THE EFFECTS OF PERSONAL NARRATIVE ON ONE'S WELL-BEING THROUGH THE LENS OF MEDICAL HUMANITIES

A dissertation submitted to the Caspersen School of Graduate Studies
Drew University in partial fulfillment of
The requirements of the degree
Doctor of Medical Humanities

Anthony De Canto D.C
Drew University
Madison, New Jersey
May 2020

ABSTRACT

Though the Eyes of Medical Humanities

The Effects of Personal Narrative on

One's Well-Being.

Doctor of Medical Humanities Dissertation by

Anthony De Canto D.C

The Caspersen School of Graduate Studies May 2020

Drew University

The main purpose of this thesis was to define why well-being improved for some patients, while others with the same ailment did not improve. As a result of my first twenty years of experience with patients, I realized that the answer possibly was because one's personal narrative directs their well-being.

In this thesis, personal narrative has a new definition in addition to the patient's story. It is how the patient's story developed through the personal narrative which is comprised of four different aspects known as "The Big 4." Thought (the first aspect) produces the mental image (the second aspect) which moves to emotion (the third aspect) which affects the physical state (the fourth aspect.)

This research will not only illustrate how "The Big 4" creates one's personal narrative, it will also demonstrate how "The Big 4" affects one's well-being, both positively and negatively. Due to the research, I have altered and changed the way that I observe my patients. I have concluded that all the medical technology, qualified specialists, or pharmaceutical drugs in the world, cannot help a patient who does not want to help themselves.

Through research and interviews with eighteen different professionals, a determination can be made that personal narrative is involved in one's well-being. Either on a conscious or subconscious level, personal narrative influences whether an individual has a desire to get better or if they do not want to get better.

It is not science or a doctor who is in control of the patient; it is the patient who is in the driver's seat, except for emergency care. Examples in this thesis will demonstrate how personal narrative can be fooled by science and how science can be fooled by personal narrative.

The research around thought will start from the 1900's up to the development of neuroplasticity. There are several positive and negative examples involving personal narrative, placebo effects, pharmaceutical drugs, and electromagnetic field.

There will be a discussion of personal narrative and brain development, and what a difference a thousand genes make. There will also be investigation of central dogma and how personal narrative may override genetics due to genes, proteins, personal narrative, the stress response, and protein and cell receptors.

One unique finding with the research is that the term scientific may have a new meaning because some of the results cannot be explained scientifically. If humanity does not know how the earth was formed in reference to science, then how can humanity state that anything is scientific when it is based on a nonscientific beginning?

Since the personal narrative cannot be proven as being totally scientific, there is one word that can possibly explain it; that word is faith. Further research is needed in reference to faith and the relationship that it plays with personal narrative. Examples will

be shown where spontaneous healing occurred possibly as a result of personal narrative connecting with thought, mental, and emotional, which ultimately affected the physical body.

Individuals need to understand that he/she must have faith in what they choose for themselves. From examples in this research, it appears that individuals receive what they desire. Sometimes, it is a life or death decision for the individual. The faith to know and the wisdom to understand the difference, when to look up for help or look inside themselves for help.

"The shoe that fits one person pinches another,
there's no recipe for living that suits all cases."
Carl Jung

This statement was written by Dr. Jung, a psychiatrist born in 1875, stating that one method doesn't exist that fits every individual. Examples in this thesis will show that no two individuals have the same personal narrative, therefore making everyone unique.

Was Dr. Jung's thinking based on scientific proof or was it a philosophy statement? One hundred and forty-five years later, a new question needs further exploration. "What came first? The disease or the disharmony in the personal narrative, which created the disease?"

Although there may be a group of individuals that disagree, I still believe from my experience, that the individual knows what the best choice is for them due to faith.

DEDICATION

I am thankful for all my past experiences that have led me on this journey called life. Starting with my parents, who are only a memory now, I can still hear their voices as they guided my upbringing. At some point in life, it is true for all of us, that we will be a memory to those that we love.

The true value of this thesis is that it provided a way to express much of what I believe in. We are all placed on this earth to improve mankind in one way or another. It is important for every person to know that within themselves there is something that needs to be expressed. It is simply a matter of believing in oneself and taking the time to find the calmness within instead of the chaos. When a person comes from within, they never go without.

I could not have completed this thesis without the help I received from Dr. Gaetana Kopchinsky. Dr Kopchinsky was not only my mentor; she was my trusted advisor. With her guidance and support though out this journey, I was able to complete this research with a feeling of accomplishment which will remain with me for the rest of my life. I will always appreciate all the sacrifices in her personal time to improve my personal life.

I would also like to thank Dr. Maximillian Orsini for his insights and learnings as I went through this process.

Anthony De Canto D.C May 2020

CONTENTS

Introduction

For over the forty years of my professional experience of seeing patients, and through my observations of society as it relates to health, there appears to be an increase in general sickness. I believe today's medical model is missing or ignoring other aspects outside of the current medical norms that can improve the understanding of human disease. This lack of knowledge is affecting all nations of the world. Understanding of the many factors of the human condition prior to the physical manifestation of a condition or illness must be examined to include what leads to and brought on the condition.

The only constant in the universe is change. This applies to all aspects of our existence from the first day of birth to death. Some changes are a benefit to society, while others are a detriment. A major situation that society is faced with today is disease; chronic, acute and terminal, i.e., cancer, diabetes, arthritis, heart disease, auto-immune disease, depression, obesity, dementia, and many more illnesses.

As society moves forward with new discoveries, the field of Medical Humanities is also evolving. There are new diseases being discovered with unknown causes. Contributing factors can be influenced by water and air pollution, environmental changes, quality of food sources, emotions and other aspects that influence our physical bodies. This in turn effects an individual's personal narrative as they experience daily life.

This thesis is a journey to create a new understanding of the personal narrative. Chapter 1 introduces the evolution of thought. Chapter 2 discusses Evidence-Based Medicine and examples from my professional practice which illustrate how positive and negative thinking affects well-being. Chapters 3 through 6 explore the meaning of the

personal narrative with examples of phenomenon involving the four aspects of the personal narrative. The electromagnetic field and the link to personal narrative and the mind is discussed in Chapter 7. The needs and wants of a patient in relationship to well-being is explored in Chapter 8. Chapter 9 has the data, findings, and results from the eighteen interviews conducted with a variety of health care physicians/providers. Chapter 10 is the conclusion of this research.

Underlying Crisis

The understanding of human disease consumes all nations. Although the comprehension of illness includes many factors, including socioeconomic, psychological and biological, there is still something missing from the current medical model. There is a lack of understanding as to all the factors that contribute to an illness or disease state.

Although the government and the pharmaceutical companies spend billions of dollars each year to alleviate diseases, cures either do not work or have not been found that bring all patients back to optimal health. There is something missing from the present model of health care since health care is failing so many patients. Still with all the efforts of improving our medical model by new research, new pharmaceuticals, and new protocols, society is still losing the battle.

Forty Years of Professional Experience

As a result of over forty years of professional experience, I believe that the current medical model is missing a major component of understanding the whole patient. As my own questions grew in my practice, I realized that there was a lack of answers from the medical world. I was forced to search for my own answers. It took years of

experiences of working with patients to form my observations, included in this body of work.

What I believe is missing from the medical model is the understanding that a patient's thoughts are linked to their well-being. Due to their thoughts, conditions manifest and eventually are exhibited in their physical body. I believe a patient's health is linked to their personal narrative which includes socioeconomic, psychological and biological factors.

This lack of understanding of the relationship between personal narrative and disease is the gap in the current medical model. It took years of experiences with chiropractic patients before I witnessed a phenomenon that changed my life and my belief system. I began to understand the value of personal narrative as it relates to a patient's well-being.

This realization occurred September 23, 1982, and it began my journey to explore this further. A six-year old boy, accompanied by his mother, entered my office as a new patient. The major complaint for the visit was the boy's asthma. As a chiropractor, I obtain a patient history and examination before administering any type of treatment.

In my chiropractic education, we were trained that 80% of a diagnosis comes from personal history. I always took a specific in-depth history. The unique factor in this case of the six-year old boy was his history. After the general history of the child, his mother made a very specific and interesting statement. She said, "My son can bring on an asthma attack."

As I was going home that day, I was thinking about that six-year-old patient. That night, when I went to bed, something occurred that had not previously happened to me. In the middle of the night from a deep sleep, I remember waking up and sitting up. I said out loud, “If he could bring on an asthma attack, why does he choose not to stop it?” That was the beginning of my road to this hypothesis. There must be a link between the individual’s thoughts and their well-being.

As I worked with thousands of patients after this experience with the young boy, I witnessed similar medical phenomena that have yet to be defined, accepted or verified by medicine. It took the combination of forty years of experience and learning to create validity within this hypothesis. The best form of learning in the eyes of the author is experience. Data from many patients, including observation, can lead to a different approach in thinking.

What Does the Medical World Need to Know?

The medical world and society needs to understand why one person can experience spontaneous healing, whereas another individual dies under the same conditions. How is personal narrative involved, if at all, with the individual’s personal outcome?

These narratives have directed me to the following four questions:

1. Is there a missing aspect in the medical model that can improve overall health in everyone?
2. Is there a hidden relationship between personal narrative as defined in this thesis and disease that has not been discovered as of today?

3. How does the personal narrative differ from a patient that experienced spontaneous healing, whereas another patient with the same disease does not survive?
4. Does the physician's personal narrative affect the patient's response to care?

Modern society operates on a philosophical hierarchy model in understanding disease where a patient needs to adhere to the physician's opinion and protocol with full acceptance and confidence. The physician is the authority that knows best. Many would label this ideology as a paternalistic mode of treatment. But often, this paternalistic approach fails to consider other aspects of healing and not just medicine. The medical world fails to look deeper into a patient's condition or disease to explain the underlying causes of aliments. Not all patient conditions are brought on the same way.

What is the medical model missing? Science and medicine create new drugs and new therapies to correct dysfunctions of the body. Yet, there a lack of scientific knowledge in medical research for understanding the cycle of the state of wellness to sickness. There needs to be an examination of what role the personal narrative plays from the first patient symptom to when there is a compromise in well-being and eventual disfunction of the body and health.

Science and medicine must create an experience that follows the lifecycle of a disease, not just from the physical aspect of the human body, but also from the energetic aspect (thought, mental, emotional, and physical.) It is important to identify how disease begins and what brings it on.

The Personal Narrative

A simple definition of a personal narrative is each person's story from birth to their current state. I believe that the modern medical model does not understand the value of the personal narrative as explained in this thesis. The medical model today presents itself in the following way: an individual has a medical situation and decides to pursue a medical intervention. The individual has a choice to visit several different doctors depending on their symptom(s). There are several types of skilled professional modalities and therapies in the healing arts that might be sought out, such as a medical doctor, cardiologist, psychiatrist, psychologist, urologist, a neurologist, etc.

There is a current shift in patient care where time and economics tend to have priority over patient care. The doctor will recommend a certain protocol that the patient must follow; from pharmaceutical intervention, to instruction for altering the patient's diet, to physical therapy, to some form of home treatment, to possibly various complementary healing arts.

What is the medical model missing? As medicine is challenged by the battle of well-being verses treatment of diseases, there are still different forms of alternative healthcare professions being created. Most of the alternative healthcare professions offer some benefit to this unhealthy society because if there was no benefit to the individual seeking them out, they would not exist in our society.

Although, there is a wide range of alternative healthcare professions from meditation to homeopathic, several of them have something in common; they do not include a medical or pharmaceutical philosophy to obtaining well-being. From my

experience, I realize that most of the alternative healing arts use one or more of the four aspects of the patient's personal narrative; thought, mental, emotional, and physical. Due to my witnessing of over forty years of professional experiences and patient interactions, I have created a new understanding of personal narrative.

In this thesis, there will hopefully be a new introduction and understanding of what the thought, mental, emotional, and physical means in connection to personal narrative and well-being. This new meaning of personal narrative in relationship to the thought, mental, emotional, and physical will be called "The Big 4."

The following will explain how I am defining "The Big 4." All individuals have a unique personal story that starts from the day they are born to their death. The following explanation will demonstrate the connection of "The Big 4" to a patient's well-being:

The first aspect of "The Big 4" is the thought. Before any person can do anything in life, the person first thinks a thought.

The second aspect of "The Big 4" is mental. It is almost impossible for any person to have a mental picture of anything without first having a thought and then processing the thought. It is the mental aspect that processes the thought.

The third aspect of "The Big 4 is emotional. For any person to produce an emotional feeling, that person must first have a thought which produces a mental picture, which then produces an emotion that relates to the meaning of the mental picture.

The fourth aspect of "The Big Four" is in the physical which cannot be created without the first three aspects; thought, mental and emotional. It is impossible for any person right now to have a feeling of stress without the individual first having a thought

that created a mental picture that created the emotion of stress, which then produces the chemical response affecting the physical body.

First Example of "The Big 4"

Society is quite aware that disease and poor health is a constant battle. Through my personal experiences, I have realized that each aspect of "The Big 4" plays a role in an individual's well-being. The way a person thinks influences how their body will function and thoughts start the cycle of "The Big 4." As an example, if someone is running late for a meeting, their thoughts will be focused on not making it to the meeting on time. These thoughts then lead into the second part of the individual's personal narrative which is the mental aspect of processing thoughts. Questions such as, "What is going to happen to me if I am late?" and "What will be the consequences?" overtake the individual. This mental thinking will then create in the individual's personal narrative the third aspect of "The Big 4," the emotion in the body. The thoughts of being late create stress in one's mental thinking which produces a chemical response in the body. This response results in the fourth aspect of personal narrative, the physical. In this example, stress has a negative input on the physical body which negatively affects the well-being of the individual.

What separates everyone's personal narrative from others is how they process the four aspects of "The Big 4"; the thought, mental, emotional, and physical. As a result of each personal narrative being completely different, this will also affect their well-being differently. Since each person processes "The Big 4" differently, each person will have a different understanding of what well-being means to them and how it will affect them.

Second Example of "The Big 4"

As a second example, there are four customers in a bank doing their banking. At a moment's notice, they find themselves in a highly stressful situation, like a bank robbery. A customer might act emotionally by crying, another may act out physically by fainting, another will become mentally challenged and make irrational decisions like attacking the thief, while another may get on their knees to pray to God.

In that moment, each expression of behavior, relates to each customer's personal narrative based on that person's understanding and processing of his or hers thoughts, mental, emotional, and physical makeup. For example, the customer who wants to attack the thief may have come from a family of police officers, while the individual who prays has an active church life. The person who begins to cry may be worried about a child in the car, while the individual who faints may live a sheltered life and has never experienced such a stressful event before.

Summary of Examples

When two individuals witness the same event, read the same paper, or even watch the same movie, both will not interpret the information in the same way. Every person will convert the energy of the outer experience of the event into a personal thought, which can have downstream effects on future decisions and human experience.

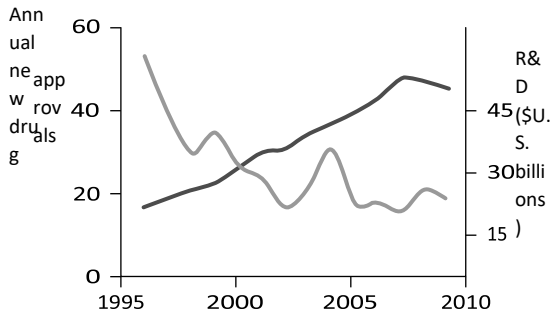
Each person will produce and create memories and actions through each new experience. All four customers in the bank example were part of the same experience, but each had completely different physical responses. If the personal narrative can create a

physical change in each of the four individuals, then it can also alter the individual's well-being. This will be demonstrated in this thesis.

Standard Way of Thinking

Since our knowledge is limited by our technology, scientific research is missing an essential measurement that can explain how one's personal narrative influences health; going from a healthy state to disease. Our medical model today is an art and a science for correcting disease, but not preventing disease. The standard way of thinking of medical intervention in our society has been to focus on one aspect of restoring health with an emphasis on treatment with pharmaceutical products. The belief that pharmaceuticals can correct all aspects of healing needs to be expanded because this current approach only affects one facet of "The Big 4," the physical aspect.

Pharmaceuticals alter the physical matter of the body by altering the chemical response within the body, therefore producing a new state of well-being. Brent R. Stockwell, a professor at Columbia University and author of *The Quest for The Cure*, states in his book that there is a shortage of new medicines. Brent states how we are possibly approaching the end of the pharmaceutical age in Figure 1.



Annual new drug approvals R&D (U.S. billions)

Figure 1. The shrinking number of new medicines. Shown are the number of new drugs approved (defined as new chemical entities, NCEs) by the U.S. Food and Drug Administration (gray line) and the amount of research and development funding by the U.S. pharmaceutical industry each year from 1996 to 2009 (black line). Despite a significant increase in research funding, the number of new drugs has plummeted, indicating a fundamental barrier exists to creating new medicines. Data sources: Pharmaceutical Research and Manufacturers of America, Pharmaceutical Industry Profile 2010 (Washington, DC: PhRMA, March 2010), 26; Hughes, B., 2009 FDA drug approvals. Nat Rev Drug Discover 9, 90 (2010).

The problem with a pharmaceutical approach is it only alters the physical aspect of the body through chemical responds, not the site of the disease. The physical body is the last step in "The Big 4." Science needs to research the other three aspects of the personal narrative; thought, mental, and emotional.

New Crisis in Medicine

There is a new crisis in medicine and the pharmaceutical world; that is, lifestyle diseases. It is difficult for patients to change their lifestyle and habits because these have become intertwined in their personal narrative. They look for quick results and fast cures without putting effort into their personal results. Everything is at a fast pace and personal choices have an impact certain disease.

Some of the major health problems that turn deadly in this country have something in common…following a poor diet. An individual's choice of food and how

they obtain nutrition can impact their health and can possibly bring on disease and possibly an early death. Nutrition choices have a direct link to the physical aspect of personal narrative in one's life. For example, the average American eats too much sugar annually. For some, this leads to diabetes, for others it has no affect. Some Americans may choose to eat meat daily which might bring on heart disease, a heart attack or another health complication. For others, there is no negative affect the quality of their health. In my practice, I have heard many times over the years, "My father always ate sugar/meat/hot dogs/etc. and he died of old age." I believe this is due to personal narrative.

In Chapter Three, I will show an example of a patient that unconsciously chose to be overweight to prove her love for her grandfather based on her personal narrative which affected her well-being.

Smokers and Twins

When two lifetime smokers consume a similar number of cigarettes and one succumbs to lung cancer, while the other does not, can it be their personal narrative that made the difference? When identical twins do not contract the same disease while living in the same environment could it be because of their thinking in relationship to their personal narrative and not genetics?

This is also true for individuals living in the same environment but succumb to completely different diseases. It is important to research the role of thought in an individual's personal narrative in reference to an individual's well-being. There is a gap

within science that fails to understand the underlying effects of personal thought and how it influences physical health.

Data Mining versus Data Design

In Chapter Nine, there will be discussion on the four aspects of personal narrative in reference to results learned from a questionnaire involving personal narrative of healing professionals. The reason for conducting these interviews was inspired by Dr. Steven Novella of Yale School of Medicine, who stated in an online course, *Your Deceptive Mind: A Scientific Guide to Critical Thinking Skills*, the importance of research & data mining. Dr. Novella talks about creating data because data is king. Data mining is looking at all the data for a pattern of results (Novella 2012).

This concept of data mining will be explored examining data from eighteen different health care professionals that were interviewed by the author of this thesis. The questions asked of these professionals focus on economics, emotion, thoughts, physical, faith, belief, positive attitude, and other aspects pertaining to personal narrative. The results of the interviews will result in eighteen different data patterns looking for factors of the personal narrative influenced by the doctor, patient, or both.

The author of this thesis believes there is a flaw in data mining, unless you use both deductive and inductive reasoning. There is no accurate way to measure the effects of thought in well-being or disease. Science cannot measure with accuracy how much pain one person is experiencing or their emotions.

With the research of personal narrative, the term data mining may need to be changed to data design. There must be a new method of measuring and understanding the

four aspects of personal narrative; emotional, mental, thought and physical. This research must start with data being addressed differently. A different perception of data must be employed to determine the validity of the research and project. With current methods, there is no scientific way of measuring thought, thus making it difficult to prove that personal narrative affects well-being.

Thesis Statement

This dissertation will explore the multi-dimensional approach of Medical Humanities, particularly through narrative as a means of unfolding and examining the relationship between thoughts and the patient's narrative and its potential effect of the human process. Is the individual story of the patient a critical factor in how and if they will recover from trauma, disease or injury? If so, in which ways does personal narrative dictate whether they are susceptible to and or suffer from certain diseases?

When we look through a Medical Humanity lens, we hopefully observe the phenomenon of thought as an integral part of the physical healing process that may be better clarified with expanded research and study. Further exploration of achieving improved medical situations from inner thought processes of patients can hopefully further this phenomenon.

Chapter One

Does Society Change Thought or Does Thought Change Society?

As stated previously in the introduction of this paper, the only constant in the universe is change. This chapter describes the evolution of personal narrative in reference to thought from the 1930's to today. A basic understanding of the evolution of thought is needed to have a full comprehension of personal narrative. As society evolves with new knowledge, there is also an evolution to the consciousness of society. This is an on-going process when new information is introduced in society which has an effect on the way individuals process personal narrative.

An individual cannot think greater than what they experience during their lifetime, unless they think outside the box, which is not common. For example, Socrates and Plato did not have the knowledge of the workings of DNA and RNA because the evolution of thinking had not reached that point of discovery in their lifetime. This information was discovered by Francis Crick and James Watson in 1953 (Parry and Dupre 2010).

Through my professional experience, I believe that thought is influenced by two things as it becomes part of an individual's experience; the landscape occurring in society and how the individual processes what is going on in society. Each individual's personal narrative will determine how a situation will affect their well-being.

If a person believes in something, that belief system is limited, unless society has the same belief system. Also, if a person believes that they can get better, but does not

have support from family members or others that they value, a change in their well-being will be more difficult to accomplish than if they had full support of their belief system.

Through the ages, a question like, “Does your thinking affect your health?” would produce different responses based on when this question was asked. The answers received may not be based on a truth, but what the individual believes is the truth during their time in history.

For example, in the 1800’s, if someone contracted a disease, knowledge at the time influenced their perception of the illness. In the 1800’s, for an illness that we currently label as lung cancer, symptoms were linked to what they had knowledge of without having the scientific understanding that we currently have as to what caused the disease. Society at that time could have attributed the illness to a dysfunction in their belief system. For example, maybe God was punishing that individual with the disease. There was no information about DNA or other contributing factors that may have caused the disease, due to the lack of scientific knowledge. During this time, there seemed to be more emphasis on the what people believed in and the relationship to personal narrative.

Communications and Individuals

Due to hands-on procedures that I included in my treatment protocol, which included touching and communicating with over 400,000 patients over the past forty years, I experienced an energetic connection with my patients. As I researched my hypothesis of personal narrative affecting well-being, I came to realize that an individual’s voice has power.

I noticed that many of my patients would respond to my voice instead of their own voice. If I would say to a patient, “You will be in more pain tomorrow,” most would be in

more pain. If I would say, “This procedure may cause a little discomfort,” most of them felt discomfort because they responded to what I told them.

Over time, I learned to never to ask a patient, “Are you still in pain?” because it gave certain patients an opportunity to complain even though they might have been feeling better. Instead, I modified the question that I asked to “How much improvement do you have?”

I realized that the patient’s personal power, in reference to their personal narrative, diminished because they lost their ability to think for themselves. Because of this, one of the aspects of “The Big 4,” thought, mental, emotional or physical, was altered due to outside influences on the patient, i.e., living in a family that complained about everything, a family that experienced diseases, constant advertisements to get a flu shot during flu season, a religious belief, or a number of other reasons or past experiences, created and directed their personal narrative.

The Evolution of Thought Changes Society

There are two aspects as it relates to thought; the thought itself, and the evolution of the thought manifesting in the physical world. Once a concept is accepted by society or within a family unit, it will expand quickly throughout the individuals of the society or the family unit.

An example of the evolution of thought manifesting in the physical world is the creation of the first airplane in 1903, which took hundreds of years to produce (Bells 2019). After the initial concept of the airplane was produced, the creation of other types of airplanes were numerous. In1930, the turbojet engine was designed, and a patent was

awarded in 1936. It took the evolution of thought twenty-seven years to create the jet engine after the initial creation of the first airplane (Bells 2019). These same principles are involved with the evolution of thought. When something is achieved negatively or positively, an individual's personal narrative can be surpassed, weakened, or strengthened.

As more individuals in a society start to understand a different perception of health, there will be a switch in understanding the strength of their personal narrative and how it affects their well-being. As society evolves, so does the consciousness of the thoughts of the individuals who live in that society.

Change Through Desperation or Inspiration
Crisis Can Create New Thinking

In my research on personal narrative, something unique was discovered as it pertains to the evolution of personal narrative and well-being. When an individual has some type of crisis or has been personally involved with a crisis, they may have a major shift in their personal narrative creating a positive result. As I discovered in the six authors that will be presented in this thesis, when individuals experience either desperation or inspiration, it can affect their personal narrative.

In some cases, their desperation created their inspiration. Their individual crises shaped their lives because it created the beginning of a new understanding of thought. In the case of some of the writers below, their new understanding of their personal narrative shifted their belief system. The shift in their personal narrative shifted their consciousness

which in turn affected their well-being. This raised their understanding of their personal narrative and became part of the journey to neuroplasticity.

The Journey of Positive Thinking to Neuroplasticity

The following is a list of writers, who are involved with the evolution of thought in this thesis. Their research and findings will further investigate correlation of the role of personal narrative in an individual's well-being by building from the concept of positive thinking to neuroplasticity.

I chose this group of writers because each writer played a major role in changing society. The introduction of positive thinking to where we are now with neuroplasticity and an understanding epigenetics illustrates how these writers choose to think outside the box, which is uncommon for most individuals. The six writers are Normal Peale, Dr. Wayne Dyer, Louise Hay, Dr. Bernie Siegel, Dr. Joe Dispenza, and Bruce Lipton.

Norman Peale
Introduction of Positive Thinking

Normal Vincent Peale was the first to bring the concept of positive thinking to the general public which created a milestone for the next writer. In 1937, Peale co-founded the foundation that involved Psychiatry and Religion American with Milton E. Erickson. The foundation incorporated both Peale's knowledge of positive thinking with problem-solving techniques, along with Milton E. Erickson's knowledge about psychotherapeutic methods (Capps 2009).

The foundation of Peale's beliefs about positive thinking were based on God. He was one of the first authors to make the association between positive thinking and improvements in one's quality of life and well-being. His thinking connected personal narrative to well-being in the form of positive thinking. Peale's most popular book was *The Power of Positive Thinking* where he stated, "You do not need to buy anything, you can have peace of mind, improved health, and a never ceasing flow of energy. In short, your life can be full of joy and satisfaction" (Peale, The Power of Positive Thinking; 1952). Peale believed that an individual's well-being comes from within themselves. Peale's early books explain a process for achieving an optimistic outlook on life by following three steps to change a personal narrative; "prayerize, picturize and actualize" Peale, Power of Positive Thinking; 1952).

In a second book, "*The Amazing Results of Positive Thinking,"* Peale tells a story about a woman who was getting bad thoughts. She called them "black thoughts" and she was hospitalized due to this problem. A friend gave her a copy of this book. After reading the book in the hospital, she changed her personal narrative by adding positive thinking to her life, as well as adding prayer and reading the Bible. This patient developed a new thought pattern due to what she learned from the book. When she had a black thought, she visualized that she changed the thought into a black lump of coal. Along with God's help, she then visualized that she cast the piece of coal into a bucket that was placed in her room. When she left the hospital, a nurse sent Norman Peale the miniature coal bucket that the patient used in this procedure (Peale, The Amazing Results of Positive Thinking; 1959). Peale created an awareness within the masses regarding a connection to all aspects of life and the power of positive thinking.

Second Writer
Wayne Dyer

Dr. Wayne Dyer's took Norman Peale's concept of positive thinking one step further by stating that everything is within you and that you come from within to find happiness. Due to early hardships, living in a Detroit orphanage for ten years and later a fatherless home life, it affected his personal narrative, Dr. Dyer's was inspired to explore the meaning of happiness in his life's work (W. Dyer, The Official Website of Dr. Wayne W. Dyer 2008).

One of Dyer's major beliefs is that a person cannot find happiness outside of themselves. Happiness can only come from within oneself and the way that individual chooses to think. This inner understanding within the individual brings happiness when that individual decides to have happiness. Work ethic, relationships, and everything that an individual chooses to do, can only bring a true sense of happiness if that individual chooses to bring the happiness within them (Dyer, Happiness is the Way 2019).

Dyer points out how personal narrative affects one's well-being in his book "*Change Your Thoughts, Change Your Life.*" This book is about living the wisdom of the Tao based on *Tao Te Ching,* a Buddhist book on wisdom. Dyer states that someone overcame a life-threatening addiction by reading verse 81 from the Tao over 100 times (Dyer, Change Your Thoughts, Change Your Life 2007)

At the close of "*Change Your Thoughts, Change Your Life*," Dyers states how the "81 verses unexpectedly increased his personal sense of awe and incredulity concerning the power and vast wisdom in this ancient classic" (Ibid.; 387).

There is one major aspect about personal narrative and well-being that Dyer stresses. Dyer always references the first aspect of "The Big 4" of the personal narrative which is thought. He states, "Always keep the thought of God's abundance in mind, and if any other thought enters your mind, replace it with that of God's abundance" (Dyer, The Power of Intention 2004). Every person's first thought should be pure and love. From my professional experience, the processing of the pure love, the first part of "The Big 4" will determine the well-being of that individual.

Although Dr. Dyer helped millions of people with the evolution of his concept, I consider it to be very limited as of today due to the new understanding of personal narrative and well-being. In his book, "*Happiness is the Way*," Dyer stated six things that you are not:

1) You are not your body.
2) You are not your mind.
3) You are not your occupation.
4) You are not your relationship.
5) You are not your country, your race, your religion, or any other labels that you have placed upon yourself.
6) You are not your name (Dyer, 2019; 54-57)

To correlate the contribution to society of Peale and Dyer regarding the evolution of thought, Norman Peale introduced positive thinking to the masses while creating the milestone for Wayne Dyer's work to build from. Dyer introduced to society the concept that "everything is within you." Dyer taught that an individual's overall thoughts of positive thinking, no matter what their circumstances are, comes from within each person; happiness comes from within. This concept then turned into a milestone from which others could build from.

The next writers will demonstrate how each aspect of "The Big 4" is being expressed.

Third Writer
Louise Hay

Louise Hay made a major shift in the personal narrative. She was a metaphysical teacher, minister of Science of Mind, and author created an important evolution of thought that stated that the mental aspect of an individual's thinking creates a physical change in their body (Hay, Louise Hay 2010). Her writing increased awareness between personal narrative and the body-mind connection (Hay, You Can Heal Your Life 1984).

Hay takes personal narrative further than Peale and Dyer. She stated, "The thoughts that we think and the words that we speak creates our experiences" (Ibid.; 225).

Cancer to Health in Six Months

Louise's tragedy as a child was living an impoverished and unstable life while being sexually abused, battered and raped as early as five years old and throughout her teen age years. Louise said that this abuse is the reason she manifested cervical cancer (Hay, Louise Hay 2010).

The following information was taken from a recording on Louise Hay's website timeline. On the audio, Louise speaks about how she dealt with her diagnosis of cervical cancer. When she was first diagnosed with cervical cancer, the medical profession recommended surgery within three months. Louise did not want to follow this medical path for treatment. She believed that by clearing the mental pattern in her mind, she would not need to undergo the surgery. She only had three months to complete her healing to avoid the surgery (Hay, Louise Hay 2010).

Louise took full responsibility for her healing by investigating and reading every alternative healing procedure in gaining knowledge and insights to heal her cervical cancer. The correlation to "The Big 4" is that Hay took full responsibility for her disease. She did not count on outside forces to change her well-being, She knew that she had to start to love herself, and to clear and forgive all the resentment that she has held within her body throughout her life. This included all the anger and all the blame of being a battered and sexually abused child. Louise stressed that it is imperative that all the blame that she is holding in her body had to be released to become healthy again (Hay, Louise Hay 2010). By altering her first two aspects of "The Big 4," thought and mental, and through forgiveness, she changed the last two aspects of "The Big 4;" emotional and physical.

This is demonstrated by Louise's work which highlights four steps regarding personal narrative as it affects well-being in relationship to post-traumatic stress and trauma in general:

1. The negative memory replays in one's thoughts constantly during the day and as dreams at night; re-running the event.
2. The trauma affects the personal narrative by the individual avoiding situations and places that remind them of the negative event.
3. Thoughts of blaming oneself or the world.
4. Thought affect the adrenal glands, and hormones which affects the individual's wellbeing (Hay, Heal Your Mind; 2016).

Louise Hay's milestone was that one's thoughts can bring upon self healing. She proved this was possible by healing herself from cancer. With this increase in

consciousness of thought in society, it led the way for individuals to discover the full potential within themselves for personal growth and self-healing (Ibid.; 225).

Hay involved all four aspects of "The Big 4" to healing and proved this was possible by healing her cervical cancer in three months. The thought aspect of "The Big 4" by meditation, the mental aspect by imagery, the emotional aspect by forgiving the people that hurt her, and the physical aspect by hiring a nutritionist.

Fourth Writer
Bernie Siegel

"And therefore, if the head and the body are to be well, let's begin by curing the soul, that is the first thing."

Plato (Siegel, The Art Of Healing 2013)

Dr. Siegel being a medical doctor created a major shift in personal narrative and well-being. I see Dr. Siegel as combining the world of medicine with the world of thought. Siegel describes how he became a better healer in *The Art of Healing.* Siegel basically states that his understanding of "the nature of life" was the result of his own personal belief system. Siegel included in the personal narrative to follow results of his personal experiences working with patients and their families which had both positive and negative results (ibid.; 2).

Siegel's Philosophy

Siegel's personal philosophy was to always have an open mind and to learn from past experiences, making him a better healer and thriving to understand and seek knowledge (Siegel, Art of Healing 2013).

Dr. Siegel always asked one question, "How does the invisible become visible?" (Siegel, Art of Healing 2013: 1). The way that Siegel phrased it was that "The invisible that lies within our mental, emotional, physical, and psychic body" (Ibid.; 2). I believe that Siegel is referring to the power of thought.

A Major Shift Within "The Big 4"

The major shift that Siegel created assists with the understanding of "The Big 4". Our "inner harmony" which is partly expressed through moods, feelings and symptoms is not based on what's happening "internal" of us. (Siegel, Art of Healing 2013; 2) This statement is very powerful because from my professional experience, most patients are taught, and have come to believe a different philosophy that help comes from outside their body, not from their own power within their own personal narrative. Consequently, when a mother gives a five-year-old a pharmaceutical drug for a symptom, the child's personal narrative will be that he/she is not in control of their own well-being.

Due to Siegel's knowledge of medicine, he looked at personal narrative in a different way. Instead of excluding the personal narrative from a patient's medical protocol, Siegel expressed it should be included to understand the patient's overall well-being. Siegel emphasized that belief by the statement, "Self-healing, that ability given to us by our Creator, has long been neglected by medicine" (Siegel, Peace, Love & Healing;

1989, 2). Siegel stressed to include medicine in the patient's protocol when it is required in health care. Siegel stated that, "We cannot understand the disease, unless we understand the person who has the disease" (Siegel, Peace, Love, & Healing 1989).

The following example demonstrates how Dr. Siegel is using "The Big 4" so that the patient is in control of their well-being. If a patient had cancer, Dr. Siegel would give the patient crayons and paper and ask the patient to draw how they see themselves healing. If the patient showed in their drawing receiving chemotherapy, then Dr. Siegel's would use that in creating a treatment plan for that patient. This is important because the patient is choosing their treatment from their personal narrative, not the medical world (Siegel, Peace, Love, & Miracles 1986).

The summary of the four authors above brings the simple thought of positive thinking, the first aspect of "The Big 4" to the masses. This positive thinking was then expanded by creating the understanding by Wayne Dyer that all thoughts comes from within and that every individual has the potential within them to use thought in any way they feel is right. Louise Hay built upon the work of Peale and Dyer and used the four aspects of "The Big 4" to heal herself. Siegel, being a medical doctor, expanded this understanding to the masses shifting the consciousness of societies by teaching that it is not possible to understand the disease of an individual unless you understand that individual and their personal narrative.

Fifth Writer

Dr. Joe Dispenza

The evolution of the next level of thought that influenced personal narrative was illustrated by the personal experiences and writings of Dr. Joe Dispenza. In April 1986 Dispenza, a twenty-three-year-old was hit twice by a four-wheel-drive Bronco going 55 miles an hour and then was hit again as he laid on the pavement. The Bronco kept coming towards him during the biking portion of a triathlon (Dispenza, You Are The Placebo 2014).

Dr. Joe had six broken vertebras and suffered from several neurological systems, including pain, numbness, tingling, loss of feeling in his legs and difficulties controlling movements. The surgeon told Joe that he needed surgery immediately. The procedure would include an implant of a twelve-inch stainless steel Harrington rod held in place by metal screws on each side of his spinal column (Ibid).

Going Home No Surgery

Joe did something amazing because of his training as a chiropractor, hypnosis, and the power of thought. Instead of having surgery, he decided to leave the hospital. Joe went to the house of two chiropractic friends, where he spent the next three months.

Joe was on a mission. His mission was to heal. Dispenza realized that he had all the time in the world laying facedown all day. During the three months, Dr. Joe created a new understanding of personal narrative and well-being. The procedure Dispenza created as a result of the accident is now used world-wide by millions of people (Dispenza, You Are The Placebo 2014).

In April 1986, nine and half weeks from the date of the accident, Joe walked back into his life. He never experienced any surgeries or wore a cast of any type. Joe reached full recovery even though three orthopedic surgeons recommended surgery and a Harrington Rod which is a support that is place in the spine to stabilized it. It is made of surgical stainless-steel surgical (Ibid.).

Ten weeks after the accident, Joe was seeing patients. At twelve weeks, he was back training and lifting weights. Joe states it has been over thirty years since the accident and he can honestly say that he never had back pain. jHe is also aware that he could never go back to the same life, he was changed in many ways (Ibid).

Joe accomplished something that would be considered a miracle, curing his situation without surgery thus creating a new milestone in healing and personal narrative.

Sixth Writer

Dr. Bruce Lipton

Dr. Lipton added major validity to personal narrative and well-being through his research and experiences related to "The Big 4" hypothesis. Dr. Lipton's was a cell biologist at the University of Wisconsin School of Medicine. He performed stem cell research, which was groundbreaking at Stanford University.

"*Biology of Belief*" is Lipton's bestselling book. (Lipton, The Honeymoon Effect 2013). The major shift that Dr. Lipton created in the science was made in his statement that changed the world of genetics, "The genes we inherit from our mothers and fathers are not our fate" (Lipton, The Biology Of Belief 2015).

Lipton's experiments removed a major block in connecting personal narrative and well-being by increasing the evolution of thought. This was accomplished by creating a different understanding of science and genetics. As one of his experiments will demonstrate, even if science chooses not to accept the results, the results are still real. In doing the experiment, Lipton had this question in mind; "What controls the fate of the cells?" His finding, as he stated, were "mind blowing" (Lipton, The Honeymoon Effect 2013).

The Experiment

In 1967, Lipton began to experiment with cloning stem cells. He took one cell and waited until that one cell had divided into fifty thousand cells. It is important to understand that all these cells contained the exact same genetics. All fifty-thousand cells lived in a liquid environment which was like a mini aquarium. This environment was control by Lipton. When the cells reached fifty thousand in growth, he divided them up into three different cultured dishes with three different environments (Lipton, The Honeymoon Effect 2013).

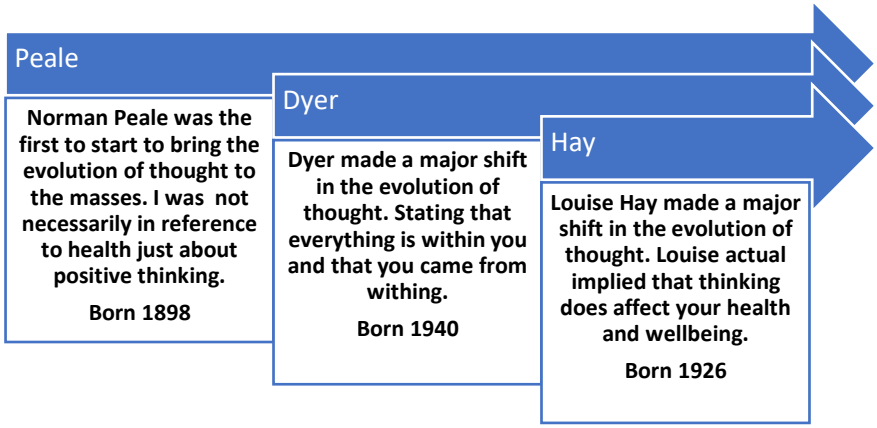
Since Lipton could control only the three distinct environments, he created three different environments for this experiment. One culture had the environment cells to form muscle, the second was bone and the third was fat. The finding was that each culture formed whatever the environment solution was directing, even though the initial cells all were genetically identical.

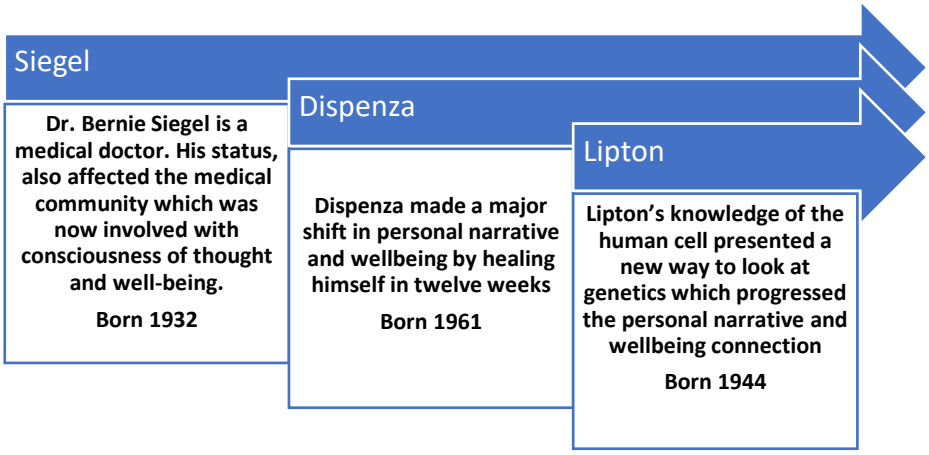
This experiment moves from the perception that genes control people and people are at the mercy of our genetics (Lipton, The Honeymoon Effect 2013). Therefore, it was

the environment that determined the results of the formation of the fat, muscle, or bone cells, not the genetics.

Dr. Lipton's contribution was that "you are not your genetics." This is a major consciousness shift for society. This will be explained in more detail in later chapters of this thesis (Lipton, 2005).

Below is a summary of the contributions of the authors presented.





Chapter Two

This chapter discusses the relationship of the pharmaceutical industry and potential patients. There will be examples of how a society may change when new thinking is introduced. This chapter will also introduce examples of "The Big 4" before further investigation in Chapter Three. Some of the examples will demonstrate how personal narrative can produce a positive and negative result in an individual.

Typical medicine-based protocol is based solely on scientific results. Information for this investigation is the author's exposure over forty-nine years in practice treating over 500,000 patients. At the time of thesis, the author continues to work with patients. Before the thesis explores the reason, the medical model is limited, readers need to understand the definition of medical humanities.

A Guiding Statement

Medical Humanities is an interdisciplinary field of medicine which includes the humanities (literature, philosophy, ethics, history and religion), social science (anthropology, cultural studies, psychology, sociology, health geography) and the arts (literature, theater, film, and visual arts) and their application to medical education and practice (Aull 2008).

Today's Medical Model is Limited

During the last twenty years of my forty-year professional practice, I became aware of society's changing perception of the medical model. In addition to patient care, medical establishments have adopted a business model that focuses on their profit and loss statements, the costs of managing their facilities, malpractice and office insurance,

payroll, and other expenses. Their primary focus is no longer solely the patient in their care. This trend is occurring in hospitals, diagnostic centers, radiographic centers, medical offices, and other health-oriented institutions all around the country.

Another major shift in the medical model, which affects every individual who seeks medical care, is the role of today's pharmaceutical industry. The pharmaceutical industry seems to have taken over the medical world by pushing their drugs through marketing and other means, while feeling pressures from competition and their own shareholders. These companies have a strong influence over what a physician might prescribe based on the persuasion of their pharmaceutical sales force, samples they provide and other incentives.

An example of how the current medical model presents itself is illustrated by a common scenario. When waking up one morning, an individual feels a little unhealthy, yet the condition is not life-threatening. This individual decides to pursue medical intervention, which is the common process when not feeling well. The individual has a choice to visit one or more doctors, depending on a wide range of symptoms he/she is experiencing. While each medical facility is independent, there are protocols that the patient must adhere to that could include filling out forms, providing a medical history, conducting a physical examination, lab tests and x-rays (if needed), and the prescription for pharmaceutical drug(s).

In recent years, these medical facilities are influenced by considerations directed by insurance companies which regulate what the medical facility can and cannot do with regard to treatment and patient reimbursement. Unless it is a life or death emergency, the doctor will usually write a prescription for a pharmaceutical drug(s), with a prescribed

number of dosages. The pharmaceutical drugs are designed to alter the function of a patient's physical body to relieve the patient's symptoms and to manage pain.

What is the Goal of the Medical World?

It appears that part of the goal of the medical world is to relieve patient symptoms through pharmaceutical drugs. What has been overlooked by many in the medical profession is the identification of what caused the symptom(s); that is, what brought on the illness or disease. For example, there are pharmaceutical drugs to raise blood pressure and drugs to lower blood pressure, depending on the patient's situation. With the rise of sickness and the decrease of well-being in general, it is time for the medical world to investigate other aspects that contribute to disease and illness such as examining how an individual's personal narrative affects health. For example, it seems to have been an easier approach to just prescribe medication(s) to alter the blood pressure without delving further into what brought on the condition, or an examination of the patient's habits or lifestyle choices.

Statistics on Usage of Pharmaceutical Drugs

As a chiropractor, it amazes me with today's technology and advancements in science that there are still failures in the development of new pharmaceutical drugs. Even with all the research and development that occurs before the drug goes to market, there are many side effects, complications caused by drugs reactions, and unexpected problems when using a combination of drugs. Although, the pharmaceutical companies try to down-play side effects, they are real and affect many people.

The cost to produce a new pharmaceutical drug could exceed $2.6 billion, which has more than doubled in the past 10 years. In comparison to costs from the year 2003, this is a 145% increase due to inflation (Mullin 2014).

According to a report on CNBC on April 30, 2019 by Berkeley Lovelace Jr., three major pharmaceutical companies reported the following earnings: Eli Lilly posted earnings revenue of $5.09 billion; Merck reported earnings revenue of $10.48 billion; and Pfizer reported earnings revenue of $13.12 billion. These pharmaceutical companies, and others, have a primary focus of keeping their earnings and profits high through increased sales. Sales are their primary focus. They look for ways to increase marketing strategies, create new drugs, and find new use applications for their existing pharmaceutical drugs (Lovelace Jr. 2019).

Results of a study completed in 2016 revealed that 2.9 billion prescription drugs were ordered by physicians. The 2.9 billion drugs that were distributed through 73.9% of office visits included analgesics, antihyperlipidemic agents and dermatological agents (National Center for Health Statistics 2017).

Between the years 2011 to 2014, studies showed that during a thirty-day period 48.9% of patients used at least one prescription; the number of patients using three or more drugs was 23.1%; and the number of patients using five or more drugs was 11.9% (National Center for Health Statistics 2017).

In 1998, the Journal of American Medical Association projected 106,000 deaths from prescription drugs. In 2016, it was estimated that the fourth leading cause of death in America was death by prescription. During this time, between 60% to 70% of all

Americans were taking at least one pharmaceutical drug. Drug production was the highest that it had been in 19 years of creating drugs (Schroeder 2016).

Statistics indicate that as many as 128,000 Americans die each year by the normal usage of prescribed medication. This is nearly five times the number of people taking heroin or overdosing on prescription painkillers (Schroeder 2016).

What Can Be Changed

Due to the number of deaths in America and the number of pharmaceutical drugs that Americans are now taking, there needs be a better way to increase well-being. This is where this research may shed some light on new possibilities.

A better system should be put in place for testing pharmaceutical drugs before they go to market. There are some experts that recommend independent research companies should test the drugs to reduce some of the conflicts pertaining to side effects, safety and effectiveness of drugs. Those who develop the drugs should not test them. The laboratory testing and the testing with humans in pre-clinical trials for all new pharmaceuticals should be completed by independent institutions and not the pharmaceutical company that developed the drug (Light, Lexchin and Darrow 2013).

Evidence-Based Medicine

What is practiced today in the medical world is called evidence-based medicine. It is defined as the conscientious, explicit, judicious and reasonable use of modern, best evidence in making decisions about the care of individual patients (Masic, Miokovic and Muhamedagic 2008).

Evidence-based medicine is when the clinician integrates the patient's values and the clinician's personal experiences. This is combined with the best research available at that time in making a clinical decision in the patient's care. For a physician, the practice of evidence-based medicine means they must be continually self-directed in problem-based learning; which includes caring about every patient in reference to their diagnosis, prognosis and includes the patient personal therapy and other health care issues (Ibid.).

Since science and knowledge in the medical field grows by leaps and bounds, every day it is up to the physician to keep abreast of new developments and to be exposed to new knowledge. This would involve for the healthcare professional to be able to read up a minimum of nineteen articles a day. That would be practicing evidence-based medicine (Ibid. 221).

Since the medical world's philosophy is evidence-based medicine and supports the pharmaceutical companies it seems that they both, the medical world and the pharmaceutical companies, would be major pundits against "The Big 4" hypothesis because it would diminish their profits and it would give personal power of well-being back to the patient. The medical world may overlook the examples and explanations that will be demonstrated in this thesis to protect their interests in keeping their current model of pharmaceuticals, keeping the pharmaceutical industry intact with high revenues, and adjusting their current viewpoint to a less scientifically based philosophy.

In this thesis, many of the examples are from actual patient observations, progress and results. There have been numerous incidences noted from actual patient progress due to their shift of their thinking which created a new state of well-being.

A Pivotal Time

We are at a pivotal time in medicine where disease is gripping the USA and the world. My personal belief is there is a better way other than prescribing pharmaceutical drugs to increase an individual's well-being. This can be accomplished by investigating and correlating the personal narrative in relationship to disease.

A factor in understanding the importance of personal narrative is the influence of positive thinking to wellness. Since this concept does not follow traditional practices, as indicated above, the medical community and the pharmaceutical community are expected to be major skeptics to my hypothesis.

It appears that the medical world believes that the current practice is the only approach to treating the human body. I agree that the medical world has a tremendous ability to increase well-being, but at the same time, my clinical findings suggest that personal narrative also plays a role in well-being.

My work suggests that there are multiple ways to obtain and maintain well-being. As witnessed in my practice as individuals learn more about alternative healing, there is also a shift in thinking regarding different healing professions. There must be a guiding statement and procedure that should be followed by all healing professions.

Is There a Connection with Positive Thinking?

Conventional wisdom tends to believe that when a person is thinking positively, it does not affect the physical world around them; it is only in their mind. As my chiropractic practice grew, I discovered different aspects to the science of healing. I treated both sick patients and patients who came for treatment to optimize their well-

being. I have several first-hand experiences with these two types of patients in reference to personal narrative.

This is a result of a chiropractic philosophy that a subluxation, or pressure on a nerve, will innervate an organ, gland, or system, to enable regenerative healing. Furthermore, the philosophy extends beyond physical observations as the individual story and underlying values of each patient needs to be carefully considered (Rosner 2016).

In my approach to Medical Humanities, treating the whole patient and not only one aspect of the patient, is the key to well-being. It is important to combine with traditional practices of patient healing with "The Big 4; thought, mental, emotional, and physical. The pharmaceutical industry mainly treats one aspect of "The Big 4:" the physical aspect. Some branches of medicine do treat other aspects of "The Big 4." A psychologist may only treat the mental aspect of patient, whereas a psychiatrist may treat the mental aspect and the physical aspect with pharmaceutical drugs.

As I experienced in my practice, an oncologist is focused on the physical aspect of healing but may not be concerned with other factors of life that the patient is dealing with, for example, that the cancer patient lost their child to cancer. The patient may also need to be treated on the thought level along with the physical aspect of their disease. There are many different combinations of approaches to treat the well-being of a patient, which will be explored and investigated in the following pages of this thesis.

Positive and Negative Attitudes

In my professional practice, there were patients who would have improvements in their conditions when they had a positive attitude. These patients would seem to improve

faster than those without a positive attitude. This appeared to be related to their own comprehension of their individual and internal thought processes, also known as their personal narrative. Many chiropractors attribute differences in patient attitudes as a fundamental aspect of healing.

During office visits with patients who improved, they would often have a markedly enhanced attitude and an appearance of confidence. Patients who did not improve often appeared resentful, sluggish and indifferent. I had thoughts that maybe chiropractic manipulation was limited and only improved patients through a placebo effect. But after speaking with colleagues who are acupuncturists, cardiologists and dentists, all three noted and shared similar experiences with patients. When patients started treatment with a more positive outlook and anticipation of their results going well due to treatment, they improved.

After personal experiences with my patients, I began to realize the magnitude of the power of personal thought. Measuring the effects can be challenging because the only way to understand what an individual is thinking is through anecdotal evidence and through the communication that someone chooses to reveal about their inner psyche.

What I have realized is when a person has a positive attitude there is a part of their personal narrative that created that positive perception. It is very likely that they would improve no matter what type of doctor they went to. A question to explore is, "Why does one patient have a positive attitude and another one does not?"

Thinking and Experiences

From what I observed through my professional experiences, one reason why all patients do not have a positive attitude is that science does not give credence to the power of thinking because thoughts cannot be measured in the same way as anything that has a physical aspect of being. What cannot be measured is not valued or understood by researchers and the medical community. The lack of scientific findings influences attitudes towards believing that something is valid.

The best form of learning from the author's observation is from first-hand experience. Data from many patients can lead to different understandings and perceptions. A commonality in all the patient's personal narrative is the following: Whatever the patient believes in at the time of their crisis directs them if their belief is truth or not true. This could involve cultural beliefs about spiritual causes of their illness (Weil, Spontaneous Healing 1995).

A study involving three hundred students found that seventy nine percent found that their religious beliefs have a significant effect on their well-being (Koenig, Spirituality in Patients Care 2013). This is also explored in forty-five studies were religion along with their purpose of life were examine. The results of that study determined that ninety three percent determined that an increased in religion created a more meaning in purpose of life (Ibid.).

As this thesis explores the personal narrative in reference to well-being, what is important is the ability for every patient to understand the healing potential within themselves. The following example will demonstrate how a personal narrative effected

the runner's world. The purpose of this study demonstrates what I discovered in my practice, as well as in a typical doctor-patient relationship.

Can Group Consciousness Shift a Society?

The following is an example of how the shifting of one thought in a society can affect the personal narrative within the entire society. In the athletic world of running, there was an obsession to break the four-minute mile. It was finally accomplished by Roger Bannister in May 6, 1954, who ran the four-minute mile in 3 minutes and 59.4 seconds. After Bannister broke the four-minute mile, the thought consciousness shifted that this was possible in society. John Landy also broke the four-minute mile within four minutes a few weeks after Bannister (Cavendish 2004).

On August 7, 1954, both Roger Bannister and John Landy were running together in the Empire Games in Vancouver, Canada. So the thought consciousness shifted that the four-minute mile was now achievable, the mind and body connection helped them perform the unexpected. They both set new records outperforming their one-time goal of the four-minute mile; Bannister come in at 3 minutes and 58.8 seconds (winning the race) and Landy came in at 3 minutes and 59.6 seconds (Cavendish 2004).

Raising the Thought Consciousness

It is obvious that both runners were in great physical shape. How this relates to the personal narrative is that once the thought consciousness was changed by Bannister when he achieved the goal of breaking a world record of the four-minute mile, within weeks, it was broken again with even better times by both Landy and Bannister.

What occurred was when one person, Roger Bannister, broke the four-minute mile, another runner could break this record and changed the personal narrative of other runners. The impossible was now possible and new goals were set by runners to beat the new record. Runners had an opportunity to change their personal narratives to include words like “If he can do it, so can I,” raising the consciousness of every athlete.

Example of Positive Thinking

The following research demonstrates positive thinking can create a physical response in the body. Early in my practice, I thought it was impossible for each patient to have a positive attitude. What I came to realize was each patient can choose to have a positive attitude or not. Through my research, I found a study that indirectly addresses this hypothesis completed by Dr. Guang Yue and Dr. Kelly Cole. Subjects created an image where they were using their muscles only in their thoughts and found their muscles strengthened without actual physical movement. Therefore, the thoughts of an image created in the mind can create change in the physical body.

The study consisted of two groups of subjects during a four-week period. The first group participated in actual muscle activity five consecutive days a week, Monday through Friday. The activity consisted of fifteen repetitions of maximum muscle contractions with a twenty second rest between each contraction.

The second group of subjects participated only mentally using visualization. They did the same activity as the first group, but mentally completed the muscle contractions and rest periods. During their mental workout, they said to themselves, “Harder, harder, harder.”

At the end of the four weeks, the findings were compared. The subjects who participated by physical activity had a thirty percent increase in muscle strength, while the subjects who participated using mental visualization had a twenty-two percent increase in muscle strength. This is a major finding because all that participated in this study, physically or mentally, had an increase in muscle mass (Yue and Cole 1992).

Connecting Consciousness with Science

The following two examples explore the concept of "The Big 4" in reference to well-being while demonstrating the connection of the study of consciousness with the study of science.

Example One

Living Longer - A Positive Effect

In the 1930s, a group of young women wrote personal essays about their lives. These writings were lost and disregarded until some sixty years later when three psychologists, from the University of Kentucky, discovered their personal letters. Deborah Dammer, David Snowdon and Wallace Friesen, the three psychologists, were conducting research on aging and Alzheimer's disease during the time that they found the writings. They studied the writings and scored the value of each of the personal essays on a scale in relationship to the quantity of positive emotions (Fredrickson 2003).

There were two unique findings in this study. The first finding was the positive emotions expressed in the writings seem to correlate with this group of women living ten years longer than typical life expectancy. The second finding was that this group of women were all nuns (Ibid).

This examination of the writings concluded that positive thinking leads to living longer; an important connection to "The Big 4." The reason I introduce this article is because of a specific finding in the research that the effects of positive emotions can create a pathway which can enhance life. As pointed out in this research, there are several studies on negative emotions such as anxiety, anger and sadness. The major reason why studies are focused on negative emotions is because it is easier to study symptoms, whereas it is difficult to study positive emotions (Ibid.; 333).

This article demonstrates the connection of part of "The Big 4" to well-being by the following finding. The article suggests that the increased life span of ten years for the nuns was because they were not under stress and not living in a "fight or flight" survival mode. Their emotions allowed them to stay in a positive mindset, with harmony in their physical state. This positive outlook was due to the way the nuns processed their life experiences which they based on the bible. This in turn, helped to shape their personal narrative which shifted "The Big 4." In this case, the nuns lived in harmony, not in a state of "fight or flight" which created positive emotions within themselves.

When an individual's body is in "fight or flight" mode, there are several physiological changes in the body; increased blood flow to the large muscles of the leg and an increase in thinking of survival. This would mean that the core of negative emotions would hold the individual in this state of survival mode until something shifts to alleviate the fear that put them in this state. The "flight or fight" response effects in a negative way all systems of the body (Ibid.).

This example demonstrates positive thinking has a direct effect on well-being. When the nuns kept a positive frame of mind, even in a negative environment, such as

they did not experience the harmful flight or fight reactions in their bodies. They were more concerned about personal growth and solving problems and not in living in a survival mode of fight or flight.

These findings in relation to the first two aspects of "The Big 4;" thought and mental, show that there was an increase in life span of ten years due to the correlation to well-being because of the attitude of the nuns without changes in their daily routine such as physical exercising, dieting or taking supplements. The opposite will be demonstrated in the next example.

Example Two
Thought Aspect Shifts the Physical Aspect

This example will demonstrate that the first two aspects of "The Big 4," thought and mental, can create a change in the last two aspects of "The Big 4," emotional and physical. An individual's past or present in reference to "The Big 4" affects their well-being.

In 1982, Anne E Becker, an undergraduate student at Radcliffe College, began her research in the Fiji Islands to research the eating habits of their society. Becker's findings concluded the eating habits of the Fiji culture were influenced by two factors; weather and their capability of catching fish. Since harvesting a good crop and fish are both so unpredictable, there were no guarantees of a constant food source to feed the families and individuals (Ireland 2009).

Since the food sources were unpredictable, it created a value system that related to the consumption of food in their culture. Becker noted that food played an important

role in the island traditions within families and communities. Due to this influence, prosperity was traditionally is associated with women having a larger frame and being more robust (Ibid).

Twenty years later, Dr. Becker, now a Harvard Medical School Psychiatrist & PhD, oversaw another project in Fiji from 1995 to 1998. This study looked at the effects of television in relationship to the cultural norms in Fiji. Television was not a part of the Fiji culture before 1995. The research evaluated the effects of television on behaviors related to eating disorders to find out how it was possible for a group of adolescent girls to alter their eating habits in a negative way without signs of physical changes or disease due to watching television.

By 1998, just three years after the introduction of television in Fijian, there was a major change in the eating habits of teenage girls in Fiji due to the images they were exposed to, which included seductive commercials and sexy soaps operas (Ireland 2009). The Western ideal of beauty and thinness was being adopted and clashed with the Fiji culture of that time. Before the introduction of television in Fiji, there were no eating disorders which were common in the West. It appeared that eating disorders occurred due to the altering of personal narratives, or some aspect of it from images seen on television (Becker, et al. 2002). Being exposed to television for three years resulted in 11.3 percent of adolescent girls reporting that to lose weight, they purged at least once in their lifetime.

In 2007, three hundred girls were interviewed. Findings showed the following:

1) Forty five percent of the girls had purged in the last month.

2) In some cases, girls used appetite stimulants which created a disorder called macake, which is a Fijian term meaning a disorder of suppression of the appetite.
3) Twenty five percent of the girls reported thoughts of suicide in the past year.
4) Due to the influence of television, fifteen percent of the girls reported physical attacks from a family member due to their weight loss philosophy.

Summary of the Two Examples

In reference to "The Big 4," there are two different scenarios demonstrated. In the first example, a positive result was illustrated because the nuns lived longer only by accessing the first two aspects of "The Big 4," the thought and mental. Whereas, in the second example with the young girls from Fiji, they accessed all aspects of "The Big 4," thought, mental, emotional and physical which resulted in a negative effect. Television altered thoughts, which affected the mental image of themselves, which then created a negative emotion and unhappy feelings about physical state, which altered body image. This demonstrates that personal narrative can affect well-being in a positive and negative way.

Understanding "The Big 4"

The objective of the writings from the previous pages introduced the reader to different aspects of medical humanities and the relationship with personal narrative by illustrating examples of thought as it contributed to personal narrative; thought altering muscle strength, decreasing the stress response and increasing longevity (nuns), and how outside influences like television, can affect thoughts of teenager eating habits (Fredrickson 2003).

Chapter Three

The New Meaning Of The Word Thought

There is an important concept that must be understood before further investigation of "The Big 4," it is the meaning of the word "thought" that also creates a mental image simultaneously. For example if a person has a thought of a bleeding ulcer, at the same time, a mental image of what he/she thinks a bleeding ulcer will look like will be created in their mind.

The word "thought" will be used to refer to the first aspect of "The Big 4" only. The mental image will be considering the second aspect of "The Big 4." In this thesis, the word "thought" is only one aspect of the thinking process that describes an individual's overall thinking pattern from the inception of the thought to when it becomes the outcome of the thought.

As an example, the action of moving one's left index finger begins with the thought of moving the left index finger, which then triggers neurological and other pathways for the left index finger to move. This simple example illustrates thought is the trigger that can create movement because of a connection from the brain to the body to create movement. Therefore, this thesis will investigate the concept of thoughts and their influence and effect on well-being.

How a thought first originates is a mystery in science, yet the progression of a thought, without weight or volume, can create a physical change in an individual's body. This intangible thought is the first step in creating something tangible in and through the human body.

The following explanation of "The Big 4" is how I perceived it from my experience in my professional practice. This is the way it will be investigated in this thesis by exploring the concept that thought can create a response in the body in reference to well-being.

What this investigation discovered was there is a correlation with personal narrative and thought as the result of the electrical and magnetic fields of the individual. Examples will demonstrate a phenomenon that requires further investigation regarding the connection of personal narrative affecting well-being. The following is a four-step outline which will be followed by an explanation formulated by the research and investigation of personal narrative.

The Meaning of the Personal Narrative in Relationship to The Big 4

The Image of a Tiger

An Outline of "The Big 4"

First Aspect, Thought: As an example, when an individual is asked to picture a tiger in their mind, what happens? In the first stage of the thought, the individual will think about what a tiger represents to him or herself. During this processing stage of the thought, the thought is completely intangible, therefore the thought has no weight or volume and it cannot be measured.

Second Aspect, Mental: At this point of the thought process, the individual now can picture a tiger in their mind and that creates a mental picture. As the thought enters the second aspect of "The Big 4" (the mental), this is where the non-tangible thought starts to become tangible because now a mental picture is formed in the mind. Although it

cannot be indirectly measured by science, research does indicate that thought can be measured when it involves a mental picture. This will be presented shortly.

The Third Aspect, Emotional: The individual now enters the third aspect of "The Big 4," the emotional aspect. Revisiting the example of the tiger, it is the second aspect, the mental picture of the tiger that determines the emotions that the individual will choose to experience. This depends on how he/she processes the mental picture, due to their past experiences.

Fourth Aspect, Physical: Many individuals will not have an emotional response to the mental image of a tiger when they know it is not real and it will not affect the physical aspect of "The Big 4." But, if an actual tiger was standing in front of the individual, the situation would be very different. The individual would experience a fight or flight impulse, which would take over immediately, resulting in an altering of the individual's physical body. These changes are due to the chemical changes in the physical body by the emotion felt, such as increased heart rate and breathing, dilated pupils, pale or flushed skin and trembling also a decrease immune system (Cherry 2019).

Details of "The Big 4"

A question that should be pondered is, "How does thought, with no weight or volume that cannot be seen, that cannot be touch or measured, create a physical change in the human body?" The possibility that personal narrative can affect well-being on both a nonscientific and a scientific level will be explored.

Knowledge of science and technology in measuring thoughts is limited. Science does not know with certainty where a thought originates. There needs to be a consideration in science to further explore the existence of thought affecting well-being.

Do thoughts originate within the brain or outside the brain? Are there thought receptors on the brain, or in the brain, is the whole brain a receptor? There are many questions to be answered as this research continues. Even though thought cannot be measured and is intangible, the phenomenon of thought is expressed every day, by every individual.

Electromagnetic Fields

This research discovered that "The Big 4" involves introducing the concept that the human body contains an electromagnetic field. The human body is electrical in nature and contains electrical charges with the help of sodium, calcium, potassium, and magnesium which makes it possible to move, think and feel. Electricity is required by our cells to conduct electrical currents used by the nervous system to send signals in the brain and throughout the body (Plante 2016).

The electromagnetic field plays an important role in personal narrative as realized in this research, yet research has revealed it would be very difficult to evaluate personal narrative in a purely scientific way. This is due to the limited knowledge about the interdependency of the electromagnetic fields and relationship to the human body. Therefore, this exploration will have to include information on the energetics of individuals and groups.

Conventional wisdom concurs that thoughts exist even though science cannot measure it. On the other hand, the first phenomenon discussed will demonstrate how thought can influence the consciousness of a society even though science cannot measure it. This is vital because even though science cannot measure thought, there is an electrical impulse that creates the thought.

At MIT's McGovern Institute for Brain Research, Charles Jennings, Director of Neurotechnology states, "We are limited in our ability to record individual human neurons" (Dougherty 2011). He states the one exception is during surgery, where the brain is exposed. Upon showing the patient either words or pictures, there is a measurable response recorded. The response, likely a result of the use of oxygen, is carried in the hemoglobin which can be measured by functional MRI. Jennings compares seeing a single neuron to trying to see a car from an airplane; it is difficult to see the individual car except for when there are many cars during rush hour traffic. (Dougherty 2011)

Although I agree with Jennings to a point, I cannot accept his overall conclusion. Science does not know where thought originates. What this research confirms is that when a thought enters the brain, it is magnetic in nature which can be proved by the functional MRI which measure magnetic fields.

Jennings overlooks what I consider an important point about thought; it is electrical in nature. This research is also supported by Dr. Joe Dispenza, who states thoughts are the language of the brain which are electrical in nature and emotions are the language of the body which are magnetic (Dispenza, You Are The Placebo, 2014).

Dr. Dispenza believes that the way the brain communicates with the environment is through thought which is electrical in nature. In contrast, the way the individual body

communicates to the brain is through emotions which are the language of the body and are magnetic in nature (Dispenza, You Are the Placebo 2014).

Electromagnetic Field Compared To Aura

As a side note about the energy of a personal narrative, I realized during my forty years of experience and working with patients that the human body besides being an electromagnetic field is also an aura. These two systems, apparently of different vibrations, work together to create the energy field that we called an aura. An aura is a combination of psychic components and psychic impulses in a living organism. The human aura was first discovered in early Egypt, Greece, India and Rome. In the 1900's, medical diagnoses were conducted on the human aura to see any correlation (Mucha 1985).

Studies show that the human body contains both electrical and magnetic fields. Therefore, your personal narrative is a combination of your electrical and magnetic energy fields. The magnetic field in the body was demonstrated by a non-invasive technique called magnetoencephalography. This process was used for investigating neuronal activity in the living human brain. A noninvasive stimulation of sites in the cerebral cortex can be detected from magnetic field distribution (Hamalaineen 1993).

Analyzing "The Big 4"

The following pages will demonstrate phenomenon in relationship to each aspect of "The Big 4." This may help the reader understand the concept of how personal

narrative may affect well-being, even though as of today, science does not have the knowledge to either prove it or disprove this hypothesis.

The following phenomena represent the "The Big 4" philosophy. It is often said personal narrative generally means an individual's story. At the same time, with this investigation of "The Big 4," it is important to point out that each aspect of "The Big 4" builds on the aspect before, except for the initial thought. For example, an individual cannot create a mental image in their body without first having a thought to create the mental image. Also, an individual cannot have any motion without first having the mental image created by the thought. In turn, a positive or negative physical response in the body needs the involvement of "The Big 4" aspects of thought, mental, and emotion.

Below is a summary of the phenomenon in relation to "The Big 4":

- Phenomenon one and two refers to thought
- Phenomenon three and four refers to the combination of thought and mental
- Phenomenon five and six is the combination of thought, mental, and emotional
- Phenomenon seven and eight is the combination of thought, mental, emotional, and physical

Phenomenon One

Relates Only to the Thought Aspect of "The Big 4" Which is Electrical in Nature

The Sept 11, 2001 Effect

This phenomenon will demonstrate how thoughts can influence society on a massive scale. This data supports the first aspect of "The Big 4" by demonstrating a result observed from a mass of people starting through observation on a small scale with one individual thought affecting one's well-being.

Most Americans remember the exact place and time where they were on September 11, 2001 when over three thousand individuals died due to the terrorist attack on the World Trade Center. On that day, Americans were united emotionally with thoughts of sadness and grief. A phenomenon was created one year later September 11, 2002.

One year after September 11, 2001, the lottery numbers chosen for the Pick Three Lottery in New York City on September 11, 2002 was "911." Was it a coincidence or was it due to a critical number of humans all consciously thinking 911? Due to conscious thinking, it affected the lottery resulting in the number 911 being drawn on that day one year later (Paulos 2019). Although this cannot be measured scientifically or be considered a coincidence, it still occurred and has value in the investigation of "The Big 4."

If thoughts are electrical and cannot be measured, how did this incident occur? The consciousness of all humans, in America and all over the world, who experienced and were affected by the events of the day, in person or by accounts in the news, all focused on the same mental image. Due to millions of people all over the world, all having a mental image of despair, may have created a collective consciousness that left an electrical blueprint in the world consciousness.

Phenomenon Two

Relates Also to the Thought Aspect of "The Big 4"

Sam Long - Shoe Salesmen

Our thoughts can often bring about the very outcome we wish to avoid. Sam Long is a perfect example of this outcome. In 1970, Long, a retired salesman lost his wife in a flood. Six months after her death, he was diagnosed with metastatic throat cancer which was considered a virtual death sentence in the 70's. Diagnostic testing revealed that the cancer had spread to the entire left lobe of his liver.

Shortly after his diagnosis, Long met a woman who offered to care for him throughout his illness, so they married and moved to Nashville. In Nashville, Long came under the care of oncologist, Dr. Clifton Medle. During a hospital stay, Dr. Medle asked Long what he wanted from his remaining days. Long explained that he wanted to live long enough to experience one more Christmas with his wife and her family. Dr. Medle promised to do his best to get his patient to have one last Christmas. Surprisingly, over the course of the months leading up to Christmas, Long began showing incredible improvements which amazed Dr. Medle. Long made it through Christmas, and by all indications, his health had taken an unexpected turn for the better, until Long died on New Year's Eve. But what was particularly fascinating about this case was what Long's autopsy revealed.

His liver had a much smaller tumor than was originally seen in the diagnostic tests. The tumor would not have contributed to his death. Also, his throat cancer had completely disappeared. His throat was cancer free. How then could his death be explained when he was getting better from the treatments he received? It is possible that

Sam Long died, not from his medical condition, but rather because he thought and believed that he was going to die right after Christmas. This example spurs us forward with important discussions about the role of thought, healing, and disease. (Lipton, Biology of Belief 2015)

Summary of the Thought
The First Aspect of "The Big 4"

The main summarization of phenomenon one and phenomenon two is on the one hand it could be a coincidence drawing the lottery numbers "911." On the other hand, the collective consciousness on some level of the electrical facet of thought in all humans one year later altered the random picking of three numbers to those three specific numbers. This could be from massive number of individuals thinking of 911 on the anniversary of the tragedy. They were all connected by thought, the first aspect of "The Big 4." The Sam Long example demonstrated how thought can affect well-being on individual level. In his case, it was fatal.

Phenomenon Number Three
Relates to Thought and The Mental Aspect of "The Big 4"
The Seven Second Delay

Phenomenon three investigates the validity of the second aspect of "The Big 4, " the mental. This research will demonstrate the shift from a non-tangible thought, to a mental image which can be measured, identified and demonstrated scientifically. The importance of this phenomenon is for the first time a non-tangible thought can now be measured scientifically.

The following example demonstrates how an intangible thought starts to enter into the tangible world and can be measured. Therefore, it may be possible that it can alter the physical body. Research has demonstrated the brain decides what action the body will take seven seconds before the body knows what action it will take. In a research study in Germany, participants were asked to push a button with either their left or right hand. During the study, the participants had a fMRI scanning their brain. By observing the activities of the micro patterns in the frontopolar cortex of the brain, the researchers could predict seven seconds before the subject became aware of their decision of which hand they were going to use to push the button (Soon 2008).

The Shift from Words to Symbols

Research from Jeanne Achterberg demonstrates an important point in "The Big 4" hypothesis in the concept with the personal narrative philosophy. From information in the book "*Imagery in Healing*" by Jeanne Achterberg, Achterberg feels that when you have a message in the form of a thought, the thought must be turned into a mental image. The mental image should be a symbol which must be understood by the individual. This symbol must be communicated to the person's inner self; the subconscious of that person. These images must be assembled to produce a mental image (Siegel, Peace, Love, & Healing 1989).

This mental imaging could demonstrate the value of personal narrative and well-being by stressing the empowerment of the individual enabling better decisions to be made that feel right for them. When the individual listens to their inner self, their

narrative will have an increased understanding of their body's needs and an overall better effect on their well-being (Ibid.; 8).

Phenomenon Four
Relates To Thought and The Mental Aspect of "The Big 4"
The Hundred Monkey Affect

The following examples indirectly demonstrate how the first two aspects of "The Big 4," thought and mental, can alter behavior and possibly the well-being of humans and other species. In 1952, on a Japanese island, scientists studied macaque monkeys. A scientist introduced the monkeys to a new food, sweet potatoes. The scientist then studied how the monkeys' interacted with this new food item, especially how they washed the sweet potatoes. Slowly, the new behavior adopted by the monkeys spread to the younger generation of monkeys through repetition and observation (Frazier 1991). This may have been the first expression of epigenetics and/or neuroplasticity, which will be discussed in a later chapter.

This research illustrates that change occurred in the monkeys when the hundredth monkey demonstrated the behavior of washing the sweet potatoes. The hundred monkey affect is a hypothetical phenomenon that occurs when a critical number within a group exhibits an idea or a new behavior. The new idea or behavior spreads rapidly through unexplained reasons to all related groups until a critical number is reached. For the macaque monkeys, it was at one hundred monkeys when they demonstrated the specific behavior. The number varies depending on the species to create a change in that species (Ibid.).

Summary of the First and Second Aspect of "The Big 4"

Thought and Mental

At this stage of research, there is an important observation regarding the first two phenomenon regarding the thought and mental aspects of "The Big 4." As described by Dr. Joe Dispenza, these two aspects are electric in nature and now can be measured by fMRI. This finding demonstrates the beginning of the conversion of a thought, from being non-tangible and electrical, to being measured magnetically by fMRI.

The seven second delay illustrated in the button pushing example created a shift from a non-tangible thought to being measured by fMRI. This demonstrated the creation of a non-physical thought being altered to a tangible mental image because it created a change in an individual's brain and physical body.

The mental aspect of "The Big 4" being measurable by functional MRI, leads to the third aspect of emotional. As this research investigates emotional, the third aspect of "The Big 4," it will now include the magnetic aspect of the electromagnetic field of the human energy field and the magnetic field of the earth.

The Third Aspect of "The Big 4" Emotional
Points of Importance Before Investigating

As described earlier in the chapter, thoughts are the language of the brain and are electrical while emotions are the language of the body and are magnetic. The investigation now enters the magnetic facet of the human body, the emotional aspect of "The Big 4."

Phenomenon Five

Relates to the Thought Mental and Emotional Aspect of "The Big 4"

A Twenty-Six-Year-Old Female and a Hershey Bar

In my practice, I experienced many examples of how the personal narrative plays a role in a patient's well-being. This phenomenon occurred in my personal practice and demonstrates how thought creates a mental image which then affects the emotional aspect of the personal narrative.

Patient History: An overweight 26 years old female came to my office with complaints of indigestion, always being hungry, stress, and depression. She complained of digestion problems and craving fats in the form of peanut butter and cheese. She also said she needed to eat a Hershey bar every day.

There are many aspects to this patient's personal narrative. For the purpose of this thesis, I will focus only on her key statement that she "needed to eat a Hershey bar every day." This was the important statement in reference to her personal narrative. Why would this patient need to eat a Hershey bar every day, and what did the Hershey bar represent to her?

As I worked with this patient, after a few visits, we started to break down the walls of her personal narrative. From the time she was a young little girl, everyday her grandfather would walk her to the bus stop. Upon her entering the school bus, her grandfather would hand her a Hershey bar.

There was a connection between this patient, her grandfather, and the Hershey bar. The connection became part of this patient's personal narrative which affected her well-being throughout her life up to the time of seeking treatment. What was discovered

was that this patient's love connection to her grandfather was transferred to the Hershey bar. The thought of the Hershey bar produced a mental image creating the emotion of love that she felt toward her grandfather.

Upon her grandfather's death, this patient's personal narrative changed drastically. Since her grandfather was no longer present in her physical life, she altered her personal narrative by eating a Hershey bar every day. This was her way of maintaining and justifying a connection between herself and her love for her grandfather.

This thought, the first aspect of "The Big 4," created a new mental image because her grandfather was no longer physically in her life. This patient connected the first and second aspects of "The Big 4" to create a new emotional aspect by eating a Hersey bar every day to maintain an emotional connection to her grandfather.

Since her love on the emotional aspect overpowered the first two aspects, thought and mental, in this case there was a negative physical response which resulted in her being overweight. She chose to eat the Hersey bar every day because her love for her grandfather was more important to her than love she had for herself.

Phenomenon Six
Relates to the Thought, Mental, and Emotional Aspect of "The Big 4"
Geosynchronous Environmental Satellites
Magnetic Field

As this research investigates the third aspect of "The Big 4," it was discovered that there is a possible connection of the emotions of humans to the magnetic field within the human. This phenomenon demonstrates the possible connection of the magnetic field to emotions as mentioned previously by Dr. Joe Dispenza.

The United States of America has two satellites that are called GOES, Geosynchronous Environmental satellites, located in the northern hemisphere and in the southern hemisphere. The purpose of these satellites is to monitor the earth magnetic field and send back data. Throughout the years, the data would fall within a range that is common for the magnetic field of the earth. This all changed on September 11, 2001. On 9/11, scientists witnessed data that they never saw before; a spike in the magnetic field of the earth. With further investigation, scientists realized that the first spike of the magnetic field of the earth occurred 15 minutes after the first plane hit the tower (Kiger 2011).

Another study that can be attributed to the results of an altered electromagnetic field, also occurred on September 11, 2001 at Princeton University. One Princeton researcher believes that on 9/11, when the towers were hit, so many people around the world were affected in some way that the all the collective mental energy altered the operations of computers. These findings were produced by The Global Consciousness Project and could be controversial in the scientific world.

Summary
Third Aspect of "The Big 4"
Emotional

To understand and investigate if personal narrative affects well-being, there must be scientific research regarding the aspects of the electromagnetic field that connects it to personal narrative. At this time, technology cannot determine or measure that connection, but it does not mean that it does not exist. There are electromagnetic fields that play an important role in personal narrative and can affect an individual's well-being.

Each of the aspects of "The Big 4" builds onto the previous aspects. This means that the emotional aspect will be based on the way the individual processes the thought and mental aspect. As observed in the Hershey bar phenomenon, the patient related the emotion of love to the Hershey bar. This thesis does not explore how something occurs; it is to investigate how personal narrative effects one's well-being in terms of "The Big 4" construct.

Phenomenon Seven

Relates to Thought, Mental, Emotional, and Physical Aspects of "The Big 4"

Worried to Death

Nick Sitzman was married with a wife and two children. He was healthy and ambitious, but he was also known as a notorious worrier. He feared and worried about the worst thing that could happen.

He was employed by the railroad and worked with a crew. On his foreman's birthday, the employees were told that they can leave early. In the chaos, Sitzman was working in a boxcar that was refrigerated and was accidentally locked inside. As Nick tried to open the door, he panicked. He banged the door so much that his fists began to bleed. His voice became hoarse, and he worried about freezing to death.

When they found Nick next morning, he was dead. They found a knife where he wrote on the wooden floor that he was starting to freeze, and he felt like parts of his body were getting numb. The autopsy results showed that Nick had all the signs that his body froze to death. At the same time, what was interesting was that the refrigeration in this boxcar was not functioning and the temperature was fifty-five degrees (Mikkelson 2014).

Nick altered his physical state by his thoughts. His mistaken thinking that he was in danger in a frozen boxcar caused his death. The power of thought can change the physical body. In this case, thought created a situation where a person died due to his mistaken perception of the situation.

Phenomenon Eight
Relates to Thought, Mental, Emotional, and Physical Aspect of "The Big 4"
Becoming Younger By Thought

The following is an excerpt from Chapter 4 of Dr. Joe Dispenza's book, "The Placebo Effect On The Body:"

In September 1981, a group of eight men in their 70's and 80's participated in a study in a monastery in Peterborough, New Hampshire. It was a five-day retreat in which they pretended to be 22 years younger. Psychologist Ellen Langer, Ph.D. headed this study from Harvard. What was unique about this study was that the monastery was set up and recreated with everything that was popular in 1959. It was a total re-creation including publications from 1959 like the Saturday Evening Post, Life magazine and music from Nat King Cole and Perry Como.

The men only had discussions about current events from 1959, such as Russian Premier Khrushchev and his relationship to the United States, as well as leaders such as Fidel Castro and his rise to power in Cuba. Discussions around sports involved only the great athletes of that time, such as Mickey Mantle and the boxer Floyd Patterson.

By altering their surroundings, the subjects felt that they were living in the '50s. This helped the men imagine that they were twenty-two years younger. What was important in this first group of men is they were constantly thinking of living during 1959

because of the environment and their thoughts and conversations with the other men in the study. For much of the time, their conscious minds were transformed back to 1959, but at times they might have been thinking about their homes and family.

After the five days of the study, the first group of men left and a second group of men came into the experiment. The second group of men were the control group. They were asked to actively reminisce about being 22 years younger, but not to pretend that they were not their current age.

After the two groups spent five days each in this experiment, data was compared. One common feature was that both groups of men were physiologically, functionally and structurally younger. The major difference was the first group of men who pretended that they were younger improved more than the control group who only talked about being younger.

Other improvements noted were improvements in their height, their gait, and their weight. As their spine straightened, some subjects became taller. Also, as their posture improved, their arthritis appeared to lessen. Touch football became part of their activities. At the end of the five days, some subjects stopped using their pain medications.

The ratio of improvement in mental cognition for the first group who pretended that they were living in 1959 was sixty-three percent over the control group which was forty-four percent. Although both groups changed their physical body, some subjects altered their body chemistry along with mental changes. They were transformed to a younger state both physically and mentally (Friedman 2015).

Summary

Fourth Aspect of "The Big 4"

Physical

The summary of the fourth aspect of "The Big 4" illustrates that the results of the individuals involved were strictly due to their personal narrative. In the case of Nick, his personal narrative created a response in his physical body due to thoughts, mental and emotional stress. As for the group of 70-year-olds, being in an environment where their thoughts, mental and emotions allowed them to believe that they were young again, affected their physical body in with positive outcomes.

Other Examples of Electromagnetic Fields

Mentgen states that noninvasive and non-manipulative techniques with healing touch are, "Believed to use the electromagnetic field of the practitioner's hands to clear, energize, and balance the human and environmental energy fields, and therefore, affects physical, emotional, mental, and spiritual health and healing" (Mentgen 2001).

The National Center for Complementary and Alternative Medicine (NCCAM) states energy healing does work. The modalities of the bio field consist of two types; measurable called veritable, and those that cannot be measured called putative (Hart 2011). Energetic healing can be expressed in many forms such as healing touch, Reiki, Integrated Energy Therapy (IET), and as demonstrated in Nursing's Healing Touch (Taranto 2011).

With this basic knowledge, there will be a better understanding of why energy healing works. Some sources have different names for this energy. Rogers, a nursing

professor and theorist, states that the energy fields are part of the human being and can be called the fundamental units that sustain life; a universal life energy. A patient's health is compromised when there is a change in the flow of energy from due to a blockage (Hart 2011).

Mentgen states that noninvasive and non-manipulative techniques with healing touch are, "Believed to use the electromagnetic field of the practitioner's hands to clear, energize, and balance the human and environmental energy fields, and therefore, affects physical, emotional, mental, and spiritual health and healing" (Mentgen 2001).

Chapter Four

In this chapter, there will be an introduction of how the brain participates in the connection of personal narrative, well-being and the subconscious and conscious mind. There will also be an introduction of brain patterns in the development of a child with examples of personal narrative ("The Big 4") and the effects on well-being.

To understand the connection between well-being and personal narrative, neuroplasticity and epigenetics, there must first be a discussion about the subconscious and conscious mind. This investigation indicates that both the subconscious and the conscious mind play a major role in an individual's personal narrative in relationship to their well-being.

Although the following examples reveal a connection with neuroplasticity and epigenetics and the affects to well-being, there will still be groups of people that will not accept the connection of personal narrative and well-being due to the lack of scientific evidence as we know it today.

Your Mind and Your Personal Narrative

The human brain had to alter itself to conserve energy as the brain developed through evolution by creating the subconscious and conscious mind while functioning to maintain human life. Imagine if every person had to constantly think about every function in their body, it would be impossible to function daily as a human being. The individual would be engrossed in keeping themselves alive; therefore, not accomplishing anything else in life. The subconscious mind processes four hundred billion bits of information per

second, twenty million environment stimulus per second, and one hundred thousand chemical reactions per second (Vambrock 2013).

The subconscious and the conscious mind have two completely different functions and are working together in the individual's overall function of the body and mind. Ninety-five percent of the mind is in a subconscious or even an unconscious state of being. The remaining five percent is the conscious working against the ninety-five percent of the subconscious mind resulting in inner conflict. Although someone might think positively, it is the unconscious body chemistry that has been remembering and memorizing whatever negativity the individual has experienced during their life that works in opposition to their body and mind (Dispenza, You are the Placebo 2004).

Inner conflicts occur pulling the subconscious and conscious in opposite directions. Thinking, feeling and behaving in a certain familiar way to the individual, reinforces the unconscious programs that reflect in the individual's personality and their personal reality. Personal narrative relates to well-being because it is controlled mainly by the subconscious mind as described on the following pages (Hunter 2005).

Do You Own Your Baby?

Individual personal narrative begins from the first day of birth. This is also where the subconscious and conscious mind starts to form and brain waves move from beta to alpha slowing down the thinking brain.

From my experiences, the way an individual's personal narrative can possibly affect their well-being starts the day of their birth. A child's first seven years of life holds crucial milestones. Aristotle, a great Greek philosopher, once said, "Give me a child until

he is seven, and I will show you the man" (Richardson 2017). The following information will explain why this statement has validity.

There are five distinct brain waves patterns that a child goes through from birth to adulthood. These patterns play a major role in their individual personal narrative, "The Big 4." The five brain waves pattern are delta (ages birth to 2 years old), theta (2 years to 6 years) , alpha (6 years to 12 years), beta (12 years to adult) and gamma (varies in age). The brain is an electrochemical magnetic organ and researchers determined that it can produce ten watts of electrical power site (Kruizinga 2016).

The five brain waves patterns intertwine with each other. The following examples will demonstrate how the brainwave patterns can interfere with personal narrative and well-being.

Delta - The First Brain Wave Pattern

The Delta brainwave is exhibited from birth to two years old. It is the slowest recorded brainwave that produces restorative sleep and deep levels of relaxation. Delta waves are related to unconscious functions such as the digestive system and regulating the cardiovascular system. High levels of Delta waves can indicate ADHD, while in contrast, low levels can indicate poor sleeping habits. When a child is in Delta wave, the outcome is a child with a healthy immune system. Rapid eye movement sleep is restorative in nature (Kruizinga 2016) .

Theta - The Second Brain Wave Pattern

The Theta brain wave is exhibited from ages 2 to 6 years old. It is unique because it is the suggestive brain wave which means the child is in a hypnotic state, i.e.,

daydreaming in the form of sleep. This brain wave exhibits a relaxed open mindset. It is also linked to feeling deep and raw emotions. High levels of Theta waves can create bouts of depression, ADHD, hyperactivity or impulsive actions. At an optimal range, Theta allows the for a connection with creativity and intuition (Lucid 2019).).

Alpha - The Third Brain Wave Pattern

The Alpha brain wave, which is exhibited from ages 6 to 12 years old, creates a bridge connecting thinking from Theta (the second brain wave pattern) to Beta (the fourth brain wave pattern) of the mind. Alpha waves can calm an individual while encouraging a feeling of deeper content. High levels of Alpha can result in not being able to focus, daydreaming, and an over relaxed state. Low levels of Alpha create anxiety, OCD, and stress. At an optimal range of Alpha, brain waves would lead to perfect relaxation (Ibid.)

Beta - The Fourth Brain Wave Pattern

The Beta brain wave, which is exhibited from ages 12 years old to adult, has a high frequency and is exhibited in the conscious state of awake humans. This is the brain wave that is used for calculations, cognitive reasoning, reading, speaking and thinking. In situations that tend to overwhelm an individual, like strenuous periods of school or work, increased Beta brain waves lead to anxiety and stress. Beta waves are also increased by drinking caffeine and other stimulants which increase anxiety in the individual. Overactive Beta waves can induce Alpha blocking by allowing the body to react with an increased state of heightened cognitive arousal.

The Beta state is known as “get shit done” state. At an optimum range, Beta will have consistent focus, high problem-solving ability, and a strong memory recall (Ibid.).

One study demonstrated a connection with excess beta activity with attention deficit/hyperactivity disorder with some demonstration of temper tantrums (Clark, et al. 2001).

Gamma - The Fifth Brain Wave Pattern

In the past few years, Gamma waves have recently been discovered in the field of neuroscience. This is an important factor in the evolution of "The Big 4" and the possible connection to well-being because the understanding of the brain is constantly changing. Gamma waves process healthy cognitive function along with processing complex tasks. The Gamma wave is a binding tool for learning and processing memories and processing new information from the five senses. Individuals with mental disabilities have lower levels of Gamma activity, whereas high Gamma activity leads to a strong ability to go into meditation. There is a link in Gamma wave and a heighten state of being where an individual can connect to feelings of completeness in their well-being (Ibid.). (Figure 4-1)

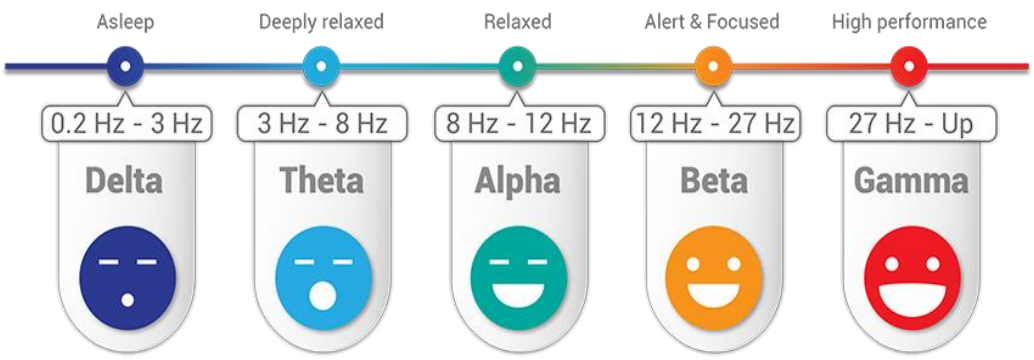


Figure 4-1. Summary of five brainwaves retrieved from Lucid website.

The Brain Waves And "The Big 4"

The importance of these five phases of brain development plays a role in one's personal narrative. As a child develops in their early years, that child will first process

each of his/her experiences in their conscious mind. Through repetition of an experience it will be imprinted in the subconscious mind (Vornbrock 2013).

For example, if a child while growing up was repeatedly told by their mother, "You will always be sick because your mommy is always sick," that will affect the child's subconscious and conscious mind compared to a child that was told that they were a very healthy child.

I have had the honor of treating third-generation patients. In one example, from my over 40 years in practice, a patient had three children. This patient was twenty-four years old when she had her first child, twenty-nine years old when she had her second child, and thirty-nine years old when she had her third child.

I noticed that a twenty-four-year-old mother did not treat her baby the same as when she was a twenty-nine-year-old mother, and even more differently when she was thirty-nine years old. Not only is the individual different as time passes, but in this case, my patient's circumstances were completely different than her first two children's births, because during her third pregnancy she became very sick.

The third child experienced a mother who was sick from the time she was born to her teenage years, thus affecting her personal narrative, "The Big 4", differently than her other two siblings who were raised with this patient being healthy during their young ages. This third child was always complaining of some aliment and was always seeking attention, whereas her older siblings did not seek the same attention. I remember during one office visit the third child told me that she was afraid that she would become sick like her mother. This was because during her brain pattern development, she perceived things

differently than her older siblings who grew up with a healthy mother. Although I lost contact with this family because everyone moved away, I formed this belief from my interactions with them over the many years of interactions with them.

The Subconscious And Well-Being

The subconscious mind has complete knowledge and awareness of every system in your body and encompasses all functions that are not conscious in that moment. The subconscious mind can absorb millions of bits of sensory information from the nervous system every second. It can process forty million bits of data per second which is running ninety five percent of your daily activity. The subconscious mind is stronger than the conscious mind (Lakhiani 2017).

The subconscious mind encompasses the awareness of all activities that the conscious mind does not choose to recognize. The subconscious mind is motivated by duty, not desire or enthusiasm. In my research, this is the one statement that has the most value in discovering if personal narrative affects well-being. This is because the subconscious does not know what is right or wrong, what is good or bad, or even what is positive or negative in the individual's life. This is a very important observation because this justifies why individuals make choices that only makes sense to themselves and not to other individuals. The subconscious mind can only respond to what the conscious mind imprints on it (Vornbrock 2013).

The individual's subconscious mind will never sabotage the person. It simply operates based on whatever was imprinted to the subconscious mind in the past, with no judgement of it being good or bad. The subconscious mind does not know how to

sabotage the individual even if the individual has a conscious awareness that he/she would like to change a situation (ibid.; 4).

This is a major observation because it explains why some individuals cannot move forward in their personal narrative and well-being. As an example, if an individual says that they want to stop smoking because they know that smoking is an unhealthy choice, it may be difficult for them to stop smoking depending on how their personal narrative was affected by their past experiences and family history.

In my practice, I saw a few patients experiencing this situation. When an individual chooses to stop smoking, it is only five percent of the personal narrative that resides in the conscious mind of the brain. The individual is only thinking about it but did not create a plan to stop smoking, thus not incorporating the other three aspects of "The Big 4" (the mental, emotional, and physical.) In my practice, I referred to this as "being in your head," which means that the individual is only thinking, but it did not imprint into their subconscious mind which is the other ninety-five percent of their thinking.

To clarify "being in your head," from my professional experiences, is when an individual did not fulfill the connection of all four aspects of the personal narrative; thought, mental, emotional, and physical. When the individual completes all four stages, they will move out of their head to their heart. That is what some complementary healing arts refer to as the heart-mind connection, moving from the head thinking to the heart.

There is a force of the subconscious mind that is so powerful that it can stop an individual from smoking or it can keep the individual smoking. Due to an individual's subconscious programming during their first seven years of life, either negative or

positive, it can create a subconscious program in them about smoking. This can happen because the subconscious has no understanding if something is negative or positive. The ninety-five percent, which is the subconscious, runs the programs in the brain created by past experiences. These programs are known as habits which can create a dysfunction in the perception of well-being. In some cases, creating a person who smokes.

Three Scenarios To Stop Smoking in Reference to "The Big 4"

Tom wakes up one day and tells his wife, "I am going to stop smoking." This is Tom's conscious mind speaking, which is only 5% of his thinking. His subconscious mind, which is 95% of this thinking, is really in control. Tom's subconscious mind has over thinking thoughts like, "Can I really do this? I smoked for twenty years. My friends say that I will never stop."

Scenario One
Failure To Stop Smoking

Tom is not quite sure if he can stop smoking. By that afternoon, Tom feels he is not fully committed to stop smoking. This is due to what he was thinking about all morning; all the times he tried to stop and failed, about his brother who he loves dearly who tried to quit and never could, all the people at his work who tried to quit and could not, his mother who smokes and is still alive, and his wife who is a smoker who has no intentions of quitting.

The subconscious mind, which is a dutiful servant, does not care about getting cancer or Tom's health, it will just do what has been imprinted in his thoughts and have

become habit. By late afternoon, Tom is smoking a cigarette thinking, “I had to be out of my mind thinking that I could stop smoking.”

Scenario Two
Halfway There

Tom is a little more confident that he can stop smoking. That morning, Tom was thinking about all the benefits of not smoking. Tom plans on joining a gym to start working out daily. He plans to tell his friends and family not to smoke or discuss smoking in his presence. He also decided to not takes breaks at work with people who smoke. With this scenario, there is a 50-50 chance that Tom will accomplish his wish to stop smoking.

Scenario Three
Tom Made It

Tom tells himself that he is one hundred percent committed to stop smoking. He writes a list of all the benefits of not smoking. He then makes a poster highlighting all the benefits from his list and he posts it on his wall. Tom makes copies of his list of benefits and places copies at work, in his bathroom, and even carries a copy in his wallet.

Tom makes an appointment with a hypnotist and a psychologist. Tom contacts his family medical doctor to combat the addiction to the nicotine. He also joins a gym to workout. He tells his wife that after he stops smoking, she will be next to follow in his footsteps. With this scenario, there is certainty that Tom has a near 100% chance to succeed in his goal to stop smoking.

Summary of Choices
in Reference to “The Big 4”

The chart below (Figure 4-2) demonstrates which aspect of “The Big 4” pertained to each scenario described about for Tom’s personal narrative in reference to his stop smoking:

"The Big 4"	Scenario 1	Scenario 2	Scenario 3
Thought	x	x	x
Mental	x	x	x
Emotional			x
Physical		x	x

Figure 4-2. In scenario 3, Tom incorporates all aspects of “The Big 4” to complete his goal.

Physical Changes
Affecting Well-Being

The following three examples all produce a physical change in each patient affecting their well-being; the first two examples are my patients and the third is a case study. Each example will demonstrate how each patient alters their personal narrative (“The Big 4”) to compensate for an imbalance in their total thinking process which affects and alters their well-being.

In my office, this was a turning point in my research, because it created a new understanding of how it was possible to alter well-being by “The Big 4.” After witnessing two of the three examples below, it created a better understanding of the processing of “The Big 4” and the affects to health. Each patient created a negative outcome in their

well-being because each patient altered one or more of "The Big 4" due to the need of love which affected their physical body.

The three examples will demonstrate how a patient will exhibit a physical change in their body to either show love, receive love, and what an individual will do if there is no love.

Example One
I Love My Grandfather

One of my patients showed love in a way that resulted in her being overweight, even though her conscious mind was aware that being overweight was unhealthy. This patient related a Hershey bar to the love of her grandfather. This directly involved a habit in the subconscious mind because upon her grandfather's death, this patient ate a Hershey bar every day. This daily ritual of eating the candy bar was her way of maintaining and justifying a connection between her love for her grandfather and herself.

This action was imprinted and then created a habit of eating a candy bar in her subconscious mind which involved the third emotional aspect of "The Big 4." This then led to the fourth physical aspect of "The Big 4" of her being overweight. This all was created by the first two aspects of "The Big 4;" the first thought aspect when her grandfather would walk her to the bus stop every day and the second mental aspect of the image of the grandfather giving her a Hershey bar every day. When her grandfather died, her eating a Hershey bar every day kept him close to her even though she became overweight which affected her well-being.

This patient knew on a conscious level that she was severely overweight and was creating an unhealthy life for herself, but she could not stop eating a daily Hershey bar. The inability to stop eating a Hershey bar was because the love for her grandfather was stronger than her willpower to lose weight.

As previous stated, her conscious mind is only five percent of her thinking, whereas her subconscious mind is ninety-five percent of her thinking and is imprinted with past experiences that override the five percent conscious mind. The only way this patient could change was with a new imprint for her subconscious mind which would take at least twenty-one days to alter her personal narrative to not have to eat a Hershey bar every day to feel connected to her grandfather.

The reason for twenty-one days to create a new habit is due to research from Noble Prize winner Eric Kandel M.D. and his studies that found that to create a new memory takes several new synaptic connections. The sensory synaptic connections in the sensory neurons must double to twenty-six thousand. If it is not supported, it will go back to 1,300 synaptic connections in three weeks. You must reinforce this new memory for three weeks (Dispenza, You are the Placebo 2014).

The Hebb's Theory Law of Associations also falls into personal narrative. An old past memory has a stronger connection than a new memory which has a weaker connection. When both sensory neurons fire, they produce a signal. With continued application, a weaker signal can become stronger, thus creating a new memory (Dispenza, Evolve Your Brain 2015)

As an example, when a bee is given honey, a specific neuron fires causing the bee to stick its tongue out to get to the honey. Bees do not like the scent of lemon, so they typically do not stick their tongues out to get a taste of the lemon. Yet, if the lemon is mixed with honey, the bee will stick it's tongue out because of the honey. After several times of putting out a mixture of lemon and honey, the bee will eventually stick its tongue out for the lemon smell, even though the honey is not present. The saying is that "Neurons that fire together, wire together" (Seth 2017).

In this research, it is important to understand the Kandel study because I wholeheartedly endorse Kandel's finding because of the results with every person who follows through with learning a new task, such as learning to tie shoelaces. When an action is repeated several times using the conscious mind, there is a new memory formed via a new synapse. This conscious repetition forms a new memory which then makes it possible for the individual to tie shoelaces without even thinking about it.

Example Two
My Father Does Not Love Me

A patient chose to be overweight to prove her love to her father. This was a forty-six-year-old female who was severely overweight. Like the prior example, this case also involved the subconscious mind and the connection to a loved one. In this case, the loved one was her father.

While growing up, this patient lived with her parents who had an unhappy marriage. Her father did not pay attention or spend time with his wife or children. She explained to me that she always wanted her father to spend time with her. He would not

spend weekends at home and no one from his immediate family knew his location or what he was doing.

This patient said that no matter what diet she went on, she could never lose weight. She found herself sneaking food at night when no one was watching her. As always, the history is very important. During one patient visit, the connection to this patient's personal narrative, "The Big 4" was discovered in relationship to her well-being.

This patient stated that she would do anything for her father's love because throughout her life, she always was starving for his love and attention. She stated that her father was not a nice person to her or her mother. She said that every time she would open the refrigerator door, her father would say, "You are going to get fat." Further investigation into that statement showed that there was a personal narrative connection to her father which caused this patient to be overweight.

Why I chose this patient case history is because this is a perfect example to demonstrate that a positive or negative result is irrelevant to what the subconscious mind will choose to do. The individual's processing of what their subconscious mind takes in and imprints from the experiences in their environment affects "The Big 4." In this case, when her father told this patient that she was going to get fat. Her subconscious wanted to make the statement "get fat" a reality to please her father. Irrelevant to the outcome that her father might have intended, to this girl, she subconsciously understood it as she was fat.

This patient was overweight because she did not want to call her father, who had passed away, a liar by not being overweight, so she stayed heavy. Since she was starving

for her father's love her whole life, being overweight meant more to her than calling her father a liar. To break this cycle, treatment for this patient involved a series of actions that helped to alter the thoughts and programming in her subconscious mind while imprinting a new understanding about her personal narrative and her connection to her deceased father.

Example Three
Oxana Malaya - No Love

This example demonstrates what a child would do to be loved. Oxana Malaya was born in Ukraine in 1983. Oxana is internationally known because of how she was raised from the ages of three to seven, the time when the brain is developing through the four frequencies of growth. Malaya has been the subject of interviews, documentaries and tabloid headlines for her dog-imitating behavior as a feral child. She was raised by dogs.

Malaya was a normal child at birth according to medical records and doctors. At the age of three, she was neglected by her alcoholic parents and was left outside one night. Being alone outside at three years old, Malaya found comfort with the family dogs. When Malaya was found by the authorities, she was seven years old. Malaya could not talk and lacked the basic human skills physically behaving like a dog; running on all fours, sleeping on the floor, barking instead of speaking, eating like a dog and her hygiene was that of a dog (Harvey 2018).

Malaya's personal narrative was distorted due to her experiences from ages three to seven due to the lack of connection between her and her parents. Malaya's brain as a

child is very active “that as many as one million new neural connections are formed every second” (Ibid.).

During the lack of connection, Malaya was a child starving for love and attention. Due to her experiences with the canines and lack of human attention, her brain development and personal narrative were altered from that of a normal child during early stages of life. Some authorities may say that Malay’s situation was more about staying alive then attention for love. I disagree with this concept because a three-year-old has no perception of life or death.

Moving On To Epigenetics

Epigenetics is an expression of the genes which does not involve changes in underlying DNA. Without a change in genotype (genetic code), there is a change in phenotype (expression). The key is that this affects how the genes are read by the cells.

A vital finding in the investigation is how personal narrative effects well-being. Epigenetics is a natural and regular occurrence in nature that can be influenced by several factors, including environment, age, lifestyle, and disease state (Epigenetics 2010). With this research, personal narrative should be included as a factor. The examples below demonstrate that there may be a connection in epigenetics and well-being in reference to the initial aspect of the personal narrative known as thought. Thought is the first aspect of the personal narrative leading to mental, emotional, and ending with physical, the fourth aspect.

Upcoming examples will demonstrate the physical body being altered due to an unexplained event where the chemical makeup of the patient was modified with no supporting laboratory tests. This is a turning point in the investigation of “The Big 4” and

well-being. The case study of Malaya showed that she had human DNA, yet she acted both physically and mentally as a canine. This indicates that there is more than just DNA that determines both well-being and personal narrative.

As this research moved into epigenetics and neuroplasticity, there were other studies which involved DNA. To understand genetics, and move forward in this research, there must an understanding of DNA on a basic level. Although, it may seem like this information is going off the track, it is essential that this information is explained to understanding the overall picture of the personal narrative.

The role of DNA has been shifting with new strides in research involving the role of toxins and the involvement with proteins. For example, if a great grandmother had exposure to a toxin, each generation after her may have an increased risk of reproductive illnesses. This unfortunate inheritance is a biochemical involvement, not a DNA mutation. It is a biochemical off and on switch, not DNA, that determines the function of a specific gene activation. This is known as epigenetic (Tuller 2012).

Michael Skinner, a biology professor from Washington State University, performed a study where pregnant rats were exposed to different chemicals which caused ovarian diseases. The ovarian diseases were not just in the first-generation female rats, it also occurred two subsequent generations later. The important aspect here is that it was not a DNA mutation.

The examination of the reproductive tract cells of these rats revealed a disorder in what is called a methyl group. A methyl group is a cluster of carbon atoms which contain three hydrogen atoms. The methyl groups are crouching above certain genes. The location of the methyl groups varied, thus creating the ability to ramp up or inhibit gene

expression. This process of ramping or inhibiting gene expression is activated by at least one known method, which is chemical exposure. This chemical exposure altered the DNA methylation outline. DNA methylation plays a role in silencing cancer related genes also with the expression of genes with the integrity of the genome repairing DNA and detoxification (Suzulki 2010).

The importance of epigenetics is vital because it leads to neuroplasticity. The turning on and turning off the cell function determines which proteins are going to be produced or not produced in the cell, which affects the outcome of the cell. In the case of the pregnant rats, the new epigenetic structures that were inherited and intact, went from the present generation to the next generation, even though the original pregnant rats were the only generation to be exposed to the toxins.

Consequently, since toxins indirectly alter DNA, I still maintain that with further research, there could be the same finding with thought. Regardless, since toxins can indirectly alter DNA, then further research may find that the personal narrative can also indirectly alter DNA.

Both followers and critics of this research will probably argue that there is no scientific proof that thought can alter personal narrative which can then alter DNA. My view with this investigation is due to the current lack of scientific research, this creates a lack of understanding of the process of personal narrative and well-being. Science currently cannot prove or understand the results of some of the examples in this thesis, but still the results of "The Big 4" cannot be disputed.

Professor David B Ball, author of *The Nature of Matter Understanding the Physical World*, explains why there is no scientific proof. He pointed out that everything

consists of matter, everything from a diamond, the hardest mineral to carbon nanotubes, which are four hundred times stronger than steel and has a highly electrical property. This is an important observation since the human body consists of matter.

Professor Ball points out that science is limited by the study of matter, due to limitations of our technology such as the limitations of the present electron microscope. Research can only study matter up to the potential of the current information collected by the present technology; therefore, is it also possible that both deductive and inductive reasoning should be incorporated in this research (Ball 2015).

Example One

What Came First? The Blood Work or the Symptoms?

This first example is a personal experience which demonstrates the beginning of epigenetics. I once gave a lecture at a hospital to a group of people that were in the state of depression. The causes of depression ranged from death of a loved one to sexual abuse. There was one woman who had no interest at all in complementary healing modalities. She stated that patients are not responsible for their health. She said, “I am clinically depressed because I have the blood work to prove it.” She said that her son was killed in an auto accident at a young age. I asked her a very simple question, “The day your son was killed in a car accident, did you become depressed?” There was a very quick response of “Yes.” The next question was also very simple, “If your blood was taken and analyzed right after you heard about your son’s death, would it have shown a clinical depression profile?” Obviously, the answer is “No.” My question is, “What came first, the positive blood test, or the change in the personal narrative due to continuously

thinking and living in the state of depression which alters the blood work to lead to a diagnosis of depression?"

Example Two
Does Thinking of a Rash Create a Rash?

A study conducted in Japan in the *Kyoshu Journal of Medical Science* discusses the idea of psychosomatic illness (Nakagawa 1962). At the time, the principle investigator was questioning the idea behind the concept of hypersensitivities to certain substances individuals, specifically allergic responses to the poison sap from a *Rhus venicifera* lacquer tree. In the study, the researchers contacted the leaves of the lacquer tree with self-proclaimed allergically sensitive individuals, but the researchers assured the subjects that the leaf was harmless. Conclusively, two of the subjects developed a rash in reaction, but eleven of the thirteen subjects did not develop any rash.

To place a control on the study, the researchers also rubbed a non-*Rhus venicifera*, non-reaction producing leaf, on all subjects. They told the participants that the leaf was poisonous, even though in reality, it was safe. All thirteen subjects developed an allergic rash in reaction.

This Japanese study brings to focus the question of whether an individual personal narrative can impact physical health. How is it possible that a non-poisonous leaf can cause a physical reaction only when the subject *thinks* it is poisonous? Additionally, how can an authoritative voice override the fact that these subjects were sensitive to the poisonous *Rhus venicifera* lacquer tree? This study highlights that individual thoughts are

powerful enough to impact health and well-being influenced by individual personal narrative.

Example Three
Feeling Better Without The Real Surgery

In the late 1950's, the *New England Journal of Medicine,* published an article, "An Evaluation of Internal-Mammary-Artery Ligation By a Double-Blind Technique" that assessed a study that compared the then-standard surgical procedure for angina to a placebo surgery where only a small incision was made to have the outward physical appearance of a surgery (Dimond, Kittle and Crockett 1960).

To explain, the procedure and technique to address angina was internal mammary ligation, a method that preceded the current coronary-artery bypass graft surgery. The procedure was founded on the principle that by blocking damaged coronal arteries, the body would compensate and create new vascular channels to relieve the increased blood pressure. At the time, the surgery generated relief for patients, but physicians could not scientifically prove that the surgery generated new vascular channels.

The study concluded that eight patients had their internal mammary arteries ligated, whereas, nine only had the skin incisions to convince the appearance of a surgery being conducted. Five of the eight ligated patients, as well as five of the nine placebo surgery patients, reported significant improvement after the first six months. Interestingly, the study concluded that since the results were the same for both groups, it is possible that the surgical therapy was effective only psychologically and did not improve the physical arteries of the heart.

Consequently, the method of internal mammary ligation for heart surgery fell out of fashion as new and improved methods were developed, but at the time, ligation was popular and helpful for some patients. This study showed that both groups, one receiving a popular heart surgery and the other receiving a placebo surgery, resulted in improved patient conditions (Dimond, Kittle and Crockett 1960).

I Rather Die Then Go To Work

One research study involved two thousand nine hundred and six patients with myocardial infarctions. Out of the two thousand nine hundred and six patients, the time and death were recorded for one thousand nine hundred and one patients. The most frequent day and time of a heart attack was on the weekday of Monday, between seven to ten in the morning hours. (Spinlberg, et al. 1996). This could be related to the personal narrative and the work environment because some segment of the population would rather die than go to work.

Is it the Environment?

In studies conducted by Lipton, there was a conclusion that the environment controls cells. In the findings, three different environments effected the cells. Each culture formed whatever the environment solution was directing, even though the initial cells were genetically identical. This experiment moves research from the perception that genes control individuals and that they are at the mercy of their genetics (Lipton, The Honeymoon Effect 2013). Therefore, it is the environment that determines the result of the formation of fat, muscle, and bone cells, not the genetics.

Lipton demonstrated that genes do not determine the fate of an individual. Each person has an increased influence over their destiny because they can control their thoughts, which can be reflected in their personal narrative.

Billions Of Years

There are many questions about why we are here on earth. There are also many unanswered questions about human evolution. Was it a result of billions of years of lucky genetic accidents (the philosophy of Neo-Darwinism), different types of mutations, or the Lamarckian theory which is to adapt to environmental stresses which are life threating and are not random (Lipton, Biology of Belief 2005)?

There are two aspects of how the environment can affect the personal narrative, which in turn affects well-being. The first way was demonstrated by Lipton in his laboratory involving actual cells which created bone, fat, and muscle cells. The following will demonstrate development changes in the animal kingdom which resulted from evolution.

Lamarck is one of the greatest figures between Darwin and Aristotle. He is recognized as a scientific genius by some, though he is continually damned with little praise by others, due to the lack of knowledge regarding what he was trying to demonstrate (Shaner 1927).

Why this research is important in this thesis is because his findings continue to reveal a connection with personal narrative. The connection could be between any one or all three; personal narrative, well-being, and the environment.

Lamarck or Weismann?

"Lamarck's Theory of Inheritance of Acquired Characters" states that one's characteristics acquired during a lifetime may be transmitted to the species offspring. For example, a giraffe was once a type of deer, and through evolution to obtain food, deer would stretch their necks trying to reach higher into the trees. As described by Lamarck, this persistence action of the deer eventually evolved into a giraffe (Bregllano 2019).

With this concept in mind, it is also possible that a brown lizard turned green through evolution to protect itself from predators. As time went on, the brown lizards died off and the green lizards with their new phenotype took over (Zou 2014).

Lamarck's view of evolution had a lack of understanding in the scientific arena. The research conducted by August Weismann tried to discredit Lamarck's "Theory of Inheritance of Acquired Characters."

Weismann conducted a study with mice which contradicted Lamarck's theory. In Weismann's experiment, he cut the tails off nine hundred and one mice, and all their offspring for five generations. With Lamarck's "Theory of Inheritance of Acquired Characters," the next generations should have evolved with no tails according to the theory. Weismann disproved the theory because the next generation of mice were born with tails (Ibid.; 2).

There are two explanations for Weismann's findings, in which one is very important. From my experience with the evolution of the personal narrative from treating two to three generations of family members, certain behaviors and habits are created in personal narrative.

My first observation is using only five generations of cutting the tails off mice may not have been a long enough time for the evolution to take hold. Evolution could take decades to alter a physical characteristic.

Secondly, although I agree with Weismann's attempt to either prove or disprove Lamarck's theory, I disagree with the method. A vital point in evolution is that it must have a reason. By cutting off the tails of mice, there was no reason in evolution that was a benefit to the mice as a species.

For example, when a giraffe's neck became longer, it was for survival of the fittest to be able to get leaves from trees. When a lizard turns green through evolution, it made them harder to be seen by prey. After a length of time, more of the brown lizards died out because they were eaten more by other animals compared to the green lizards, therefore enabling the green lizards to survive and reproduce more. A perfect example of how environmental conditions affects a species is a lizard.

With the mice having their tails cut off, there was no benefit for the mice to have lost the tail; therefore, the tail grew back. Margaret Wissman, DVM and exotic veterinary consultant, stated that some reptiles such as bearded dragons and green iguanas can lose and regrow their tails. Lisa Abbo, DVM at Woods Hole Science Aquarium in Massachusetts, stated that this is called "caudal autonomy" which occurs as a defense mechanism when a lizard feels threatened. During the time of being threatened, the tail separates from the body but still moves to distract the predator so that the lizard can escape (Voltolina 2015).

The above samples do show that the environment does affect the physical body through evolution. Lipton's studies gave the power back to the personal narrative by demonstrating that genetics does not rule the physical body. This takes the credibility from society's belief that genetics controls our well-being.

Chapter Five

In this chapter, there will be a discussion and examples of each aspect of "The Big 4" and how it can possibly affect well-being. As this research continued to explore "The Big 4" theory, one major factor was discovered. It is impossible for a human being to engage in any type of action, movement, thinking, and for that matter, existing, without first experiencing the first aspect of "The Big 4," which is thought. As I ponder this understanding, I now have a clear picture why one patient in my practice responds to the treatment, whereas another patient, with the exact same aliment, does not respond to the treatment. Due to this finding, it is important to examine thought as a separate entity.

What is a Thought

In 1983, studies were conducted that changed the traditional view of an infant's awareness where it was discovered that neonates are aware of their surroundings. They elicited different responses based on people around them, caretakers and external stimuli. This information was relevant about an infant's emotional capacity and cognitive learning (Silverman 1983).

Thirty-six years later, science still lacks an understanding when it comes to thought due to the lack of knowledge. Thoughts are made from electro-chemical reactions. There are about one hundred billion electro-chemical reactions that result from an interconnection of nerve cells called neurons. These neurons carry out trillions of connections called synapses. According to the McGovern Institute for Brain Research, Charles Jennings, Director of Neurotechnology, states that some connections send up to one-thousand signals per second, which in some way produce the thought. One important

finding in the investigation was that all thought, the first aspect of "The Big 4," and all perceptions are activated by some form of an external stimuli. For example, when a feather touches skin, or the phone rings, or viewing a word on a computer screen (Dougherty 2016).

The purpose of the following example is to understand the basic concept of thought and how it works. Due to this finding and newer research, there will be further information on how personal narrative can affect not only well-being, but physical matter.

The following illustrates how this works. A person reads a sentence on a computer screen which fires photons in their eyes. These photons are associated with the shape of the letters, which hits the individual's retina. This energy triggers light-detecting cells by an electrical signal. This electrical signal transmits like a wave within the neurons through the axons. At the end of the axon, this signal releases chemical neurotransmitters into the synapse. These chemical junctions between the axon and the target neurons respond with its own electrical signal. Within milliseconds, this action affects billions of neurons. This electrical chemical reaction forms a thought. A scientific measure of thought activity is with functional magnetic resonance imaging (fMRI) which measures brain activity. The way this occurs is by the amount of oxygen in the blood flow as the neurons are turned on since hemoglobin's in the blood alter and detect brain activity. The magnetic field in the blood changes as the oxygen is being used. The conclusion is that thoughts are billions of neurons firing at once, which can then be measured (Dougherty 2016).

From my perspective, there is conflict here because humans are electromagnetic beings while the functional MRI only measures the magnetic aspect of the thought. To truly measure the thought process, it would have to be measured electrically and magnetically at the same time. This means that the true brain activity is not being recorded properly.

Jennings states that the fMRI is a non-invasive technique that cannot measure single neuron activity. Jennings said measuring a thought is like trying to find a single car (like a single neuron firing) on the ground from a moving airplane. It would be easier if the single car was part of the rush hour, where there are thousands of cars moving at the same time, just like thousands of neurons firing (Ibid.).

The first example describes how each of the aspects of "The Big 4" can intertwine.

Example One

Anecdotal Example of Standard Medical Practice - Michael

(Based on true narrative to exemplify the application of modern healthcare)

Michael was recently diagnosed with intestinal cancer. He first went to his allopathic doctor who decided to prescribe drugs and recommended chemotherapy. Afterwards, Michael decided to seek complementary medicine and visited an acupuncturist who used needles to affect the physical meridian pathways to alter his health. Michael then went to a psychologist to work on how he was mentally processing his diagnosis. Finally, Michael visited with his local parish priest for spiritual support.

Interestingly, not one of Michael's practitioners viewed Michael as an entire entity; as a whole person. Each practitioner compartmentalized their specialty in treating

his disease without looking at the entire scope of humanity that is an individual. The oncologist was not interested in his childhood or the fact that Michael lost an eight-year-old child from cancer.

The psychologist was not concerned that due to the intestinal cancer, Michael's body could not properly nourish itself with healthy foods. At the same time, the priest was only concerned with how this diagnosis would affect his relationship with God.

As Michael was preparing for surgery, he had a realization about his condition and decided to write a letter to his surgeon a few days before the operation. In the letter, he stated that after seeing several different health care providers, he realized that his cancer could also be derived from different aspects of his life, including all his life experiences. He wrote that he was strong enough to survive the surgery because he wanted to see his grandchildren grow up and finish his life with his wife. Surprisingly, the doctor wrote back and said in all his years of practice, Michael was the first patient to ever write him a letter prior to surgery. The doctor also realized that his patients are more than a series of medical charts, blood tests, and reports.

Michael's story demonstrates a significant gap in current medicine because each method used to help a patient seems to only address one component of a disease. As mentioned previously, according to biochemist Brent Stockwell in "The Quest for the Cure," allopathic drug treatment has reached a blockade of drug discovery, yet there are new disease outbreaks and chronic conditions with no apparent treatment. Consequently, as medical treatment becomes more sophisticated, disease will follow suit. (Stockwell 2013).

Possibly, healing may require more than physical treatment to overcome a disease. As in Michael's example, his past thinking and current thoughts may have contributed and manifested into his physical intestinal cancer. Therefore, in this case, was thought, as either the ultimate root and/or part of the root, the basis of disease?

Three Examples of Hypnosis

Study One: In this study, there was a physical change under hypnotic suggestion which caused a blister on the subjects who previously did not have a blister. Out of twenty-one subjects, fourteen had a response of a blister. This illustrates that thought can alter the physical body (Paul 1963).

Study Two: In a study, thirty children with leukemia and non-Hodgkins lymphoma, were divided into two groups. One group was hypnotized and given direct suggestions which would be associated with the pain from their lumbar punctures. The second group was given indirect hypnotic suggestions involving their lumbar punctures.

There was a significant statistical reduction from the baseline for pain. This also demonstrated a reduction in anxiety during a lumbar puncture which was evident in both groups (Hawkins, et al. 1998).

In this study, both groups experienced positive results through altering decreased pain from the lumbar puncture by nothing more than believing that it would not hurt as much. This example illustrated that thought effects well-being.

Study Three: In an article in Science Direct labeled "*Hypnosis for Burn Wound Care Pain and Anxiety: A Systematic Review and Meta-Analysis,*" the authors point out that in many medical procedures, hypnosis not only plays a role in reducing pain, but also

reduces emotional distress. They point out that hypnosis can improve recovery, stabilize physiological parameters, and reduce procedural time. This indicates that the thoughts of a patient can stimulate a change in the physical body and can affect aspects of the personal narrative by reducing emotional stress (Provencal, et al. 2018).

Hypnosis does affect personal narrative and well-being. One reason that hypnosis works is that during the process of being hypnotized, a disorientation is created. This produces an inhibitory process within the conscious mind. Basically, hypnosis bypasses the individual's analytic mind that uses facts and knowledge to make decisions. During the process of being hypnotized, the individual is letting down all their defense mechanisms, becoming highly responsive to suggestions that are in their subconscious mind. As the individual's conscious mind is trying to figure things out, the subconscious mind has the freedom to absorb information (Dispenza, Becoming Supernatural 2017).

Family Environment and Children

Evolution is another aspect to consider in the hypothesis of personal narrative effecting well-being. The evolution of personal narrative is like the theory of a deer evolving into a giraffe through evolution. As individuals experience life in relationship to the environment and their different life journeys, their personal narrative evolves. What will be discussed is the combination of the environment along with thought, the first aspect of "The Big 4" in relation to personal narrative and well-being. The environment may be the primary factor that affects personal narrative. This in turn means that the way an individual perceives the environment will determine how the individual creates his/her first aspect of "The Big 4," which is a thought.

From my past experiences, I personally witnessed this many times in my practice. For example, if a child is brought up in a family where a family member may have a chronic disease, such as diabetes, multiple sclerosis, or even curvature of the spine (scoliosis), this alters their life due to their daily environment by affecting the child's first thoughts about well-being. If a child is brought up in a healthy family, where sickness is not the norm, this child's first thoughts will be different towards well-being.

As previous explained by Kendall, new memories are created in reference to the neuro-synapses when an individual is constantly in and around a certain environment. For example, when a parent is always sick, it will affect the personal narrative of those in constant contact with the sick parent, especially their child. What I realized in my practice is that patients who were generally healthy tended to be from families that were healthy or had a health-oriented philosophy toward life.

Words Do Kill at Any Age

Words can kill depending on how a person processes the meaning through their personal narrative. As a group of medical students making hospital rounds in a cardiac ward came upon a patient hooked up to monitors, a doctor told them that the patient was suffering from "TS."

When the students left this patient, the patient's monitors demonstrated a great deal of distress by an increased pulse rate, clear lungs filled up with fluid, and other symptoms. When questioned by a nurse about what was upsetting this patient, a student said that the distinguished doctor said that it was a "Terminal Situation." The nurse assured the student that there must have been a misunderstanding because it was not a

terminal situation. The patient had a minor problem called “tricuspid stenosis.” The patient also heard what the doctor said and she thought she had a terminal situation. By nightfall, the patient died from acute heart failure (Siegel, Peace Love and Healing 1989).

Although this case does not provide details about the patient’s history, the patient’s personal narrative must have played a role in her unexplained death. Possibly, a family member had died of a heart attack and she believed that was also her fate. Due to her personal narrative, what she believed altered her physical body and she had passed away even though her minor situation should have been non-fatal.

The Brain is Malleable

The latest findings are that the brain is like a muscle and it is malleable. The more an individual incorporates the part of the brain that correlates to creating an activity, the larger the miracle becomes. The same principle applies when an individual lifts weights. The muscles associated with the work out will increase in size, i.e., leg lifts increase hamstrings. As individuals change their thoughts, brain activity alters. This occurs as the new synapses connects and increases the flow of energy allowing the brain to completely change its networking system. This in turns creates new neural pathways (Franckh 2009).

I disagree with a statement made by Dr. Joe Dispenza from *You Are the Placebo,* that “The hardware creates the software,” in which the hardware is the brain and the software are thoughts. I feel that depending on how the individual thinks, speaks, and acts, it will determine how the new software (thought) will be downloaded into the individual’s brain. The new download produces new synapses, which when repeated will produce new permeant pathways, therefore altering the brain’s hardware.

There are conditions in which the brain can realign itself. For a change to occur, an individual must think about a specific activity and then act out that activity. The key is that the activity must be acted out for a specific amount of time and then the part of the brain that relates to that activity being executed will grow and increase in size. This combination of thought and action affects that specific part of the brain and it will increase in size. In contrast, the part of the brain not being employed will shrink. As this process occurs, there are new electrical signals (neurons) being produced and being used. These new neurons are creating the new activity and can change function. This new information is transported and can be associated with the new activity in which it changed the brain. This is called plasticity (Ibid.; 94).

Simplifying Neuroplasticity

To understand how personal narrative may affect one's well-being, there needs to be a clear and simple understanding of brain plasticity. When an individual has a new experience or participates in a new activity, then continues to do or practice the activity, that experience can change the neural pathways within the brain, therefore altering one's well-being.

When an individual learns a new action or memorizes new information, it produces a functional change in the brain. This new functional change is created by new neural connection formations called neuroplasticity (Hoiland 2018).

Neuroplasticity can be compared to the image of a picture created from a roll of film, before the creation of digital cameras. An image on the film can be compared to an

image created in an individual's brain. If you take a picture of a tree, the film is now exposed to a new image. For the picture of the tree to be imprinted on the film, the film needs to be exposed. In this example, to produce the picture of a tree, the film must be exposed to light. If the film is not exposure to light, the film will not create the image of the tree (Ibid.).

The process is like neuroplasticity and altering one's well-being. If the individual does not maintain the associated activity, the neuro connection in the brain will not become permanent. In comparison, the picture of the tree is equivalent to a memory of an individual. To make and maintain a memory, the new knowledge or experience must create a change in the brain to create the new memory. Just like the film must be exposed to light in order to create a picture, similarly, new neural circuity must be created and reorganized in the brain. This occurrence must be in response to either an environmental or sensory stimulation. Another example of this is like pushing a coin into a ball of clay. The clay must change in shape, like an individual's brain changing in response to a new neuro connection.

Why Neuroplasticity Varies in Individuals

The following finding explains why there is not a set pattern in neuroplasticity with individuals in relation to personal narrative. The following are conditions for neuroplasticity to occur in an individual:

1) It includes several different processes throughout an individual's life. It is not a one-time event.

2) The individual's age plays a major role in neuroplasticity.
3) Neuroplasticity can only occur under two primary conditions: during normal brain development or from some type of compensation due to a lost body function. This will result in an adaptive mechanism in the brain.
4) The environment plays a key role in influencing plasticity (Ibid.).

Although, this thesis is not about nature versus nurture, there may be a group of individuals that believe nature versus nurture is an important aspect of personal narrative affecting well-being. The nurture group believes that an individual's behavior is shaped by one's experiences, whereas the nature group believes in individual's genes determines behavior. This battle produced an ugly history creating chaos incriminating many groups of people by using genetics to attempt to describe personal narrative of a specific group of individuals which creates racism in the nineteen and early twentieth centuries against Blacks, Native Americans, Jews, and other groups of people (Ibid.).

The Battle of Nurture and Nature

The battle of nurture and nature can be resolved with neuroplasticity. By repeating the same experience, an individual can change their brain shape. Nature and nurture work together by influencing each the other. As an example regarding nature, a simple study was done of a violinist that used her left hand to string her violin. She had an enlarged area in her brain which corresponded with her left-hand movement, compared to people that used their right hand (Goleman and Davidson 2018).

The following are examples of different types of studies that involve personal narrative and neuroplasticity.

Acupuncture and Neuroplasticity

In the article, "*Neuroplasticity Changes on Human Motor Cortex Induced by Acupuncture Therapy: A Preliminary Study*," showed though a series of acupuncture treatments that significant changes in different brain regions were demonstrated compared to baseline data suggesting that acupuncture can modulate neuroplasticity. Neuroplasticity can induce changes in cognition/thought, as seen in disease states, such as Alzheimer's and Parkinson's diseases. The results of this article suggest that physical changes in the brain can change thought, not the other way around. Possibly, there may be clinical modalities in alternative or complementary medicine that can induce physical changes to stimulate a new direction or change in thought processes. In some ways, this study shows an example of how anatomy can affect thought, stimulating there should be more focus and research geared towards non-invasive anatomical changes provoked by medical intervention (Yang, et al. 2017).

The following individual exercise demonstrates the role of nature in neuroplasticity compared to an individual who is deaf and one who can hear. Each was asked to place either their right or left hand straight out in front of them with their thumb up. Next, they were asked to slowly move their thumb to either side of their head while keeping their eyes on their thumb without moving their head. There will come a time when they will lose sight of their thumb; this is their peripheral vision. It was found that in the deaf person, their brain changed due to neuroplasticity and they could see further beyond the typical peripheral vision on both sides of their head (Goleman and Davidson 2018).

Helen Neville's used a MRI brain scanner to test both types of subjects; subjects that could hear and subjects that were deaf. What was discovered was that a deaf person, instead of looking at the hands of the person doing the signing, looked at the face of the person signing. At the same time, the deaf person could analyze what was going on in the periphery of their vision. This is due to plasticity (Fieger, et al. 2006).

Another study was conducted that included ten deaf adults and seven hearing adults who participated in a MRI video projection apparatus to determine brain activity. The study showed that in genetically and congenitally deaf adults, there was activity in their brain regions that developed responsiveness to visual stimuli in their peripheral vision (Karms, et al. 2014).

In the above to cases, the environment, not nature, created the neuroplasticity. Genetics may have been the reason for the subject being deaf, but it was not the reason for neuroplasticity.

In relation to the findings of the two studies above, although I agree with some of the studies about nurture and nature at this point, I now have a different belief on how and why personal narrative may affect well-being. This is due to the research and the work from Lipton that we are not our genes. Therefore, nature which is the environment must play a role in personal narrative and well-being. This is because an individual's thoughts must be a result of the environment as demonstrated in the following study.

There were sixteen healthy subjects combined with twenty-three patients with type 2 diabetes. The subjects were introduced to laughter to see if laughter can influence

the expression of a gene which is a receptor for prorenin. Prorenin is involved with diabetic nephropathy.

After watching a laughter induced comedy show, the levels of blood prorenin and the expression receptor gene were tested. The results showed that laughter decreased blood prorenin levels and up regulated the gene for prorenin receptor which improved the well-being for those with type 2 diabetes. There were no significant changes in the healthy subjects.

The conclusion was that effects of laughter strongly suggested preventing the exacerbation of diabetic nephropathy while reducing the level of blood prorenin by normalizing the receptor gene for prorenin. This demonstrates that the environment can affect the well-being of the twenty-three diabetic patients (Hayashi, et al. 2007).

Study Involving the Mental Aspect of "The Big 4"

The following demonstrates how the mental aspect of "The Big 4" can influence and affect well-being. In a study called, "*State and Training Effects of Mindfulness Meditation on Brain Networks Reflect Neuronal Mechanisms of Its Antidepressant Effect*," demonstrated that mindfulness-based meditation was shown to be therapeutic and helped several physical and mental conditions. These conditions include anxiety, obsessive-compulsive disorder, and in the prevention of relapse in depression and drug addiction (Yang, et al. 2016).

The study included thirteen university students who participated in mindfulness meditation for forty days. The students had their brains scanned twice; one time before the training of mindfulness meditation, and then again at the end of the forty days when

the study was completed. This study was called "mindfulness-based stress reduction program" (MBSR) which included a daily forty-five minutes of daily meditation.

The study showed that after forty days of MBSR, there was an improvement in the depression related symptoms of all the students. There were also changes in their whole brain networks towards connectivity, a form of neuroplasticity. Even with neuroimaging, the study's positive aspects of mindfulness are not well understood, even though there are positive results shown in the subjects involved (Yang. et al. 2016).

First Study: Involving the Spirituality Aspect of "The Big 4"

In the article, "*The Role of Religion and Spirituality in Mental and Physical Health,"* the researchers examined the role of religion and spirituality across health parameters. In their findings, they discovered that attendance in religious services correlated positively to longevity and recovery after cardiac surgeries and heart transplants. This discovery assumes attending religious services stimulates changes in mental cognition. This evidence supports the idea that thought can affect health. Ultimately, spirituality is unmeasurable, but can be viewed and interpreted as a change in attitude, cognition or belief, which in turn can affect health (Seybold and Hill 2001).

Second Study: Involving The Spirituality Aspect of "The Big 4"

The following study is important in demonstrating how the spiritual aspect of "The Big 4" can alter well-being. Through my years of experience, I realize that people change either out of inspiration or desperation. In the study that was conducted, I believe

the cause was out of desperation. The study was about Larry, an African American gay man, with AIDS. Larry was told by his physician that he only had three months to live. What was important with this study was that this patient was brought up with God in his life throughout his life from childhood to adulthood. His thoughts were directed by a spiritual understanding (Capps 2009).

Although Larry was religious, he had a major conflict within his personal narrative. It was an internal battle due to being gay. In his religion, being gay was wrong. Even with this internal conflict, this patient still beat the odds and did not die.

What is remarkable about this study is that I believe that he experienced spontaneous healing. Although this thesis is not about spontaneous healing, I believe that spontaneous healing exists when all four aspects of "The Big 4" connect within the patient. This would be the thought, the mental, emotional, and physical, all connecting at the same moment. Larry used spiritual thought as his primary treatment mode, due to his strong spiritually upbringing, while incorporating the other three aspects of "The Big 4."

Larry made changes to his hospital room and prepared it to be a place "touched by God." He drew upon his cultural and spiritual upbringing during his healing, He visualized that he would be fine. Although, some skeptics would say that God had nothing to do with his healing, it should be pointed out here that whether God intervened or not, it was the belief that God could heal that created Larry's healing due to his personal narrative that it was possible.

Larry internalized several benefits that gave him strength. The article stated that this was due to the benefits of being a member of an African American church and his

practice of devotion and workshop being religious and being raised in a religious family. Also, another important aspect was that Larry did not want to die. This is a very important statement. I once heard Dr. Bernie Siegel say that there are no uncurable diseases only uncurable patients. Larry wanted to live and that was half the battle. The second half of the battle was that Larry strengthened his personal narrative by calling upon his early religious, biblical, spiritual formation, and education in designing his personal intervention to beat the medical odds that he was facing.

Larry believed the Bible was a tool for empowerment and strength, even though others might interpret the Bible in a negative way. He did not see himself as a victim, even though he realized that some people might use the Bible to reject his homosexuality. This patient knew on some level all humans have free will and that the at the same time the result of their decisions cannot be changed. It is possible that Larry understood that God gives a person an alternative to their situations; since a person cannot change what happens to them, they can change only the way they feel about it. That is what Larry did.

Larry's Special Hospital Room

Larry's created a special hospital room that became God’s home to him. It became a sanctuary, a holy place where God's presence was invited in with God’s intervention. Larry knew that God was not bound to any specific place. Larry called friends to pray with him with the request of believers, no pity mood, warriors only, and an individual must know God. The participants would circle his bed in the hospital and go into deep prayer. What was different about this study compared to other studies is that Larry had a herbalist who treats the physical aspect of “The Big 4,” a therapist who treated the mental aspect of “The Big 4,” and an Acupuncturist who worked on the emotional aspect

of “The Big 4.” As explained in the study, Larry had many transformations and healed (Miller, Jr 2005).

Larry may have experienced the connection described by a study with Norman Vincent Peale and Smiley Blanton. They suggested that there are hidden energies in an individual’s mind; what this thesis considers the personal narrative. They suggest that humans within themselves possess a reservoir of enormous untapped energies. This untapped energy can be released and directed which can affect one’s life with fundamental changes (Capps 2009).

The Emotional Aspect of “The Big 4”

The following studies investigate the emotional aspect of “The Big 4” in reference to well-being. The first two studies demonstrate a correlation, whereas the third study is a direct result of the emotional aspect altering the physical body in a way that cannot be explained.

First Study: Involving the Emotional Aspect of “The Big 4”

The article, “*The Role of Discrete Emotions in Health Outcomes: A Critical Review,”* by Nathan Consedine and Judith Moskowitz demonstrates the role of emotions within health, as emotional responses and predispositions have been theorized as precursors to disease states. Subsequently, emotions can produce hormonal responses, which affect health in the stress response model. To relate thought processes and health, psychological stress can be remediated and altered by a variety of clinical applications, such as cognitive behavioral therapy. Ultimately, health can be altered by a change in

thought process, which can alleviate stress and affect downstream health of the patient (Consedine, Moskowitz 2007).

Second Study: Involving The Emotional Aspect of "The Big 4"

The study, "*Is the Emotion-Health Connection a "First-World Problem?"* views overall emotions as one aspect of personal narrative. The emotional aspect related to a well-being health connection varies in reference to less-developed countries. This study included one hundred and forty-two countries and one hundred fifty thousand and forty-eight subjects (Pressman, Matthew and Lopez 2013).

The overall finding was that positive emotions regarding health were stronger in countries with a lower gross domestic product, suggesting that there is an effect of self-treatment that is possibly affected only by thought processes. Physically, the human body is the same; however, if there is limited to no access to proper medical treatment and disease occurs, individuals need to rely on their internal process to change their physiology (Pressman, Matthew, Lopez 2013).

From my experience in my practice, I can also shed light on the emotional aspect of health and well-being. Many of my patients who do not have health insurance often say, "I cannot afford to get sick." This implies that due to their thinking, they tend to be healthier.

Third study: Involving the Emotional Aspect of "The Big 4"

The report of teen sisters lifting a 3,000 tractor to free their trapped Dad after a freak yard accident represents how the emotional aspect of "The Big 4 can alter one's

wellbeing, and in this case helped their father. This was accomplished by Haylee, a fourteen-year girl, and her sixteen-year old sister Hannah from Lacomb, Oregon.

On April 6, 2013, the sisters were approaching their home after a day at school. Upon approaching the house, the sisters heard screaming from the back of the house. When the sisters entered the back yard, they realized that it was their father screaming, "Save me, help me God." The sisters were horrified when they saw their father pinned under a three-thousand-pound tractor. The tractor had flipped over onto Jeff, a thirty-six years old, who was attempting to remove a stump from the yard.

The article stated that the girls had "super strength" after seeing their father being crushed and pinned under the tractor. When the sisters approached their father, he felt like his life was being squeezed out of him because he was losing his breath each time he screamed. The sisters lifted the tractor high enough so that their father could get his torso free Caulfield 2013).

With this amazing event, there remains an unanswered question of what would have happened if the sisters came across this same situation, but with a stranger being pinned under a tractor, instead of their father?

Two Studies Involving The Physical Aspect of "The Big 4"

There is a lack of studies that link the physical response of "The Big 4" directly to well-being because of its interconnectedness with other aspects. If an individual has a headache and takes two aspirins, science cannot measure what exactly created the results. Was it the chemical reaction between the aspirin and the physical body that relieved the headache or was it the individual's personal narrative or a combination of both?

Study One
Arthroscopic Treatment of Osteoarthritis of the Knee:

In 1996, five subjects were involved in a pilot research study to determine if placebo can play a role in patients with osteoarthritis of the knee. Three subjects were given arthroscopic lavage considered placebo, while the other two subjects had surgery called arthroscopic debridement surgery. In this double-blind study, the conclusion showed that all the five subjects responded positively. It did not matter which type of surgery, the actual surgery or the placebo surgery. It was suggested that a larger study be completed for valid statistical analysis (Moseley Jr, et al. 1996).

In this study, two subjects had direct debridement (scraping of the area) of the knees which directly affected their physical aspect. Yet, the three subjects with the placebo surgery also experienced the same response and their physical aspect was also improved. This demonstrates that personal narrative can affect well-being. The placebo subjects thought they would get better and they did. Since all the subject thought they were receiving the surgery, all the subjects believed they would get better and they did, with or without actual surgery.

Study Two
A Controlled Trial of Arthroscopic Surgery for Osteoarthritis of the Knee

In 2002, a second double-blind study was performed in reference to arthroscopic surgery for osteoarthritis of the knee. In this study, one hundred and eighty patients had

osteoarthritis. These patients were randomly assigned to receive three types of surgery, arthroscopic debridement, arthroscopic lavage (washing out the joint), or placebo. All the patients received a skin incision. Over a twenty-four-month period, the subjects were interviewed and assessed in reference to their pain level. The conclusion was that in this controlled trial, the outcome after arthroscopic debridement or lavage was no better than the patients who had the placebo surgery (O'Malley, et al. 2002).

To summarize, this data appears to be consistent with this thesis/hypothesis due to the results of both studies. In the earlier study, there was a direct debridement that scraped the area of the knees, while in the second study there was a belief that the debridement was completed. All subjects had the same results demonstrating that personal narrative can affect well-being since all subjects believed that there would be improvement. The next chapter will research how this can occur.

Chapter Six

This chapter will investigate how personal narrative "The Big 4" can affect the physical aspect of the body. It will also be explored how thought, the first aspect of "The Big 4," in addition to DNA, can alter or change the physical body.

My Son Looks Like Me

This research is the core in exploring the hypothesis of personal narrative, "The Big 4," as it affects well-being. Research has shown and demonstrated both humans and other species can alter physical matter. Before exploring this research, it is important to review the general understanding of the basic concept of DNA, in reference to the human genome. For more than two millennia, dating back as far as Hippocrates, it has been accepted that an individual's physical health is impacted by their emotions (Consedine and Moskowitz 2007).

Early research in genetics was based on the physical body. Current and advanced research demonstrates there may be a connection between mind and body. All persons are embodied beings where there is a combining of the body and mind into one, which makes up an individual's existence. Until there is an absolute understanding about the body-mind connection, the disease state will not be fully understood (Szasz 2005).

The findings in this thesis may hopefully provide further information about the mind and body connection, even though there are scientists and others who believe that the body's survival is only through physical matter and not influenced by the mind. While biologists believe that only matter can change matter, others believe that human existence is a combination of body and mind. It may be easier for science to understand

how the mind can affect the physical body when there is a new understanding of how "The Big 4" works. The combination of the body and mind working together may allow for the possibility of including personal narrative in well-being.

This research has made clear advancement in genetic research had to start someplace as compared to the advancement of positive thinking. Since there was a lack of knowledge and experience, it was impossible for Norman Peale to experience the meaning of neuroplasticity in the 1930's. There was also a lack of knowledge in the study of genetics. For the past seventy years, new research in the field of genetics advanced science from a basic understanding of genetics to complex research in the field of genetics opens the possibility for the exploration that thought and personal narrative, "The Big 4," can affect well-being.

It is vital the reader understand the basic concept of DNA, before the research leads into the possibility that personal narrative can affect well-being in individuals. At times, in this research, it may appear some of the information did not seem relevant to the thesis. It will become valuable in the discussion. Some findings added important information to this work and created another important steppingstone to explain how personal narrative is critical to well-being.

The Evolution Of Genetics
From the 1900's to 1954

In the 1900's, there was limited knowledge in the evolution of genetics. A common belief in society was children having characteristics of their parents, i.e., height, body structure, hair, eye color and many other characteristics.With this basic

understanding, science reasoned there was some correlation between parents and children, but more needed to be understood.

The beginning process of understanding the correlation of parents and children was revealed in 1910. At that time, intensive microscopic analyses uncovered hereditary information of one generation that was passed on to the next generation was contained in the chromosomes. This discovery altered the understanding of genetics due to two factors; a chromosome can reproduce itself, and if a chromosome is spilt in half, each half reproduces itself. These two major findings led to the belief that DNA created life and human behavior. This was considered a breakthrough, yet there was still a question about how this miracle occurred (Lipton, The Biology Of Belief 2015)

In 1944, as this research progressed, the next evolution and breakthrough in genetics occurred. A study was conducted by Dr. Oswald Avery. Scientists isolated pure DNA from a bacterium that they called species A. This pure DNA was added to another group of bacteria. The results showed the second species of bacteria started to exhibit hereditary traits from species A. With this simple finding from one study, it was concluded DNA was the only reason for the transfer, creating DNA to be a superstar in genetics (Avery, Ma Cleod and Mc Carty 1943)

Due to the findings in Avery's 1944 study, scientists and others had a strong belief the power of DNA was the way that traits were carried from one generation to the next. In turn, this meant genetics control the human body. In the evolution of genetics, characteristics and behavior were also inherited. This became a cornerstone for the next evolution of genetics to examine DNA further regarding the process of how DNA carries traits.

In 1953, from research performed by Watson and Crick, who discovered DNA, it was found that DNA contains four different chemicals containing nitrogen molecules called adenine, thymine, cytosine, and guanine. The order of these long strings of amino acids, created the DNA structure and was the blueprint for protein production. Since DNA molecules can be subdivided, it was discovered that single genes could create specific proteins which could recreate the cell protein. This is an important finding since proteins form the basis of life (Watson and Crick 1953).

New Corner Stone In Genetics

When science and society understood the results of the above information, it is no wonder both scientists and society had an absolute belief that genetics solely affects an individual's well-being. Through the study of DNA and proteins, a conclusion was made DNA can control replication, and at the same time, serve as a blueprint in reference to the production of the body's proteins.

The evolution of genetics takes a major shift after studies researched what can affect the proteins in the physical body. Later research indicated this theory could be expanded to include a connection with personal narrative. This can first be demonstrated from a proposal by Francis and Crick called "Central Dogma" (Gottlied 1998).

Central Dogma states that there is a flow of data from DNA to RNA, and then to protein formation. RNA creates proteins through transcriptions of the nucleic acid moving to translation into amino acids. Figure 6-1 represents the process of Central

Dogma, which was simply stated by a Nobel Prize winner, Marshall W. Nirenberg, in physiology that DNA makes RNA which makes proteins (Nobel 2020).

STEP ONE	***STEP TWO***	***STEP THREE***
DNA **Replication of** **Nucleic Acids**	**RNA** **Transcription of** **Nucleic Acids**	**Protein** **Translation** **Amino Acids**

Figure 6-1. Demonstrates how genetic information from parents creates a genome. DNA which is made up of nucleic acids; proteins are made up of amino acids. The DNA replicates itself from transcription via RNA, then this RNA through translation, forms proteins made up the amino acids, which create life. Chart from Anthony De Canto D.C information (Lipton, Biology of Belief 2015).

Comparing Three Different Classical Genetic Studies

Understanding the Lack of DNA Information

It is now important to move on to research which shows that DNA does not solely affect well-being and is not the sole contributor to disease outcomes. The following three DNA studies were all completed at different times over the course of the history of genetics. When compared, the three studies are not consistent in their findings and there are breaches that are unexplainable by current understandings in biology. Each individual study sheds light and increases the information and knowledge advancing the progress of understanding the function and the characteristics of DNA, yet none of the studies can assert the reasons for the changes in DNA from one organism to another. Therefore, it appears that DNA is not the sole answer to explaining disease. Protein function is also vital in the development and behavior of the human body, and possibly one's well-being.

Since there is no consistency in the expression of DNA, the idea of personal narrative, understood to be the continuous thinking and experiences of the individual, must also impact genetic functioning, and therefore, overall health and well-being.

Study One: Roundworm

DNA researchers often find it easier to use small organisms to study DNA and understand how it functions. According to a Blaxter study in 2003, the goal of one study was to find out how many genes were present in the *Caenorhabditis elegans* roundworm. This worm is used in many studies because it is a fast-growing organism which is a clearly beneficial in genetic research because the organism can quickly reproduce, and genetic sequences can be quickly analyzed in the lab. The findings of the study noted the *C. elegans* roundworm has only 969 cells that composes a simple nervous system with a genome of only 24,000 genes. Yet with only 969 cells and genome of 24,000 genes, this organism can survive in nature and reproduce (Blaxter 2003).

Study Two: Fruit Fly

Another well-known genetic study aimed to understand the greater functioning of DNA with the fruit fly. The fruit fly was studied because of its speed of reproduction. It is also not a microscopic organism which makes it easy to work with. The main finding was that the fruit fly has only 15,000 genes. Compared to *C. elegans* roundworm, the fruit fly is a more complex organism compared to the Caenorhabditis worm, yet contains nine thousand less genes then the worm. The study by itself simply indicates that the fruit fly with only 15,000 genes can survive in nature and reproduce (Ibid 396).

Study Three: Human Genome

Finally, a more recent study aimed to determine the size of the human genome. Through extensive DNA work, researchers determined that the human genome consists of 25,000 genes that makes up the fifty trillion cells to create the human body. This information by itself is enough to know the human can survive and reproduce life to maintain the existence of the species. Interestingly, the human genome is only slightly bigger than *C. elegans* roundworm, yet there are many of the same proteins found in both species, and at the same time, the two species could not have a more different experience on earth (Ibid.).

The three studies are not consistent in their findings when compared side by side. It can be typically assumed the bigger the organism the larger the genome, but that is clearly not evident. Each individual study sheds light and increases the information and knowledge advancing the progress and understanding of the function and the characteristics of DNA, but fails to show trends that explain the greater function of DNA. This means that another aspect, such as personal narrative and environmental surroundings, could easily play a role in the expression of the genetic information. With the findings, it appears that DNA is not the only answer in the development and behavior of the human body and overall well-being.

What a Difference a Thousand Genes Makes

As Figure 6-2 illustrates, there is no logic to the fact that the fruit fly with 15,000 genes is a more evolved organism than the roundworm despite the fact it has 9,000 fewer genes then the microscopic worm. To add to this confusing scenario, the human genome

with 25,000 genes and 50 trillion cells, has only one thousand more genes more than the worm that has 969 cells.

Figure 6-2. This summary demonstrates that there is no correlation between the complexity of an organism in reference to the size of genome. Therefore, the question is what else can affect the complexity of a species. Which leaves open the possibility that personal narrative directs the expression of DNA as the organism becomes more complex in their behavior? Anthony De Canto D.C

Moving from Genes to Proteins

The basic concept that DNA is the sole component of hereditary physiology and innate human behaviorism can be challenged due to the findings of the human genome in Figure 6-2. There is no direct correlation regarding the relationship between the number of genes an organism has compared to the complexity of the organism. It appears DNA expression amongst organisms is not consistent because, for example, identical twins share the exact same DNA sequence and genome, yet often have different disease outcomes (Brodin, Jojic et al. 2015). Therefore, there is a strong possibility personal narrative, including individual differences in the “The Big 4,” may play a dramatic role in

well-being. By example, personal narrative may determine the direction of genes to select the outcome of protein produced because the human genome consists of only 25,000 genes, yet is capable of producing over 100,000 structural proteins, along with 30,000 to 40,000 regulatory proteins have a significant role in physical functioning and disease states.

Genes vs. Proteins

As Figure 6-2 demonstrates, there is more to genetic expression then just DNA. Through research and studies, scientists have historically looked at the human body simply as physical matter often negating the perspective and influence of the mind on the body. Dr. Bruce Lipton in 2004, stated that there is a humanistic error in the Central Dogma Theory of DNA. Lipton stated, "We can no longer use genes to explain why humans are at the top of the evolutionary ladder" (Lipton, Biology of Belief 2015 53). It turns out that there is not much difference in the total number of genes found in humans and those found in primitive organisms.

There is room now for the possibility for the exploration of personal narrative as a way to better explain how the human genome of an individual can create over 100,000 plus proteins by utilizing only 25,000 genes, especially in the selection process that genes undergo that determine when specific proteins are produced in a body.

Further Investigation of Genes vs. Proteins

Accordingly, the incorporation of the "The Big 4" that make up the personal narrative can alter well-being by affecting Central Dogma. In human sexual reproduction,

a male haploid cell of 23 chromosomes and a female haploid cell of 23 chromosomes fuse together to create a unique diploid gamete with a full set of 46 chromosomes, which hosts the genetic code for a new human being (Zhong, et al. 2016). Personal narrative can alter the expression of the genetic code from the zygote state until death. Each has their own unique personal narrative which affects experiences, health and well-being.

Section One: The Beginning Formation of Genome of The Central Dogma

To start this investigation, it is important to understand that each parent contributes fifty percent of the DNA to create a new genome for their offspring that is incorporated by the zygote.

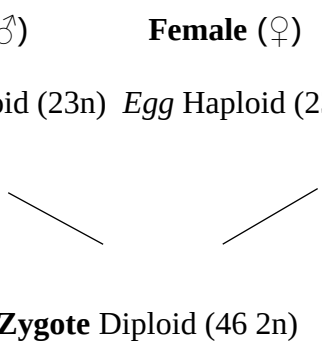


Figure 6-3. Both gametes are consisting of half of the genetic information that is then fused to create the zygote that houses a full human genetic set and the blueprint for all succeeding cells. Anthony De Canto D.C

At this stage when cell divisions occur in the zygote, the result is a normal cell division and proliferation of cells. The other possibility that may could occur during the cell mitosis is a mutation in the replication of the individual genetic code, such as

BRCA1and BRCA2 genetic mutations, which are known genetic mutations linked to breast cancer (Farmer, et al. 2005).

From a scientific research perspective, a genetic mutation can be seen under a microscope that shows a defect that occurred either in DNA replication of nucleic acids. If there is a genetic defect, it must occur at the genetic level with unknown involvement of personal narrative because the structural genetic information has yet to be determined by environmental factors or personal experience. Other examples of genetic defects which have an affect are albinism, muscular dystrophy, Turner syndrome and cystic fibrosis (Jain 2017).

What Causes Disease?

There is a debate regarding the extent that DNA affects one's well-being. Defective genes do play a role in disease. The situation is that it is only two percent of disease (Strohman 2003). Dr. Lipton states that "less than 2% of the population is affected in the vast majority of people who come into this world with genes that could not enable them to live a happy and healthy life" (Lipton, Biology of Belief 2015:27). Therefore, it appears that the lack of well-being could be the result of one of four origins; genetic, toxins from the environment, physical trauma during one's life, or personal narrative (thought). The following will demonstrate how protein alterations, not DNA, can affect one's well-being.

Investigating The Missing Gap Between the Genes and Protein Production

How 25,000 genes can produce over hundred thousand different proteins in the body is an unknown mechanism that is not understood in genetics. Although previous studies indicate that there is a connection between well-being and genetics, there is a gap in the research.

The following condensed explanation involving the formation of proteins may shed light on the gap. Once a gene is created, either a normal or a mutated gene, the procedure based on Central Dogma will occur; nucleic acids production to amino acids to proteins. This is important because studies have shown stress alters the protein production negatively (Lipton, PH.D., The Biology Of Belief 2015).

How Over Hundred Thousand Proteins Are Made with Only 25,000 Genes?

It is not a one to one ratio of one gene producing one protein. The creation of proteins starts by RNA transcription of nucleic acids, to the amino acids to translation which creates proteins. The following will simply explain how 25,000 genes can create over 100,000 proteins and their relationship to personal narrative (Lipton, Biology of Belief 2015). The following description will demonstrate the basic concept.

The Protein and Cell Receptors

Every protein that is formed is headed to a specific receptor site on a cell. Each specific protein that is directed by the body to a specific site has characteristics with a specific shape, specific size, and a specific polarity. Depending on the size, shape, and polarity, a connection will be made to a specific cell receptor. With different shapes,

sizes, and polarity, it is easy to see how 25,000 genes can produce over a hundred thousand proteins: everything from breathing to reproduction to elimination. The human body has trillions of cells and each cell has a receptor waiting for specific "key" to open it. (Figure 6-4)

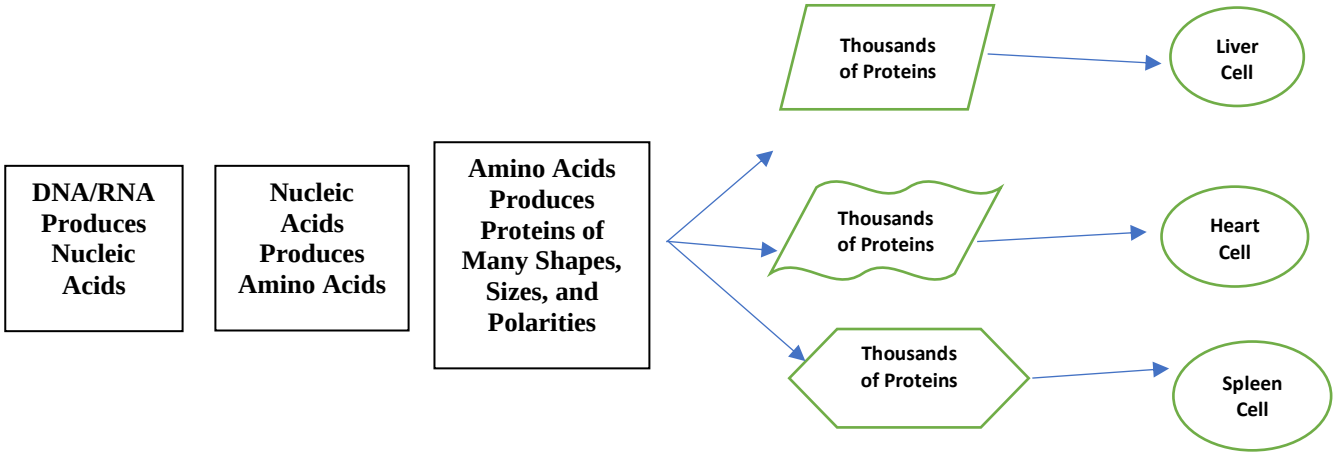


Figure 6-4. Demonstrates the formation of a protein. Anthony De Canto D.C

Studies have indicated that although it may seem like the DNA directs the protein creation, there is a possibly that the personal narrative also has influence over the protein creation. When a protein is completed, it creates a new protein which explains how 25,000 genes can easily produce over 100,000 proteins which direct the functions in the body (Ibid: 34).

Each cell needs the receptors because that is the signal from the body that tells the cell what to do. The protein activates cell function. The cell receptors are constantly waiting for the specific protein with a specific, size and polarity to activate the cell via the receptor.

For example, if an individual has diabetes, that individual's pancreas can no longer produce insulin, possibly due to a protein, a deficiency, a dysfunction, toxins or

other reasons. Therefore, this individual must take a man-made protein or a pharmaceutical drug to correct the dysfunction so the cell can regulate blood sugar. Studies later in this chapter will demonstrate that other factors can affect the Central Dogma besides physical matter, such as poisons, alcohol, toxins or personal narrative.

Is There a Flaw in DNA and Protein Understanding?

The following research will demonstrate a flaw in the study of DNA and how personal narrative effects well-being. The following studies involve different types of examples; BRCA1 and BRCA2 genes, smoking, HIV patients, immune system studies, and patient healing of wounds. These studies possibly demonstrate a change in the protein formation caused by a change in personal narrative which affects the physical body.

Study One

BRCA1 and BRCA2 Mutations
Personal Narrative May Have Played a Role

A UK study involving BRCA1 and BRCA2 mutations involved ten female patients and twenty-two relatives of these patients. This study stated that females who carried the BRCA mutation may have up to an eighty percent lifetime risk of the diagnosis of breast cancer. These females also have a fifty-four percent chance of risk of ovarian cancer. The article also states that if a male has the BRCA1 or BRCA2 mutation, they will have a six percent lifetime risk of a diagnosis of cancer (Dancyger, et al. 2011).

This study demonstrates without a doubt that there must be another factor involved other than just the BRCA1 or BRCA2 mutation since only twenty percent of the

patients with the mutation do not have a cancer diagnosis. Environmental influences, along with possible personal narrative, can play a role in the females that have the BRCA gene and did not get cancer. Therefore, women and men that have the BRCA1 and BRCA2, may not get breast cancer.

Study Two

Smoking and the Risk of Lung Cancer

Does Thinking of Lung Cancer Affect an Individual?

Personal Narrative May Have Played a Role

Smoking and lung cancer have long been connected due to the high occurrence of lung cancer with cigarette smokers. However, it seems that there could be a missing cause to the development of lung cancer in populations that engage in smoking because smoking is not a direct effect of lung cancer.

One study compared Americans and Japanese smoker's and measured the development of lung cancer between the two different groups over time. Over the eight-year study period between 1990 and 1998, this study demonstrated that the risk of lung cancer in American men compared to Japanese men was at least ten times higher. Another interesting fact was that lung cancer in both Japanese migrants and their offspring mirror white Americans in the United States. This strongly suggests that cultural and racial differences are not linked to lung cancer rates (Stellman, et al. 2001).

This study also showed that despite the higher smoking prevalence in Japanese men, lung cancer illness in American men was greater than Japanese men. According to a 1996 study, it is possible that the power of constantly thinking of cancer can affect an individual's emotions. The study indicated whether it is a doctor, a medical treatment, a

religious belief, or strong conviction, there will be an influence on both the emotion and motivation of the individual. It may be possible that just hearing about lung cancer can influence to produce a negative effect (Benson 1996).

The research did not mention or reference the differences in population by examining other factors, such as personal narrative or personal experience. From my clinical experiences, there may be a possible connection between thoughts that cancer is a common illness in the United States to physical outcomes. The topic of cancer is frequently shown in the media and referenced in disease promotional materials, i.e., Cancer Awareness Month in October, charity event runs and television commercials (Ibid.)

Finally, according to Lynne Eldridge, M.D on yourhealth.com, America was ranked as the number eight country in terms of lung cancer incidence, while Japan was not even in the top 20 in the ranking.

Immune System Studies

The immune system studies demonstrate how personal narrative can affect one's individual immune system through meditation, stress release, and other forms of healing techniques.

In order to better understand the connection of protein formation, the following four studies demonstrate how stress can affect different aspects of well-being from the healing of a blister to cancer. The study outcomes show that when an individual alters

their personal narrative, for example by meditation, there are measurable scientific results that occur. From my perspective, I believe changes occurred due to a change in a protein.

According to many health professionals, stress whether psychological, physical or cultural, influences the immune system, often depleting vital immune components characterized in the degradation of the lymphatic system (Stellman, et al. 2001).

As previously stated, there should be no exceptions to standards for genetics in scientific terms. Yet, this is not the case, opening the possibility that there must be other factors which can affect genetics, such as environment and personal narrative.

Study One

Immune System Studies and the Relationship to Proteins

Immune System and NK Cells

Personal Narrative May Have Played a Role

In order to better understand the effect of stress on the outcome of cancer, there have been studies that have incorporated de-stressing techniques into the scope of practice in battling disease. For example, a 2010 study of sixty women with cervical cancer were treated with standard care and healing touch. The study showed the "relative preservation of their natural killer (NK) cell activity during the course of treating the cancer." NK are large lymphocytes that destroy cancer. (Herberman 1986). The patients that received standard care and relaxation therapy to remove stress "showed significant declines" in NK cells (Hart 2011). The article did not sort out what relaxation techniques were used, but it included talking in their treatments.

The National Center for complementary and alternative medicine (NCCAM) states that energy healing does work. The modalities of the bio field are of two types; measurable which are called veritable, and the ones we cannot measure called putative (Ibid : 530). Energetic healing can be expressed in many forms such as healing touch, Reiki, Integrated Energy Healing (IET), and as demonstrated in Nursing's Healing Touch. Energetic techniques enhance the commonly used physical treatments, such as chemotherapy and radiation. to treat the physical body. There are also emotional and spiritual healing techniques (Taranto 2011). The important observation of the above study is that DNA was not altered, yet there was still an improvement created in the subject's well-being.

Study Two

Immune System and Proteins

Immune System and Wound Healing

Personal Narrative May Have Played a Role

The study called "*Wound Site Neutrophil Transcriptome in Response to Psychological Stress in Young Men*" relates to how stress inhibits healing. In this study, a skin blister was used from four young men to gather wound fluid. The blister site was also used for analyzing the number of neutrophils. Findings revealed the wounds of patients with stress would take forty percent longer to heal then patients without stress. Stress influenced the genomic balance in reference to the speed of healing; the encoding proteins responsible for inflammation, and death of the cell (Sashwati and Savita ed al. 2005).

From my experience with patients, I know that stress is part of the personal narrative. This is one reason that "The Big 4," may alter the protein synthesis, which then

alters the physical matter of an individual. The altering of protein either improves or hinders an individual's well-being.

Study Three
Immune System and Proteins
Posttraumatic Stress Disorder
Personal Narrative May Have Played a Role

This study also involves the investigation of the immune system in relationship to posttraumatic stress disorder. The article title is, "*Epigenetic and immune function profiles associated with posttraumatic stress disorder.*" Even previous studies demonstrated that the immune system can be affected by stress. In this study, DNA was obtained from one hundred individuals. Twenty-three of the subjects fit the criteria for lifetime PTSD.

PTSD is an uncommon response to stress. Although nearly 90% of individuals are exposed to a traumatic event during their lifetime, only a low number of subjects go on to develop the disorder. The overall results of the study stated that out of the twenty-three subjects who were suffering from posttraumatic stress disorder, there was a compromise in some subject's immune system. There were six to seven times epigenetic variations in which the immune system was altered (Uddin, et al. 2010).

The study also stated an indirect relationship in reference to personal narrative, but did not mention it in the conclusion. Prior to the study, all the subjects were previously diagnosed with PTSD for a year or more. They all had something in common; they all lived in the same town in Detroit. The study stated that there is more than twice the national average of PTSD which suggests that PTSD associated impairment may be

disproportional among individuals in urban social environments. This indicates personal narrative is also involved with the findings in the study because an individual's living environment is part of their personal narrative, "The Big 4."

Study Four
Immune System and Proteins
HIV - Stress and Immune System
Personal Narrative May Have Played a Role

This study used HIV, which is a virus that can be easily diagnosed and tracked in laboratory studies. The study demonstrated two different situations; that stress can affect the immune system, and stress is linked to virus replication.

The study involved HIV patients. It was discovered that HIV spread faster when the patient was most stressed. It was also noted that the higher the stress, the less chance that the patient would respond to antiviral drugs. The study noted that when a patient was calm, the drugs worked up to four times better than when the patient was stressed. Stress levels were determined by blood pressure, resting heart rate, and skin moisture. This study concluded that there is a direct effect on the nervous system and viral replication (Cole, et al. 2001).

Personal Narrative and Stress Response
Overview

Due to the results of the above studies, they all indicate that stress can affect the immune system. Stress experienced by an individual is part of their personal narrative, "The Big 4." In the previous American and Japanese cancer study, personal

narrative affected well-being in a more negative way in America. This was possibly due to the constant bombardment of the term “cancer” in many areas in U.S. society. In this case, constant negative messages may have affected the immune system because of negative attitudes.

It is apparent that it does not matter what type of relaxation is occurring, from meditation to Reiki, or to even spiritual beliefs to show an influence in well-being. The common factor is that in some cases, there was a positive result in the patient. Therefore, when there is no change in DNA, or where there is an altering of DNA, there must be some connection to protein formation and personal narrative of the individual to produce a positive results.

From my experience, I understand the role that attitude plays, both positive and negative, on one’s well-being. If a patient who is a smoker has a positive attitude and does not worry about receiving a diagnosis of lung cancer, this patient’s immune system will function better than the patient who smokes but has a negative attitude and constantly worries about getting lung cancer. The worry and negative attitude will weaken their immune system as demonstrated by the studies above about stress.

This can also shed light on the population differences between the Japanese and American male smoking groups and the level of stress within each of the respective populations. According to many health professionals, stress whether psychological, physical or cultural, influences the immune system, often depleting vital immune components often characterized in the degradation of the lymphatic system (Stellman, et al. 2001).

Overall, an individual's immune system can be affected by stress. By adding an environmental toxin with the direct inhalation of cigarette smoke, an individual immune system is often further compromised leading to disease and negative health outcomes,

Everything is Not Scientific With the Human Body

There appears to be another monkey wrench in the system of genetics, in reference to formation of changing of proteins. As previously described, any principal cannot have any exception, or it is not a principle when it involves the human genome. Common-sense seems to dictate that both the world of science and the general public would agree on the following statement. If an individual has a disorder of irritable bowel syndrome, certain foods will bring on an attack either by altering some aspect of the hundred thousand proteins being created in response to diet. This altered protein response in relation to the cell receptors create both the physical and behavioral symptoms that are common with irritable bowel syndrome.

I agree one hundred percent that the individual who is diagnosed with irritable bowel syndrome can bring on symptoms simply by eating certain foods. I also agree one hundred percent this unfavorable reaction will create a new protein key which might induce symptoms such as vomiting, diarrhea, or many other symptoms that are common in irritable bowel syndrome .

The following two studies will demonstrate a flaw in the DNA disease theory. This creates other possibilities that can have a direct effect on the physical body by altering matter, such as the personal narrative.

To clarify, if an individual has IBS, science would have to agree according to the gene theory that is was due to a physical defect from birth, toxins or pollution, or some form of trauma. As demonstrated through the research and the following studies, there may be a fourth way which can cause IBS; personal narrative.

The following two studies demonstrate how personal narrative can improve the well-being of IBS patients. As previously mentioned, there might be a physical defect within the bowel system of the individual which creates the diagnosis and symptoms of IBS. The following two studies demonstrate that personal narrative not only improved the well-being of the patient, it also corrected the physical defect within the bowel sepsis system.

Study One

Is It Really Irritable Bowel Syndrome?

This study involved two groups of forty subjects who suffered from Irritable Bowel Syndrome. The study was led by Harvard and performed by Ted Kaminski. In this study, the first group of subjects were specifically told that they would receive a three-week supply of placebo pills for the treatment of their IBS. This group was told that in past studies with this placebo pill there was demonstrated improvement in IBS patients.

The second group of forty subjects were the control group and not given placebo pills. At the end of three weeks, the first group that received the placebo pills reported "twice as much relief of symptoms as the control group" with no pharmaceutical drugs involved. This finding matched results from pharmaceutical testing for their best pharmaceutical IBS drug.

When examining the placebo pill, it contained nothing more than inert substances which have no effect on IBS. What makes this one of the best cases in reference to hypothesis that personal narrative, "The Big 4" effects well-being is the following reason. This placebo testing showed a significant improvement in IBS in the subjects due to the body-mind connection which can bring on a self-healing process. Suggestion alone through the placebo pill relieved IBS symptoms without the assistance of pharmaceutical drugs. Also, the suggestion that the placebo pill demonstrated relief in other patients strengthened the belief in the subjects which helped to bring on the positive results through thought alone (Kaptchuk, Friedlander and Lembo 2010l).

This therefore indicates that there must have been an alteration in the protein formation which physically corrected the IBS since the symptoms were improved. Another major finding was that the placebo not only changed the thought, it also altered the protein synthesis, because of the decrease of symptoms.

Two separate facts about IBS and personal narrative help to clarify what the study proved. First by the subjects taking a placebo with no ability to alter the IBS showed an improvement. The second point relates to personal narrative and well-being in the relationship to the changing of the proteins by "The Big 4." Figure 6-5

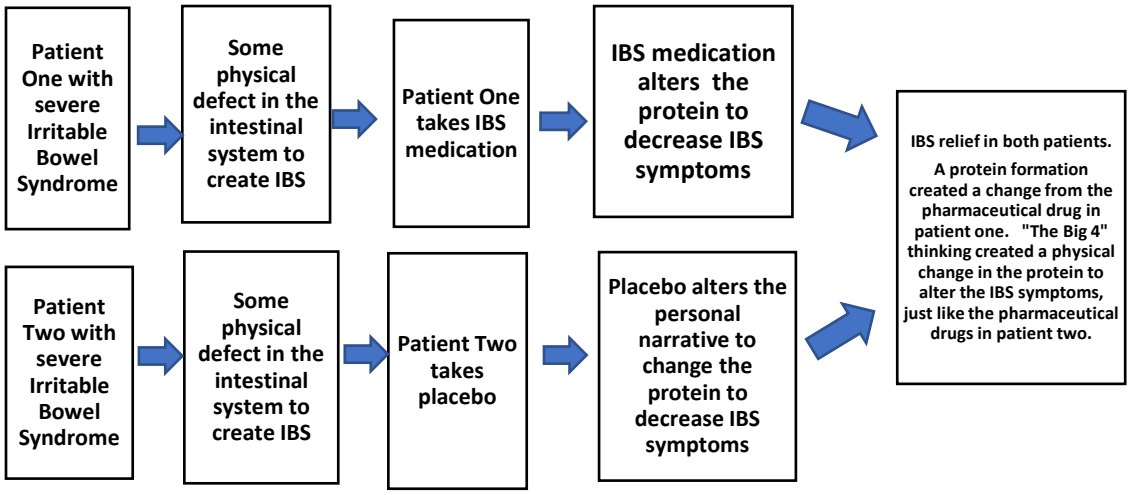


Figure 6-5- Similar results were achieved from a pharmaceutical drug which altered the protein for IBS treatment, and placebo treatment which also altered the protein due to the patient thinking they were taking the actual drug. Therefore, "The Big 4" may play a role in the well-being. Anthony De Canto D.C

Study Two

Do Calories Equal Exercise?

The following studies indicate that personal narrative plays some role in relationship to weight loss. This study was performed in 2007 at Harvard University consisting of eighty-four hotel maids divided into two groups. Each group was assigned to work at different hotels to prevent any communication between the groups. The subjects were all interviewed prior to the start of the study. The results of the interview stated that 37% of the subjects did not exercise at all, while 67% of the women only exercised on an irregular basis. After all the subjects had their initial assessments, the study started.

The first group of maids were told that after completing one day of work that their daily activity of cleaning the rooms was more than enough exercise. The second group of

maids were given no such information. After one month, the maids were reassessed with the following findings (Crum and Langer 2007).

At the end of the study, the first group who were told that one day of work was more than enough exercise showed an average loss of 2 pounds, along with a lower percent of body fat. The other major finding was that this group also had a lower systolic blood pressure by ten points. In contrast, the second group showed no change in their physical body or their blood pressure. Both groups did not make changes to anything in their lifestyles, such as no outside exercise, no change in diet, or eating habits (Ibid).

It can be concluded from the results that simply telling the first group that they are getting more exercise altered their personal narrative to believe that they will lose weight, while the second group doing the same activities did not lose weight.

Comparing both studies, the first study with IBS had strictly subjective findings, with no specify lab testing to determine results. Even though the subjects had consumed foods should have increased IBS symptoms, the foods did not upset their digestive system as would have been expected.

The second study with the maids demonstrated an objective finding demonstrating scientific proof through weight loss and deceased blood pressure. One can conclude that the maids who did not lose weight had no reason to believe that they could lose weight and that it was possible to achieve weight loss. The next section will explain the possibility of why this occurs.

Study One
Laughter Up Regulates The Genes

The first study involved type II diabetic patients. In this study, patients had to listen to two different types of lectures; one serious and a comedy. On the first day, the diabetic patients, along with the hospital staff, had watched a comedy show where laughter was involved. On the second day, the same patients and staff had to listen to a serious educational lecture on diabetic conditions.

After each event, there was an analysis of the subject's blood. The blood test revealed that after watching the comedy show, there was improvement. From the 41,000 genes examined, thirty-nine genes were up regulated. Among those genes, fourteen of them were related to natural killer cells which benefit the diabetic patient's well-being. Even though there were no genes up regulated that were directly involved with regulating blood glucose, patients still had a positive result.

What was surmised was that laughter may have influenced the immune system genes. This influence of the immune system genes contributed to the improvement in the subject's glucose levels. Like other studies, this research indicates that personal narrative, "The Big 4," relates to well-being (Satory Tsujii Tamanha, et al 2007).

Personal Narrative, Well-Being
and Body Mind Habits

I witnessed a situation in my professional practice that I feel plays a role in personal narrative and well-being. I questioned why some patients could follow a simple

protocol and other could not. What seemed to be a simple common-sense decision for some patients was a major block for other patients. In time, I realized that it was because of their habits.

For an individual to create a habit, or for that matter anything, the individual must have a thought, the first aspect of "The Big 4." This in turns creates the second aspect of "The Big 4" (the mental). The mental is followed by the feeling (emotional), which is the third aspect of "The Big 4." This is created by the brain resulting from thought that produces the neurotransmitters which create the emotion that individual is experiencing at any point in time. These neurotransmitters create the requested emotion (the feeling) that produces a result that is expressed in the fourth aspect of "The Big 4" (the physical body).

A habit is when this is repeated over and over, so the body responds without thinking on a conscious level creating the Body Mind Habit. The following studies demonstrate how "The Big 4" can work with both cancer patients and can change a behavior of an individual.

Study One
Support Groups and Breast Cancer
Altering a Body Mind Habit a Physical Change

The first example was a study conducted with support groups consisting of women with breast cancer. Fundamentally, a support group will direct the patient's consciousness through understanding and learning about other cancer patient's

experiences. Support groups allow cancer patients to increase their mental ability to change their thinking and to understand that it is not impossible to improve.

In a Canadian study conducted between 2007 and 2012, two hundred and twenty-seven breast cancer survivors were the subjects of a study which involved mindfulness meditation to determine if it had an influence on well-being. The subjects were divided into two groups; one was the control group, while the other participated in mindfulness meditation. At the end of the study, the mindfulness meditation group preserved telomeres lengths, which means that the well-being of the subjected improved. The control group that did not experience the mindfulness meditation had telomeres which became shorter (Carlson, dt al. 2014).

Study Two
What Makes a Great Piano Player?
Altering a Body Mind Habit - A Non-Physical Change

This example does not relate to the well-being of the physical body, instead it relates to the personal narrative in reference to an individual's overall state of being. Why this is important in this narrative is because of experiences.

The Shine, a 1996 movie, is an example the subconscious mind challenging the Body Mind Habit. This movie is a biographical drama based on a true story about an Australian concert pianist named David Helfgott. Helfgott had a father who was a survivor of the Holocaust. Due to the personal experience of the Holocaust, David's father was very demanding. His father always told David that safety is only within the

immediate family and to always stay close to the family. David was told to never stand out in a crowd, which was impossible for a concert pianist.

The words of his father created a Body Mind Habit in David. He knew that within himself that he was a great world-class pianist. David had to break the bonds that was created through his father's constant reminders to not stand out in a crowd and that he needed to shine. Helfgott was participating in a competition concert in London where he would perform the Rachmaninoff's Third Piano Concerto. During the concert, David had to constantly fight his subconscious mind that kept saying to him, "You are not safe. You are in danger," by reinforcing his conscious mind with positive thoughts such as, "It is ok to be here. It is safe."

During the competition, Helfgott was sweating profusely while battling his subconscious mind throughout the entire concert. It was a constant battle for him as he kept reassuring himself. At the end of the competition, David expelled so much energy that he passed out and collapsed. This was the start of his breaking the Body Mind Habit (Lipton 2015).

It is important to recognize that the subconscious mind is a result of life experience, as with Helfgott. The subconscious mind encompasses the awareness of all activities that the conscious mind does not choose to recognize. The subconscious mind is the individual dutiful servant, which means motivated by duty, it does not desire or show enthusiasm (Ibid.)

In all this research, there is the one statement that has the most value in discovering if personal narrative affects well-being. The fact is that the subconscious

mind does not know what is right or wrong, good or bad, or even what is positive or negative. This explains and justifies why some individuals can make choices that may be senseless to other people. The key statement is the subconscious mind can only respond to what the conscious mind imprints on it (Vambrock 2013).

Personal Narrative, the Five Senses, and Medical Humanities

Of all the findings in this research on personal narrative and well-being, there was a major discovery pertaining to personal narrative which involves all the five senses. The research reveals that with personal narrative and well-being, it includes every aspect of medical humanities. Medicine such as pharmaceutical drugs alters a physical body by chemistry, while Chiropractic alters the body through spinal adjustments, and a psychologist alters the mental aspect through thinking. A previous study demonstrated how personal narrative in reference to humor affects well-being.

Summary of the Body Mind Connection

The positive news is that an individual can change their state of being if they can endure the process of breaking a habit by altering their personal narrative. When the Body connection works in a positive way, as described in Pierre Franckh book, "*The DNA Field and The Law Of Resonance*," it could be labeled as neuroplasticity. Pierre is basically stating when individuals think or do a specific action for a specific amount of time, that part of brain will enlarge. In contrast, the part of the brain that is not being used will shrink. This is due to the neurons responsible creating new electrical signals involving activity. Implications of this discovery indicates that "our brains react to our

thoughts and creates neurons afterwards, reintegrating itself in a completely new way" (Franckh 2009: 94).

This is also supported by Dr. Bruce Lipton when he states, "Life experiences can stimulate or suppress transmitter activity" (Lipton 2015: 95), basically meaning that you can affect one's well-being by altering the Body Mind Connection. The following story also incorporates many aspects of personal narrative affecting one's well-being. jIt also demonstrates spontaneous healing in a terminally ill patient.

To take a step back, from a neurobiological perspective, the hippocampus is the structural unit of the brain that is responsible for encoding memory (Howard and Eichembaum 2013). In studies with rodents, neuroscientists have examined the changes that occur in the hippocampus when mice are exposed to memory tasks and later trained to recall those memories to complete future tasks. Interestingly, the genome of the mice did not change, only the structure and functioning of the hippocampus, which consists of a variety of proteins translated from RNA that stems from the blueprint of DNA in the organism.

It seems that the wealth of humanities can also change and influence the encoding of human memories, which are stored by the hippocampus in the brain. These changes are structural by nature, meaning the change is initiated by proteins that are the foundation and functional units for the hippocampus in the brain. To clarify, experiences in the humanities (art, music, writing, poetry) have an ability to change individual perspective and understanding by making impactful memories that later change self-awareness and self-identity; an individual's personal narrative.

For example, in a study in the *Journal of Music Therapy,* music therapists stimulated the memory of dementia patients by playing music from their youth, which significantly improved performance on both speech content and fluency dimensions of speech (Brotons and Koger 2000). By only altering simple sensory input through music, it is possible that a personal memory that stimulated a change in the mind, has the ability to induce physical changes in the language centers of the brain by altering the protein synthesis and execution in those specific areas that translated to better speech functioning. Therefore, individual experiences that have been incorporated into individual personal narratives. "The Big 4" seems to have the ability to change the expression of proteins in certain areas of the physical body. Overall, personal narrative, "The Big 4," may be the missing link between the biological understanding and the human experiences that alter the understanding of the Central Dogma first formulated by Watson and Crick.

Study That Alters DNA by Personal Narrative

The last part of this chapter consists of a three-part study that demonstrates a possible role in personal narrative affecting a change in DNA. Although this was accomplished in a very simple study, it still produced a principle. Further studies will expand on the principle.

A comparison can be made between this study playing a role in personal narrative affecting well-being and the previously mentioned study with Larry. Larry used prayer to alter his personal narrative to cure himself of AIDS. The DNA study comes from the scientific part of medical humanities, whereas, Larry's role came from spiritualism and the religious aspect of medical humanities.

A common factor between both studies involves intention, consciousness, and an awareness directing personal narrative. Even though the results are similar, there is an overlap. The overlap suggests that thoughts and intent can seriously influence well-being. Although both studies use a different aspect of medical humanities, they are working together demonstrating that personal narrative may affect one's well-being

Personal Narrative Alters DNA?
Study

The study doesn't specifically reference the human body, it is directed more towards psychology and the mind, yet it is a building block for this thesis and is a cornerstone to build upon when the study stated that it involved "possible psychology," I first had to think because psychology in my view is one's personal narrative. It was necessary to examine the definitions of psychology: "the scientific study of the human mind and its functions, especially those affecting behavior in a given content; the mental characteristics or attitude of a person or group; the mental and emotional factors governing the situation or activity" (Webster 1828).

All three definitions are part of the personal narrative, "The Big 4," thought, mental, emotional, and physical. The following three-part study shows the role of personal narrative, "The Big 4," and the effect on well-being. The study was based on DNA and research done by Glenn Rhein, PhD. The study was conducted at the HeartMath Institute, Research Center at Boulder Creek, California.

First Group

In this study, there were three groups of ten people. It was a very simple experiment. The first group of ten subjects were instructed to work as a group, creating and producing a strong feeling of love and appreciation. After the group created this feeling of love and appreciation, they were given a vial of stable DNA (it was more stable then bacterial cultures or cells). The subjects were to hold the DNA vial for two minutes. After the two minutes expired, the DNA was analyzed. The results showed that there was no change in the DNA structure.

Second Group

The second group of ten subjects was instructed to create an intention. The intention was just a simple thought. The study wanted to see if the intention could alter the DNA by either a winding or unwinding of the DNA strands. There was a major difference with this group of subjects because their instructions were to only have the thought, not to create an emotion or feeling, just the intention. This group also held the DNA sample for two minutes. When the DNA was analyzed, there also was no change in the DNA structure.

Third Group

The third group of ten subjects was instructed to combine the first two group's instructions. This group created not only the thought to wind or unwind the DNA, they also created an emotion and feeling to wind or unwind the DNA. After the group accomplished the thought and the feeling to change the structure of the DNA, the group also held the DNA for two minutes. In this case, when the DNA was analyzed, there was

an amazing finding. The DNA that was at originally stable was altered as much as twenty-five percent with the combination of thought and emotion (Dispenza 2012).

Results of the Study

The thought (intention) did not alter the DNA, it was the thought in combination with the emotion that altered the DNA. This would indicate that thinking of something without the emotion will not affect the physical aspect of an individual, as demonstrate in the figure below. A question may arise as to what happened to the mental aspect of "The Big 4." The mental plays a role in every thought that an individual has and is also directed by the thought. The second group of subjects stopped the mental imagine from becoming an emotional part of that group's personal narrative. Some might refer to this state as "having no heart." In other words, with no emotional aspect of "The Big 4," an individual may have no problem hurting another human or an animal (Figure 6-6).

A	B	C
Love & Appreciation Control Group	**Intention Only to Unwind the DNA**	**Intention & Emotion to Unwind the DNA**
Positive Emotion	**Intention Only**	**Intention & Emotion**
NO CHANGE	**NO CHANGE**	**CHANGE THE DNA**

Figure 6-6. The combination of Intention and Emotion (column C) was the only combination that changed the DNA. This is part of "The Big 4," the personal narrative; thought, mental, emotional, and physical. The next question is how does this happen? Anthony De Canto D.C

What is the Connection?

The following information is from Charles Jennings, director of the neurotechnology program at the McGovern Institute for Brain Research at MIT. To better understand the above three studies, it is important to look at the brain as two parts; as a

physical matter (an organ), and as a subjective and mysterious part that includes the sense of mind in the realm of consciousness, imagination, and memory (Rubin 2015).

Since the brain contains 100 billion neurons, it is easy to divide the brain up into areas that relates to each function of the body. With this research, the body's input comes from the environment and even though the brain activity can be mapped in relationship to the body, we cannot label or find consciousness. For example, science can label each part of brain that pertains to praying or another specific action of the body, but consciousness cannot be identified in the brain (Ibid.)

These thousands of connections within the brain and human body involve many factors. The brain is a machine that is remarkable and efficient that receives all the input from the environment. What the brain does at this point is it integrates the sensory input and combines it with prior knowledge and experiences. It then processes the input and makes decisions about what to do. This information is then sent to the rest of the body (Ibid.)

Jennings also states that the brain can execute commands and is an efficient machine. Patterns are built from past experiences and held in the brain. How the brain can affect one's well-being in reference personal narrative will be demonstrated with the following information (Ibid.).

DNA and Meditation

Comparing three different classical genetic studies helps to clarify that there is a lack of information when solely considering DNA. There is one fact that all the research

demonstrates. It is that there are major gaps in knowledge surrounding the direction of the production of proteins and if the proteins are effectively used by the body's organ systems. As demonstrated by Strohman, in the *Journal of Social Work Education* in 2003, only two percent of known diseases are strictly from faulty or defective genes. Furthermore, in a 2014 study by Carlson et. al, showed that mindfulness meditation, which could be thought of as a change in personal narrative and self- understanding, changed the treatment length of breast cancer patients and adjusted their clinical outcomes.

Therefore, there is no disputing the theory of Central Dogma, in that DNA begins the process of transcription and then translation. The evidence that personal narrative could influence transcription or translation is still being studied. Currently, scientific research still questions where and how these changes are taking place that lead to dysfunctional RNA or unusable proteins because many diseases do not fall under the well-researched mutations of DNA.

It is easy to agree with previous research that demonstrated that DNA creates an individual physiology and behaviors based on biology. What is not clear is if genetics are the blueprint for an individual, along with certain biological behaviors. There must be a standard baseline for all expressions of DNA. The standard for genetics in scientific terms should not have any exceptions, which is clearly not the case. If there are exceptions, the assumed standard is incomplete. There must be other factors which can affect genetics, such as environment and personal narrative.

Chapter Seven

While my professional practice drew from many aspects of healing, for the purpose of this dissertation, I focused only on the foundation of personal narrative and well-being as I witnessed and experienced as a result of my experiences with patients.

This discussion will break down some of the research that was discovered and will be also be included in the conclusion. The conclusion will be a step by step outline from the zygote to death on how personal narrative may affect well-being.

What I realize from practice is that a holistic type of healing which includes body, mind and spirit is involved when personal narrative, "The Big 4," is the healing approach used with patients in their treatment. This approach is different than looking at personal narrative mainly from a physical lens without considering the patient from a medical humanities perspective. As stated by Andrew Weil M.D., "It is a common belief that conventional medicine attends only to the physical body neglecting the mind and spirit" (Weil 1995: 242).

As this thesis moves on to discussion, there seems to be enough evidence for the reader to expand their base knowledge to understand that the human body is not just pounds of flesh. It is time that medicine moves away from addressing the human body from a Hippocratic point of view. Since science and technology still address the human body as matter which contains fluids, bones, and muscle, medicine is missing the big picture in Medical Humanities.

Since the human body is multi-sensory, it is time to discover the interactions of neuroscience within the self-consciousness that creates our virtual reality. This new field of research is called "Embodied Medicine" and it incorporates more than just the physical

body as matter. It moves science forward by including that a healthy body contains a healthy mind (Riva, et al. 2017). With this mode of thinking, this opens a new way to address the personal narrative in reference to well-being.

In a study that demonstrates how Embodied Medicine is occurring in the medical world, researchers used a Functional MRI to validate how the brain's networking changed before and after eight weeks of meditation training with a group of depressed patients. The study included thirteen subjects which participated in eight weeks of one and a half hours of meditation. The first hour involved breathing and meditation, while the last thirty minutes was dedicated to discussion. The subjects were also encouraged to do meditation at home.

Mindfulness meditation was the only change for the group of depressed individuals. Analysis after the study showed that thought processes and symptoms associated with depression were weakened. The changes in thought brought on by the meditation created a change in patient health (Yang, et al. 2016).

As previously described, the human body has both electric and magnetic components. This is vitally important because in my opinion, this is the reason why every human has a different energetic component to their make-up. In a study involving twins, even though the twins had the same DNA, their well-being was not the same. This showed that DNA does not control one's well-being as demonstrated in study with twins. Although this thesis is not about the energetic aspect of living matter, it must be discussed because it plays a role in personal narrative.

Does Each Human Has a Different Vibration?

Studies have shown that the human body contains both electrical and magnetic fields. It has been found that an outside electromagnetic field can cause a disruption and dysfunction of plasma membrane (Panagopoulos, Karabarbounis and Margaritis 2002).

Personal narrative is also a combination of electrical and magnetic energy fields. The magnetic field in the body was demonstrated by a non-invasive technique called magnetoencephalography. This process is used for investigating neuronal activity in living human brain. A non-invasive stimulation of sites in the cerebral cortex can be detected from magnetic field distribution. (Hari, et al. 1997,).

The human body generates its own magnetic field by the extraordinary volume of electrical activity which is needed to keep humans alive (Ibid.) This electromagnetic field can also be measured outside the body by magnetoencephalography. The demonstration of feeling outside the human body that can be measured is called an aura. The aura was first discovered in early Egypt, Greece, India and Rome. In the 1900's, medical findings were conducted on the human aura to see any correlation. I consider this part of the personal narrative (Mucha 1985).

Why Magnetic Fields Differ In Relationship to Personal Narrative

Since every living object has an electromagnetic field called the aura, the following will clarify why individuals have a unique electromagnetic field that creates a personal narrative that is influenced by personal past experiences along with their one of a kind energy field. This personal energy field is impossible to duplicate, as will be explained below.

The website “Theguardian.com” states that there are two hundred and fifty babies born a minute; which is four babies a second. Even though four babies are born a second, there is still a unique factor that is involved with personal narrative of infants. As previously stated in this thesis, personal narrative is not only related to past and present experiences of an individual. This section will demonstrate the development of the other aspects of personal narrative, as it relates to the energetic aspect of “The Big 4.”

A unique factor that involves personal narrative is that no two babies can be born at “the same time, in the same place.” It follows then that each infant will have a different electromagnetic field, which is part of their personal narrative.

As an example, a woman is having triplets in a hospital in a town in Wisconsin. She is in room five hundred and two. As labor starts, the first baby is born at 9:02 am, the second baby comes into the world at 9:05 am, and the third baby is born at 9:07 am. There is one major difference with each infant birth. Even though all three infants were born on the same day, in the same room, they were all born in a different location in space. To clarify, with each birth, the rotation of the earth occurred, therefore creating a different magnetic field in that infant’s body.

Even though all the three babies were born in the same hospital room, they were not born in the same spot on earth because the earth is constantly rotating. As the earth is rotating and changing position in space, the electromagnetic field of the earth is changing. This in turn, affects the electromagnetic field of every baby born in this world due to electrical charges. Every human being consists of basically ninety nine percent of the following six elements; oxygen, carbon, hydrogen, niacin, calcium, and phosphorus, (Helmenstine 2019).

Due to the different location of each infant birth on earth, there must be a different electromagnetic field created within that infant. It would be like a placing ten identical magnets on a tabletop in different locations on the table and in the center of the table placing one larger magnet. Upon measuring the magnetic field of the ten magnets due to their different locations, each will have a different measurement of their magnetic field on the tabletop.

To summarize, since it is impossible for two babies to be born at the same time in the same place on earth due to the earth's rotation, all individuals will have a different electromagnetic field and a different vibration due to the rotation of earth and the constant movement of the solar system. This movement continuously is affecting the ocean tides, along with all living matter on earth.

The human body has red blood cells that carry hemoglobin. In the 1930's, it was found that hemoglobin had magnetic properties that varied with the amount of oxygen within it (Hub 2007). Hemoglobin can attach to oxygen and is affected by magnetic fields.

The earth is basically a big magnetic field with a North and South Pole. When the blood travels through the circulatory system and passes through the lower extremities, it is picking up a charge from the electromagnetic earth that affects the magnetic part of the physical aspect of everyone's personal narrative.

Electromagnetic Field Affecting Personal Narrative

It is easy to demonstrate how much the electromagnetic field of earth has changed by the following scenario. One hundred years ago, if a picture of the earth was taken from

space, the earth would have been quite dim, compared to today, due to the earth glowing with electromagnetic(em)3 energy emissions. Most frequencies are of the non-ionizing portion in correlation to the spectrum, in reference to microwaves, power lines, radio waves etc. The progression of the electromagnetic field of the earth occurred quickly in comparison to the electrochemical systems of living organisms which evolved over billions of years. This interaction adaptation to the electromagnetic change in our environment may be occurring too fast. Humans and animals cannot keep up with the change (Frey 1993).

Living organisms must adapt to control cellular systems that are critical, such as the complex circadian rhythms. Many of the birds and fish, including the duckbill platypus, use electromagnetic fields to navigate and a sense prey. The following is important with personal narrative because the electromagnetic fields are involved with protein confirmation and neural memory functions, which are affected by altering electromagnetic field of the human environment (Ibid.).

Electromagnetic fields can influence cell membranes receptors in controlling cell function. Some receptors are the RAS proteins. With experiments manipulating electromagnetic field to influence cells has demonstrated the electromagnetic field does manipulate the cells activity such as the sodium (Na+), calcium (CA 2+ ATPase), and the potassium (K+ plus ATPase) channels (Guan and Reed 2012).

These cell membrane proteins control the cells electrical activities, including the development and maintenance of the cell membrane potential. Therefore, if altered, the environmental electoral magnetic fields can shape the health and fate of a biological system (Hancock 2003).

Other research stated that there are two primary factors involving the proteins. It is important that the protein consist of a certain shape which is the backbone of the protein, like the key in the lock example in the previous chapter. This is the first facet of the protein shape created by the sequence of the different amino acids. The second facet is a concern because it is the electromagnetic field in which is being altered by the advanced technology in our society. This in turn affects the charges, the interactions of the positive and negative charges of the protein, which may be altering the function of the protein. This once again demonstrates that the electromagnetic field plays a role in personal narrative (Lipton, Biology of Belief 2005).

More about Signals

The following information is important since it introduces the concept that non-physical types of signals can exist. This will play a role in the first aspect of personal narrative, "The Big 4," because thought has a non-physical existence.

In 2013, Chang revealed that within the seal chamber nerve cells, there had to be an influence from outside of the encapsulated cell. This was because normal cells have a distinct way of using a calcium signal. This calcium signal changed when the cells were surrounded by dying cells or cancer cells which prevented the physical signals. The cells after being surrounded would change their calcium signal. Therefore, there had to be a different method of signaling the cells due to the cancer cells surrounding the good cells. Chang concluded that it had to be a non-physical energic form of signal mechanism (Chaban, et al. 2013).

What was found appears to be a detriment to medical humanities. Even with expanding knowledge in medicine, medicine still holds a false belief that the signals controlling cell behavior are still carried through a system that still uses hormones, drugs, and ions such as calcium, potassium, and sodium.

Therefore, there must be another method of cell to cell communication, other than cells touching each other. This nonphysical way of communication could involve an individual's personal narrative due to the relationship of the first three aspects of personal narrative (thought, mental, and emotional); as demonstrated in the previous study of the unwinding of DNA. It is critical to recall that it was the combination of thoughts with the mental image and the emotion the feelings which altered DNA. The following study will also support that there must be an energetic signal, that if imposed upon, could alter one's personal narrative, therefore well-being.

Does Your Dog Bite?

Studies with animals reveal that there is a change in their behavior when there is a full moon. The word "lunacy" it is derived from Luna, the Roman goddess of the moon (Dictionary.com 2020). There is a belief that disorders of the mind can come from the effect of the moon.

Research was conducted to examine the relationship of a full moon and the effect on animals. It involved 37 full moons starting from January 1, 1997 to December 31, 1999. The study indicated that there were higher number of animal bites around the full moon. There were fifty-four cat bites (increase of 3.4%), eleven rat bites (increase of 0 .7%), thirteen horse bites (increase of 0.8 %), and fifty-four dog bites (increase of 95.1

%). The study indicted there was a significantly higher amount of animal bites during full moons (Bhattacharjee, et al. 2000).

The Evolution of Cellular Signals in Relation to Personal Narrative

This research examined the difference between cell to cell communications. This became vitally important as I was searching for this information. What I realized was that the same phenomenon that occurred with the electromagnetic field of the earth is also occurring with cell to cell communications. The same advanced technology that is altering the electromagnetic field of the earth may also be affecting the human body in cell to cell communications. The human body did not have enough time to adapt to the advancing technology in society, which is altering the electromagnetic field.

Over forty years ago, it was proven that energetic signals were hundreds of times faster and more efficient (Mc Clare 1974). The energetic signals are also superior in efficiency than physical molecules. Information that can be carried is linked to molecule availability of energy. However, as is well known, all chemical reactions involve a huge loss of energy. This is a result of chemical bonds being broken which discard most of the molecule's energy. The small amounts of energy that remain limit the amount of information that can be carried by the signals (Ibid.).

Science is quite aware that living organisms must receive and interpret environmental input in order to stay alive. In fact, survival is directly related to the speed and the efficiency of signal transfer of a message. The speed of the electromagnetic energy signals travels 186,000 mi./s speed of displaceable chemical energy. Energetic signals are hundreds of times more efficient than the physical chemical signals (Lipton,

Biology of Belief 2005). With trillions of cells in the human body, it would make sense that there are ways that the body is energetically communicating which have not yet been discovered.

Signals and Symbols

The purpose of this part of the research is as it has been described throughout this thesis that personal narrative, "The Big 4," starts with thought, the first aspect. Thought is then followed by the mental, emotional and the physical aspects. From experiences that I have witnessed in my practice, there is a common finding involving the thought and mental aspect. This common finding was that patients always involved some form of mental image when stating something to me. This mental image may only last a millisecond, but some form of image always occurred.

For example, with a patient who is having an anger issue, if the patient was asked, "When was the last time you experienced anger?" The patient might say, "Oh, when my father told me that I cannot have the car." What was interesting is that the patient would tell me they always could picture in their mind the mental image of their father, even for a millisecond.

In researching this mental image phenomenon, Dr. Bernie Siegel made a similar claim with his patients. He felt that the mental image could help the patient better understand themselves. Dr. Siegel related it to empowerment because the individual could better understand themselves through the visual imagery (Siegel, Help me Heal 2003).

Dr. Siegel demonstrates the value of personal narrative in a patient's well-being in reference to a patient's empowerment. Siegel stressed that it is important for the patient to be empowered. When patients are empowered, they make better decisions and will do what feels right for them. A person that pays attention to their self-talk and their narrative, will have an increased understanding of their body's needs and therefore, affect their well-being (Siegel, Help me Heal 2003).

As patients become empowered, it evolves their personal thoughts and consciousness. Siegel stated that the mind can either be a very destructive or very powerful survival tool which is determined by thinking. Bernie states that if you had parents that were unloving, a teacher who said you are a failure, if you believed on some level that God punishes you, you will have a one hundred percent chance of a major illness in your lifetime (Siegel, Help me Heal 2003).

Siegel helped his patients to create their own empowerment. As an example of this, if a patient had cancer, Dr. Siegel would give the patient crayons and paper. Siegel would then ask the patient to draw how they see themselves healing. If the patient showed themselves getting chemotherapy, that image and symbols drawn by the patient, would affect how Dr. Siegel created the treatment plan for that patient. This is vitally important because the patient is influencing their treatment which is based from their personal narrative, not a typical treatment as normally prescribed by the medical world. This concept will be examined further in this discussion (Siegel, Love, Medicine & Miracles 1989).

Before this thesis moves into the next topic of "Imagery in Healing," sometimes in research, an individual may find something that has more value than the research itself. In

this case, it was a statement that Dr. Siegel made that if an individual has a belief that God would punish them if they did something wrong they would have a one hundred percent chance of a major illness in their lifetime.

Over eighteen years ago in my practice, I had a thirty-six-year-old male patient named Tom, who was my brother-in-law, who had brain cancer. I remember sitting on a bench with Tom at the beach when he asked me the following, "Do you think I am being punished by God because of all the bad things I did in my past?" This question was exactly what Dr. Siegel stated above. Tom did have the belief that he was being punished for his wrong doings.

The sad news is Tom passed away leaving a ten-month-old baby behind. There was not enough time to address his belief of being punished due to his actions. More time was needed to alter that belief, which would have altered his well-being. Tom's time was limited, and he died quickly. Although, there must have been other issues that may have caused his brain cancer, I personally believe that the thought that God was punishing him played a major factor in his early death.

Imagery in Healing

In one research study involving the role of imagery and healing, it contained specific findings that relate to personal narrative. This information was discovered by Jeanne Achterberg in her research paper called, "The Role of Imagery in Healing" and finding in her book, "*Imagery in Healing.*" The information sheds important light on the personal narrative effecting well-being theory.

Achterberg felt that when you have a message in the form of a thought, the thought must be turned into a mental image. The mental image should be a symbol which must be understood by the individual who created the mental image. This symbol must be communicated to the person's inner self, the subconscious of that person. These images must be assembled to produce a mental image (Siegel, Love, Medicine & Miracles 1989).

Achterberg conducted studies showing the impact of imagination on actual physiological changes. These studies demonstrated changes in heart rate, muscle tension, skin resistance, blood glucose, and even blister formation. The studies also revealed something important which leads further to the evolution of thought to neuroplasticity. The studies demonstrate effects on both the autonomic nervous system (which normally we cannot change) and the muscle skeletal system (Siegel, Love, Medicine & Miracles 1989).

Imagery has been around for centuries. It was used in ancient medical tools and is being discovered in modern medicine for both diagnosis and treatment. Imagery has a definite correlation between the mental aspect and the physical aspect of "The Big 4." Imagery is also demonstrated in the mental aspect having control over certain activities in the immune system (Achterberg 1989).

A quote about imagery is, "On the basis of research studies, it is concluded that the mind contributes the greatest variance to the course of health and that to ignore the role of mental factors in chemical bonds, the treatment of disease is inhumane and perhaps unethical" (Achterberg 1989: 93). A major role is to empower the patient's personal narrative which could be completed with symbols.

Role of Conscious and Subconscious

This thesis will mention only two aspects of the mind; the conscious and the subconscious mind. The subconscious mind is a program that plays a role in creating one's personal narrative by personal experiences. Personal narrative is created from the day of birth to the day of death. From my experiences, what became apparent is that patients have a difficult time changing a behavior, not only pertaining to their well-being, but in general. The following information plays a role in personal narrative and how it affects one's well-being.

The subconscious mind, can process 40 million bits of data per second, running 95% of daily activity, which makes it millions of times stronger than the conscious mind (Lipton, The Biology of Belief 2015). Basically the subconscious mind is the awareness which encompasses all things that are not conscious in that moment. The subconscious mind has a complete knowledge of every system in everyone's body. It absorbs millions of traces of sensory information from the nervous system every second which comes from the environment (Pradeep 2010).

Research has revealed in the following pages that the subconscious mind can be a main reason why one's personal narrative can affect one's wellbeing. I regularly witness ways that the subconscious of a patient affects their personal narrative. The subconscious mind encompasses the awareness of all activities that the conscious mind cannot recognize. The major benefit of the subconscious mind is that it takes care of the automatic systems such as breathing, heart rate, etc. It also protects the individual from death. For example, holding a breath too long can result in a negative outcome.

The subconscious mind is also a memory bank which stores all the memories. The subconscious mind is the most important element of personal narrative. It contains everything learned throughout one's life; all past experiences from birth to present day.

Humans have between 60,000 to 70,000 thoughts a day, with 90% of their thoughts being the same thoughts that they had yesterday; the subconscious is a well-organized computer (Dispenza, You Are the Placebo 2014). This aspect of the mind will not change with a simple statement from the conscious mind. When the conscious mind makes a statement such as, "I'm going on a diet," that does not affect the programming of the subconscious mind which consists of past habits. This holds true with the saying that a person cannot teach an old canine a new trick because of the subconscious mind (Sasson 2018).

There are two different programs running one's body and mind. As stated, the subconscious runs 95% of an individual, while the conscious mind which runs 5%. The conscious mind, the 5%, is one's thinking mind which does not have the power to alter one's subconscious mind easily. It is the subconscious mind that controls body habits. The body can change the subconscious mind with intensive work by continuously thinking of the change that they would like to make. This will alter the subconscious mind, and possibly alter the physical aspect of the body.

Personal Narrative and the Mind

This research at first revealed an important piece of information about the subconscious mind. It appeared that the personal narrative could not affect one's well-being for the following reasons. First, ninety-five percent of an individual's subconscious

mind controls the person's thinking, therefore, their existence. Secondly, if the all the signals come from the environment, then finding the connection to how personal narrative an effect well-being needed to be explored further.

All the signals being received from the environment in turns affects the subconscious and conscious mind which then affects personal narrative and well-being. For everyone, these signals from the environment create a unique situation which first involves a factor that the individual cannot change, or a signal that the subconscious and conscious can analyze in reference to well-being.

For example, if ten people are trapped in a room and there is a C02 leak, every person will die. That signal from the environment affects both the subconscious and conscious mind of an individual. The person can think and analyze what they might do about the CO2, but they cannot change the outcome. The signal of C02 cannot be altered in any way and the only escape is through death.

Earlier in this thesis, a bank robbery example was introduced. It is important to understand that all four individuals received the same environmental signals caused by the bank robbery. The major difference is that each of these individuals will process what is happening differently depending on their past experiences. Some may pass out from fear, drop to their knees to pray, go into shock, try to run away, or attack the robbers. Their individual reactions depend on what their subconscious and conscious mind is processing during the time of the robbery.

The four individuals described in the bank robbery each make a choice, which at the time of the robbery, they believe it be their best choice. I witnessed in my practice

that patients act based on what they believe is their best choice which influences their well-being.

The dilemma with personal narrative is that it starts from an individual's birth and includes all their individual life experiences. For decades, medicine and other practices have been saving millions of lives. The introduction of anything that is new or different outside of what is considered common practice or "normal" is very difficult. A new theory must alter the basic belief system of the established theory. It is no different than other advancements in society. At one time, there was the invention of the horse and buggy for transportation which also changed the world during its time. Today, there are cars that can drive themselves. The only constant in the world is change.

When attempting to change embedded beliefs in an individual, it is a slow process. One must be open to a new understanding regarding well-being. Many individuals assume that the physical body can demonstrate and ultimately reveal a disfunction in the physical body by laboratory testing which may be measured through the allopathic method which is directly related to chemical and structural components of the physical body.

As a result, a disease can be classified through objective medicine, which is not as conventional as measuring the non-tangible facet of personal narrative; thought and the mental aspect. There are parts of "The Big 4" which have subtle facets that are not easily measured as conventional allopathic medicine can be measured through laboratory evidence to support the physiological chemical results in the disease itself. This is based on the reliability of the laboratory results and the humans that interprets the data.

Diagnosis and Personal Narrative

From my experience with patients, when a patient has been diagnosed with cancer, it is the fourth aspect of "The Big 4" (the physical body) that is primarily affected with disease. Conventional practices treat the physical body with physical matter such as pharmaceutical drugs, diet, and other common practices. Through this research, I have become aware that individual well-being is influenced by personal narrative. As described previously, an individual's thought creates a mental image that produces an emotion as illustrated in the example of the four customers in the bank robbery. Their personal narrative influenced their response to the situation they were experiencing. Their emotion, either negative or positive, is then processed and expressed in their physical body. In time, this emotion creates a physical response, such as a disease.

Diagnosis and Personal Narrative

Before exploring the examples below, there are two situations that should be addressed about the diagnosis and laboratory results in the naming of a disease in reference to personal narrative. First, from a medical perspective, a patient's disease is diagnosed either when the individual has symptoms or the first sign of a positive laboratory finding.

Since it can take up to seven years for a lung tumor to display itself on an x-ray, a question to ask is, "When was the patient sick?" (Ciello 2015). Was it when the tumor appeared on the x-ray, or seven years prior, when the tumor just started to develop but was not yet detectable through any medical means, even though the patient had no

symptoms or positive laboratory findings? Radiographic imagines of the chest do not increase the chance of finding lung cancer early in a patient (Bach, et al. 2007).

This now leads to the second observation. If "The Big 4" hypothesis has some validity, then the process of "The Big 4" would appear to work best to prevent a disease before it becomes a symptom in the physical body. This situation will be demonstrated in one of the following examples.

It is easier for the medical world to assume that personal narrative, "The Big 4," does not affect one's well-being since logically the concept is new. It can be difficult for a scientific mind to grasp the concept that an individual thought that is non-tangible, without weight, volume or mass, can affect physical matter.

A shift in conventional methods is needed to expand medical practices to become open to the possibility that personal narrative can affect one's well-being. This may be possible due the findings from studies that help to prove the viability of this hypothesis.

Everyone's Personal Story

The understanding of personal narrative can be based on several different evaluations of oneself. As stated in "*Care of the Soul,*" the soul coalesces into the mysterious philosopher's stone, that rich, solid core of personality the alchemists sought, or it opens into the peacock's tail" (Moore, 1994: 305). From my experience, this simply means everybody has a story that is their personal narrative from birth to their death.

In our society, each person must unlock their own personal narrative to understand their own meaning of "The Big 4." Everyone has one major decision to

examine when wellness is involved. It is related to two statements: “I want to change, or I need to change.”

What individuals want is irrelevant to what that individual or patient needs. Their personal narrative is so important from what I have witnessed in my practice. In many cases, a patient may want to get better, but subconsciously, they are getting what they need. By being sick, what they need might be attention, or reasons to not to go school or work, etc.

To fully understand medical humanities from the lens of both the patient and the doctor, it is essential that the doctor finds out about the patient’s personal narrative. It is also essential that the doctor understands that he/she is not the healer of the patient. He/she is only a facilitator in the patient’s healing providing a new understanding about the patient’s own potential and their capability in their healing journey.

Patient healing includes relationships to the outside world, both human and environmental. Doctors guide patients in the direction of wellness, but results are always within the patient. This was best stated by Dr. Bernie Siegel, “There are no incurable diseases, only incurable patients” (Dispenza, You Are the Placebo 2014: 36).

Healing is not a state of mind; it is a state of being. All aspects of personal narrative must be in alignment to have well-being. What is meant by “state of being,” from my point of view, is that humans are the only species that can justify anything. The following examples will shed light on “state of being” or “state of mind” in relationship to well-being.

Electromagnetic Field Affecting Well-Being

Through the research, what became apparent is that there are multiple causes to one's well-being. DNA is only the starting point of well-being. One way to understand how medical humanities is understood is by knowing the patient's story from the viewpoint of the patient as a person. It is important to get an understanding of the patient's life experiences, environment, home life, work, and health, to discover all possibilities that can be affecting the patient's well-being.

As described previously in this work, no two individuals can be born in the same place at the same time, because of the rotation of the earth. This rotation affects the electromagnetic field of the individual. As stated by Pierre Franchkh in his book, *The DNA Field and the Law of Resonance*, "All objects in living things in our known world possess a unique oscillation."(Franckh, 2009: 8). Therefore, a baby born in the United States will have a completely different vibration compared a baby born in Africa.

Every human being consists of basically ninety-nine percent of the following six elements; oxygen, carbon, hydrogen, niacin, calcium, and phosphorus, (Helmenstine 2019). As will be demonstrated, any introduction of an outside man-made electromagnetic field can affect all humans. This can be where an individual works or lives in reference to electromagnetic fields that may have a negative effect on them.

There is a major difference between a natural electromagnetic field of the earth and an electromagnetic field created by technology. The creation of a man-made electromagnetic field will not have the same specific connection to the human body because it is not natural. Common sense would state that technology is not the same as

nature, even though there are major benefits to society, such as cell phones and microwaves.

Patient One
High Tension Wires
Electromagnetic Field

The first patient came to my office when he was forty-nine years old with severe circulatory problems. Upon taking a history, it was revealed that he lived in the same house that his parents lived in. When we discussed his parents, he said they moved to North Carolina because his father was sick. His mother and father thought that moving may improve his health. The move did improve his health.

Upon further investigation, it was revealed that his home was located by high tension wires. When I went to investigate the house location, he was not kidding when he stated it was by high tension wires. When I walked out his back door, the wires were there, and I heard the current noises from time to time. I was so fascinated that I went back with fluorescent bulbs that lit up when I walked under the high-tension wires. There are several YouTube videos that demonstrate this.

Although there was no proof that the high-tension wires were involved with my patient and his father's state of his well-being, upon measuring the electromagnetic field with the meter, the reading was higher than normal. An unnatural electromagnetic field could be part of an individual environment that could affect the well-being. This environmental factor is outside of the DNA genome and helps to demonstrate that an electromagnetic field can alter well-being as part of personal narrative.

This interference from the electromagnetic fields involves the cell's sodium potassium and calcium ion protein channels. These membranes do control the electrical activity of the cell which includes the maintenance and development of the potential of the membrane. This maintenance also involves the environmental electromagnetic fields which determine the fate of the biological system. For example, it is well established that microwave radiation associated with cell phones and other electrical devices interferes and disrupt normal cell behavior which can possibly lead to dysfunction and disease (Kesari, et al, 2013).

Also, as previously mentioned, electromagnetic fields can influence cell membrane receptors in controlling cell function. Some receptors are the RAS proteins. Through experimentation, manipulating electromagnetic fields to influence cells has demonstrated that the electromagnetic field does manipulate cell activity. Such as the sodium (Na+), calcium (CA 2+ ATPase), and the potassium (K+ plus ATPase) channels (Guan and Reed 2012).

To summarize the first example, through inductive reasoning and through research, the location of my patient's house next to high tension wires, with the interference of the electromagnetic field, had a negative effect on the well-being of my patient and his father.

Patient Two
Electromagnetic Field

When the second patient entered my office for the first time, he was with his wife and two children, both under the age of ten years old. He was forty-six years old with

leukemia. Upon taking a history, I learned that he was a conductor for over twenty years. He stated that his seat was on the electric motor. Although I did not have proof that the cancer was related to the magnetic field of the motor, the studies below demonstrate that there could be a correlation between the electromagnetic field and the cancer.

I know this patient case was difficult for me on a personal level because he left behind two beautiful children when he passed away six months after his first visit to my office. That is part of life, what is not part of life is allowing something to occur when it could be prevented. Therefore, the studies below are important.

In 2013, a study by Chang showed a correlation between cancer and electromagnetic fields. It demonstrated that electromagnetic fields could alter cell physical signals. This involved calcium channels depending on whether the cells were surrounded by normal cells or cancer cells. (Chaban, et al. 2013). Although it may appear that the electromagnetic field is not the primary cause of cancer, there is a strong possibility that it could be a secondary cause to disease because of the situation it creates with calcium channels as found in the study.

The human body is electrical in nature and contains electrical charges that make it possible to move, think and feel, due to sodium, calcium, potassium, and magnesium in the body. Electricity is required by our cells to conduct electrical currents used by the nervous system to send signals in the brain and throughout the body (Plante 2015).

Chapter Eight

Discussion

Is the Patient or the Doctor in Charge?

There is a correlation between the personal narrative and an individual's well-being. This was demonstrated by the studies that were chosen as examples for this thesis. The research, interviews, and processing of the data also produced a secondary finding that involved the individual's belief system. There is a part of the personal narrative, along with the belief system, that will determine if the patient will choose to make or not make improvements to their well-being.

Another finding also resulted from the interviews that I conducted for this hypothesis. There is a different meaning for each individual when they make statements such as, "I want to get better" or "I need to get better." The ability of an individual's subconscious, which influences their personal narrative, does not understand the difference between wanting to improve well-being or the need to improve well-being. This is the underlying issue which always goes back to the belief system of everyone's personal narrative, even though studies have shown that personal narrative can affect one's well-being.

I now understand the difference between the two statements, I want to get better" and, "I need to get better" and the role they play in improving well-being. This was based on my personal experience, what I learned from the interviews that I conducted, and data from research. One statement fits for every patient that enters a health professional's office. This statement is, "For an individual personal narrative to affect that individual's well-being, it must be based on the individual's needs, not on the individual's wants."

This statement explains the reason why individuals have both positive and negative results as shown in the various research articles.

The health professional can only affect one's well-being. If a health professional aligns with the patient's personal narrative, positive results can occur. This was demonstrated in the interviews and the analysis of the data. When a health professional has the same belief system as the patient, that health professional has a greater chance to facilitate the patient into a state of well-being. The reason this occurs is because it goes back to the individual's belief system being supported by the health professional.

When the individual's belief system is different from the health professional, this affects the results that the patient experiences. There are more positive effects when they are both aligned with the personal narrative beliefs of the patient.

Also from the interviews, it was discovered that most health professionals do not understand the patient's personal narrative from the lens of medical humanities. From the massage therapist to the orthopedic surgeon, the role of the health professional when it comes to healing is not to cure the patient. The only thing a health professional can cure is a ham. They are there to guide the patient to understand why he/she is lacking well-being. Health professionals are facilitators for healing, they are not healers.

If doctors were healers, there would be no sick patients. There is no one answer for well-being because everyone has a different personal narrative that is influencing their health. It follows then that a positive outcome will result no matter the specialty of the health professional if they can understand the personal narrative of the patient and base their actions from that understanding.

Another finding from the interviews was that each health professional believes that they have the answer. What the health professional wants for the patient to achieve during their protocol may not be what the patient needs. When this occurs, the result is that the patient will not respond to the health professional's protocol. For example, if a patient deep down does not want to go back to work, that individual will not respond to care. The patient might state, "I want to get better," but deep down, that patient needs to have a lack of well-being to stay home. It is not that the protocol does not work; it was that the patient's personal narrative takes over the control of the protocol. If a patient chose to be sick, that patient will be sick no matter who the health professional is or what treatment is prescribed to the patient.

What is the Difference of Needs and Wants in a Patient?

The following will explain why individuals make what appear to be the wrong choices and decisions regarding their health. Two patients that were described previously in this research will help to demonstrate this; the patient who chose to eat a Hersey bar every day, and the patient that stayed overweight. Both patients did what they needed to do to support their personal narrative, not what they wanted to do to better their health.

Although both patients wanted to lose weight, they could not lose weight. It is quite clear that for a personal narrative to affect one's well-being, the individual must choose well-being as a priority for themselves. The following will explain how the protocol can be overridden by personal narrative.

The Unconscious-Thought Theory

The emotional aspect of "The Big 4" plays a major role in personal narrative. The unconscious-thought theory helps to prove that individuals direct their well-being. The article dialogs about the unconscious-thought theory in problem solving. It distinguishes between the unconscious and conscious mind having different characteristics, which according to this thesis, is an individual's personal narrative. The research demonstrated that the unconscious mind processes complex decisions better than the conscious mind. (Dijksterhutis and Nordgren, 2006; 106).

How this theory relates to patient's personal narrative regarding needs and wants is that decisions can be made by emotions. The unconscious-thought theory helps to explain why the two overweight patients (Hershey bar and the over eater) made decisions that were not based on logic but based on their emotions.

These two overweight patients ignored the logical choice that would help their well-being and ignored their gut feelings when it came to their health. Instead, they both took actions based on the emotional aspect of "The Big 4," which contributed to both patients being severely overweight. In both cases, the logical reason to lose weight was overridden by the emotional involvement of their love and affection of a grandfather and a father.

Through testing, it was shown that unconscious thinkers significantly performed better than conscious thinkers. An individual's gut feeling is the normally the right choice as proven by the unconscious-thought theory. Individuals tend to engage more of their

conscious minds with complex thoughts, whereas they should engage in unconscious thought (Dijksterhutis and Nordgren, 2006; 106).

Do Humans Have Free Will?

The following three real examples will demonstrate the reasons why personal narrative can affect well-being. The first example will demonstrate how a prisoner of war uses his personal narrative to save his sanity. The reason for this example is that if it works to save one's sanity, why would it not work to improve well-being?

The second example will demonstrate how personal narrative can affect one's well-being. Mr. Vanders went from near death to being healthy within one week. This example will examine Mr. Vanders desire to live or die based on his wants versus his needs.

The third example, from a peer review article, demonstrates the difference between wants and needs of a patient. Within a two-month period, a patient, Mr. Wright, goes from being a healthy person to dying. The question in this example is. "Did Mr. Wright want to live or die because he wanted to or needed to?"

Example One
If it Works for Learning Chess, Why Not for Disease?

The story of Soviet human rights activist Anatoly Shcharnsky, who later was known as Natan Sharanksy, demonstrates the ability of the mental aspect of "The Big 4."

Sharanksy spent nine years in the Soviet Union after being accused of spying with the United States in the seventies. During Sharanksy time in prison, he spent four hundred days in a small darkened freezing cell. To keep sane, Sharanksy played a mental game of chess against himself every day. What Sharanksy accomplished by playing a mental game of chess each day against himself kept his brain stimulated (BBC News 2014).

Neural mapping requires stimulation from the exterior, such as environment, to keep intact. When Sharanksy was released from prison, he immigrated to Israel and became a cabinet minister in Israel. In 1996, when the world chess champion came to Israel, Gary Kasparov played a chess match against Sharanksy and twenty-five other chess players. Sharanksy won (Ibid).

This story demonstrates that Sharanksy used the mental aspect of "The Big 4" to create new neural mapping that can change personal narrative. It can be said with one hundred percent accuracy that if Sharanksy did not mentally practice playing chess in his mind for the four hundred days that he would not have been the world's best chest player. If this proven example of neural mapping by the results that Sharanksy achieved can work for playing a game of chess, it can work for an individual's well-being if properly directed.

Example Two
Patient Chose to Get Better in a Non-Scientific Way
Voodoo Hexing

This example is about Vance Vanders, a sixty-year-old African American man, who was sick. He was brought to a hospital for care. While there, he lost fifty pounds

over a span of a few weeks and he was near death. All hospital tests and x-rays were normal, and they were repeated several times to verify the results. Upon physical examination, Vanders appeared to be normal. Despite the findings, Vanders refused to eat due to vomiting and he was melting away (Meador 2015).

When Dr. Drayton Doherty examined Vanders, he realized that this was a serious situation, so he asked to speak to Vander's wife. She explained that Vanders had an argument with his neighbor who was a voodoo priest. During the argument, the neighbor said to Vanders that he placed a curse on him. Vanders' personal narrative believed that the hex could affect him. Being desperate to help Vanders, Doherty had a plan (ibid).

Dr. Doherty told Vanders that he spoke to his neighbor and that after some convincing, the neighbor told the doctor that he planted lizard eggs in Vanders. One of the eggs must have hatched and that is why Vanders was sick.

Since all the medical tests were negative and there was no reason for Vanders to be sick, the doctor came up with a plan to tell Vanders that he had a strong toxin that would kill the lizard that he thought the neighbor implanted in him through voodoo. On the day of the "treatment," there was more than the normal number of nurses in Vanders' room to make it look like it was a very important treatment. Dr. Doherty had one nurse inject Vanders with a vomiting inducing drug. Dr. Doherty then told Vanders that it was a very powerful toxin that would kill the lizard. The vomiting inducing drug would take about thirty minutes to act.

After the nurse injected Vanders, Dr. Doherty left the room and told Vanders, "I will be back shortly." Dr. Doherty was waiting for Vanders to start to vomit to put his plan into action. When the nurse told Dr. Doherty that Vanders was vomiting, Doherty

entered the room. As the nurses were holding the little buckets in which Vanders was vomiting in, they would hand each bucket to Dr Doherty. At one point, Dr Doherty placed a small lizard that he concealed in his hand into one of the buckets.

Shortly after placing the lizard in the bucket, Dr. Doherty said, “Look Vanders, we got it. We have the lizard.” At that same time, Vanders’ wife passed out because Dr. Doherty did not tell anyone about his plan. After Vanders saw the lizard, he did not vomit again and drifted into a deep sleep with a very low pulse rate for about twelve hours. When Vanders woke up, he was very hungry and consumed an enormous amount of food. Vanders was released a few days later and within a few weeks, he was back at normal weight and life (Meador 2015).

This is the power of personal narrative in a positive way. This patient had the “want” and also the “need” to live. There is no medical explanation that can explain what occurred to turn his health around. The laboratory tests did not turn his condition to a positive state. Vanders stopped vomiting because he believed that the cause of his sickness was eliminated, even though the cause never really existed. Dr. Doherty saw through the lens of medical humanities and treated Vanders through Vanders’ beliefs and not the through the eyes of the medical world. Most likely, Vanders would have died if in the care of other doctor.

Example Three
Why Do You Want to Die?

This example demonstrates the difference between the wants and needs of a personal narrative in a peer review article. In this article, a patient known as Mr. Wright, had a diagnosis of advanced lymphoma. Mr. Wright had large tumors, as big as oranges,

in is groin, neck, and armpits. The cancer did not respond to any conventional therapy. Mr. Wright was confined to bed while gasping for air.

Dr. West found out that there was an evaluation of a new drug being conducted at Long Beach Hospital in California, close to where Wright was living. The drug called Krebiozen was made from the extract of horse blood. Dr. West mentioned the drug to Wright. Wright then badgered Dr. West to try the drug, but due to his condition, Wright could not be part of the clinical trial. But because of all the badgering, Dr. West agreed to give Wright the Krebiozen outside of the clinical trial. Mr. Wright received the first shot on a Friday. On Monday morning, the third day after the drug was taken, Wright was walking around laughing and joking. Within three days, it appeared that the tumors were half their size melting as if they were being placed on a hot stove. Wright was sent home and he was cured. This was considered a miracle.

About two months later, out of the ten clinical trials that were documented, the news reported the results that Krebiozen was a failure. The interesting fact here was that when Wright heard the news, he had a total relapse and his tumors reappeared. The news caused a change in Wright's personal narrative.

In this study and the study with Dr. Doherty and Vanders, both doctors proceeded with patient care through the lens of medical humanity. After Wright's relapse, Dr. West decided to use a placebo in his new treatment approach for Wright. Since Wright believed that Krebiozen healed him once, then it is possible that Wright can heal himself again simply by altering his personal narrative.

As an excuse, Dr. West told Wright that he did not receive the proper Krebiozen since the hospital had was given him a bad batch of Krebiozen. Dr. West told Wright that

this new double dose of Krebiozen would be at the hospital in a few days. Even though the patient would be given a placebo without knowing it, Dr. West waited a few days to administer it. The injection only contained distilled water, not the drug, but he wanted to build up anticipation in Wright. After the injection that contained nothing more than distilled water was given to Wright, both observed the same results as the injection of the actual drug the first time it was administered. All of Wright's tumors magically disappeared again. Wright returned home a second time cancer free.

What happened next again supports personal narrative and well-being. A few months later, the American Medical Association made an announcement that through all the testing, Krebiozen demonstrated to be completely worthless. This miracle drug turned out to be a hoax and that the manufacturers were indicted. When Wright heard this information, he had a second relapse and died two days later.

This study indicates that Mr. Wright twice changed his state of being through his personal narrative to create a remission of cancer. As pointed out in the beginning of this conclusion, although this patient responded positively to a placebo of distilled water and became healthy when he thought a drug was altering his health, on some level, Wright chose to die. There had to be an imbalance in Wright's personal narrative, "The Big 4." He had no reason to die, but he did. He could not maintain a consistency in his state of well-being due to his personal narrative. When his cancer came back a second time, he died without a fight for life.

Summary of Conclusion

The best way to conclude this thesis is to demonstrate with one of my patients. The patient that will be used is the overweight patient, described previously, that had to

eat a Hershey bar each day because of love for her grandfather. The patient's name will be Pam. As will be described below, Pam had a shift in her personal narrative, "The Big 4." This shift resulted in a positive change in Pam's well-being that resulted in weight loss.

The cause of Pam's overweight problem was not due to a genetic defect. It can be assumed that some aspect of the patient's personal narrative, "The Big 4," was involved. In this case, it would make sense that if Pam can change her personal narrative, she can then create a physical change which would affect her well-being. In this case, Pam could change her weight.

As a health professional, I know that the patient is the only person that can change their personal narrative. This patient had an old past memory of her grandfather giving her a Hershey bar everyday as she entered the school bus in the morning.

With personal narrative, the goal is to replace an old past memory, which has a very strong input, with a new memory. The new memory will have a weaker input while attempting to replace the old memory. When both memory signals are fired together, the weaker input becomes stronger creating a new memory. The formation of a new memory occurs by changing one or more aspects of "The Big 4" for at least twenty-one days. According to Nobel Prize winner Kendall, as mentioned previously in this thesis, this is how long it takes to create a new memory.

From my research and experience, I concluded that this would be very difficult in this case since Pam's grandfather passed away over fifty years ago. The challenge was

how to guide Pam to alter her personal narrative to achieve the end goal of demonstrating to her deceased grandfather that she still loves him without having to eat a Hershey bar.

The following needed to be accomplished to alter the personal narrative in Pam. Consciously creating within Pam's personal narrative the value in not eating the Hershey bar, while simultaneously having Pam understand that her grandfather still loves her.

The only way that I could accomplish this was to guide Pam by using "The Big 4." Pam needed to alter her personal narrative by changing her interpretation of the meaning of weight; not that Pam needs to lose the weight, but instead to be able to release her meaning of weight. Pam accomplished this task successfully through a process I use in my office.

The following is an explanation of what was accomplished in my office. It does not describe how it was accomplished, which is my personal technique. The following is a short version of how Pam changed her old personal narrative to the new personal narrative using "The Big 4." Figure 8-1 was Pam's personal narrative before she altered it. Figure 8-2 is after she altered her personal narrative.

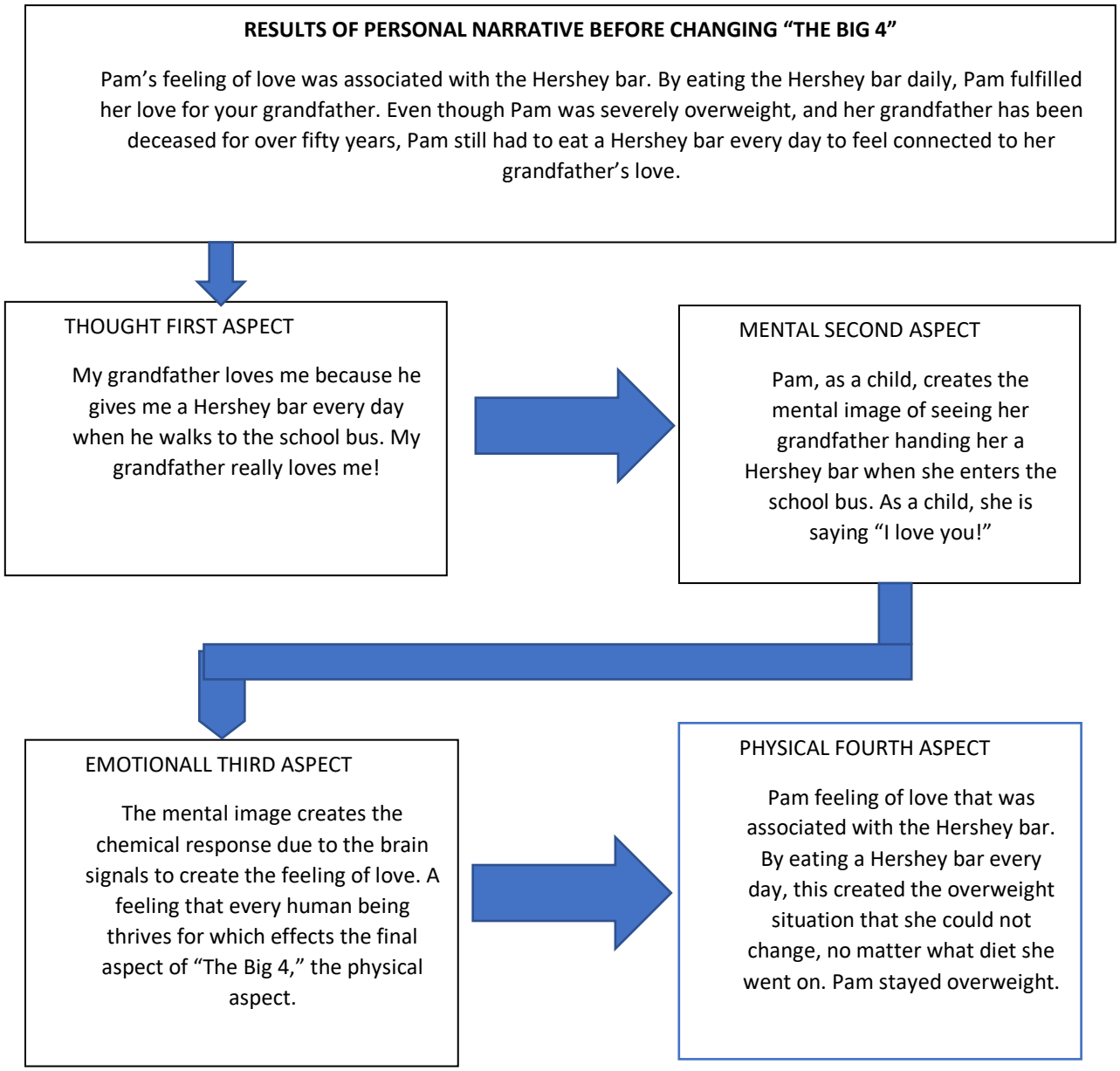


Figure 8-1. Pam's personal narrative **before** altering aspects of "The Big 4." This is how Pam's personal narrative functioned prior to altering her personal narrative which led her to being overweight.

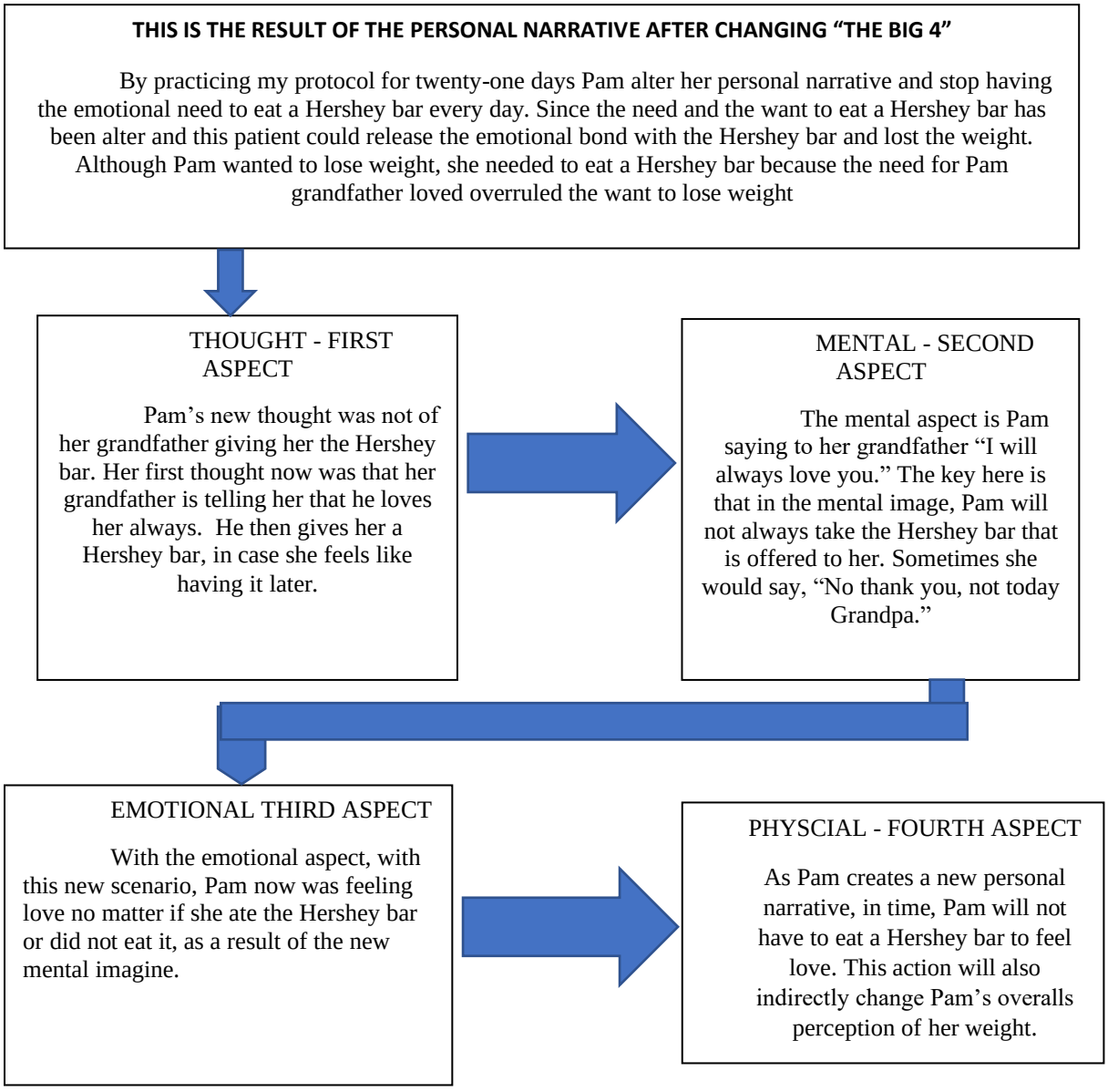


Figure 8-2. Pam's personal narrative **after** altering aspects of "The Big 4."

Altering the Personal Narrative

After altering her personal narrative, Pam achieved her goal of weight loss. As a health professional, I commended her progress and also the progress of the other patient mentioned earlier in this thesis, named Jill, who could not lose weight because she would be calling her deceased father a liar. It was more important for Jill to stay overweight then to call her father a liar.

After several visits with Jill, I asked her a simple question and it is very important that she answer the question with a "yes" or "no" and to respond with the first thing that comes to her mind without analyzing the question.

The question was, "Do you want to lose weight?" Jill's response back to me was quick; it was "NO!" That was her last visit with me. I simply told her that until she can answer that question with a "Yes," she was not ready to lose weight. The good news is that Jill could now embrace herself as she was with an understanding as to why she chose to be overweight. The need to be overweight was more important to Jill than her wanting to lose weight.

Final Thoughts

With all the findings, there appears to be some correlation with a relationship to personal narrative and one's wellbeing. There are still many avenues which need further investigation. The basic concept that everyone can start with is to be aware of your four aspects of personal narrative, especially the first aspect of thought. An awareness of a situation is always the first sign of healing.

Our society also needs to be aware that we are teaching our children that healing is not from within, but from a medication that is prescribed. We must start to teach children that healing is not in an aspirin or drug. There is no need for a cigarette to relax, a beer to loosen up, or drugs to bring on happiness. All they need is faith in themselves and parents to reassure them that they are great the way they are. Sometimes instead of looking up, individuals need to look within. The way I personally look at personal narrative is that thoughts are reality and the physical world is the illusion.

Chapter Nine
Conclusion
Choosing the Participants

The survey participants that I chose for this research were professionals that I spent time with and interviewed from several healthcare and spiritual professions. I developed a questionnaire and collected responses to gain insight into personal narrative from the professional's perspective as a result of interactions and observations of their patients. The questions explore the relationship of a patient's personal narrative to their overall well-being, behavioral attitude, outward expression, and progression or decline of health following an illness.

As my investigation into personal narrative effecting well-being progressed, I discovered that there are many different avenues to approach this information. To enrich the research presented in this thesis, I am including the professional and personal opinions of healthcare professionals and spiritual leaders. Individual experiences from today's health care and spiritual professions was important to examine from their view as they practice in their office, along with their professional experiences, rather than just research from within a research center.

In addition to investigating if personal narrative affects one's well-being, from my experience, there are many other questions that are important in the research of "The Big 4" and well-being. Since consciousness expands in the medical model as knowledge expands, examining the relationship between patients and healthcare professionals can shed light on well-being. The interviews that I conducted will shed light on the impact of a patient's thoughts and beliefs on healing, their thoughts about traditional health

remedies/procedures, complementary approaches, as well as reactions to both positive and negative health results. Also, examining any ramifications, if any, of a patient's thoughts about their intelligence as treatment complements or diverges from standard protocols and procedures practiced today by the healing arts.

In Chapter Six, I shared the story of my patient Michael which opened my eyes to a new facet of personal narrative and well-being. Michael's experience demonstrated that each health professional looked at Michael as a puzzle piece and not as a complete person. This fragmented view, is not medical humanities. What became evident with Michael's experiences was that each experience with a health professional highlighted a significant gap in the current medical model. The interviews that I conducted will help to shed some light on the issue of the current gap in the approach to medicine that seems to only address one component of a disease based on the professional's expertise.

Each practitioner compartmentalized their specialty in treating Michael's disease without looking at the entire scope of healing which is the meaning of medical humanity. Michael is an individual with his own personal narrative that is unique to him and his well-being. Every health professional forgot to look at Michael as a whole person with a unique personal narrative. In this research, there have been numerous examples of how personal narrative can affect one's well-being. Michael's oncologist should have known that Michael lost one of his children at eight years old from cancer. If this was known, it may have influenced the protocol used in treating Michael.

This brings up a major concern about personal narrative and well-being. Does the health professional play a role in the well-being of a patient? To have a better understanding of this question, interviews were conducted with a wide range of health

and spiritual professionals to gain insight into the doctor-patient or spiritual leader communication. Although this thesis is not about the doctor-patient relationship, it still plays a role in examining well-being. The questions explore if there is a difference between each health professional in relationship to the patient and if there is a contrast between patients and the doctor's intelligence.

Even though this thesis is a starting point and more needs to be explored related to personal narrative and well-being. Although I have drawn upon experiences from my practice, I am limited on what I can focus on pertaining to both the research and the interviews.

Being a chiropractor, I am aware that most professionals are very busy. With that in mind, I needed to keep the interview time to a minimum when conducting my research. I decided to use a number scale system from 1 to 10, where one is the lowest score and 10 is the highest score. All the facets of the personal narrative could be covered with ten questions; six questions with the number scale and three questions collecting observations.

Although my forty-year personal experiences interacting with patients of all ages and backgrounds gave me many insights, I still must recognize the possibility of bias because a chiropractic view only represents one aspect of the healing arts, so this research needed to include input from a wide range of healthcare and spiritual providers. By including this wide range of professionals, there is personal exposure to the patient's personal narrative from a variety of healing arts. The healthcare provider may or may not play a role in the patient's response to treatment. I know that I personally developed an

internal belief system that might have influenced my patients. The interviews will shed light if this is also true in other professions.

Does each professional develop an innate perception of their profession influenced from their training which enhances or inhibits the relationship with their patients? This observation will be explored through the interviews. The questions are designed to not simply ask about the patient's personal narrative, a few questions relate to the healthcare professional's role in the doctor-patient relationship.

The following health professionals were interviewed to investigate the hypothesis that personal narrative plays a role in well-being. The sample included a targeted, non-random sample (n=xx) including a medical doctor, cardiologist, acupuncturist, chiropractor, homeopath, ayurvedic practitioner, clinical psychologist, registered nurse, dentist, orthopedic, life coach, Reiki master, and a licensed massage therapist. For the part of the personal narrative that relates to spiritualism, interviews included a catholic priest and a rabbi.

Interview Questionnaire

Date_____

In Reference to the Subject

What is your respective specialty? _____

How many years have you been actively engaged in your specialty? _____

Question One **First Impression**

After your initial session with a patient, do you have an immediate insight on how well this patient will respond to your care?

On the scale of one to ten where ten is strongest belief how would you rate this patient in this category?

1 2 3 4 5 6 7 8 9 10

Question 2 **Emotional Observation**

From your observation of the patient's narrative, in reference to his or her emotional appearance how involved do you feel this affects his or her protocol for their health?

On the scale of one to ten where ten is strongest belief how would you rate this patient in this category?

1 2 3 4 5 6 7 8 9 10

Question 3 **Mental Observation**

From your observations of the patient's narrative, in reference to his or her Mental appearance how involved do you feel this affects his or her protocol for their health issue?

On the scale of one to ten where ten is strongest belief how would you rate this patient in this category?

1 2 3 4 5 6 7 8 9 10

Question 4 **Spiritual Observation**

From your observations of the patient's narrative, in reference to his or her Spiritual appearance how involved do you feel this affects his or her protocol for their health issue?

On the scale of one to ten where ten is strongest belief how would you rate this patient in this category?

1 2 3 4 5 6 7 8 9 10

Question 5 Faith/ Belief in Treatment Observation

In your observations of the patient's narrative, how much Faith and Belief do you think plays a role in the protocol that you recommend?

On the scale of one to ten where ten is strongest belief how would you rate this patient in this category?

1 2 3 4 5 6 7 8 9 10

Question 6 Income Level of Clientele

To what degree do you notice a trend of successful treatment outcomes that correlates with a client's income level?

Makes a difference

Does not make a difference

Question 7 Observation of Positive Attitude & Behaviors

To what degree do you notice a trend of successful treatment outcomes that correlates with a client's positively outwardly?

On the scale of one to ten where ten is strongest belief how would you rate this patient in this category?

1 2 3 4 5 6 7 8 9 10

Question 8 **Observation of Successful Outcomes**

What is the level of successful outcomes within your practice?

On the scale of one to ten where ten is strongest belief how would you rate this patient in this category?

1 2 3 4 5 6 7 8 9 10

Question 9 **Specific Case**

Have you ever seen a patient who experienced a miraculous healing in your profession? If so, which aspect of "The Big 4" was involved?

- Thought (in this question thought is referred to as spiritual)
- Mental
- Emotional
- Physical

Question 10 **What is the one thing you think is missing in your protocol?**

Descriptive Research Study Methods

Data Analysis: Software for analysis will be Microsoft Excel to demonstrate trends, and visual output (graphs).

Bias: Bias will be slanted based on the interviewee's profession; however, conformation bias will be attempted to be controlled by aiming for a random sample of interviewee's who actively engage directly or indirectly in healthcare by working with their clients. The interview is gathering data from the perspective that the interviewee's

clients had an illness and that illness either progressed or declined. The interview will not consider those who are predominantly healthy.

Ethical Considerations: Each interviewee will be explained that their responses will be used in a study and that they have the option of stopping the interview at any time for any reason. After the interview, I will share my initial hypothesis with the interviewees and their considerations will be noted. Their individual names will not appear in the data, only their profession/expertise and years of experience will appear in the data analysis.

Data Analysis

The data collected from the interviewees was analyzed using the following guidelines:

1) Determining what was a common factor amongst all the interviewees.
2) Examining what was missing in the protocol of each interviewee.
3) Calculating the overall percentage of all the interviewee questions.
4) Determining the average of each question related to personal narrative.
5) Analysis of the four different types of heath care groups: the medical group which involved more intense medical training; therapists who specialize working with the mind of individuals; body workers who work with the physical body; and the religious group. Figure 9-1.

6) A description of each aspect of the personal narrative, including faith and belief, spiritual, mental, emotional, positive attitude, and how they correlate with the four interview groups.

Figure 9.1. The Four Interview Groups

What Was Common Amongst the Interviewees

As a result of the interviews, it was easy to discover what was common and different amongst the interviewees in reference to personal narrative. One common trait was that each interviewee chose to help people. In some cases, this wanting to help others was a result of a personal life experience that led the interviewee to choose their profession. For example, the chiropractor that I interviewed told me that his father was a chiropractor; the therapist told me that she went for therapy and it was very rewarding. Due to experiences like these, the interviewee made a lifelong decision and chose their career.

A major difference between interviewees involved their protocol in their practice. All, except two of the interviewees, shared with me that there was something missing in their protocol. The two exceptions, the homeopathic and nutritionist had a very strong

belief that their protocol was the most important factor in one's well-being and nothing could be improved in their protocol. In my opinion, as of today, there is no one answer to well-being. If there was one protocol that was successful, there would be no lack of well-being in society.

From my research, what matters is the patient's personal narrative and what the patient believes in. By believing that they have the best protocol, the homeopathic and nutritionist are limiting the treatment of a patient who might need something else in their treatment, possibly another type of intervention. Not every patient that walks into their office may believe in their profession. They may have been referred to their office by an insurance company or by a friend. In some cases, their patients may be working out of desperation, and they feel there is no other alternative, so the standard protocol will not work for all patients.

All health-based professionals must understand the importance of personal narrative and how it can be used in patient care. For example, personal narrative was incorporated in the practice of Dr. Bernie Siegel with cancer patients. Dr. Siegel would give a patient paper and crayons and tell them to draw how they see their treatment. This allowed the patient, not the doctor, to determine how they felt their disease should be treated which gave the power back to the patient. The combination of personal narrative and Siegel's medical knowledge guided the patient in the proper direction for their treatment.

What is Missing from the Protocol?

In contrast to the nutritionist and homeopathic, all the other interviewees felt that there was something missing in their protocols. From my interviews, the interviewees blamed their patients for problems in their protocol: “They do not follow through; there is no commitment from the patient; the patient does not listen; the patient does not want to do the work; a lack of emotion in the doing the work; the patient does not participate; they do not keep up with the work.”

This blaming of the patients is not from the lens of medical humanities. The health professional should be viewing their protocol from the aspect of facilitating the patient to increase their wellness and not by blaming the patient when the protocol isn’t working for the patient. From my research, the patient can only accomplish what their personal narrative can process at that time in their life. Since the interviewees have power over the patient, blaming them will only decrease the patient’s personal narrative emotionally or spiritually. There is no magical wand that improves well-being. In some cases, by changing the personal narrative of the patient, in addition to pharmaceutical drugs or other healing modalities, can alter the physical body.

From my eighteen interviews, the priest was the only interviewee that answered questions through the lens of medical humanities. He created a personal dialog between himself and his patients. Communication was the key to his approach and protocol which aligned him to medical humanities. This communication helped his patients learn what responsibilities they had in their healing and wellness.

The Raw Data

Overall Percentage of All Interviewee Questions

Chart 9-2 shows the raw data that will be used in the analysis. The income question was excluded from the data below because it will be discussed later.

Interviewee	Years Practice	First Impression	Emotional	Mental	Spiritual	Faith/ Belief	Positive Attuite	Successful Outcome	Experience Miracle	Miracle Aspect
Orthopedic	35	7	4	7	8	5	8	9	NO	N/A
Cardiology	16	9	9	7	6	8	10	9	YES	Spiritual
Dentist	10	10	5	10	10	10	10	9	YES	Spiritual
M.D	34	8	9	8	5	5	7	9	NO	N/A
Chiropractic	37	8	8	5	9	9	10	9	YES	Physical
Psychologist	18	9	8	5	9	5	10	8	YES	Spiritual
Psychologist PhD	40	10	10	5	10	8	7	9	YES	All Four Aspects
Child Psychologist	4	6	1	10	10	5	8	8	NO	N/A
Life Coach	35	10	8	8	7	10	8	8	YES	Spiritual
Massage Therapist	20	8	8	7	7	7	10	9	NO	N/A
Nutritionist	10	8	10	5	8	9	10	8	NO	N/A
Homeopathic	22	7	9	8	10	9	10	10	YES	Spiritual
Reiki Master	20	9	9	9	9	9	10	0	YES	All Four Aspects
Nurse	29	10	10	10	3	10	10	8	Yes	All Four Aspects
Minster	10	5	10	7	7	9	8	8	YES	Spiritual
Rabbi	13	5	8	5	7	6	5	6	NO	N/A
Priest	16	8	4	5	10	7	8	9	YES	Spiritual
Nun	24	9	8	5	10	9	9	8	YES	Spiritual

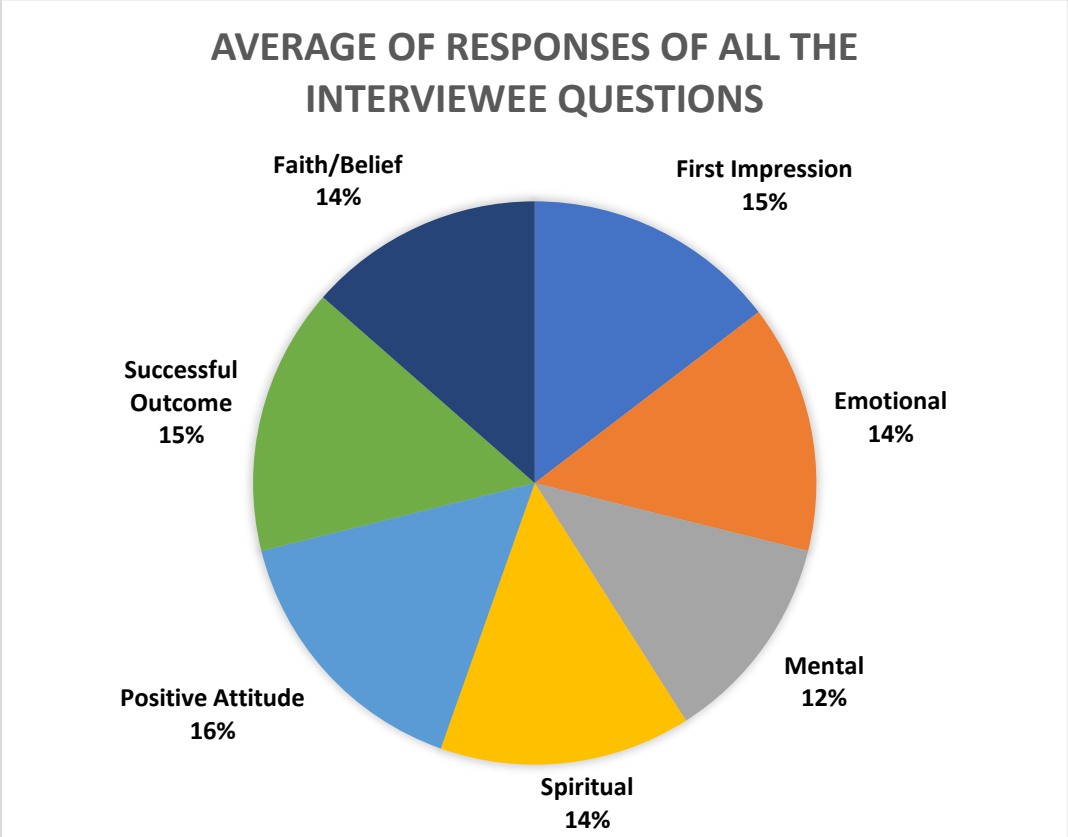
Chart 9-2. Overall Percentage of All Interviewee

Average of All Questions

Chart one shows the overall percentages of all the interviewee questions. The information was obtained by calculating a mathematical average. Three questions were excluded because they will be addressed separately; question 6 – income; question 8 – success; and question 9 – miracle. The findings show that there is not a major change in how the interviewee group of 18 professionals sees a patient in relationship to personal narrative. The findings show the following: positive attitude was the highest of the factors

at 16%; followed by successful outcome and first impression at 15%; faith/belief, emotional, and spiritual at 14%; mental at 12%.

Chart One. The Average of Each Question Involving All the Interviewees



Charts Two to Five
Analysis of the Four Different Groups

To further investigate this data, chart two to five reflects interviewee responses broken down into four groups; medical, therapist, body workers and religious. How each group responded to the six questions on personal narrative (positive attitude, mental, faith and belief, emotional, and spiritual).

Chart Two
Medical

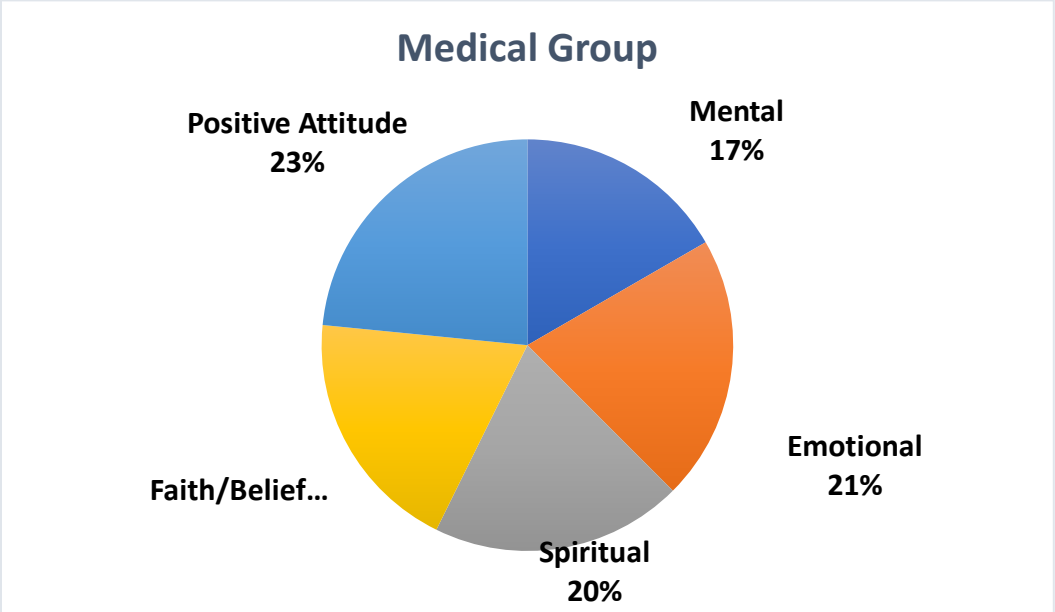


Chart Three
Therapist

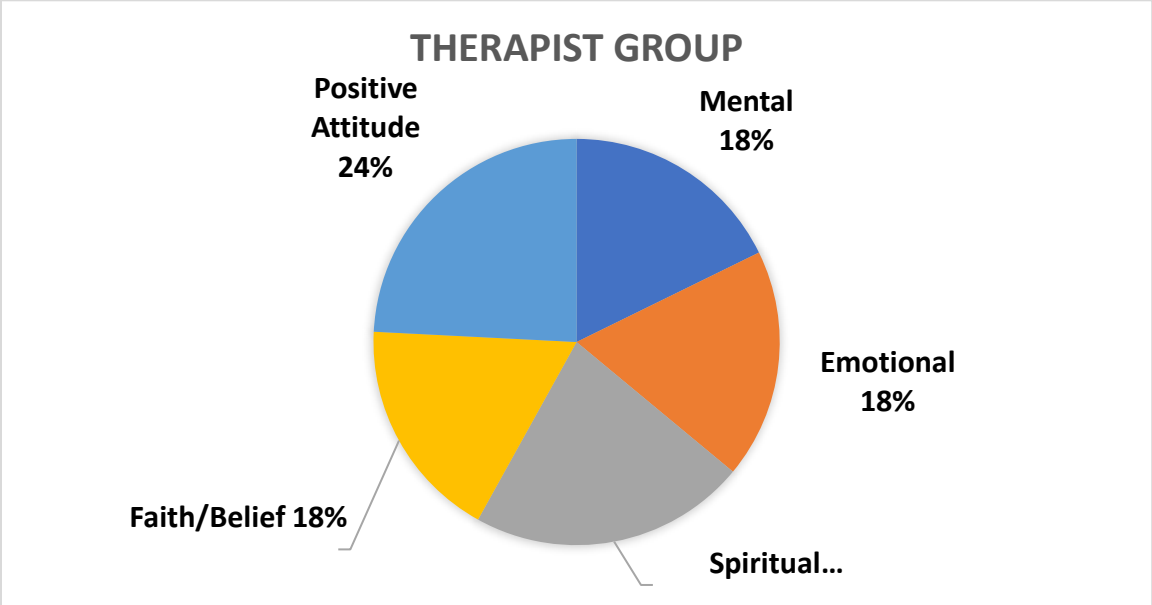
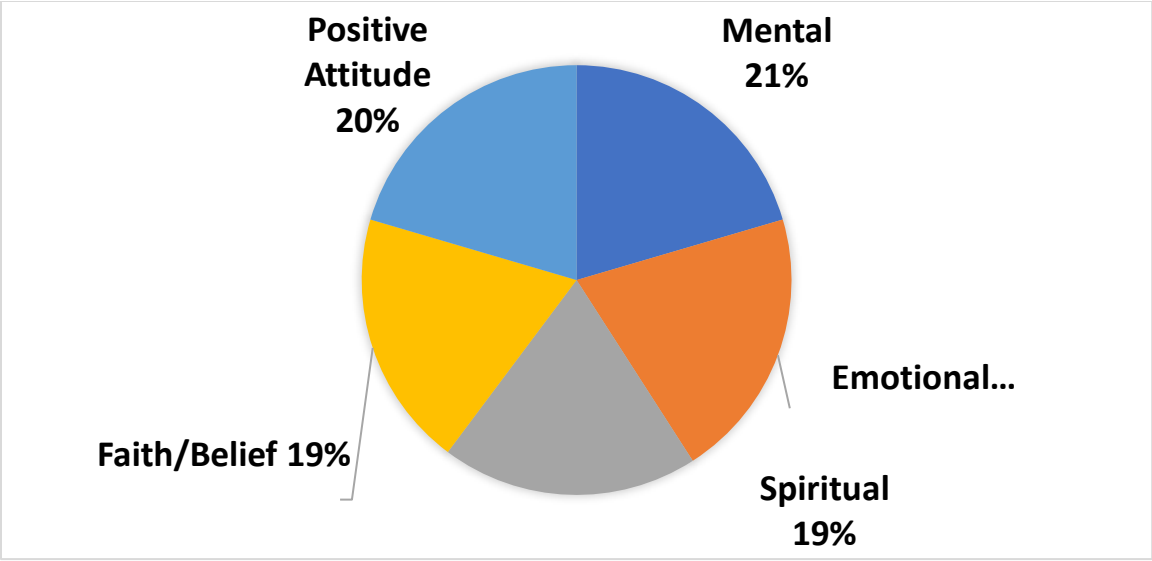
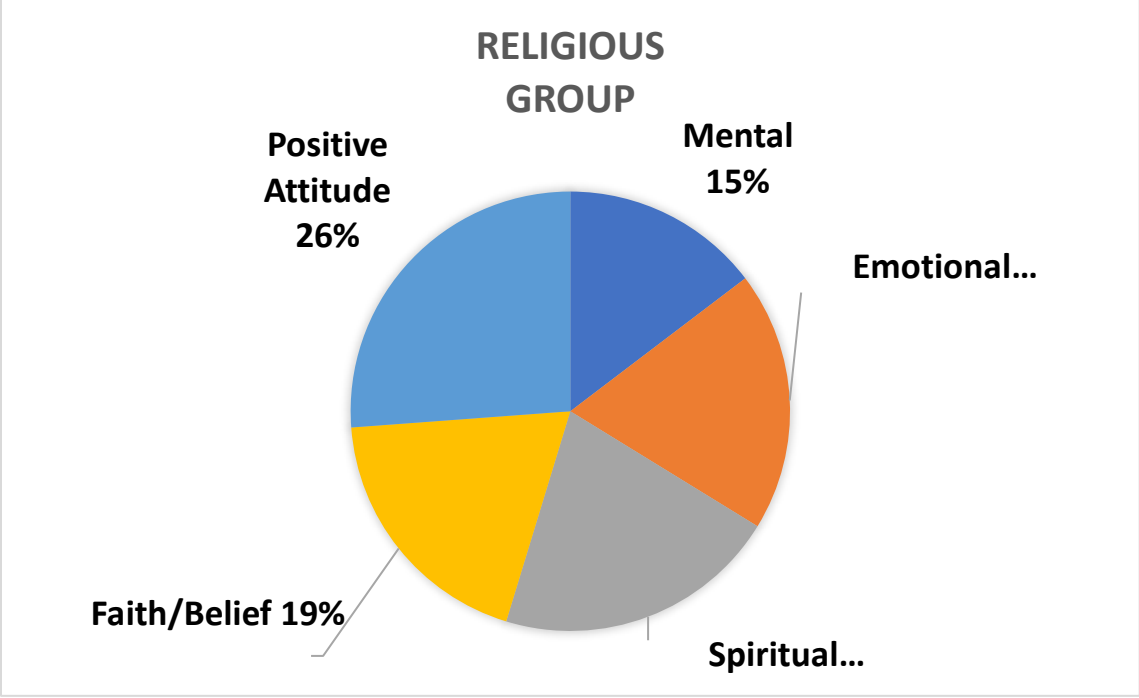


Chart Four
Body Workers



Chapter Five
Religious

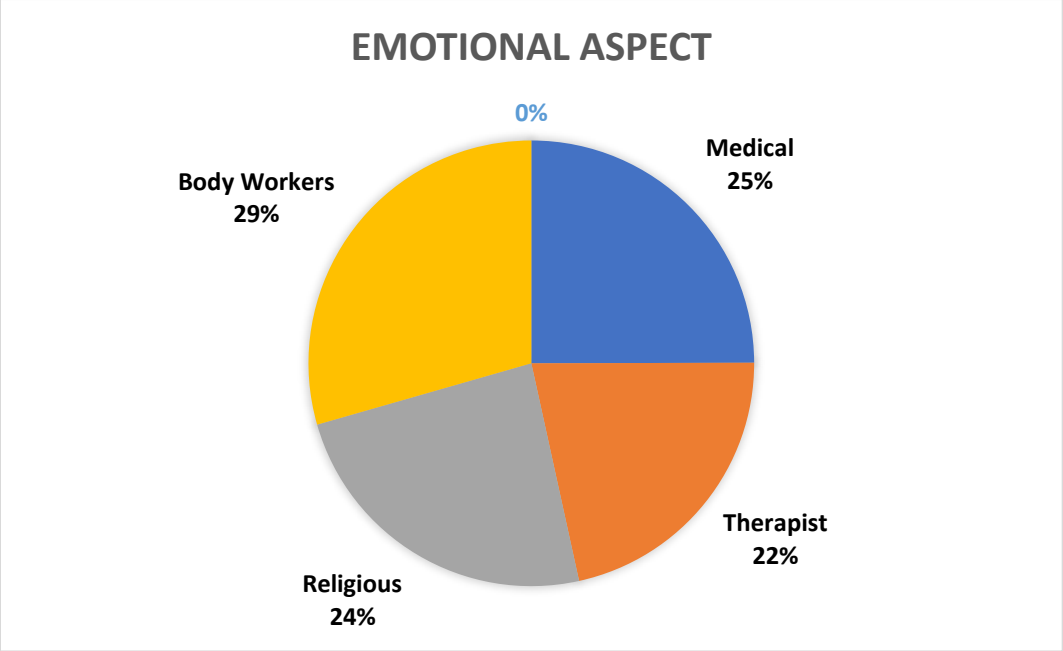


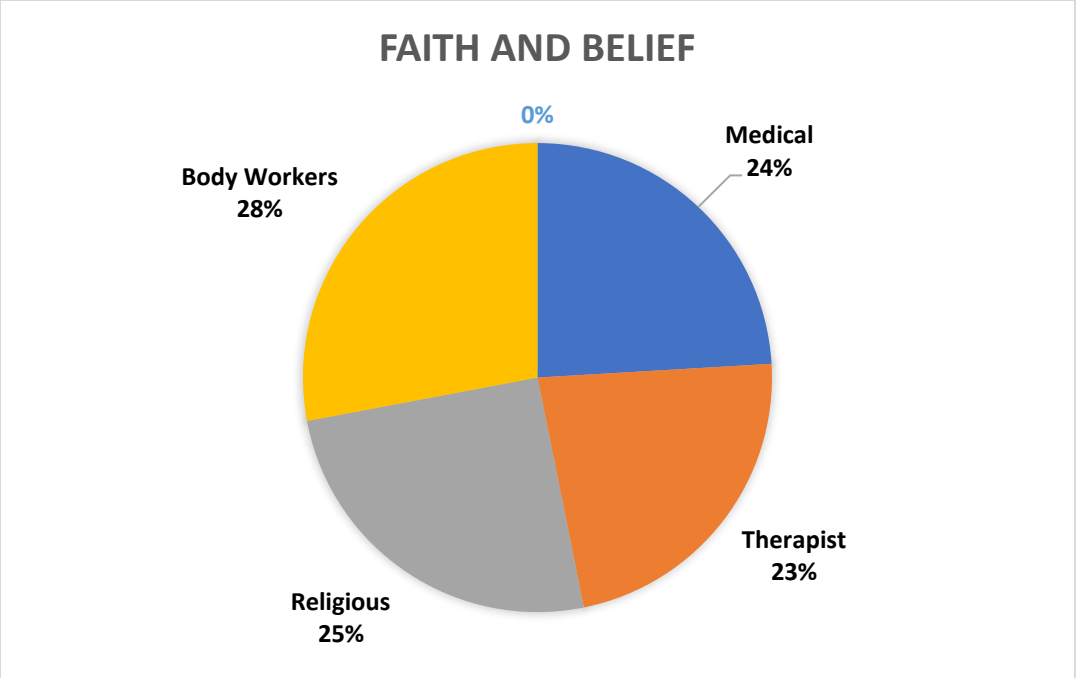
The major finding on how the groups addressed personal narrative was that positive attitude was the highest aspect for three groups; medical, therapist, and religious, while it was the second most important for body workers. The lowest percentage in the mental aspect was reflected in the responses of medical and religious group.

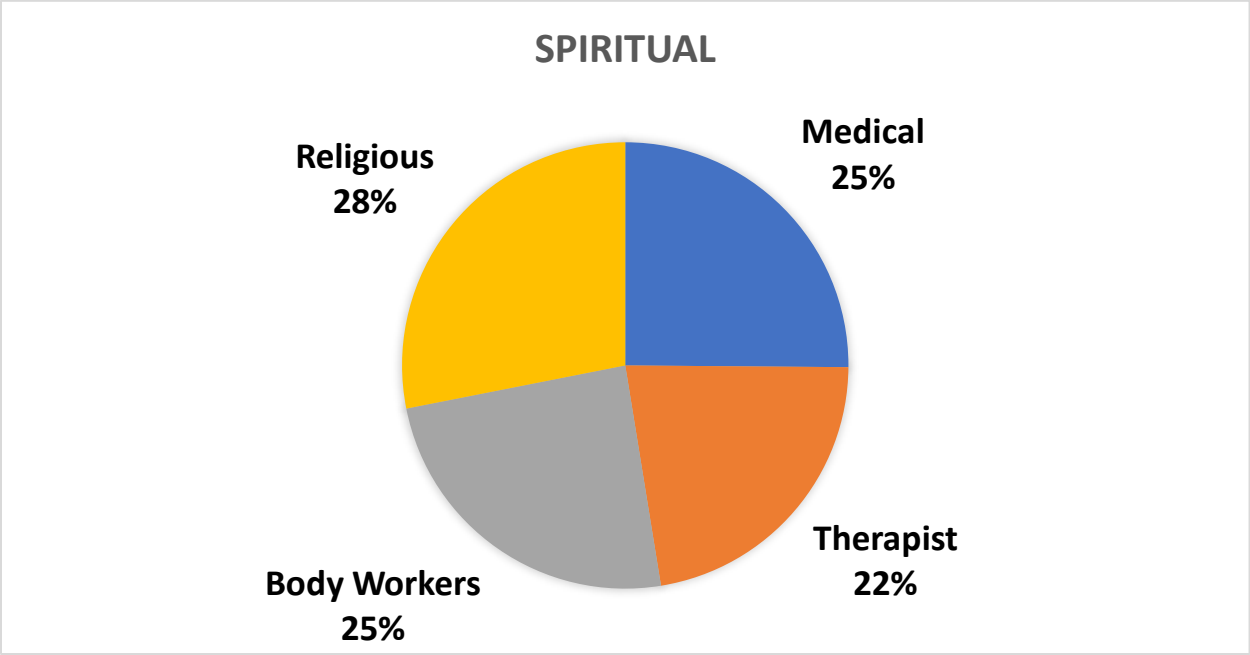
Personal Narrative Compared to Each Group

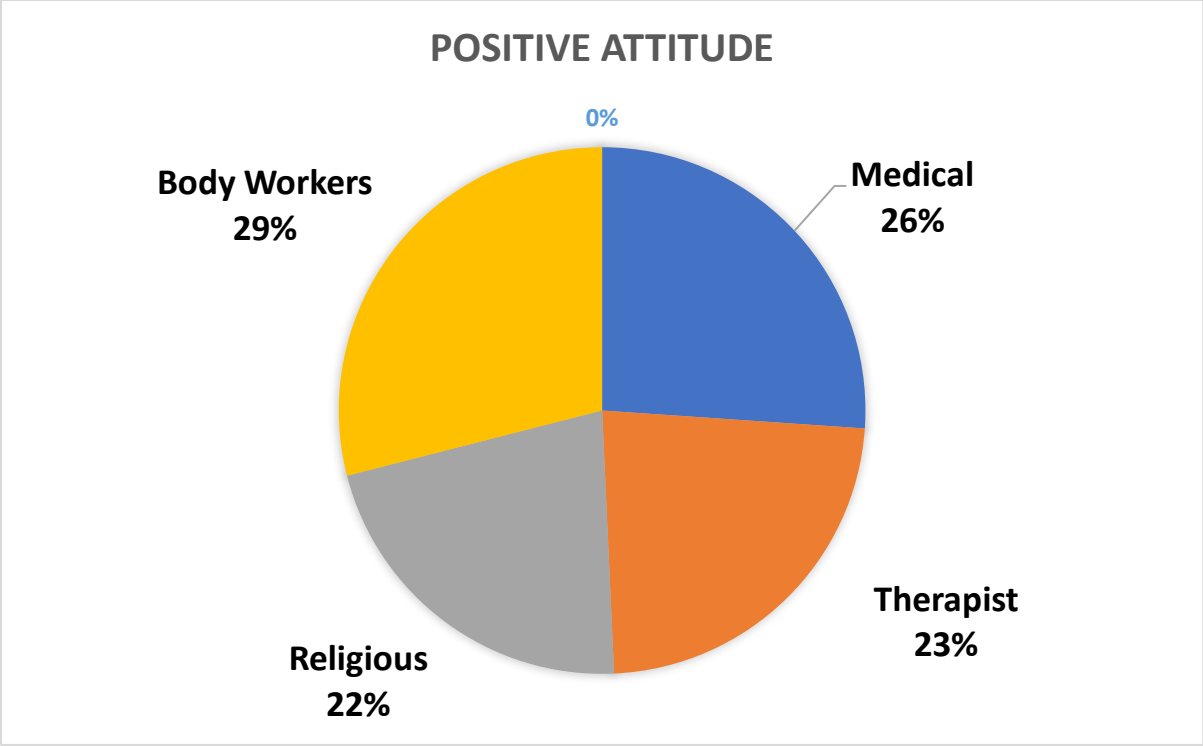
In the following six graphs, each interview question was examined against the emotional aspect, faith and belief, spiritual and positive attitude and how it compares to the four interviewee groups (medical doctors, therapists, body workers, and religious.) The mathematical average of each group was calculated for each question.

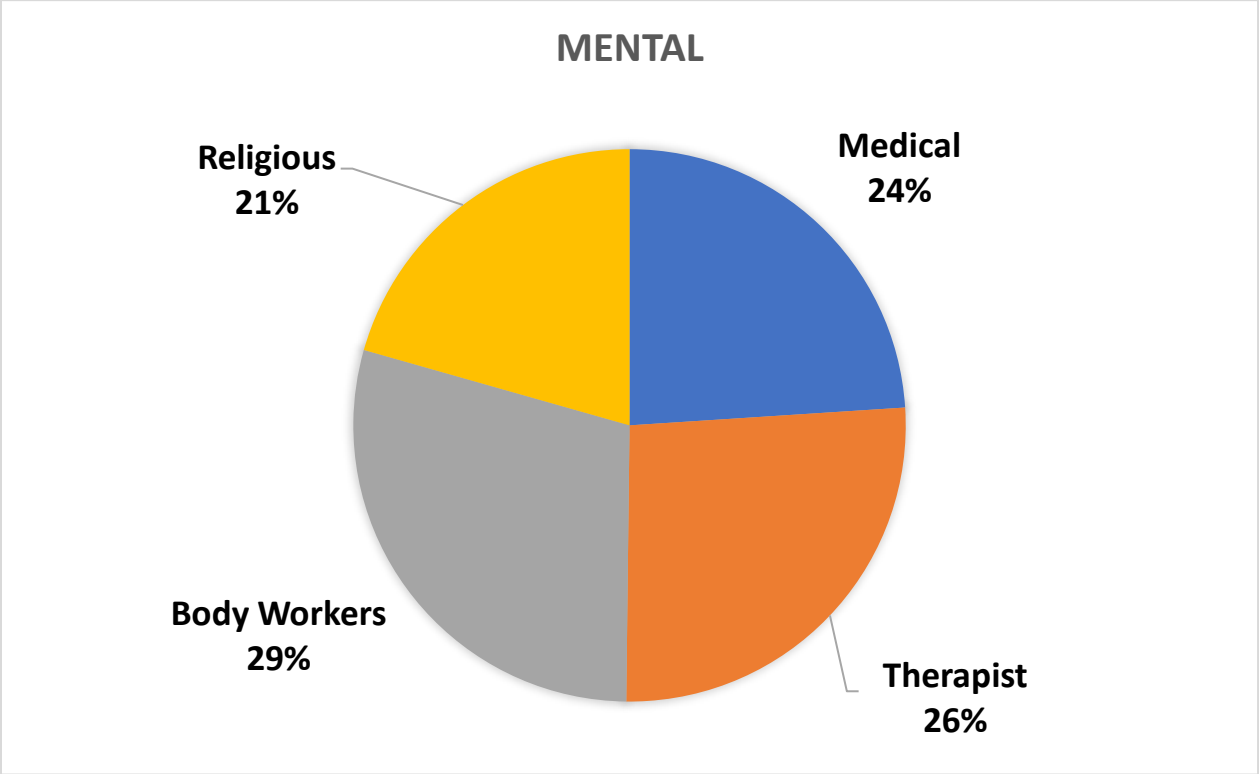
The findings show that body works have the highest percentages for emotional aspect, faith and belief, spiritual and positive attitude. Therapists were lowest in faith and belief, emotional and spiritual. Religious were lowest in positive attitude, mental and first impression. The medical group was average in all their responses.

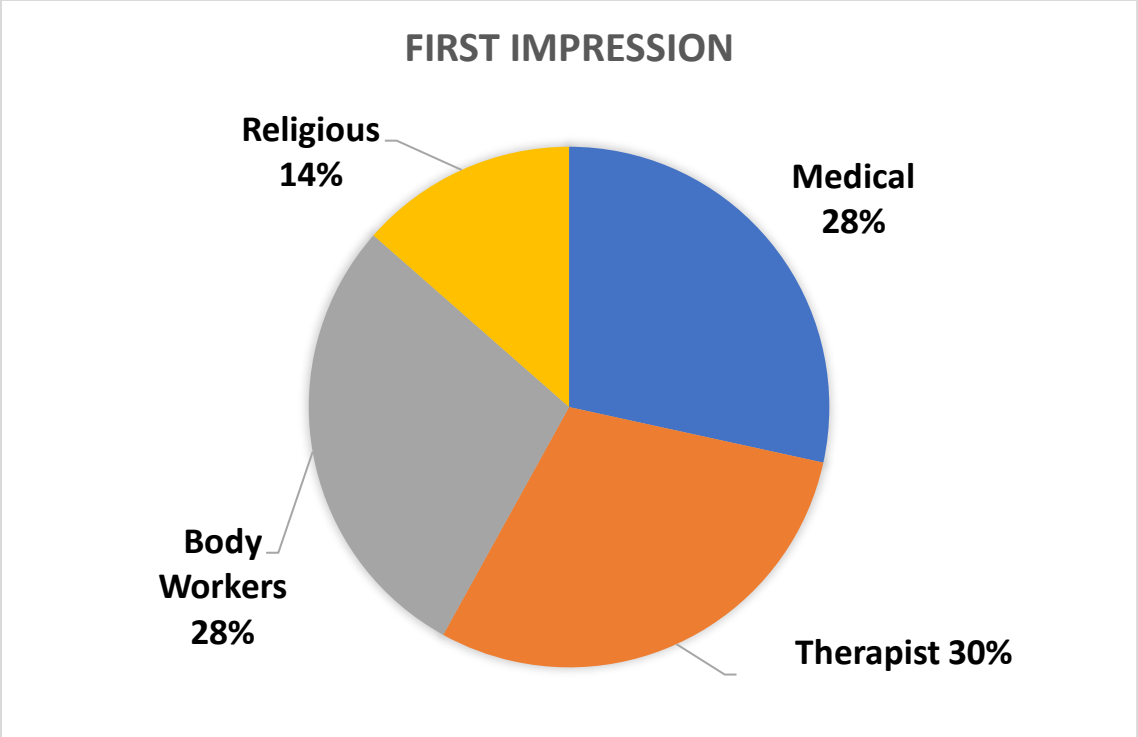



FAITH AND BELIEF
0%
Medical
24%
Body Workers
28%
Therapist
23%
Religious
25%


SPIRITUAL
Religious
28%
Medical
25%
Therapist
22%
Body Workers
25%


POSITIVE ATTITUDE
0%
Body Workers
29%
Medical
26%
Therapist
23%
Religious
22%


MENTAL
Religious
21%
Medical
24%
Body Workers
29%
Therapist
26%



Have You Ever Witnessed A Miracle?

Question Nine

Out of eighteen interviewees, twelve stated that they had witnessed a miracle. The definition of a miracle, as defined in this thesis, is something out of the ordinary that the interviewees experienced in their practice relating to well-being. The interviewees who stated they have not seen a miracle were the medical doctor, child sociologist, massage therapist, the nutritionist, orthopedic and the Rabbi.

The orthopedic said that miracles cannot occur. The orthopedics' logic was that everything has a textbook approach, meaning that it takes six weeks for a fracture to heal. Depending on the orthopedic injury of the patient, the orthopedic can show the patient how long it will take to heal. This approach is what I suspect occurs daily amongst health

professionals. This standard approach is what is possibly blocking a miracle from occurring.

When I was interviewing the medical doctor, I realized that this medical doctor was very medically orientated and did not believe in miracles. Like the attitude of the orthopedic, his attitude may be blocking miracles from occurring in patient personal narratives.

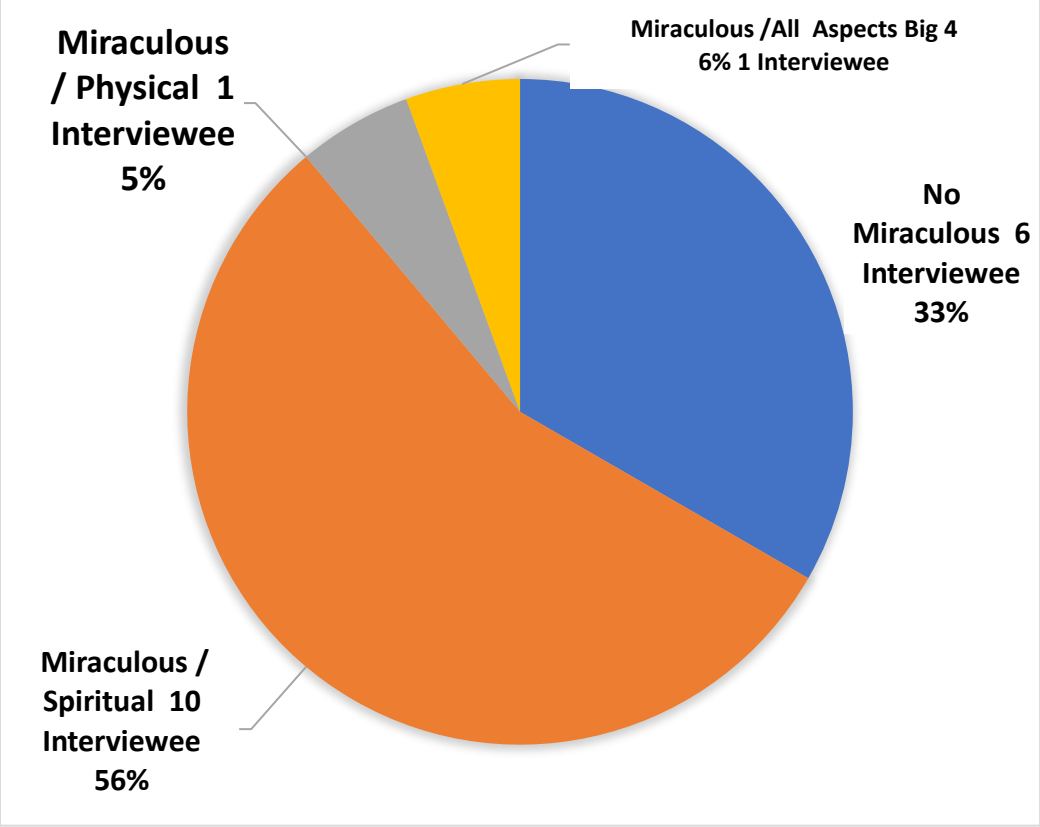
One of the biggest surprises that I witnessed with this question was with the Rabbi. I was shocked personally when he said he did not believe in miracles. What I found interesting was he was a very angry Rabbi from his demeanor and responses to the interview questions. During our conversation, he said he was expecting a phone call from a terminally ill woman. He said, "How can I tell her that she can have a miracle in her life?"

I silently counted to ten to stay calm, but with a slightly raised voice, I said to the rabbi, "If you don't tell, her who will? Who are you to judge her that she cannot have a miracle?" This is exactly what I am talking about with personal narrative. This Rabbi does not know the true power of communication. I simply stated to him that this dying patient is looking to him. I said, "You are powerful, maybe not magical power, but you have spiritual power, mental power, emotional power, three parts of "The Big Four" that you can direct towards her. You don't have to be God, to have the power of God."

Out of the four religious group interviewees, the rabbi was the only interviewee that did not witness a miracle. The following interviewees experienced miracles as shown in next Chart, which demonstrates which aspect of "The Big 4" was involved.

The chiropractor said that it was a physical miracle which makes sense since he works with the physical body. There was one true miracle which was experienced by the nurse. She stated that she had a woman that was in hospice due to cancer. The nurse stated that one day when she was with this patient, the patient stated she saw her brother. When the nurse said, "I didn't know you had any visitors today," the patient told her that he had passed away. The nurse stated that the patient's deceased brother told her it was not her time. Three days later, this patient was off hospice care and was getting better. This example was like the other studies in this thesis. Miracles can occur due to personal narrative.

Break Down of Interviewees That Had a Miracle.



Does Income Affect Well-Being?

The income question had responses that varied greatly. With the medical group, most of their patients had insurance, so there seemed to be no effect on treatment with this type of patient. Whereas, with the body workers, they commented that the more money a patient had to spend, it allowed them to come for more visits, which affected their well-being in a positive manner.

A medical interviewee stated his patients that do not have insurance tend to stay healthier and seem to take better care of themselves. One of his patients told him that he could not afford to get sick and that he works even when he feels sick because he has a family to support. From my interviews, a conclusion can be made that money does play an important role in personal narrative.

Summary

Through the research, the overall findings demonstrated that personal narrative could affect well-being. The analysis of the interviews and data shows that positive attitude is the one most important personal narrative aspect amongst the four interviewee groups. Compared to medical, therapist, and religious interviewees, body workers had the highest percentages for faith and belief, the emotional aspect, spiritual and positive attitude. A conclusion can be made that those who support individuals and their well-being in a positive way can alter personal narrative to affect a positive change to well-being.

As previously discussed, the orthopedic, Rabbi, and medical doctor never witnessed a miracle. Because they do not believe in miracles, this will in turn affect those that seek their care for well-being. They do not offer the element of hope and unexpected positive outcomes in their treatment protocol.

Another interesting finding is that the more educated the interviewee, there tends to be less belief in the personal narrative of patients. The medical doctor and the orthopedic were very scientifically orientated which may be a reason that personal narrative was not important to them as a factor in treatment. Therefore, their attitudes could possibly have a negative effect to one's well-being.

A final thought with this data analysis is that the patient should interview the doctor before becoming their patient. Patients need to take control of their well-being and not allow another person to direct them with non-medical decisions. The patient should also research all the aspects of the medical humanities to determine which profession may help his/her situation, instead of just trusting the doctor referral choice. As stated, prior, a person must look within, not always outward for help.

Chapter Ten

Connecting the Dots
Personal Narrative and the Interviewees

This section examines the research data from the eighteen interviewees and comes up with a conclusion regarding personal narrative affecting one's well-being. What became apparent was that there is a connection between the research data, the information from the interviews, and the connection to medical humanities.

The research described in this thesis demonstrates examples of personal narrative affecting one's well-being, such as the two sets of maids with a weight loss goal who exerted the same level of physical activity. The group that believed that they could lose weight accomplished their weight loss goal, while the group that lacked the belief that their activity would help them lose weight, failed in their weight loss goal.

Another example of personal narrative affecting well-being was the death of Dr. West's patient who cured himself from cancer, but died when he learned the negative press about the drug Krebiozen that he thought cured him, even though he was cured through placebo.

By Dr. West understanding this patient's personal narrative, he was able to bring this patient back from illness to health two times through administering placebo drugs that the patient thought was the drug Krebiozen. This patient returned to health because he thought that the distilled water was the drug Krebiozen.

The reality was that the patient turned his health around without any drug. Nothing physically changed in his body, except his thinking and his personal narrative. When he lost faith in the drug, he lost faith in himself and died.

Science does not have the answer as to why some patients die and some patients live with the same disease. Although this answer has not been discovered yet, it does not mean that the answer does not exist. The interviews that were conducted found a connection between the patient and the health care provider. This could be part of the answer to why some patients die, and some patients live with the same disease.

Although it was a small sample of eighteen different health professionals, it was a large enough sampling to create a connection to the research. After all the data was collected, I realized that data analysis formed four groups. There was no intention of creating any groups prior to analyzing the data.

What I realized after creating the four groups was that each one of the groups aligned with the four aspects of personal narrative. What was also exciting was at least one member in each of the groups experienced a miracle in their practice specialty. This states that each group plays a role in personal narrative. As discussed previously, the body workers rated the highest with all the personal narrative aspects except for first impression, which was higher with the therapist.

As a summary, “The Big 4” hypothesis is that an individual’s thought, creates a mental image that creates an emotional reaction in the body, which affects the physical body. Basically, taking a thought which is non-tangible and being able to produce a mental image within the brain. This mental imagine, will produce a chemical response

which produces a specific emotion. The chemical response creates the motion which affects the physical body (Figure 10-1).

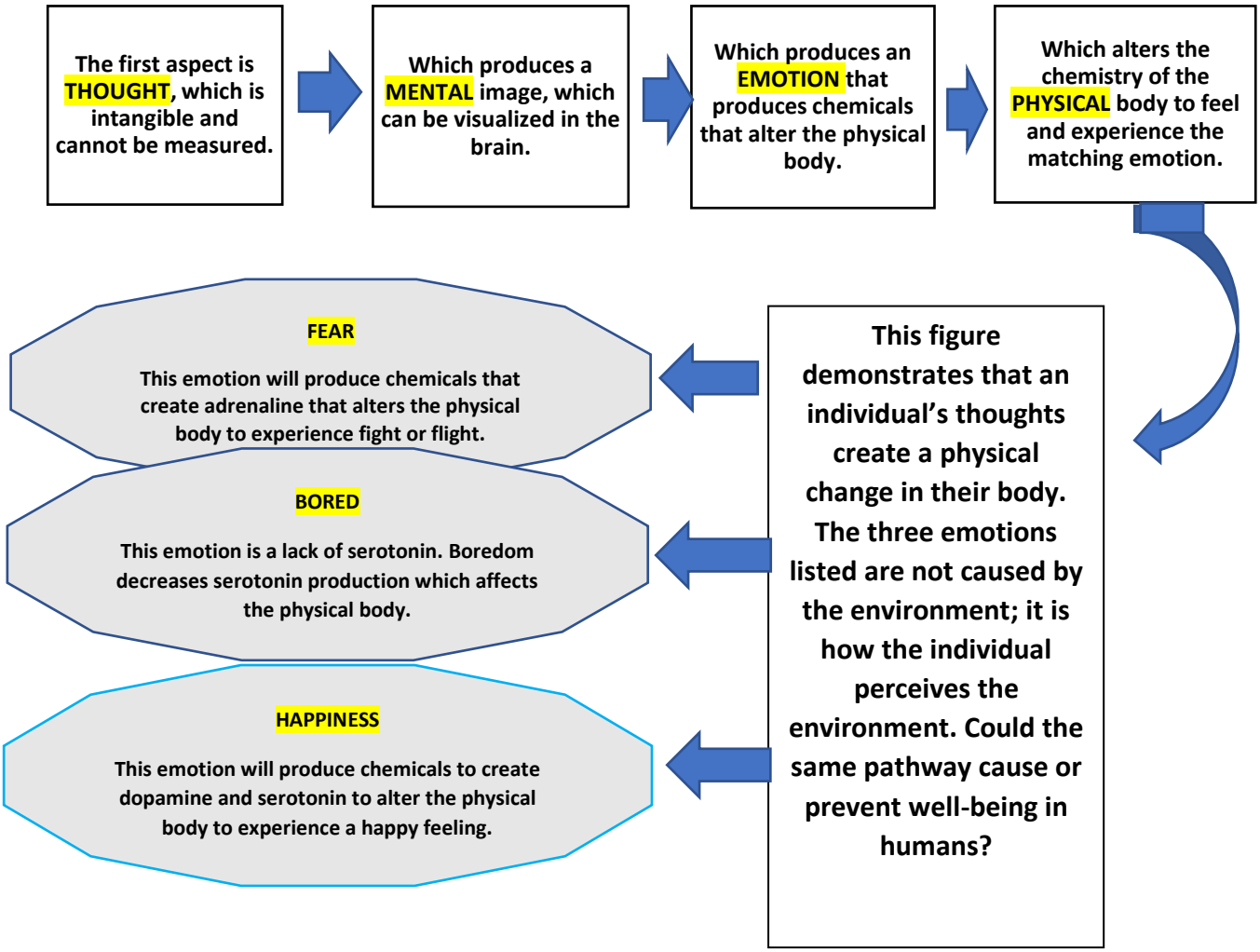


Figure 10-1. Demonstration of how a thought can create three different emotions depending on an individual's understanding of the thought: fear, boredom, or happiness. For example, if an individual observes a lion, it may produce fear or possibly happiness, for those raised around lions.

Connecting the Dots with the Four Groups

First group: The religious group basically works with the spirit/God. For the purpose of the connection to personal narrative, I am equating this to a thought, the first aspect of "The Big 4." As described in the thesis, we do not know where thoughts come from, but it has been described as thought is coming from one's God.

Second group: Therapists work with the mental aspect of "The Big 4." Through the different types of psychology, these health professionals affect the mental aspect of the patient.

Third group: Body workers deal with emotions which are the third aspect of "The Big 4." Patients feel emotionally balanced after a reiki or massage session because they feel calmer and their emotions balance.

Fourth group: The medical group treats the physical body. If a patient has diabetes, insulin can be prescribed to correct the physical body. For high or low blood pressure, medication can adjust the blood pressure. This all affects the fourth aspect of the "The Big 4" which is the physical aspect.

It appears that each group represents one aspect of "The Big 4." Depending on the patient's belief system, there may be an effect on their well-being depending on what healthcare professional they seek out for treatment and if it aligns with their personal narrative.

The Main Connection - Relationships

There is a connection to well-being and between the facilitator of the treatment and the patient. Out of the four interviewee groups, the body workers excelled in the way they interacted with their patients because they incorporated the patient's emotion, faith and belief, spiritual, positive attitude, and mental aspect in their approach. This interviewee group included a reiki master, massage therapist, homeopathic, nurse and a nutritionist. This group received the second highest rating when it came to not be making judgements about their patients based on a first impression. The therapists were the highest rated group for not judging patients.

Another reason to connect the dots is due to the statistics that was stated earlier in this thesis. The fourth leading cause of death in America was death by prescription. Drug production was the highest that it had been in 19 years of creating drugs. (Schroeder 2016).

Statistics indicate that as many as 128,000 Americans die each year by the normal usage of prescribed medication. This is nearly five times the number of people taking heroin or overdosing on prescription painkillers (Schroeder 2016).

A newer statistic from Center of Disease Control as of February 18, 2020 stated that over 70,000 people died in 2017 from drug overdose, including prescription and illicit drugs. That comes to one hundred ninety-one individuals a day, which ever healthcare professional should be aware of.

Every health professional must understand that they are there to support the patient's personal narrative. If they were to accomplish this, a paradigm shift would occur

in healing. An overweight patient could wake up one day and start the journey of weight loss with no effort when there is alignment to their personal narrative; a two pack a day smoker would put down the cigarette and stop smoking with no effort; a cancer patient in the doctor's office would hear the doctor say to them that they were going to beat the cancer and will be able to go home to their family to begin to turn their health around to wellness.

The power to influence and change a patient's personal narrative, through the lens of medical humanities, is the power that every healthcare professional has to offer to their patients.

Achterberg, Jeanne. 1989. "The role of imagery in healing." *Journal of the American Society for Psychical Research* 83 (2): 93-100.

Aull, F. 2008. *Mission Statement.* March 20. Accessed November 22, 2018. https://web.archive.org/web2011051830445/http://medhum.med.nyu.edu/.

Avery, Oswald T, Colin M MaCleod, and Maclyn McCarty. 1943. "Studies on the Chemical Nature of the Substance Induction Transformation of Pneumococcal Types." *The Hospital of The Rockefeller Institute for Medical Research)* 136-149.

Bach MD, FCCP, Peter B, Gerard A Silvestri MD FCCP, Morgan Hanger BA, and James R Jett MD FCCP. 2007. "Screening for Lung: ACCP Evidence-Based Clinical Practice Guidelines (2nd Edition)." *Chest* 132 (3): 695-775.

Ball, David W. 2015. *The Nature of Matter Understanding the Physical World* . Chantilly: The Great Courses.

BBC, News. 2014. *BBC News.* Jamuary 3. Accessed February 3, 2020. https://www.bbc.com/news/magazine-25560162.

Becker, Anne E, Rebecca A Burwell, Stephen E Gilman, David B Herzog, and Paul Hamburg. 2002. "Eating behaviours and attitudes following prolonged exposure to television among ethnic Fijian adolescent girls." *British Journal Of Psychiatry* 180 (6): 509-514.

Bellis, Mary. 2019. *The History of Airplanes and Flight ThoughtCo.* July 3. Accessed October 4, 2019. www..thoughtco.com/airplanes-flight-history-1991789.

—. 2019. *The History of the Jet Engine Thought Co.* July 23. Accessed July 20, 2019. https://www.thoughtco.com/history-of-the-jet-engine-4067905.

Benson, H, and M Stark. 1996. "Timeless Healing."

Bhattacharjee, Chanchal, Peter Bradley, Matt Smith, and Andrew J Scally. 2000. "Do animals bite more during the full moon? Retrospective observational analysis." BMJ 321: 23-30." *BMJ* (Bhattacharjee, Chanchal , Peter Bradley, Matt Smith, and Andrew J Scally. 2000.) 321: 23-30.

Blaxter, Mark. 2003. "Two Worms Are Better Than One." *Nature*, November 27: 395.

Bregllano, Jeam-Claude. 2019. *Lamarck and Darwin: two divergent visions of the living world Encyclopedia of the Environment.* May 27. Accessed Febuary 12, 2020. https://www.encyclopedie-environnement.org/en/life/lamarck-and-darwin-two-divergent-visions-of-living-world/.

Brodin, P, V Jojic, and al et. 2015. "Variation in the human immune system is targely driven by non-heritable influence." *Cell* 160 (1): 37-47.

Brotons, PhD MT-BC, Melissa, and Susan M Koger, PhD. 2000. "The Impact of Music Therapy on Language Functioning in Dementia." *Journal of Music Therapy* 37 (3): 183-195.

Capps, Donald. 2009. "Norman Vincent Peale, Smiley Blanton and the Hidden Energies of the Mind." *Journal Religious Health* 507-527.

Carlson PhD, Linda, Tara L Beattie PhD, Janine Giese-Davis PhD, and Peter Faris PhD. 2014. *Mindfulness-based cancer recovery and supportive-expressive therapy maintain telomere length relative to controls in distressed breast cancer survivors.* November 3. Accessed November 23, 2019. https://doi.org/10.1002/cncr.29063.

Caulfield, Philip. 2013. "Teen Sisters Lift 3,000 -pound tractor to free trapped dad after freak yard accident." *New York Daily News.* New York: New York Times, April 10. https://www.nydailynews.com/news/national/oregon-teens-lift-3-000-pound- .

Cavendish, Richard. 2004. *The First Sub-Four-Minute Mile.* May 5. Accessed October 17, 2019. https://www.historytoday.com/archive/first-sub-four-minute-mile.

Chaban, Victor V, Taehoon Cho, and Keith C Norris. 2013. "Physically disconnected non-diffusible cell-to-cell communication becomes neuroblastoma SH-SY5Y and DRG primary sensory neurons." *American Journal of Translational Research*--- 69-79.

Cherry, Kendra. 2019. *Very Well Mind.* August 18. Accessed October 23, 2019. https://www.verywellmind.com/what-is-the-fight-or-flight-response-2795194.

Ciello, Annemilia del, Paola Franchi, and Anna Rita Larici. 2017. "Missed lung cancer: when, where, and why." *Diagnosis Interventional radiology* 2: 118-126.

Clarke, Adam R, Robert J Barry, Rory McCarthy, and Mark Selikowitz. 2001. "Excess beta activity in children with attention-deficit/hyperactivity disorder: an atypical electrophysiologicalgroup." *Psychitry Research* 102 (2-3): 205-218.

Cole, Steve W, Bruce D Naliboff, Margaret E Kemeny, Marshall P Griswold, John L Fahey, and Jeroma A Zack. 2001. "Impaired response to HAART in HIV-infected individuals with high autonomic nervous system activity." *Tufts University School of Medicine* 33: 1-20.

Consedine, Nathan S, and Judith Tedlie Moskowitz. 2007. "The role of discrete emotions in health outcomes: a critical review." 12 (2): 59-75.

Crum, Alia J, and Ellen J Langer. 2007. "Mine – Set Matters Exercises and the placebo effect."

Dancyger, Carolyn, Mel Wiseman, Chris Jacobs , Jonathan Smith, Melissa Wallace, and Susan Michie. 2011. "Communicating BRCA1/2 genetic test results within the

family: A qualitative analysis 2011 PP 1018 – 35 Psychology & Health." *Psychology & Health* 26 (8): 1018 – 35.

Dictionary.com. 2020. *Dictionary. com.* Accessed Januarny 18, 2020. https://www.dictionary.com/browse/luna.

Dijksterhutis, AP, and Loran F Nordgren. 2006. "A Theory of Unconscious Thought." *Social Psychology Program, University of Amsterdam* 1 (2): 95-109.

Dimond, EG, CF Kittle, and Je Crockett. 1960. "Comparison of Internal Mammary Artery Ligation and 'Sham Operation for Angina Pectoris." *The American Journal Of Cardiology* 5: 483-486.

Dispenza, Dr. Joe. 2014. *You Are the Placebo.* Carlsbad, California: Hay House Inc.

—. 2014. *You Are The Placebo.* Carlsbad: Hay House, Inc.

Dougherty, Eliabeth. 2011. *How are thoughts mesure MIT School of Engineering.* May 24. Accessed October 18, 2019. https://engineering.mit.edu/engage/ask-an-engineer/how-are-thoughts-measured/.

Dougherty, Elizabeth. 2011. *Is-it-possible-to-control-someones-thoughts? MIT School of Engineering.* February 1. Accessed November 20, 2019. https://engineering.mit.edu/engage/ask-an-engineer/is-it-possible-to-control-someones-thoughts/.

—. 2011. *What are thoughts made of? MIT School of Engineering.* May 24. Accessed December 1, 2019. https://engineering.mit.edu/engage/ask-an-engineer/what-are-thoughts-made-of/.

DSM-5. 2017. "Diagnostic and Statistical Mannual of Mental Disorders." *American Association of Psychiatric.*

Dyer, Dr. Wayne. 2007. *Change Your Thoughts, Change Your Life.* Carlsbad: Hay House, Inc.

—. 2019. *Dr. Wayne Dyer.* Accessed October 8, 2019. Drwaynedyer.

—. 2019. *Happiness Is The Way.* Carlsbad: Hay House, Inc.

—. 2004. *The Power of Intention.* Carlsbad: Hay House, Inc.

Dyer, Wayne. 2008. *Change Your Thoughts, Change Your Life* . New York: Hay House.

—. 2008. *The Official Website of Dr. Wayne W. Dyer.* October 8. Accessed 2019. https://www.drwaynedyer.com/copyright/.

Epigenetics, What is. 2010. *What is Epigenetics.* April 8. Accessed January 4, 2020. https://www.whatisepigenetics.com/fundamentals/.

Farmer, Hannah , Nuala McCabe, Christopher J Lord, Andrew N.J Tutt, and Damien A Johnson. 2005. "Targeting the DNA repair defect in BRCA mutation cells as a therapeutic strategy." 917 – 921.

Fieger, Anne, Brigitte Roder, Saleven Teder, Steven A Hillyard , and Helen J Neville. 2006. "Auditory spatial tuning in late-onset blindness in humans." *Journal of Cognitive Neuroscience* 18 (2): 149-151.

Franckh, Pierre. 2009. *The DNA Field and the Law of Resonance.* Rochester, Vermont: Destiny Books.

Frazier, Kendrick . 1991. *The Hundredth Monkey.* Amherst, New York: Prometheus Books.

Fredrickson, Barbara L. 2003. "The Value of Positive Emotions." *American Scoemtost* 91: 330.

Frey, H. Allen. 1993. "Electromagnetic field interactions with biological systems." *FASEB Journal* (Randomline Inc.,) 272-281.

Friedman, Lauren F. 2015. "A Radical Experiment Tried To Make Old People Young Again." *Vusiness Insider.* April 6. https://www.businessinsider.com/ellen-langers-reversing-aging-experiment-2015-4.

Gottlied, Gilbert. 1998. "Normally occurring environmental and behavioral influences on gene activity: From central Dogma to probabilistic epigenesis: from Central Dogma to Probailistic Epigenesis." *Psyc Articleds* 1.

Guan, W, and M Reed. 2012. "Electrical fieldl modulation of the membrane potential in solid-state ion channels." *Nano Letters, ACS Publications* 12 (12): 6441-6447.

Hamalaineen, Matti, Ritta Hari, IImoniemi J Risto, Jukka Knuutlia, and Olll V Lounasmaa. 1993. "Magnetoencephalography-theory, instrumentation, and applications to noninvasive studies of teh working hman brain." *APS Physics* (https/ www.aps.org/) 65: 65 413.

Hancock, John F. 2003. "Ras proteins: different signals from different location." *Nature Review Molecular Cell Biology* 4: 373-385.

Hari, R, R Salmelin, J P Mäkelä, and M Helle. 1997,. "Magnetoencephalographic cortical rhythms." *International Journal of Psychophysiology* 26, (1-3): 51-62.

Hart RN, PhD, Laura K, Mildred Freel RN MEd, Pam J Haylock RN PhD, and Susan K Lutgendod PhD. 2011. "The Use of Healing Touch in Integrative Oncology." *Clinical Journal of Oncology Nursing* 15 (5): 519-525.

Harvey, Ian. 2018. "The Girl who was Raised by Dogs for 5 Years due to Parental Neglect." *The Vintage News* . December 18. Accessed November 16, 2019. https://www.thevintagenews.com/2018/12/18/oxana-malaya/.

Hawkins, PJ, C Liosso, BW Ewart, P Hatira, and VH Kosmidis. 1998. "hypnosis in the alleviation of procedure related pain and distress in pediatric oncologist patient's including commentary by Hart C and Hart B." *Contemporary Hypnosis* 199-213.

Hay, Louise. 1982. *Heal Your Body.* Carlsbad, California : Hay House, Inc.

—. n.d. *Louise Hay.* Accessed October 2, 2019. https://www.louisehay.com/about/.

—. 2005. *Louise Hay.* January 5. Accessed April 10, 2019. www.louisehay.com/about/.

—. 2010. *LouiseHay* . j. www.louisehay.com/about/.

—. 2001. *Official Website of Author Louise Hay.* Accessed October 10, 2019. www.louisehay.

—. 1984. *You Can Heal Your Life.* Carlsbad, California: Hay House Inc.

Hay, Louise, and David Kessier. 2014. *You Can Heal Your Heart.* Carlsbad, Californis : Hay House Inc.

Hayashi, Takashi, Osamu Urayama, Miyo Hori, Shigeko Sakamoto, Uddin Mohammad Nasir, Shizuko Iwanaga, Keiko Hayashi, Fumiaki Suzuki, Koichi Kawai, and Kazuo Murakami. 2007. "Laughter modulates prorenin receptor gene expression in patients with type 2 diabetes." *Journal of Psychosomatic 'research* 62 (6): 703-708.

Helmenstine, Ph.D., Anne Marie. 2019. *Elements in the Human Body and What They Do.* July 29. Accessed December 24, 2019. https://www.thoughtco.com/elements-in-the-human-body-4050823.

Herberman, Ronald B. 2002. "Stress, natural killer cells, cancer." *University of Pittsboro Cancer Institute* 304 .

Hoiland, Erin, and Eric H Chudler Ph.D. n.d. *Brain Plasticity: What Is It?*

Hollander, Bernad. 2016. "The subconscious mind: Psycho-analytic treatment of nervous disorders." 169-181.

Howard, Marc W, and Howard Eichembaum. 2013. "The Hippocampus, Time, and Memory Across Scales." *Journal of experimental psychology* 142 (4): 1211 – 1230.

Hub, Science Learning. 2007. *Science Learning Hub.* July 23. Accessed December 18, 2019. https://www.sciencelearn.org.nz/resources/1010-does-blood-have-magnetic-properties.

Hunter, Roy. 2005. "Hypnosis for inner conflict resolution: Introducing parts therapy." 189.

Ireland, Corydon. 2009. "Fijian Girls Succumb to Western Dysmorphias." March 19. Accessed September 18, 2019. https://news.harvard.edu/gazette/story/2009/03/fijian-girls-succumb-to-western-dysmorphia/.

Jain, Sima. 2017. *Dermatology.* Orlando, Florida: Springer International Publishing.

Kaptchuk , TJ, Elizabeth Friedlander, and Anthony J Lembo. 2010. "Placebo what deception a random control trial in irritable bowel syndrome." *Plos One* 1-20.

Karns, Christina, Christina M Karns, Mark W Dow, Courtney Stevens, and Helen J Neville. 2014. "Enhanced peripheral visual processing in congenitally deaf humans is support by multiple brain regions, including primary auditory cortex." *Front Hum Neuroscience* 8: 1-17.

Kesari, , Kumar Kavindra, , Haris Mohd. Siddiqui, , Ramovatar Meena, , H N Verma, and , Shivendra Kumar. 2013. "Cell phone radiation exposure on brain and associated biological systems." *Indian Journal of Experimental Biology* (NISCAIR-CSIR, India) 51: 187-200. http://hdl.handle.net/123456789/16123.

Kiger, Patrick J. 2011. *National Geographic.wog.* September 6. Accessed October 18, 2019. https://blog.nationalgeographic.org/2011/09/06/911-and-global-consciousness/.

Koenig, M.D, Harold G. 2013. *Spirituality in Patient Care.* West Conshohocken: Templeton.

Kruizinga, Hendrik. 2016. *Your Five Brainwaves: Delta, Theta, Alpha, Beta and Gamma.* June 16. Accessed January 16, 2020. https://lucid.me/blog/5-brainwaves-delta-theta-alpha-beta-gamma/.

Lakhiani, Vishen. 2017. *Mindvalley.* December 27. Accessed 23 2020, Febuary. https://blog.mindvalley.com/power-subconscious-mind/.

Light, Donald W, Joel Lexchin, and Jonathan J Darrow. 2013. "Institutional Corruption of Pharmaceuticals and the Myth of Safe and Effective Drugs." *Journal of Law, Medicine & Ethics* 23: 590-101.

Lipton Ph.D, Bruce H. 2013. *The Honeymoon Effect.* Carlsbad, California: Hay House, Inc.

Lipton, PH.D., Bruce H. 2015. *The Biology Of Belief.* Carlsbad, California: Hay House Inc.

—. 2013. *The Honeymoon Effect.* Carlsland, California : Hay House Inc.

Lovelace Jr., Berkeley. 2019. "Three Major Pharmaceutical Companies Just Reported Earning." *CNBC.* Aprile 30. Accessed May 18, 2019.

https://www.cnbc.com/2019/04/30/3-major-pharma-companies-just-reported-earning-heres-how-they-did.html.

Lucid. 2019. *Your 5 Brainwaves: Delta, Theta. Alpa, Beta and Gamma.* Febuary 19. Accessed October 18, 2019. https://lucid.me/blog/5-brainwaves-delta-theta-alpha-beta-gamma/.

Masic, Izet, Milan Miokovic, and Belma Muhamedagic. 2008. *Evidence Based Medicine-New Approaches and Challenges.* Edited by Acta Informatica Medica. December 31. Accessed October 22, 2019. ncbi.nlm.nih.gov.

McClare, C. W. F. 1974. "Resonance In Bioenergetics." *Annual the New York Academy of science* 227 (1): 73-74. https://nyaspubs.onlinelibrary.wiley.com/doi/abs/10.1111/j.1749-6632.1974.tb14374.x.

Meador MD, Clifton K. 2015. "A Near Death from Voodoo Hexing." *Symptons of Unknown Origin.* Vanderbilit University Press 2005, August 10.

Mentgen, L. 2001. "Healing Touch." *Nursing Clinics of North America* 36: 143-158.

Mikkelson, David. 2014. "Man Dies of Hypothermia in an Unplugged Freezer." *Snopes.* June 26. https://www.snopes.com/fact-check/deadly-imaginings/.

Miller,Jr, Robert L. 2005. "An Appointment With God: Aids, Place, and Spiritility." *The Journal of Sex .Research* 42 (1): 35-45.

Moore, Thomas. 1994. *Care Of The Soul.* New York: Harper Collins Publications.

Moseley Jr MD., Bruce J, Nelda P Wary MD, David Kuykendall PhD., Killy Willis MPH, and Glenn Landon MD. 1996. "Arthroscopic Treatment of Osteoarthritis of the Knee: A Perspective, Randomized, Placebo-Controlled Trial: Results of a Pilot Study." *The American Journal of sports medicine.*

Mucha, Alex V. 1985. "The aura. In." *International Journal of Psychosomatics,* 32 (1): 22-24.

Mullin, Rick. 2014. *Scientific America.* November 24. Accessed October 20, 2020. https://www.scientificamerican.com/article/cost-to-develop-new-pharmaceutical-drug-now-exceeds-2-5b/.

Nakagawa, Y, Ikemi. 1962. "A Psychsomatic Study of Contagious Dermatitis." *Kyushu Journal Medical Science* 13: 335-350.

National Center for Health Statistics. 2017. *Therapeutic Drug Use.* Center for Disease Control and Prevention, Table 79.

National Summary Tables 22. 24, 25. 2016. "Physician Office Visits ." *National Ambulatory Medical Care Survey* .

Nobel, Foundation,. 2020. *The Nobel Prize.* January 19. Accessed November 20, 2020. https://www.nobelprize.org/prizes/medicine/1968/nirenberg/biographical/.

Novella M.D, Steven. 2012. *The Great Courses.* Accessed January 16, 2020. https://www.thegreatcourses.com/tgcplus2.

O'Malley 's PhD, Kimberly, Nancy J Petersen PhD, Terri J Menke PhD, Baruch A Brody PhD, David H Kuykendall PhD, John H Hollingsworth Dr.P.H., Carol M Ashton MD, Nelda P Wray MD M.P.H, and Bruce J Moseley MD. 2002. "A Controlled Trial of Arthroscopic Surgery for Osteoarthritis of the Knee." *New England Journal of Medicine* 347: 81 – 88.

Panagopoulos, Dimitris J, Andreas Karabarbounis, and Lukas H Margaritis. 2002. "Mechanism for action of electromagnetic fields on cells." *Science Direct* 298 (1): 95-102.

Parry, Sarah, and John Dupre. 2010. "Introducing nature after the genome." *The Sociallogical Review* 1-34.

Paul M.A., Gordon L. 1963. "The Production of Blisters by Hypnotic Suggestion: Another Look:." *Psychosomatic Medicine* XXV (3).

Paulos, John Allen. 2019. *ABC News.* October 6. Accessed October 18, 2019. https://abcnews.go.com/Technology/WhosCounting/story?id=97845&page=1.

Peale, Norman Vincent. 1959. *The Amazing Results of Postitive Thinking.* New York: Simon & Schuster.

—. 1952. *The Power of Positive Thinking.* New York, New York: Fireside.

Plante, Amber. 2016. "How The Human Body Uses Electricity ." *University of Marylandd Graduate School.*

—. 2015. *University of Maryland Graduate School.* March 15. Accessed October 31, 2019. https://www.graduate.umaryland.edu/gsa/gazette/February-2016/How-the-human-body-uses-electricity/.

Pradeep, A K. 2010. *The Buying Brain.* Hoboken, NJ: Johnwiley & Sons Inc.

Pressman, Sarah D, Gallagher W Matthew, and Shane J Lopez. 2013. "Is the emotion-health connection a “first-world problem." *Psychological science* 24, (4): 544-549.

Provencal, Sarah-Claude, Suzie Bond, Elie Rizkallah, and Ghassan El-Baalbaki. 2018. "Hypnosis for burn wound care pain and anxiety: a systematic review and meta-analysis." *Science Direct* 1-12.

Richardson M.D. FAAP, Gill. 2017. *Do the First 7 Years of Life Really Mean Everything?* December 17. https://www.healthline.com/health/parenting/first-seven-years-of-childhood.

Riva, S Serino, D Di Lemia, EF Pavone, and A Dakanalis. 2017. "Embodied Medicine: Mens Sana in Corpore Virtuale Sano ." *Frontiers | Human Neuroscience* 1-5.

Rosner PhD, LLD, Anthony L. 2016. "Chiropractic Identity: A Neurological, Professional, and Political Assessment." *Journal Of Chiropractic Humanities* 18: 35-45.

Rubin, R Jason. 2015. *How does a random group of molecules form a thinking breathing man?* April 13. Accessed October 3, 2019. https://engineering.mit.edu/engage/ask-an-engineer/how-does-a-random-group-of-molecules-form-a-thinking-breathing-human/.

Sashwati, Roy, Khanna Savita, Yeh Pier-en, Rink Cameron, and Malarkey B William. 2005. "Wound Site Neutrophils Transcriptome In Response to Psychological Stress In Young Men." *The Journal of Liver Research* 12 (4-6): 273-287.

Sasson, Remez. 2018. *How ManyThoughts Does Your Mind Think in One Hour?* June 18. Accessed January 2020. https://www.successconsciousness.com/blog/inner-peace/how-many-thoughts-does-your-mind-think-in-one-hour/.

Satory, Tsum, Iburi Tadao, Tamikiko Tamanaha, and Takash Hayashi. 2007. "Laughter Regulates the Genes Related to NK Cells Activities And Diabetes." *Foundation for Advancement of International Science Bio-Laboratories* 1-5.

Schroeder, Michael C. 2016. "Death By Prescription." *U.S. News* , September 27.

Schulz MD. Ph.D., Mona Lisa, and Louise Hay. 2016. *Heal Your Mind.* Catisbad, California: Hay House Inc.

Seth, Anil. 2017. *30-Second Brain.* New York, New York: Sterling Publishing Co. Inc.

Seybol, K S, and P C Hill. 2001. "The role of religion and spirituality in mental and physical health." *Current Directions in Psychological Science* 10 (1): 21-24. https:/doi.org/10.1111/1467-8721.00106.

Shaner, Ralph F. 1927. "Landmark in the Evolution Theory." *The Scientific Monthly* 24 (3): 251-255.

Siegel, Bernie. 1989. *Peace, Love & Healing.* New York City: Harper & Row.

Siegel, M.D,, Bernie S. 2013. *The Art of Healing.* Canada: New World Library.

Siegel, M.D., Bernie S. 2005. *101 Excercises for the Soul.* Novato, CA: New World Library.

—. 2003. *Help Me to Heal.* Carlsbad: Hay House, Inc.

—. 1986. *Love, Medicine, & Miracles.* New York, New York: Harper & Row.

—. 1989. *Peace, Love & Healing.* New York City: Harper & Row.

Siegiel M.D., Bernie. 1986. *Love, Medcine & Miracles.* New York, New York: Harper & Row.

Silverman, Ph.D. , Doris K. 1983. "New Perspectives on Development and Their Implications for Psychoanalytic Treatment." Hillsdale, New Jersey .

Soon, Chun Siong, Marcel Brass, Hans Jochen Heinze, and John-Dylan Haynes. 2008. "Unconsciousness determinants of free decisions in human brain." *Natural Neuroscience* 18: 543-545.

Spinlberg MD, Christoph , Dirk FalkenhanhMD, Stefan N Willich MD, Darl Wegscheider PhD, and Heinz Voller MD. 1996. "Circadian.day-of-week, and seasonal variability in myocardial infarction:Comparison between working and retired patients." *American Heart Journal* 132 (3): 579-585.

Stellman, Steven D, Toshiro Talezaki, Lisa Wang, and Yu Chen. 2001. ""Smoking and lung cancer risk in American and Japanese men: an international case-control study."." *Cancer Epidemiology and Biomarkers and Prevention* 10 (11): 1193-1199.

Stockwell, Brent R. 2013. *The Quest For The Cure: The Science and Stories Behind The Nest Generation of Medicines* . New York: Columbia University Press.

Strohman, Richard C. 2003. "Genetic determination as a failing paradign in biology and medicine implications of health and wellness." *Journal of Social Work Education* 39: 139-192.

Suzulki, Hiromu. 2010. "Epigenetic Drivers of Genetic Alterations." *Advances in Genetics* 70: 309-323.

Szasz, Thomas. 2005. "What Counts as Disease?" *The Independent Review* X (3): 325-336.

Taranto, Gamis. 2011. "Nursing's healing touch." *Clinical Journal of Oncology Nursing* 337-338.

Tuller, David. 2012. *Can Exposure to Toxins Change Your DNA?* June 19. Accessed November 4, 2019. https://www.motherjones.com/politics/2012/06/can-exposure-toxins-change-your-dna/.

Uddin, Monica, Allison E Aiello, Derek E Wildman, Karestan C Koene, and Graham Pawelec. 2010. "Epigenetic and immune function profiles associated with post-traumatic stress disorder." *Princeton University* 107-120.

Vambrock, , Stacey. 2013. *The Role of the Conscious and Subconscious Minds.* November 30. Accessed November 30, 2019. https://www.breakthroughperformance.net/wp-content/uploads/2013/08/Role-of-the-Conscious-and-Subconscious-Minds.pdf.

Voltolina, Vanessa. 2015. *Pet MD.* Accessed Novermber 14, 2019. (Retrieved on October 8, 2019 from https://www.drwaynedyer.com/).

Watson, J D, and H C Crick. 1953. "Molecular Structure of Nucleic Acids A Structure for Deoxyrivose Nucleic Asid." *Nature* 737-738.

Webster, Merriam . 1828. *Merriam Webste.* Accessed December 12, 2019. https://www.merriam-webster.com/dictionary/psychology.

Weil, M.D. Andrew. 1995. *Spontaneous Healing.* New York: The Random House Publishing Group.

Yang, Chuan-Chih, Alfonso Baorchardt Loscertales, Daniel Pinazo, Noelia Ventura-Campos, Viola Borchardt, Juan-Carlos Bustamante, Aina Rodriguez-Pujada, et al. 2016. "State and Training Effects of Mindfulness Meditation on Brain Networks Reflect Neuronal Mechanisms of Its Antidepressant." *Neural Plasticity* 1-14. Http:dx.doi.org/10.1155/2016/950642.

Yang, YI, Ines Eisner, Siqi Chen, Shaosong Wang, Fan Zhang, and Linpeng Wang. 2017. "Neuroplasticity Changes on Human Motor Cortex Induced by Acupuncture Therapy: A Preliminary Study." *Neural Plasticity* (Hindawi Publisbing Corporation) 1-8.

Yue, G, and KJ Cole. 1992. "Strength increases from the motor program: comparison of training with maximal voluntary and imagined muscle contractions." *Journal of Neurophysiology* 67 (5): 1114-23.

Zhong, Culqing, Meiling Zhang, Qi Yin, Han Zhao, and Yang Wang. 2016. "Generations of human haploid embryonic stem cells and pathogenic embryos obtained by microsurgical removal from pronucleus." *Cell Research* 26: 743-746.

Zou, Yawen. 2014. "August Friedrich Leopoid Weismann." *The Embryo Project Encyclopedia* 22.