually found the process very interesting. I sketched a sort of wellness wheel to depict all the positive approaches taken by cancer patients who got well. And as I accumulated more information, I added options to the wheel.



Simply stated, I developed cancer because my immune system was stressed. I used these things A) to build up and support my immune system to fight the cancer; B) to recognize and change the basic building blocks in my life, which may have contributed to the development of my cancer; and C) to alleviate the existing cancer.

CHAPTER FOUR

I WAS STILL ME

LOU: Diane continued to make her own decisions by choosing to take chemotherapy, which was devastating. Her hair started coming out in clumps. At first, this really bothered her. So we got her the finest wig made. But she wouldn't wear it. She insisted, "No, I'll just look like I look. I want to be myself."

Eventually, she lost all her hair. But the amazing thing was that she looked absolutely radiant and beautiful anyway. You would look at her and think, "Oh, Diane's trying a fashionable new hairstyle." And she continued to dress beautifully, just like before. So, to Diane, it was never a negative. She thought of herself, and she *looked* happy and glowingly healthy. So everybody around her started seeing that, too. It was always, "Boy, Diane, you look fantastic!" We recently came across a video "greeting card" that had been made at the time Diane had lost all her hair, and was going through the chemotherapy treatments. In every picture of Diane, you can see "it" shining in her eyes – no fear.

DIANE: In the hospital, I had my lipstick and mascara in my little nightstand. I thought, "If I wore lipstick and my mascara yesterday, I'm going to wear it today. I'm in the hospital, but I'm not going to look sick and pale."

I decided I was still me, and that *still me* should be the dominant picture. I remember when Lou and I were just married and I was in the hospital with kidney problems. I got up the day after surgery and took a stroll because I couldn't think of myself as *hospitalized*. I dragged all over the hospital, and I felt much better doing that. The staff was aghast. They found out that I wouldn't allow myself to fall into a passive patient's role: "I'm ill. I can't do anything but lie here and hope for the best." Instead, my attitude was, "I'm getting better and better. What good is in store for me today?"

I always look to the future. In November, Lou was going to have his 50th birthday, but he wasn't up to doing anything. So I decided to arrange a big party. To do that, I had to reschedule my next chemotherapy session in advance, because, afterwards, I knew I'd be too weak to do anything fun for about four or five days. Well, everybody pitched in to help and we reserved the Garden Court Room and Spanish Ballroom at the Four Seasons Hotel for Lou's party. I was bald at the time, but I got dressed up anyway and had a wonderful time. So, it wasn't, "Well, I have cancer. I'm too sick to celebrate my husband's birthday." In fact, planning the party, getting dressed up for it, and enjoying it was very life-affirming for me.

LOU: During this difficult period, Diane was so focused on the future that she designed and helped build the 15,000-square-foot Tice Lodge in the mountains. She went to Europe twice and brought back two container loads of antique furniture; decorated and furnished the lodge; threw parties; went shopping, entertained friends, and helped run our company. She changed her diet. Diane started exercising, even though sometimes she could barely walk. She went to a psychiatrist in case there was some undetected stress involved. In other words, she changed her entire life.

She also sought out unconventional people, like healers, whom other doctors referred to as “quacks.” Doctors implored her, “Why would you go to somebody like that?” Without very high self-esteem, that might have imprinted doubt in her mind. But she decided not to rule out any possibility. She felt that research and decision-making were creative processes. And she knew that the creative process is very stimulating to your total system. So, for Diane, seeking options wasn’t just a diversion; it was a stimulation of the total person.

She also had to make some very powerful decisions. At one point, she decided *not* to take radiation, even though the doctor said that radiation was absolutely essential because the cancer had broken loose in her system. It was a tough decision. She had to fight her own mind, she had to think independently, she had to become a risk-taker. A key factor throughout was that Diane took accountability for being sick. She chose not to torture herself with blame or guilt, and not to wallow in self-pity. Instead, she said, “Look, I helped cause the disease. I can help cause the wellness.”

DIANE: Causing my own wellness now became very important to me. I read Dr. Bernie Siegel’s book, “Love, Medicine and Miracles” about his work with exceptional cancer patients. I began to understand that you don’t so much *get* cancer as you *develop* it. I found out that cancerous cells are present in everyone to greater or lesser degrees. But we have powerful immune systems to keep things stable. If your immune system becomes depressed, it functions at less than optimal levels, and the cancer – or abnormal cells – can proliferate.

Around this time, I also found Dr. Glenn Warner, who was not only an oncologist, but he also believed in building up the immune system to fight the cancer. He helped me understand how my immune system might have become depressed over many years. What drew me to him was that his approach was more *total*, and he addressed the body’s own fighting mechanisms. Back in medieval times, they talked about treatments for catastrophic diseases only in terms of “cut, burn and poison.” Well, today, what is the most modern treatment for cancer? Cut, poison and burn. He saw much further than that.

Dr. Warner’s approach dovetailed perfectly with the concepts that we teach. My reflective thinking was that the immune system was part of me, so building it up would give me a personal feeling of accountability in the fight. I felt that if I built up my immune system, I could control the cancer. But I didn’t give up the surgery and other traditional approaches. I just added a whole bunch of other options. This is significant. I think too many people deny unorthodox or non-traditional options. I’m not suggesting that you should give up surgery or chemotherapy. But neither should you rely only on traditional methods without also exploring as many complimentary methods as possible.

So, even while I was undergoing chemotherapy treatments with one doctor, I continued seeing an extraordinary healer who was able to describe very accurately the cancer cell activity in my body. At the same time, I kept following the regimen of Dr. Warner, who provided mega dose vitamins, an exercise program, and a diet that helped build my immune system and depress the cancer. I also intensified my own research to find out about carcinogenic foods that you shouldn’t eat, and immune building foods that you should eat. I remember discovering little tips here and there, like the idea that cancer cells are weak cells that thrive in a saline environment in your body, but wither in a potassium environment. That’s how I discovered it was best to cut out extra salt in my diet, and add more potassium.

I ate mainly fresh vegetables, fresh fruits, whole grains, and limited amounts of lean meat, such as turkey and some wild game and chicken – but not chicken which is full of hormones. I had immune-stimulating shots. I took special vitamins each day – beta-carotene, vitamin A, vitamin C, vitamin E – and I took vitamin B12 shots once a month. The vitamins had an ironic side effect: they helped my fingernails grow long! That was the accidental realization of a lifelong dream.

I learned why the immune system gets stressed by researching the work of Dr. Carl Simonton. In his book, “Getting Well Again,” he explains the cancer healing process in terms of positive thinking, visualization and affirmations. I sent for his report, entitled “Psychology of the exceptional cancer patient,” which inspired me to make a list of superstar affirmations, including:

- I am a non-conformist.*
- I am a fighter.*
- I am psychologically aggressive.*
- I have ego strength.*
- I have a strong sense of reality.*
- I have feelings of personal adequacy and vitality.*
- I treat all people with dignity and respect.*
- I laugh at myself and don't take life too seriously.*
- I am free each moment to choose my direction.*
- My body has a built-in mechanism to fight disease and to return to a condition of health.*
- I seek new worlds to conquer.*
- My daily exercise retards tumor growth.*
- I seek my priorities daily.*
- I am learning to receive.*
- I have freedom from conventionality.*
- I seek information about my disease.*
- I seek the finest medical treatment as well as other cures.*
- I am physically active in work and play.*
- I grow intellectually and emotionally.*
- I combat events in my life that cause life to lose meaning.*
- I have psychological insight.*
- I enjoy great flexibility in my life.*

I found out that positive thinking is an excellent immune system booster, because the mind and the immune system are strongly linked. Studies show that what happens in the mind invariably affects the body. It's exactly like the placebo effect: If you can get sick on a negative placebo, you can get well on a positive placebo.

I worked on my weak areas. I was always an easygoing person, so I especially needed to affirm my assertiveness. Well, finally, I became more assertive than necessary. At a party, during the period when I was still having chemotherapy, Lou took me aside gently, and said, “Diane, your affirmations on assertiveness are working beautifully. But could you add a little something about *tact* in there, too?”

CHAPTER FIVE

A MATTER OF SELF-ESTEEM

DIANE: Getting well is so much a matter of self-esteem, self-worth and self-assertiveness. If you feel good enough about yourself, you'll take care of yourself. If you don't feel good about yourself, you'll only do so much and that will be enough. It's important to feel good enough about yourself that you'll go to extremes to get better – like learning about crucifer winter vegetables that help increase the body's output of tumor-inhibiting enzymes, why you don't eat spinach and beets, and which foods provide immuno-stimulating nutrients.

I went all-out to build myself up psychologically and physically. I found out that oxygenation of the body is crucial to building strong cells. So I started doing vigorous exercise every day. When I was doing chemotherapy, it consisted of just walking downhill to the beach behind our house, because I was too weak to do more. But I knew that if I walked to the beach area, it would force me to walk back uphill to get back to the house – and that was enough exercise during those periods. Later, I started swimming at an athletic club. While I swam, I planned, in my mind, all the fun things I would do the rest of the day or the rest of that week, and I'd review my affirmations. At the same time, we were building our ranch lodge in the mountains, so I would visualize the rooms and the furniture I wanted in each one, and where I would travel to find that furniture.

That was very beneficial because it was a creative project, which was energizing. But you don't need a project as expansive as that; you can just visualize simple things, like planting bulbs that will come up in the spring, and then seeing the bulbs in bloom. I had a flower garden that was in poor shape, so I ordered a lot of lily bulbs that wouldn't come up until the next year, and I imagined what they'd look like when they came up.

I also visualized and planned for future family events: "Who's coming for Thanksgiving? What will we be doing for Christmas?" Even if something was eight months away, I visualized being a part of it. I envisioned the decorations, the activities, the people we'd invite. I also made sure I called my sister regularly, so we could continue going out to lunch together. And I didn't give up on buying clothes. I went shopping a lot. If you have the idea that you won't be around very long, you aren't going to buy that winter suit you'll need in another six months. So I deliberately included long-range goals like that in my daily planning, instead of subconsciously eliminating them by thinking, "Well, I don't need that anymore. I won't be here to use it." Instead, I'd think, "That's a beautiful winter coat. I'll wear that at the ranch this year."

I also wanted to have a psychological evaluation of my life to see what things I'd need to change. Early life traumas can subtly suppress your immune system over a long period of time, and gradually lead you downhill until you reach a point of low resistance. There's a song that says, "I made it through the rain." Well, you can make it through the rain if you make constructive psychological changes along the way. If you don't, it might just keep raining on you. If you don't get cancer, it will be something else.

My immunology doctor did lab tests every month to check the cancer cell activity and the strength of my immune system. Each month, I saw that the cancer cell activity was diminishing while my immune system grew stronger. I continued going to my healer, who reassured me about my blood chemistry and told me where I still had cancer, what stage it was in, and whether it was growing or not. He was an amazingly gifted person. Everything he told me matched the lab reports – which he never saw. Eventually, I got him and my immunology doctor talking together, and I balanced what one told me against what I learned from the other. When I was through with chemotherapy, I *knew* I was getting well.

I also used visualization every day. I would first still my entire body, start deep breathing to relax, and then remind myself of the reality of the present moment – that there was still the possibility I had cancer in my body. I visualized an army of immune cells exploding like popcorn and multiplying, then attacking and devouring the cancer cells. I also visualized a little river that these cells flowed into, which ran the cancer spots out of my body.

Each time this happened, I would visualize myself walking up a hill and standing at the top. Then, as if I were outside myself, I would see myself looking through my body, which was lit up and transparent and totally clean. That was my symbol of total wellness – the transparency represented a cleaning out of the cancer. Every other visualization revolved around that central image.

I had to discipline myself to do these visualizations at least twice a day. I pretended it was a business appointment with myself. That made it a priority because I wouldn't lightly cancel a business appointment. You need to be undistracted when you do your visualizations, so I'd often drive to the park and do them in the car. I would visualize different states of wellness, energy and strength. I would try to visualize the various superstar characteristics. For example, I'm a nonconformist, so I would visualize myself not conforming to certain expectations. Or for assertiveness, I'd sometimes imagine someone doing something unwise, and my making a point to say something about it.

Self-talk was also very important because I was alone a lot, especially during my chemotherapy period. Though many people spent time with me, I was the only one who stayed in the hospital while everyone went home at night. Driving home, I was the only one looking for places off the side of the road where I could throw up. When I was recovering at home, I was the only one lying in bed, feeling sick, while everyone left because they didn't want to bother me. For five days after chemotherapy, I would experience the sickness and all the throwing up. I needed to continually reinforce my optimism, or else I might have created a negative self-talk cycle of, "Oh, I'm sick. I'm throwing up. I'm going to throw up again and again."

Through positive self-talk, I controlled post-chemotherapy sickness a lot, but I didn't totally eliminate it. My hair kept falling out. That didn't bother me so much, so I didn't bother to intensely visualize taking the treatment without my hair falling out. Maybe, if I had done that, I could have controlled it a little more. But I didn't spend as much time and energy on those things, as I did on just getting well.

Right after the last chemotherapy session, my surgeon told me that I should start periodical radiation treatments within three days, which meant I couldn't take my overseas trips. He was very explicit about all the possible negative side effects. He mentioned everything from permanent intestinal damage to effects on my sex life.

I thought, “I’m not going to let those things happen to me.” So I didn’t take the radiation. Three months later, he sent me a letter: “It has come to my attention that you did not follow my protocol. Don’t you realize how serious this is?” He went on for two pages and said at the end, “Would you at least come in every six months so I can see how you’re doing?”

My immunologist thought I needed radiation treatments, too. But I said, “The last tests showed that cancer cell activity is almost nil, and my immune system is growing steadily stronger. I don’t think I need this treatment. I’ll take my lab test every month and, if anything changes for the worse, I’ll come in for radiation treatments.” Also, my healer had been giving me feedback that indicated my immune system was killing off the cancer cells, so I figured my immune system was taking care of it. We left it at that.

My decision was right. Since then, they haven’t found any cancer cell activity, and my immune system is very strong. At ten years, I took a CAT scan test to prove I was totally clean. I was then, and am still clean another seven years later.

LOU: When I think of this whole ordeal, I always think of the special moment between Diane and me when we were driving to Swedish Hospital for her last chemotherapy treatment. Since we were married at 16, we had gone through many setbacks, and we always told each other that whenever we stood up to those challenges, great things occurred on the other side. So, just as we approached the freeway, I said to her, “I can hardly wait for you and me to get through this. Because every time we’ve come through something, great things have happened on the other side. We have never faced something this devastating before, so it *has* to be good on the other side. I can hardly wait to get there.”

As we pulled up to the hospital, I smiled at Diane, and said, “Remember what I always say about adversity: *‘When you come through a tough crisis, it just gives you longer legs for bigger strides.’*”

And with bigger strides, you can get from here to there, from this side of the problem to the other side, much faster.