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## *Chapter 3*

### Your Emotions at Play

... the soul would have no rainbow  
if the eyes had no tears.

– Native American saying



## Which Came First—the Chicken or the Egg?



*Did man learn to think, or did thinking create man?  
Certainly generates lively debates, either way.*

Another way of asking “Which came first—the chicken or the egg?” is: “What came first? Was it mind, or was it matter?” Did an animal somehow learn to think, or did thinking (mind) somehow become a physical form? Interesting question. Before we get right into the science of all of this, I’d like to share a little history first, just to set the stage.

René Descartes (1595 - 1650) was a 17th-century philosopher, among other things, and one of his interests was the study of the human body. He wanted to delve inside and have a look. In order to do that, he had to make a deal with the church. The church would attend to the departed mind, spirit, and soul, and Descartes would be allowed to delve further into the human, physical body left behind. The significance of this agreement is that, from this point on in history, the concept of mind/body became the mind *and* body. In other words, they became two separate entities. To this day, there exists a division in the two subjects, mind (psychological) and body (physical).

Well, the fact is, they are still *one*.

Thanks to some brave pioneers of our time, the facts are beginning to emerge from the laboratory as to how it all works. The following is a brief summary of the efforts and dedication of many different researchers.

## Ahhh . . . Those Emotions

Until recently, the popular belief was that a human could feel or experience severe emotional states and the immune system, for instance, was *immune* to these states. In other words, the idea was that the immune system operates on its own and is therefore unaffected by outside influences. We now know the immune system is *directly affected* by our emotional state.

We now know that how an individual *perceives* a situation can have an effect on how the immune system operates. For example, three people can be diagnosed with exactly the same illness, at the same time. One can live for two weeks, another for six months, and another for five years or more. I have witnessed this a number of times, and one person stands out vividly for me, as he was a very special man.

I will call him “Ted” and he originally came to see me about his abuse of alcohol, a 30-year habit. We dealt with that issue successfully (and rather quickly), and both of us were looking forward to Christmas. It would be Ted’s first Christmas in 30 years without alcohol. I looked forward to hearing from him after the holidays, because I knew he would be successful. Ted had the courage, strength of will, and determination to have a terrific Christmas!

On Christmas Day, 2004, the home phone rang. “Merry Christmas!” I answered on the second ring. After a few moments of silence, a voice said, “No it isn’t—I have cancer.” It was my turn to be silent, and I gestured to Berit to turn the stereo down. I can only assume the look on my face must have told her something was terribly wrong or, because she belongs to the gender that reads minds, she had just read mine.

“Ted?” she mouthed soundlessly, and then I knew who was on the phone.

Before I could acknowledge him by name, Ted continued, “I was so dizzy yesterday, I finally fell down. It’s kind of a blur after that, but I’m here at the hospital. The doctors told me this morning. Things don’t look so good.”

"I've gotta go," I said to Berit as gently as I could. She replied, "I know—your jacket and the keys are by the door. I put your tea in a travel mug."

Shortly after my arrival, Ted asked his stricken family to give us a few moments alone. In a faltering voice, he said, "It's scattered throughout my brain. It shows up in the spine. My pancreas and stomach are involved, and there are two black masses in my left lung. Before you ask, they tell me maybe two weeks, tops."

The changes in his spirit, attitude, and tone of voice are still painful for me to recall, but I knew one thing clearly: This dynamo of a man was winding down, and quickly. It was one of those moments where you say the right thing and it helps. Say the wrong thing and you get to go from bad to worse very quickly.

"Other than that, how's your day?" I offered lamely.

Between choking spasms, I could hear indications he wasn't going to order my demise just yet. We then spoke about the shock of this news, and his fears and concerns for his family. He was really scared and kept saying, "What will my family do?" I used one of the techniques that I knew would help calm him down. In a few moments, he was calmer and started to speak about his regrets—lack of time spent with the family being one. I simply held his hand and listened.

The nurse came in while I was holding his hand. "Going steady?" she inquired, which set off another round of choking spasms, but some colour was returning to his face, and his eyes indicated he was enjoying the moment.

The next day's visit was a little more sombre; Ted had an agenda.

"Listen, Doc, I need to sell the house. My wife will need help with that. My first grandson will be born in a few months. There are some business decisions I have to take care of. I need some time. I have to change things so they (the family) can run the business and be okay. If you will help, I'll pay you to be on call. It's really important to me."

It is important for anyone reading this to understand the innate strength of this man. His determination, willpower, and tenacity had resurfaced and, from his viewpoint, this was now another challenge.

He needed time; there was a lot to do and the estimated two weeks was not enough. He was scheduled for radiation on Tuesday. After that would come the chemotherapy. His expert team of medical specialists would do their part, and what he needed now was what he called mental support. He made it clear he wasn't interested in discussing it or hearing it couldn't be done—he was congruent in his determination to gain more time.

We met frequently, sometimes several days in a row. Together, we used various techniques to help the nausea, incontinence, dizziness, and lack of energy. Sometimes Ted reported he felt better and, other times, he simply stated, "I just want to sleep now." Either way, he seemed pleased with the results. As the radiation and chemo continued, so did our sessions. Ted reported that the side effects of the medical treatment seemed of less intensity and duration. "Must be getting used to it," he stated on one visit.

Together, we dealt with the times when his determination faltered, and when he "just didn't feel like going on." We also dealt with the regrets, especially regarding lack of time with the family over the years, being an absent father, and missing so many important family moments.

His sense of humour was usually quite subtle, but one day he called in an agitated state. A funeral home had phoned and inadvertently begun discussing funeral arrangements with him before realizing whom they were talking to!

After a bit of discussion, his humour returned with a vengeance and he asked, "Who said, 'The rumours of my demise are greatly exaggerated'?" I replied, "Mark Twain." Ted said, "Great. I'll quote that when the family gets here. Should be good for some mileage." Then he hung up.

A few days later, I called to check up on him. "My funeral is scheduled for today," he began.

“Are you going?” I joked back.

“Can’t,” he responded, “I’m watching that “bleep” movie (*What the bleep do we know?*) that you bought me. Come on over.” So I did.

By June 2005, Ted had restructured most of his various business concerns. The magnificent house on the ocean was finally sold, and a more suitable one purchased. His first grandson finally came into the world in July. He held him, and let the tears flow.

Slightly less than two weeks had gone by and Ted summoned me to the hospital. “I wrote down one of your quotes,” he began, fumbling through his notebook, “but I can’t find it . . . Something about sailing.”

“When the anchor is up, all debts are paid?” I offered. “That’s it!” he whispered. Even though his eyes continued to twinkle, we both knew it was time.

“I’ll be sailing off soon. My family is going to need to spend some time with you. Please remind them we turned two weeks into six months and two weeks. They’re really angry with me for leaving, so tell them. Tell them.”

Ted fell asleep. I stayed for a while, thinking about our talks and the times we shared and, most of all, the things I’d learned from this remarkable man.

When I arrived home, I looked at the note he’d scrawled for me to read: “Just a rather abrupt change in consciousness,” it read.

So, yes, I believe a person’s perception has something to do with the outcome of a diagnosis and the course of an illness—the mind’s power over the physical, when activated. Let me ask you a question. Have you noticed that when you are stressed, this is the time you are most likely to get a cold? A study was done to illustrate this point.

The participants were asked to view a series of slides. The slides depicted mutilated human bodies and other horrors. The slides stayed on the screen for only moments at a time; after all, the researchers (although they would fess up later) didn’t want the participants

noticing the makeup and props used to make the pictures as gory as possible. A blood sample was taken from each participant prior to the showing. The average count was approximately 12,000, which indicated a functioning, normal immune system. After the viewing, another blood sample was taken. The average count was 600. If I may suggest, at that moment in time, they were susceptible to every bug in the room.

The immune system had been severely compromised, and in a very short time. Now, was it the pictures, per se, that caused the drop, or the emotional change in the viewers?

The pictures triggered an emotional reaction. The emotions did the rest. So this leaves you with a question to ponder: What happens to health if negative emotions remain unresolved in the system over time?

And what can you do about unresolved emotions—be they in the form of an internal conflict, depression, fear, anxiety, anger, or other such feeling—still within the system? That is what this book will help you to do: Resolve them.

But, for now, we need to learn a bit more about how our mind works. So let's get back to the immune system.

The immune system has a memory. So does the mind/brain. And they "talk" to each other and share information. For the first time in our history, we are beginning to discover the actual link, between mind (thought) and body (matter), used for exchanging information.

One subject I'd like to mention here is that of allergies, and let's include food sensitivities, for the following reason:

Suppose little Johnnie is about to spoon some green peas into his mouth and, just at the "right" moment, someone yells, drops something that creates a loud noise, or otherwise induces a negative emotional reaction in little Johnnie as he is eating. It is highly possible that Johnnie just developed a negative reaction, or sensitivity, to green peas.

You see, the immune system is programmable, and one of the main contributors is the emotional state at the time.

You have just read about the immune reaction to the “slides of horror” in one study, so let me now offer the work of Dr. Robert Ader (Professor of Psychosocial Medicine, Professor of Psychiatry, Clinical and Social Psychology, and of Medicine at Rochester University, NY).

Dr. Ader, who helped coin the word *psychoneuroimmunology*, conducted an experiment with lab mice with regard to their immune systems. In the first phase, the mice were introduced to the smell of camphor and also given an immune-boosting drug at the same time. After the typical conditioning period, camphor was used alone. The resulting tests showed the dose of camphor was now sufficient to boost the immune system.

In the second part of the experiment, the mice were given an immune suppressant, Cyctoxan, mixed with sugar water. After the conditioning phase (Remember Pavlov?) the mice were given sugar water alone. Once again, the immune system was shown to be repressed by sugar water alone.

The slides story and Dr. Ader’s work prove two important points for us to consider. The first is that the immune system is trainable and, more importantly, *re-trainable*. The second is that even a stimulus processed by the nervous system (with the slides—visual; and with Dr. Ader’s work—smell and taste) can directly influence immune system functionality.

### **Conversations between the Mind and Body**

What are they talking about? If we were to eavesdrop a little, we might hear things like “Make a little more of this protein,” or “A little less of that one.” The message might be: “Cells, stop dividing; we have enough for now.” Or: “There is danger out there! Forget healing, use your energy for fleeing or fighting!”

Now, before some of you begin to think all this is too far outside your understanding, too far outside your reality, I would suggest you recall

the term *biofeedback*. Biofeedback is used to effect all sorts of changes in the body, including reducing blood pressure, and alleviating headaches and anxiety—to name just a few. Biofeedback equipment has been with us for some thirty years, and confirms that changing your state of mind causes changes in the body that are measurable.

Now, I would like to draw your attention to a really important distinction.

### **What's the Difference between Mind and Brain?**

What is the difference between *mind* and *brain*? Great question! Let's clarify. As mentioned earlier, *mind* is an abstract that does not occupy space and has no molecular movement or mass. *Brain*, on the other hand is physical because it does satisfy all three of the above rules. We think, which is a mental process somewhere within the realm of the mindfield. You may remember that my definition of mindfield says that it is like an energy field. It is a field of potentiality. To be effective—or affective, for that matter—it needs to be organized in some way. It becomes organized by superimposing patterns. These patterns are pathways of thought. A simple rule of thumb is: If the thought supports you, no problem. What we want to focus in on, then, is the interpretive evaluations that aren't conducive to health, joy, growth, cooperation, and so on.

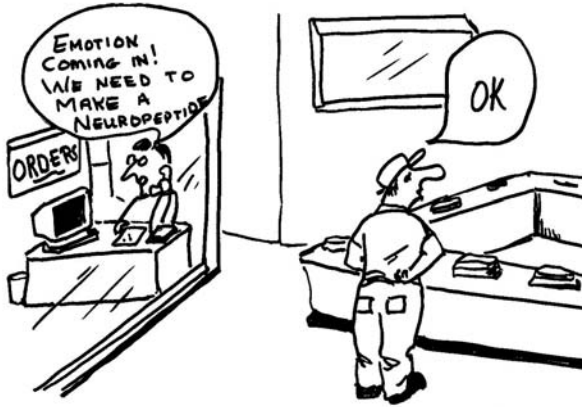
Right now, I'd like you to focus on thinking or thoughts.

Our thoughts have fuel to run them, and that fuel is an emotion. As the brain processes the thought/emotion, it transduces it into a "language" the body can understand and act upon. That language is chemistry.

**TIDBIT:** Dr. Candace Pert (while working as a Research Professor, Department of Physiology and Biophysics, Georgetown University Medical Center, Washington, DC) had 15 years of research behind her statement: "The biochemical equivalent of an emotion is called a *neuropeptide*." Dr. Pert's best-selling book is called *Molecules of Emotion: The Science behind Mind-Body Medicine*.



The thought/emotion is now physical, transformed from “nothingness” to “somethingness.” One moment it’s not there (a thought is non-physical); the next moment, it is there, in physical form (as chemistry). We cannot see a thought, but we can see the resulting chemistry.



*Re-codes the emotion into a neuropeptide; a language the body can read.*

Thank you for hanging in there and following all the science so far. I’m going to ask you to stay with me a little longer and, I promise you, it will be worth your time.

### **What Is a Neuropeptide?**

What is a neuropeptide and what does it do? A neuropeptide is like a train, made up of amino acids linked together like railway cars. The neuropeptide is binary-coded information, and this information is available to all the cells in our body. Once the coded information reaches the cell, the cell needs to “read” it. Microscopic antennae, attached to the surface of every cell, do the “reading” of this information.

This next part is really fascinating. The antennae on the cell membrane now pick up information coming to the cell—including *environmental* information—and the cell acts upon it. The DNA in the cell now has instructions and, like a highly sophisticated and willing team, goes to work in the manufacturing business, filling orders for what the body needs: producing proteins, making insulin, and so on.



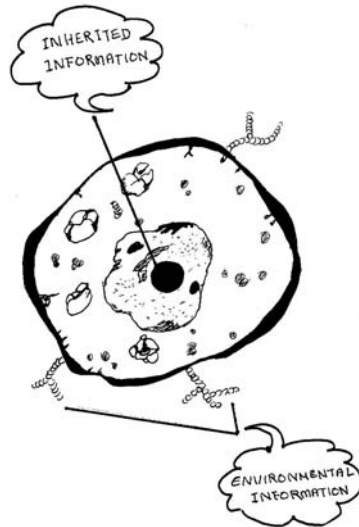
*A neuropeptide is binary-coded information made up of amino acids linked together.*

The cell/DNA not only processes environmental information, but also *inherited* information, which is based on previously learned and stored information about growth, survival, and evolvment. While the cell/DNA contains inherited information, the antennae on the cell pick up or receive new environmental information. This new environmental information can be considered the “upgrade” information and is filtered through our perceptions, and coloured by our emotional responses to that information.

The information coming through the receptor sites into the cell can then be classified in two ways. One is positive: that is, conducive to growth and health; and the other is negative, or non-conductive to growth and health, depending on how it affects the individual.

### **Precursor to Disease**

Does this upgrading of information in turn affect our emotions? Yes! Now let’s go a step further. Once a person is tuned through experience to the negative, then the processed thoughts evoke a negative emotional charge, producing a “negative” message within the neuropeptide. Given a sufficient intensity, this will produce a certain malaise, or discomfort, all the way down to the cellular level. As that disturbance occurs, it will send feedback to the mind and this feedback will affect your thinking.



*A cell contains DNA which processes inherited information, and also has antennae which receive information from the environment.*

If this continues over time, and the emotion is intense enough, these emotional charges will eventually change the cell and it will begin to operate on a dysfunctional level. The result is a “dis-ease” or, at the very least, an unwanted behaviour, attitude or action, based on a fearful response to that environment. Another way of saying this is: *Unresolved, negative, or unwanted emotions are a precursor to disease.* They aren’t the only precursor, but they *do* contribute, nonetheless.

### **Unresolved, Unwanted, or Negative Emotions**

Are we saying that if we have unresolved, unwanted, or negative emotions, we can get sick? Yes, it’s highly possible, and probably likely. It has been estimated that a human mind processes some 60,000 thoughts a day! The “rules” governing this phenomenon belong to the concept of a field, an energy field. I like to call this energy field the *mindfield*. One of the useful aspects of this mindfield is the following: By our repeating many thoughts daily, the world remains the same. We therefore have a certain “knowing,” and the world is somewhat predictable. In other words, each of us follows certain *pathways*, or repetitive lines of thought, within this field. Because of this, our world remains the same, and so do the problems.

Think of a wheat field for a moment. The stalks of wheat can be thought of as neurons. Now imagine a wind blowing across the field. Some of the stalks are affected by the wind and move accordingly, while others do not. Because of this movement, we can perceive the *pathway* laid down by the wind.

Repetitive pathways provide the groundwork for beliefs to be built—beliefs about survival, how one relates to others, and how to respond to various situations as they arise. The end result could be called an *attitude*. (The world is, by and large, a safe, warm place. The world is, by and large, dark and scary, with every man for himself.) Once an attitude is in place, *states of mind* are created—or, more precisely, limited to those that support the attitude. If one state of mind dominates for a while over time, it is referred to as a *mood*.

Before we move onto the next section, let's do a quick recap. We perceive, classify, interpret, or translate most of the meaning for any given event, circumstance, or situation. In other words, we decide what *it is*, and/or what *it means*. Our response will also include an emotive response. Instantly, this response will be transduced into chemistry (neuropeptide) and trigger other physiological responses within the body.

We also know that the emotional state of an individual can influence the function of both the antennae and the receptor sites. The shape of a receptor site, for instance, allows microscopic cargo to *dock* if the shapes match. Then that cargo can contribute to the function of the cell. If the receptor site changes shape, then that same cargo can no longer *land*.

The emotions are part of the mechanism that affects the receptor site's shape. Once these changes take place at a cellular level, they affect, in turn, changes in your thinking, attitude and perceptual biases regarding your environment. This process is a prime factor in building beliefs about the world and those within it, including *self*.

Next, we're going to focus on the esoteric things, the "stuff," that we do without thinking about it. A really good place to start is with the pathways in your mind.