

How to Heal Your Broken Heart-

A Cardiologist's Secrets for Physical, Emotional, and Spiritual Health

Excerpts from the New Book by Ann Arborite, Dr. Kirk Laman

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He also holds the title of a Master Sufi Teacher and Mucaddam Mir Rabbi, conferred on him by Sidi Muhammad al-Jamal, the Head of the Higher Sufi Council of Jerusalem and the Holy Lands.

*We have excerpted the first two chapters of his very interesting and thought-provoking book, *How to Heal Your Broken Heart*, which was first published last year, and has just been revised and updated. As you will read in the excerpts, Dr. Laman has been deeply influenced by Sufism, and he has also been influenced by the works of Dr. Dean Ornish, Dr. Larry Dossey, Dr. Robert Ibrahim Jaffe of the Jaffe Institute, and Joan Borysenko.*

Dr. Laman will be speaking in the Crazy Wisdom Tea Room on Saturday, February 24th, and you can also learn more about him by visiting his website at: www.drlaman.com.

Chapter One Broken Hearts

From the moment I caught a glimpse of her in the hall, I knew she was deeply troubled. Andrea was an African American woman in her late fifties. I knew from her file she had heart disease, but wasn't that which caught my attention. It was something other than the fact that she was

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an extremely heavy woman, weighing probably over four hundred pounds. She carried most of her weight in her hips and thighs, which dwarfed her enormous torso. Her silhouette reminded me of an upside down bowling pin—large at the bottom and thin at the top.

Despite her illness and extreme obesity, it was Andrea's demeanor that sparked my deepest concern. She carried a sense of hopelessness as she plodded along the hallway: the way her shoulders drooped, and how she labored with each step, like every one could be her last. I immediately sensed her despair as we passed each other in the corridor, then I entered the examination room to meet her in person.

"Hello, I'm doctor Laman, a heart specialist. Your doctor has asked me to see you," I said, sitting down in a chair across from her. I scanned her chart. "What seems to be the problem?" I watched her closely as she enunciated her response. Her hair was black, tightly coiled with a small fringe of gray poking out from beneath a blue patterned bandana. Her eyes were wide, dark brown, but her lids didn't open much. They looked like her shoulders—drooping and sad.

"I've been having something going on in my chest," she said. "I have been getting a pressure sensation in my chest. It feels like a big ball has been blown up inside," she said.

We talked further, and I listened her tell the history of what she had been experiencing. We talked about her chest discomfort, her recent medical events, and pretty much everything that could have a bearing on her health.

It was clear from our conversation that her excessive weight was taking its toll. Everyday life was now a struggle and at age fifty-eight, she was literally running out of gas. Cooking, cleaning, even just getting in and out of bed in the morning drained what little energy she could muster.

Her illness was a long time in the making. She had always been large, but grew up being much more physically active. From a very young age she had been called to take care of the people around her. She had endured an abusive, alcoholic stepfather, while taking care of her many sisters and brothers. Her mother was around, but even she demanded Andrea's care. Her mother suffered from Diabetes and was not able to do much because of a stroke. When she was fifteen her mother passed away, and her stepfather disappeared. She went to live with an aunt, but left home while still a teenager, got married, and became pregnant.

Nothing ever seemed to come easy for Andrea. The needs and wants of her life had always come second. She stayed in her abusive marriage way too long for the sake of her children. All those years, her health only worsened, and her weight, like her life, got out of control. Like everyone, all she really wanted was kindness and affection. After years and years of disappointment and struggle, she had moved from unhappy to hopeless.

One day, her physical discomfort went from painful to life threatening. She woke up to find that the usual heaviness in her chest had grown into acute pain. She ignored it for awhile, thinking that if she threw herself into her never-ending chores—laundry, dishes, and the like—it would go away. It didn't. The pain she was experiencing was a heart attack. She ended up in the hospital for five days. After having a balloon angioplasty and a metal stent placed to hold open her coronary artery, she was sent to my cardiology office.

Our first office visit confirmed my initial impression. Like so many of my patients, Andrea's extreme physical symptoms had emotional and spiritual roots. After interviewing her, it was obvious that she didn't just have a physical blockage of the heart arteries. She also had emotional wounds. She suffered from intense sadness and despondency. Even though she had undergone a balloon angioplasty, and was on medications for her heart, she was still experiencing discomfort in the chest. This was unusual.

"Who do you have in your life that you can count on for love and support?" I asked her. I was trying to find out why she seemed so sad. It is well known that patients who suffer from depression have a much higher chance of having further complications after their heart attack. I was wondering if some of her symptoms might be from anxiety or fear. I also wanted to know who might be there for her to help her with chores while she recuperated. Having emotional support at home could also be important.

Within seconds of asking her this question large tears began rolling down her cheeks.

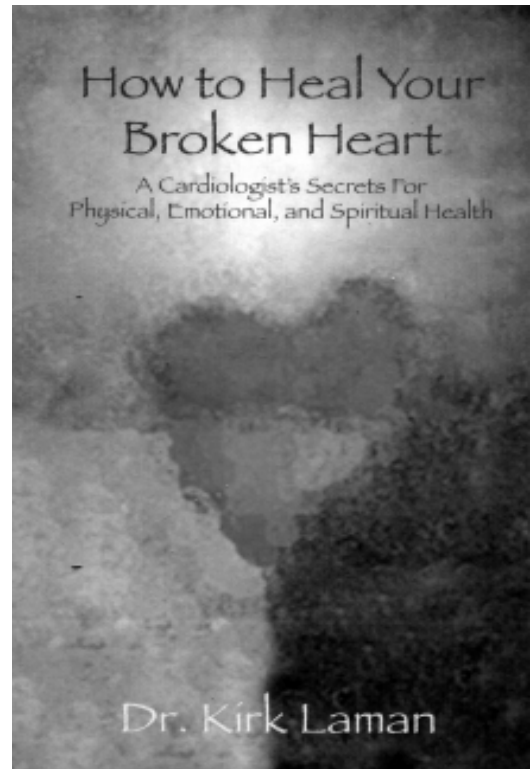
"No one, no one," she stuttered. "I do everything."

"Don't you have a sister, your Aunt?" I asked.

She shook her head through the tears. "My mother is dead. My sisters are all gone," she sobbed. "I feel alone. I feel all alone."

She cried and cried that day. The tears that welled up and overflowed were the tears of a heart that knew nothing but pain. She needed someone to listen to her, and I provided what comfort I could.

Although it may not seem obvious, people like Andrea are not rare. Many individuals suffer silently in deep emotional distress that can grow into physical illness. It has been reported that 40 million Americans suffer from depression. Depression is a serious illness, going far beyond just having a bad day or even a bad week. A similar number are diagnosed with anxiety. These people are not just in hospitals or mental institutions. People who



are fretful, and worried, burdened with the events of daily life live all around us. They are people with whom we associate everyday. They are co-workers and family members. And although most people cope with the worries and problems of modern life, it is taking a growing toll on an increasing number.

Connecting the Dots

Cardiologists are of course aware of these statistics and know that not everyone suffers from heart disease or other ailments just because of what is happening physically. High cholesterol, smoking, high blood pressure, and diabetes are listed as the chief risk factors for heart disease. Yet, new evidence has shown that a person's psychosocial experiences can also have a profound effect on the development of heart disease. Numerous research studies are available documenting the link between the emotions and heart related illness.

Even most non-religious people acknowledge that

Let me first begin by saying that even though I am open to helping patients deal with emotional issues, I still consider myself a traditional cardiologist. My education, training and credentials are traditional, and I view the holistic treatments I offer as supplementing, not replacing, conventional treatment.

human beings consist of more than just muscles, bones and organs. While the most hardened atheist may insist that emotions are nothing more than chemical reactions, common sense dictates that we are more than the sum of our physical parts. What ancient healers from the tribal elders in sub-Saharan Africa to pre-Colombian North America long understood is that this part of us that is "more" than our body is in fact inexorably connected to it.

When things go wrong in what many languages and faiths choose to call our "spirit," our body suffers. Sometimes the physical symptoms have spiritual causes.

None of this diminishes the amazing implications of recent medical and technological advancements, nor do I ever advocate ignoring physical symptoms and appropriate treatment. What I am in fact most excited about is the prospect of combining the amazing knowledge we are gaining about the physical body with the ancient wisdom our forefathers possessed about the soul and spirit. This is the frontier of healing and health that I believe offers the most hope.

Currently, most medical research is aimed at the

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Dr. Kirk Laman assessing one of his patients doing a stress test on a treadmill.

chemical and molecular level, trying to find various minute protein molecules that could be useful in treating heart disease. I applaud and welcome this progress.

Yet, some psychologists and psychiatrists are also looking at the effect that our emotions have on the development of heart illness. Ongoing studies of depression and anxiety have shown a direct link with these illnesses and the development of heart disease. Like a growing number of clinical physicians, I have seen many patients like Andrea who have significant emotional issues as well as physical heart ailments. It has been my experience that identifying and treating the emotional illness of a person can have a profound affect on the outcome of their heart illness.

Indeed after observing her and listening to her story of severe sadness and loss, I was convinced that she suffered from what I call a *broken heart*. By broken, I mean a heart that is not just sad, but that has been deeply tormented by life's difficulties and pain. Perhaps someone has endured repeated physical or emotional abuse. He or she may have been struck by an intense tragedy and been unable to cope with the grief. Such a heart carries deep emotional wounds—wounds profound enough to alter the normal function on every level—emotionally, psychologically, and even physically. Anger, sadness, fear, loneliness, hopelessness, and grief—all of these emotions (and others) if left unchecked can help create the environment for illness. I believe they can lead to actual heart disease, heart conditions that as a cardiologist I treat everyday.

Luckily hope for troubled hearts exists- a simple easy to learn, Sufi meditative technique called *Practicing Remembrance* can heal hearts that are despondent, hearts that are broken.

Hope for the Skeptic

As a cardiologist who observes the amazing results and marvels of modern medicine, I am more convinced than ever that the physical aspect of healing is only part of the story. Even as cutting edge science makes the impossible become commonplace, it is more important than ever that we remain mindful of ancient wisdom. For thousands of years, across every major civilization, those in the business of healing understood that *illness isn't just physical*. What we think and feel powerfully influences what is happening in our bodies, and we ignore the spiritual and emotional elements of health at our own peril.

As those who've taken a yoga class or practiced Buddhist or Taoist meditation understand, techniques that engage the soul and spirit can have tangible effects on the body. I believe we must reconnect with the ancient understandings of the connection between mind, body and spirit, even in light of the amazing technological age in which we live. I have already mentioned that the method I have used with great success personally and with my patients is Sufism, specifically *Shadhuli Sufism* (Sha-du-lee). As a mystical practice, it circumvents the mental processes and deals directly with the heart. I believe this makes it possible, in many cases, to address particular root causes of illness that traditional medicine often overlooks.

Now, when many people think about religion they think of strict creeds and rigid behavioral codes. This is

particularly true of Islam, out of which Sufism arose several centuries ago. Yet almost every major religion has a mystical tradition analogous to Sufism, more concerned with developing a spiritual flow than enforcing outward conformity. Mystics are often more concerned with authentic experience than theology. Sufis consider everyone God's children and respect people of all faiths. The Sufi mystic, Muhammad al-Jamal writes in *Music of the Soul*—"If the Muslims, Jews, Christians, and the people of any other religion, knew their religion well, there would be only one religion, the religion of love and peace and mercy."

It is this aspect of religion, the emphasis on connecting with the spiritual realm and cultivating spiritual health, that I believe holds the most promise for those suffering from physical illness. When people hear about the particular form of meditation that I advocate, they often ask, "*Do I have to become a Sufi to practice remembrance?*" My answer to them is, "No, its benefits are not limited by personal theology." An individual does not have to change faiths to pray in this way anymore than you have to renounce your beliefs to take a yoga class. I have taught this technique to Christians, Jews, and people with very little faith, and everyone who diligently practiced it improved. Observing these remarkable improvements has affirmed for me the overwhelming reality of the spiritual aspect of health and wellbeing.

"Helen" was a patient of mine whose story is a good example of the effectiveness of the technique in spite of her need to overcome a great deal of skepticism. Helen was willing to try an unconventional approach to her problem, but was definitely not looking for religion! She was far from convinced about any valid medical connection

On its own, Atrial Fibrillation is usually not a life-threatening condition. However, if left unchecked it can lead to the formation of blood clots within the heart that can cause strokes. I first began seeing Helen as a patient after another cardiologist had already treated her. She came to me for a second opinion after she had been diagnosed with Atrial Fibrillation and had been placed on medications to control the rapid beating of her heart because she wasn't satisfied with how she felt. The medications she was taking helped to control the racing, but they had made her feel fatigued and out of sorts.

As I've mentioned, it has been my experience that every illness has psychological, emotional, and even spiritual aspects. Atrial Fibrillation is commonly seen in people who are keyed up, and who may deal with anxiety or nervousness, not just physical problems.

Although I had found no medical research to confirm this as a wider trend, I have often observed in my own practice that people with Atrial Fibrillation frequently suffer from fear. After some careful questioning, I determined that Helen fit this emotional profile all too well. In fact, she had lived in fear almost her entire life. As a young girl, her mother's almost paranoid anxiety had conditioned her to feel almost constantly frightened. Helen shared openly with me about various ways that her mother had taught her to be mistrustful as she was growing up. Her mother, who suffered through a painfully abusive marriage and divorce, was determined to protect her daughter from similar disappointments. Her efforts to teach Helen to expect the worst taught her that life was not an exciting place full of possibilities—it was a perilous minefield with danger lurking at every turn.

Not surprisingly, this unfortunate outlook

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between her emotional state and her physical illness. However, she was unhappy enough with her condition to be open to new ideas. Her attitude was almost utilitarian: she didn't understand why in the world she needed to try something spiritual, but if it might work, she really didn't care!

Helen didn't look like the typical heart patient. She wasn't overweight; in fact if anything, she was gaunt. She didn't smoke, and even seemed to eat a reasonable diet. She was a realtor, and spoke as if she had been fairly well educated, yet something about her was undeniably odd.

At the age of forty-two, Helen had developed an abnormal heart rhythm called Atrial Fibrillation. Atrial Fibrillation is the most common rhythm disturbance of the heart. It is a chaotic beating of the heart punctuated with a very fast irregular beat. To the patient, it frequently feels like the heart is going to jump out of his chest, which can be quite frightening.

continued for Helen into adulthood. Fear literally ran her life. She was afraid of not making enough money. As a realtor, she feared failing to close her real estate deals. Even during my first office meeting with Helen, the overwhelming fear that ruled her was obvious. The corners of her mouth jerked as if she was being startled. Her small hands shook in telling irregular movements.

I listened to her for some time that first day, and after taking a detailed personal history and performing a physical examination, we sat and discussed some of the options I felt we could offer in her treatment. She was very surprised when I mentioned that I thought it would be helpful for her to explore the possibility that her illness was influenced by her emotional state. When I suggested that fear might be playing a role in her Atrial Fibrillation, she was doubtful.

"Why would fear have anything to do with my racing heart?" she asked. "I have a physical illness. The racing I'm experiencing is real: it isn't psychological."

"Of course your illness isn't psychological," I said. "But what we feel has a profound influence on our health."

"You're kidding," she said. "You don't really believe that the fear I experience is helping to cause my fibrillation."

"All of us are physically affected by our emotions," I said. "Not only do I think that fear may be playing an important role in your Atrial Fibrillation, but medical research has proven that fear and anxiety can play powerful roles in the development of heart disease. Many authorities now think that they are actually risk factors for heart disease."

Slowly, as the implications of this exchange began to sink in, I could sense something inside her beginning to shift. Her breathing was slowing and the trembling began to lessen. Just the hope of healing and the initial exposure of a problem she had long suppressed were having a positive effect.

I went on to explain to her that although we have a physical organ called a heart, we also have feelings and emotions that are beyond the physical realm. Yet, once we become aware of our feelings we begin to see that even though they are important, what we feel isn't who we are. Rather, feelings are a reflection of what is happening even deeper within us. Most of us call this deeper "thing" the soul or spirit.

I explained to Helen that getting in touch with the deeper parts of ourselves is essential for true healing. As we finished our conversation, her skepticism was palpable. I could feel her mental wheels turning, refuting the logic of what I had just shared. It was quite a leap of faith for her to even entertain the idea that her illness might be more than just physical and that the fear she had felt her whole life could be part of the problem. However, she had reached a point in her life where what she was doing wasn't working for her: she had a tachycardia that was racing out of control. The medications helped, but made her feel awful. She didn't want to take the drugs, but she was horribly afraid of having a stroke, and terrified of what a stroke could do to her. She was just unhappy enough to try something new.

"I am certain that if you consistently practice a skill called remembrance you will improve," I said.

Just the suggestion that others in her condition had recovered offered her this glimmer of hope. Helen's eyes flickered wildly when I said that she could be healed. I could feel something opening within her, within her heart when she heard my words. It was as if golden rays of sunlight had been poured deeply into her being, and as the light struck the darkness and fear buried so long within her, they began to give way. Hope was coming and gently penetrating her heart, touching a part of her that desperately needed to be touched.

We sat down, and I spent twenty minutes teach-

The teachings behind practicing remembrance are also a roadway—a means of traveling to a particular destination. Here the hoped-for place of arrival is the opening of the heart, the transcendent experience of deep, satisfying love.

ing her the practice of remembrance. After the short session, she was visibly changed. Her face was brighter and her anxiety appeared less dominant. She left the office that day lighter and calmer. For that moment, her fear was gone. She now carried an expectation for healing.

I had asked her to continue her medications and to practice the remembrance everyday for thirty minutes. When I saw her in the office three months later, she looked calmer and more relaxed. Amazingly, her Fibrillation was gone, and over the next six months she continued to improve.

Helen continued coming to me as a patient for the next three years. During this time her Atrial Fibrillation vanished. Her fear and anxiety also abated. She never made any kind of decision to change her religious beliefs, nor did she see a need to. She was content with using the remembrance technique to improve her emotional and physical condition. She became a lot healthier in the process.

The important observation from Helen's progress towards healing is that addressing the emotional and even spiritual needs of an individual can be effective even in people who have initial doubts that those needs exist or are influencing their health. A person doesn't have to change faiths or alter their beliefs to receive benefits from such an

approach. He or she only needs to be open. Practicing remembrance or other meditative techniques transcend our ability to categorize or pigeonhole love into one belief system or another.

Chapter Two A Journey to the Heart

"How can a conventional cardiologist offer patients therapies that seem to contradict standard medical practice?" These kinds of questions tend to come up when I am holding a workshop or weekend seminar that addresses the non-physical components of healing. Yet to the surprise of the questioner, I often answer "What I offer isn't out of the mainstream." As I've shown in the preceding chapter, many reliable medical studies have proven that a direct connection exists between emotional illness and heart disease. The supplemental therapies I teach are based on the existence of this connection, which the vast majority of conventional physicians recognize.

Yet most doctors have been slow to translate the implications of this link between emotional distress and physical ailment into medical practice. They realize its validity, yet they have not adjusted their treatment accordingly, and so what I do in my comprehensive healing sessions is indeed outside the mainstream, even if the theory on which it is based is not. The reasons for this are complex.

One major factor is the limited time most physicians are able to spend with one patient. With cuts in reimbursements by Medicare and other insurance carriers, physicians are expected to see more and more patients in less and less time. Even so, they are reimbursed less for their increased efforts. For most clinical doctors, it is simply not possible to find the time to delve into patient's emotional issues during routine office hours. Teaching a patient a comprehensive technique for relaxation, meditation or practicing remembrance may take 20-30 minutes, and the doctor may only be able to spare seven. Furthermore, most insurance companies do not recognize this as valid treatment, and will not reimburse for it. This makes it nearly impossible to offer holistic therapies during an office visit. It is also one of the reasons I began to offer weekend workshops to address these needs in my patients in a more casual and flexible setting.

The emphasis of medical education is another important reason why physicians don't address emotional issues. The vast majority of physicians do not receive formal training in how to deal with the emotional needs of their patients. Although it is generally assumed that physicians pick this up by watching their trainers while in medical school and residency, proper schooling in these techniques isn't the norm. When a doctor has not received training in a particular method or approach he or she is frequently reluctant to offer help for patients with these issues. Like all professionals, we like to stick to what we know.

One of the consequences of the amazing technological advances I mentioned in the last chapter is that medical care has become highly specialized. This is understandable, since no one person could be expected to become an expert in all the techniques, drugs and equipment used for dozens of body parts and hundreds of diseases. As a cardiologist, I limit my practice to providing care for a person's heart illness. Lung specialists treat patients for lung-related illness. The general understanding is that, without the proper credentials, a physician shouldn't be extending care in areas where they don't have expertise.

I am one of the few doctors I know who saw the link between emotional and physical illness and decided to further my training to properly incorporate it into my practice. This greatly increased my ability to feel competent helping patients heal the emotional issues related to their heart illness stems, and radically changed what I was able to offer to those I saw suffering. How I journeyed from simply practicing traditional cardiology to offering help with my patients' broader health-related issues needs some explanation. It is a story that involves my heart, as well as all the hearts I examine on a daily basis.

Let me first begin by saying that even though I am open to helping patients deal with emotional issues, I still consider myself a traditional cardiologist. My education, training and credentials are traditional, and I view the holistic treatments I offer as supplementing not replacing conventional treatment. I attended the University of Tennessee for my undergraduate degree (and incidentally received a Bachelors of Arts in English). I attended medical school at the University of Kansas City-College of Osteopathic Medicine. Osteopathic physicians have similar training to their medical doctor (M.D.) counterparts and are licensed to perform surgery and prescribe medications in all fifty states just like medical doctors. Osteopathic training varies from MD's in that we are schooled in manipulative

therapy and approach treatment with the assumption that the body has the inherent ability to heal itself. Physicians help the body in this process, by assisting the body's return to "balance." After completing medical school, internship, and residency in internal medicine, I actually trained at a traditional M.D. program, Sinai Hospital of Detroit, for my specialization in cardiology.

In 1989, after graduating from my cardiology fellowship, I joined three other cardiologists in practice in the Metro Detroit area. Our patients were predominately

It seems so simple: the remedy for hearts that are crying is love. Love in all of its various expressions—kindness, compassion, giving, sympathy, tenderness, and many other qualities, are what can heal hearts like Andrea's. We can talk all kinds of psychological theories, but without acknowledging the deep human need for love, we are missing the point!

blue-collar workers employed at the auto plants in south-eastern Michigan. This subculture is characterized by a heavy predominance of smoking, high cholesterol levels, and family history of heart disease, which meant we had no shortage of patients.

The leader of our practice, Joseph Rogers, Jr., D.O. was an innovator. Besides being the first cardiology practice in Michigan to perform balloon angioplasty (the technique of using a plastic catheter with a balloon attached to open up blocked coronary arteries), our practice also led the way in offering cardiac rehabilitation for its patients. Even as we addressed severe symptoms in very ill people, we were able to offer them and their families hope for a healthy future.

We were also the first cardiology practice in Michigan to open a comprehensive program to help patients reverse their heart disease. Begun in the early 1990's, the idea that the growth of dangerous cholesterol blockages could be stunted or even reversed was completely new and not readily accepted by traditional heart specialists. We modeled our approach after the clinically successful program pioneered by Dean Ornish, M.D. from the University of San Francisco. Our method consisted of having heart disease patients perform aerobic exercise forty-five minutes a day, meet weekly with a dietician to learn how to prepare extremely low fat meals, learn yoga for relaxation, and engage in group therapy.

The notion that mid-westerners would be open-minded enough to drastically alter their diet, embrace yoga, and even consider group therapy seemed remarkable. This is an area that has traditionally relied on high fat dairy products as a dietary staple. Many would characterize the typical perspective on emotional issues as stoic and closed. The odds seemed stacked against our new approach; yet, the program was highly successful. Among higher risk patients who were not often candidates for bypass surgery or further balloon angioplasty, we successfully lowered the number of hospitalizations and harmful cardiac events. Patients felt better and were living longer, and we were preventing tragedies before they happened.

It was during this time of observing my patients in group therapy that I began to see the powerful effect emotions could have on their illnesses. One of the major tenets of Dean Ornish's medical research was that every part of his program was equally important. Exercising regularly was just as important as changing eating habits. The treatment wouldn't be effective by attending to diet and exercise but neglecting to develop and practice methods for relaxation on a daily basis.

Another key element to Dr. Ornish's approach was the principle of the "open heart." By open heart, Dr. Ornish meant a heart that was emotionally able to connect with other human beings: open to giving and receiving love. People who have the ability to express their feelings and share their trials and pain were able to in turn receive comfort. They also tended to have less heart disease. This truth would have a profound influence on my own journey as a physician.

After studying Dr. Ornish's work and witnessing the success of our own program, it began to be clear to me that physicians must look beyond the physical aspect of heart disease to treat it successfully. They also needed to consider interactions between the mind, body, and even the spirit if they wanted their patients to become completely well. I became determined to obtain the needed training to effectively address those needs.



Dr. Laman has been deeply influenced by Sufism, and he has also been influenced by the works of Dr. Dean Ornish, Dr. Larry Dossey, Dr. Robert Ibrahim Jaffe of the Jaffe Institute, and Joan Borysenko.

I started by exploring the writings of numerous physicians and psychologists who were coming to similar conclusions. The work of the psychologist, Joan Borysenko, Ph.D. particularly caught my interest. Joan was a medical researcher in the field of psychoneuroimmunology, working at Harvard Medical School in the 1980's. Psychoneuroimmunology is the study of how our thoughts, mental processes and hormones interact in the body. Her best-selling book, *Mending the Mind- Mending the Body*, documented the amazing ways that our thoughts and feelings could alter illness.

Larry Dossey, M.D. was another physician who had published work that I found intriguing. Dr. Dossey's interest was in the effect of prayer on illness. His work chronicled the hundreds of validated clinical research studies that demonstrated a direct link between prayer and improved outcomes of illness. He documented that the use of prayer had been shown to improve the healing of surgical wounds, shorten the length of hospital stays, and lower the death rate of cancer patients. The more I read, the more I knew I was on the right track.

My understanding of this connection between mind, body, and spirit was greatly expanded through this research. It also led me to begin searching for approaches to treatment that help my patients in all three areas. Being involved in Michigan's first program for reversing heart disease had proven to me that the benefits were real. Knowing how apprehensive patients can be about becoming educated in these matters, I became interested in filmmaking as a way to help patients with their health. I began attending the Maine Photographic Workshops located in Rockport, Maine.

The Photographic Workshops offer weeklong intensive training, which gives aspiring filmmakers a chance to work in a hands-on fashion with leading cinematographers and editors. Over the course of three years, I learned the art of filmmaking and completed two documentary films to help educate my patients about the changes that were needed to bring them to greater health. I was thrilled to find this new medium to communicate what we could never cover in an office visit. My last film, *New Frontiers in Healing*, aired on PBS in Detroit and has been seen through much of Canada. The hour-long film explores the role of the mind and emotions in improving illness.

It was during my time filming *New Frontiers in Healing* that I met a doctor who would radically alter my understanding of the nature and treatment of heart disease. While interviewing Larry Dossey, M.D. in Sante Fe, New

Mexico, I was introduced to a medical physician who was offering a unique method for healing the hearts of people with various illnesses. Robert Ibrahim Jaffe, M.D. was the founder and director of the *Jaffe Institute*, located north of Napa Valley, California. The *Jaffe Institute* taught techniques for helping patients deal with the psychological and emotional aspects of illness in a way that I had never seen before.

In the spring of 1998, I attended a workshop that Dr. Jaffe was holding in New York City. Ibrahim Jaffe was a dynamic speaker who spoke convincingly about the human need for love and the implications of this need for the healing process for physical illness. He affirmed that many people suffered with hearts that were deeply troubled, which was of course something I had already observed in my own practice. He suggested that emotional wounds could play a role in fostering illness, and that addressing them held a key to healing.

At the workshop Dr. Jaffe described the method of practicing remembrance which I have come to embrace. He explained that it helped people heal their crying hearts by acknowledging their need for love; I had never heard such a thing before, and didn't know what to think. He suggested that unlike psychotherapy it didn't need to take years or many months for people to improve. He claimed that using this technique, patients could make relatively quick progress, bypassing the normally lengthy process of mentally exploring their wounds. While group therapy fit with my rational way of analyzing things, this new method took me completely out of my realm of knowledge and experience.

Although I was skeptical, I was also involuntarily drawn to the idea of a method that could make a substantial improvement in the lives of my patients so quickly. Over the three-day workshop I had the opportunity to learn the technique myself, and felt my skepticism wane a bit. The results I observed personally were encouraging. Within the short time that I attended the seminar, I began feeling more calm and rested. I left New York making the commitment to fit the technique into my daily spiritual routine, and see what happened. I wasn't particularly ill; I had been meditating for over twenty-five years, and as a Methodist had developed a habit of praying each morning. So, using myself as the experimental subject, I calculated that if it made a difference for me, I would begin to explore the implications for my patients.

At first I felt only calmness as I incorporated the new technique into my routine. Soon, however, subtle changes began appearing. I began to be aware of my heart. Not in a bad or even a good way: I merely became cognizant of my heart's existence and how it felt. A couple weeks later, I began to feel as if my heart was expanding or opening—like something was tugging at its edges. The more I practiced remembrance the more my heart seemed to "open." Over a six-week period, I realized something profound. The meditative calmness that I felt when doing remembrance was lasting longer and longer. My emotions were more even, and overall I felt better.

Recognizing the positive changes that were happening within me, I developed a yearning to learn more about the basis for the technique and broaden my knowledge of the practice of remembrance. I decided to enroll in the *Jaffe Institute*. In July of 1998, I attended my first classes that were part of a three-year program that would lead eventually to a certification as a healer from the *Jaffe Institute*. A healer as trained by the Jaffe Institute can be thought of as a therapist/pastor. The student is instructed in the art of counseling people suffering from emotional and spiritual problems, whether or not they are experiencing physical side-effects. The element of thinking about one's problems and feelings is there, but the treatment goes much deeper than that. It moves beyond acknowledging the problem to invoking a solution.

The underlying methods and techniques taught at the Jaffe Institute are based on ancient teachings that are now finding a modern audience. The over-arching goal for this kind of therapy is for the patient to experience an awakening of the heart. Over the next three years, I was immersed in an intensive program of personal reflection, concentrated study, and mentorship. The course work consisted of training modules that lasted seven to fourteen days. Each year, five to seven training modules were required. Lectures were conducted in the mornings with

demonstrations of the techniques used in healing. The afternoons consisted of hands-on training and mentoring. Between training modules, the instructors oversaw the students' progress with telephone follow-up. In addition, during our time out of class students were required to perform numerous "healing/pastoring sessions" which were critiqued by instructors. We were being educated, but we were also taken on a journey of the personal awakening we would later try to guide in our patients.

As a cardiologist, what became immediately clear to me after enrolling at the *Jaffe Institute* was the importance of these teachings for guiding patients in their journey towards heart healing. I could tell that the techniques I was studying would be very useful for teaching my patients the skills they needed. It seems so simple: the remedy for hearts that are crying is love. Love in all of its various expressions—kindness, compassion, giving, sympathy, tenderness, and many other qualities, are what can heal hearts like Andrea's. We can talk all kinds of psychological theories, but without acknowledging the deep human need for love, we are missing the point!

Within a few days of attending the school, I became committed to becoming proficient in helping people whose hearts were troubled with this method. I had always been comfortable in my Methodist faith and my meditation practices, but my experience at the institute made me open to this different path. This was one of the most unexpected turns in my journey!

We all know that a path is a roadway to a specific destination. Depending on the path we have taken, we set out with various expectations. If we are traveling a path leading through the woods we expect to find beautiful scenery, perhaps the aroma of junipers or loblolly pines. We may even anticipate reveling in the beautiful melody of songbirds. On the other hand, a walk on the beach evokes expectation of waves crashing on the sand, salty breezes and the cries of gulls. The teachings behind practicing remembrance are also a roadway—a means of traveling to a particular destination. Here the hoped-for place of arrival is the opening of the heart, the transcendent experience of deep, satisfying love.

This isn't something new. It isn't the latest fad. It is an ancient time-honored spiritual passageway. For over 1300 years, men and women have traversed its passages, learning its teachings. The depth of knowledge of ancient religions is like a vast ocean. Most of us have little understanding of the wide expanse that makes up its sea. Part of the reason for this is that for many centuries, ancient mystical knowledge has been relatively inaccessible. For many traditions, it is only in the last few decades have books and writings become translated and available. Even then, without a knowledgeable teacher, the student still may not be able to successfully achieve the goals of the practice.

The need to find someone who *really knows* a skill isn't surprising, even in the emotional and spiritual realm. In medicine we find correlating scenarios. It is well accepted among physicians that it takes many years of study, practical experience, and most importantly mentoring from a knowledgeable instructor to produce the best doctor. Without accomplished teachers who have actually done the surgeries or treated the illnesses in question, few medical students would have properly learned the art of medicine. The same can be said of master carpenters, adroit trial attorneys, and other skilled professionals. Spiritual healing isn't an intellectual pursuit. It is an inward journey of the heart. Its knowledge cannot be grasped just by reading a book, but in the commonality of human experience, it can be passed from one human being to another.

In September 1998, after listening to an international leader in the field lecture at one of the school sessions, I found my heart touched by his powerfully moving words. It was clear from reading his writings and hearing his personal teaching that he was someone who *knew* what he was talking about—he had mastered these techniques and experienced them for himself. I felt compelled to make a deep personal commitment to these methods and their underlying teaching.

Within a few short years of making this commitment, a remarkable shift had occurred within my body, mind, and heart. A chronic skin condition that had plagued me for twenty years disappeared. I began to resolve lifelong troubling thought patterns, and most importantly peace, a peace that passed all my understanding slowly descended into my heart. I believe the continual practice of remembrance was a key to this change.

In 2001, I graduated from the Jaffe Institute, and became a certified teacher and healer in these techniques. Soon, I began incorporating my skills into my cardiology practice. I taught the practice of remembrance to my patients with astonishing results. I believe these are results that you can share, whether you have a serious physical illness, or you are merely, like all of us, a human being in need of love.