

“Navigating Cancer with the Mind as Your Ally” (Sheryl Anjanette) [#124]

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“One of the things that I'm hopeful that I can bring, that may be not completely different, but an adjunct to so much that you all are doing, is the role of the mind in your journey, and how powerful it can be.” – Sheryl Anjanette

“Language is extremely powerful. When we change our words, we change our mindset.” – Sheryl Anjanette

Meeting Summary

Facing cancer, whether as a patient or caregiver, is not just a physical journey—it is deeply emotional and psychological. The subconscious mind often internalizes unhelpful beliefs, creating patterns of fear, stress, and identity around the illness. These patterns can affect not only emotional resilience but also the healing process. By shifting our mindset and repatterning thoughts, we can foster a sense of empowerment and reduce stress, creating a more supportive inner environment.

As an author, integrative hypnotherapist, neuro linguistic programming practitioner (NLP practitioners help individuals reframe their beliefs, thoughts, and past experiences, enabling them to overcome obstacles and achieve their desired outcomes), and holder of advanced certifications in cognitive behavioral neuroscience and stress management, Sheryl Anjanette bridges the gap between mind and body. Her work offers practical tools to navigate the emotional complexities of cancer, emphasizing the power of mindset in fostering resilience and well-being.

What are the emotional and mental health challenges that patients and caregivers can face?

Patients and caregivers face not only the physical challenges of cancer, but also the emotional and psychological toll it takes. The subconscious mind can internalize the diagnosis, leading to fear, stress, and identity issues that hinder emotional resilience and healing.

Why do current solutions for stress and mental health not work?

Traditional cancer treatments focus primarily on the physical aspects of the disease, often neglecting the emotional and psychological dimensions. This gap can leave patients feeling overwhelmed and unsupported in managing their mental health.

What are some techniques for stress reduction you should consider?

Harnessing the power of the mind through techniques like hypnotherapy, cognitive behavioral neuroscience, and stress management can provide significant support. By reframing thoughts and using specific exercises, patients can navigate their journey with greater emotional

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resilience. For example, referring to cancer as "an experience" rather than "my cancer" can shift the mindset from ownership to temporary challenge. Understanding the role of the subconscious mind and its influence on emotions helps in managing stress and fostering resilience.

Specific techniques such as "box breathing," visualization, and reframing language can help:

- **Box breathing:** Inhale for 4 counts, hold for 4, exhale for 4, and hold for 4. Repeat for several cycles.
- **Self-talk observation:** Write down your negative thoughts and consciously replace them with supportive language.
- **Visualization:** Picture your body healing and overcoming challenges.

What are the potential benefits of these tools and techniques?

You can experience reduced stress, improved emotional well-being, and a more empowered approach to their cancer journey. Techniques like deep breathing and positive self-talk can enhance your body's healing environment and your overall quality of life.

What are typical objections to these techniques and what are counterarguments?

Some may argue that mental techniques cannot influence physical health. However, while the mind may not cure cancer, it plays a critical role in how individuals cope with and navigate the disease. Scientific studies support the connection between stress reduction and improved health outcomes.

How can you learn more about the connection between the mind and healing so you can navigate your journey with strength and hope?

- Practice the "box breathing" technique daily for 10 days.
- Observe and write down your inner self-talk, and work on replacing negative self-talk with more positive and supportive language.
- Reach out to Sheryl Anjanette at Sheryl@Sherylanjanette.com.
- See our other discussions of mental health and cancer, including:
 - [“Using Psychedelics to Get Comfortable with Your Mortality” \(Jeff Krolick, Robert Ellis, Manish Agrawal, Rebecca Ehrenkranz\) \[#74\]](#)
 - [“Healing the Cancer Journey: Tools for Emotional Wellness” \(Savio P. Clemente\) \[#87\]](#)
 - [“Exercise as a Countermeasure to Hormone Deprivation Therapy Side Effects and for Bone and Mental Health” \(Kerri Winters-Stone\) \[#48\]](#)
 - [“Palliative and Psychosocial Services for Cancer Patients” \(James Tulsky\) \[#85\]](#)
- See our discussion with Dr. Michael Liss on the connection between the microbiome and cancer [#128].

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medical treatment, product, or course of action. You should always consult a doctor about your specific situation before pursuing any health care program, treatment, product or other course of action that might affect your health.

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Meeting Notes

KEYWORDS

Cancer patient lab, mental health, emotional issues, cancer care, subconscious mind, hypnotherapy, cognitive behavioral neuroscience, stress management, deep breathing, parasympathetic nervous system, autonomic nervous system, emotional well-being, biomarkers, AI support, gut microbiome.

SPEAKERS

Sheryl Anjanette (74%), Cindy Ness (12%), Brad Power (6%), Craig Martin (4%), Brian McCloskey (3%), Paul Van Camp (2%)

SUMMARY

Sheryl Anjanette discussed the importance of mental health in cancer care, emphasizing the role of the mind in healing. She highlighted the subconscious mind's impact on emotions and suggested techniques like deep breathing and visualization to manage stress and improve well-being. She also stressed the significance of language in shaping one's mindset, advocating for reframing cancer as an experience rather than an identity. The discussion included the potential of wearable devices for continuous biomarker monitoring and the role of AI in providing emotional support. The session concluded with practical exercises to help participants manage their emotions and improve their overall well-being.

OUTLINE

Introductions

- This session was focused on mental health and emotional issues surrounding cancer care.
- Sheryl Anjanette has a personal connection to cancer through her husband's prostate cancer diagnosis eight years ago.
- She emphasized the importance of the mind in the cancer journey, particularly for men, and set the stage for discussing the powerful connection between the mind and healing.
- She clarified that she is not claiming the mind can heal cancer but rather how it can be used to navigate the journey.
- She reflected on the weight of the word "cancer" and suggested reframing it to reduce its psychological impact.

Understanding the Subconscious Mind

- Sheryl explained the concept of the subconscious mind, its role in emotions, and its constant activity, even when we are conscious.
- She described the subconscious mind as the seat of all emotions and experiences, always on and non-critical.
- She used the analogy of an elevator to explain how the subconscious mind operates at different levels, with deeper levels containing more profound and older experiences.

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- She discussed how the subconscious mind protects us by suppressing emotions and experiences, which can lead to issues if not addressed.

Emotions and Their Impact

- Sheryl described emotions as energy in motion, with different emotions having different physical sensations and weights.
- She explained how emotions can get stuck and how physical activities like walking or jumping can help release them.
- She introduced the concept of emotions taking on momentum, where one emotion can trigger others, creating a cycle.
- She emphasized the importance of understanding and processing emotions to prevent them from becoming stuck and causing issues.

Brain-Body Science and Nervous Systems

- Sheryl explained the role of the amygdala and prefrontal cortex in the brain, highlighting their functions in the fight-or-flight response and critical thinking.
- She discussed the impact of stress on the body, including the redirection of resources away from the prefrontal cortex and digestive system.
- She introduced the sympathetic and parasympathetic nervous systems, explaining their roles in the body's response to stress and relaxation.
- She emphasized the importance of getting the body into a parasympathetic state to facilitate healing and better mind-body connection.

Breathing Techniques and Relaxation

- Sheryl taught the "box breathing" technique as a quick way to shift from a sympathetic to a parasympathetic state.
- She encouraged participants to practice this technique regularly to build the habit of deep breathing.
- She led the group in a breathing exercise, guiding them to focus on their breath and relax their shoulders.
- She emphasized the importance of choosing positive thoughts and focusing on the body's responses to relaxation techniques.

Language and Mindset

- Sheryl discussed the power of language in shaping our mindset and how changing our language can change our perception of cancer.
- She suggested reframing cancer as an experience rather than an identity to make it easier to deal with.
- Brad shared his perspective on cancer as a teacher and the serenity prayer, emphasizing the importance of focusing on what we can control.
- Sheryl and Brad discussed the importance of letting go of things we cannot control and focusing on our thoughts and actions.

Men's Emotional Processing

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- Sheryl addressed the differences in how men and women process emotions, noting that men are often conditioned to suppress their emotions.
- She emphasized the importance of giving language to emotions to help process them and let them go.
- She discussed the role of caregivers in supporting emotional processing and the importance of creativity in dealing with cancer.
- She encouraged participants to turn problems into projects and focus on what they can control and change.

Biomarkers and Measurement

- Cindy Ness discussed the importance of measuring the impact of emotions and lifestyle changes on cancer outcomes.
- She mentioned a study on lifestyle management and its impact on early-stage myeloma, focusing on social connection, emotional well-being, and stress reduction.
- Cindy highlighted the challenge of measuring biomarkers like dopamine and serotonin accurately and the need for better measurement tools.
- Craig Martin suggested potential biomarkers like advanced glycation end products, reactive oxygen species, and metabolomics, and discusses the role of deep breathing exercises in relaxation and oxygenation.

AI and Emotional Support

- Sheryl mentioned her company's AI-based support system, designed to provide empathetic coaching and support in real-time.
- She suggested that wearable devices with continuous monitoring capabilities could be beneficial for tracking biomarkers and providing real-time feedback.
- Cindy emphasized the importance of wearables for patients, not just researchers, to provide validation and reinforcement.
- Sheryl and Cindy discussed the potential of AI and wearables to support emotional processing and lifestyle management.

Final Thoughts and Contact Information

- Sheryl encouraged participants to focus on their bodies and use their imagination to visualize their bodies attacking cancer and healing.
- She shared her contact information and offered to be available for support and further discussions.

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TRANSCRIPT

[This transcript has been edited for clarity and flow. Repetitions and filler words have been removed, and technical terms have been clarified.]

Brad Power

This is the Cancer Patient Lab.

We're honored to have Sheryl Anjanette with us today. She is going to talk with us about mental health. Emotional issues surrounding cancer care is something that's, of course, very important, and we've had a couple of sessions on that.

This is for informational purposes only. This is not medical advice. We try to arm our patients with information they can take to their medical team.

We are a small nonprofit. We are all volunteer-led. There are no paid positions, so we very much appreciate any donations you might make, which you can do through our website, at cancerpatientlab.org, and there's a Donate button.

Sheryl Anjanette 1:16

I came to this group because we are joining and becoming part of this group. My husband and I say the two of us are going through this journey together. He's the one that's carrying the load. But we look at it as going through this as a unit.

He was diagnosed with prostate cancer. It will be eight years ago, now, almost to the day, that he had his first surgery. We've been going through this for a while. Things have changed recently, and we're very grateful for this community. **One of the things that I'm hopeful that I can bring that may be not completely different, but an adjunct to so much that you all are doing, is the role of the mind in your journey, and how powerful it can be.** It seems to me that this is primarily a male group. It's not that it's completely different, but there are certain things that men do a little bit differently with their emotions than women do. I'm going to speak to this broadly, but I also want to speak to you as men, which may seem strange coming from a woman. I just really want to talk about the powerful connection between the mind and healing. Now what I want to be very clear about is that this is not about coming at you and saying your mind can heal you. I am not that person. You can speak to those people. I'm not discounting it at all. This is more about how you can use your mind through your journey, and what that really means, and how much choice we really have through this. Now, I have had my own cancer experience.

By the way, the word “cancer” has a lot of weight, doesn't it? You say that word, and I don't know what you see or what you feel, but I'd like you to tune into that. The first thing I want to say is that we and society have given this name a lot of weight. Back in the day, when people had this diagnosis, it was often, if not even usually, a death sentence. Today it is not. It is at a different place. One of the things that we can begin with is maybe in our own minds, just take some of the weight away from that word, and see it and feel it a little differently. It's a disease

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state. Now I do understand in this group that a lot of you are a little more advanced, and it may feel a lot more serious to you than that. It's not like looking at this just getting the diagnosis. Okay. No problem. We're going to be fine. You've been dealing with this for a while. I understand that there's a different perspective, depending on where you are. But the mind is very, very powerful, and so every time we use a word or we use our language, it does have an effect on how we feel and how we see things. It's our own perspective.

The other thing I want to talk about is the subconscious mind. I am going to leave most of this time open for questions, but I think it would be helpful for all of you if I lay out a few ideas, and then we can dive into them more based on your questions, your experiences, but I want to talk to you a little bit about the subconscious mind. I am an integrative hypnotherapist. I still practice that. I run a completely separate AI company that is not involved in that. But when I studied hypnotherapy, I did it because I really wanted to understand the mind-body connection. I had become an integrative health coach. I understand how the body works, but I really wanted to understand what role the mind plays in that. I studied multiple modalities of hypnotherapy. I looked at the subconscious mind. I've worked with clients across the world in all different types of areas, so it's been very, very interesting in telling how powerful the subconscious mind can be in any healing process. For me, because I've experienced it not just for myself, but with other people. I also have advanced certifications in cognitive behavioral neuroscience and the clinical certification in stressing anxiety and self regulation.

I want to talk a little bit about the subconscious mind. I want to talk to you a little bit about the brain and the body. What's really going on with that science? And about emotions. What happens with emotions? At a very high level, let's just start with the subconscious mind. Because when we think of consciousness, we think of what we're doing right now, don't we? We're conscious. We're on this Zoom call together. and we're listening actively. That feels like consciousness, but the majority of our consciousness is below the surface. Now, some people call that 90% or 92%. I don't know where they get their percentages from. I don't think it really matters, but the bulk of what goes on in our consciousness is happening below the surface, and that's why sometimes a sudden thought will trigger up. It will bubble up to the surface, or we'll feel a little trigger, and we don't know where it's coming from.

If you understand the subconscious mind, the subconscious mind is the seat of all of our emotions. It is always on, whether we're awake or asleep. It is literal and noncritical. Whatever we tell it, it will believe us, which is why sometimes people can be so easily manipulated. We don't like that side of it. It is very powerful in everything we do. If you just remember those three things: that it's the seed of emotions. It's the seed of all of our experiences. And I like to think of it as going below the surface.

If you got into an elevator at ground level, and you started to go down in levels below the surface, and you push the buttons, it's like you go down in levels. What actually happens in the brain is brain waves slow down, and the more they slow down, the further you can dive into your subconscious and find out what's really been going on.

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Throughout your life, from the time you're a small child, these experiences and the perceptions we have are stored. It's like a big, big filing cabinet. Things get stored there. Everything you've heard gets stored in a little filing cabinet. Our brain is really powerful, but if all of that was in your consciousness, you'd go crazy. If every thought, every experience, every emotion, was happening in that 10% that we talk about while we're all right here, we really wouldn't be able to focus on anything. We wouldn't be able to live our lives. It makes sense.

Our subconscious mind is programmed to protect us. It wants to give us whatever we want, and it wants to make sure that we are okay. How it interprets that is often different from the way we think it interprets that. When it's protecting us, it may be keeping some emotions down, or it stays with something that's familiar, even if that familiar isn't good, because it equates familiarity with safety and security, going back to the cave mandates. Our subconscious mind, again, is very powerful when we're trying to find out why we feel stuck in something, or why an emotion feels so heavy. Sometimes we need to take a dive into the subconscious. When we're young, and as we go through difficult things in life, our subconscious mind to protect us will suppress certain experiences or suppress certain emotions. Sometimes it's just because we're not ready to deal with it, and it knows it takes some time to process something, so it will suppress us in an effort to protect us and to help us.

Sheryl Anjanette 10:24

That's okay, it makes sense. But if it stays suppressed, the issue is that it's still there. It doesn't go away, and eventually it may come out in ways that we don't really want it to come out, in certain behaviors or feelings or illnesses even. Processing some of those old emotions is a really healthy thing, to get those out, understanding those experiences and seeing them through a new lens. Maybe something that happened as a child is a really good thing to do when you're an adult, and now you have a more mature lens to understand that experience, which maybe you didn't as a young child. Just to give you some ideas. Let me just say that you understand a little bit about the subconscious mind.

Let's talk a little bit about emotions. I like to think of emotions as energy in motion. The “E” stands for energy. Everything about emotions is energetic, and we know this. You know this because you can feel them in your body. If I say fear, where do you feel that in your body? Just stop for a moment and think about it. Where are you feeling that? If I say, “Anger. You're really angry.” Do you feel that? What happens to your shoulders? What's going on in your gut? What happens to your heart rate? If I say, “Love.” I say, “Joy.” If I say, “Happiness.” How does that feel in your body? You feel it in your body, and there's also a weight. Anger, sadness, loneliness, grief, those feel really heavy, don't they? They're denser emotions. They have a lower frequency. Happiness, joy, excitement: it feels lighter. It's like that little hummingbird.

We say this. We use vernacular all the time to talk about our emotions. We say, “It feels really heavy.” Or, “I could cut that tension with a knife.” Or we say, “I feel so light. I feel so excited.” We use this same language. It makes sense. Emotions, because they're stored in our subconscious, can get stuck. Because we feel them in our body, we can even feel them get stuck. If you've ever felt really emotional, and you just need to get out for a walk, and you go for

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that brisk walk, or you start jumping around, you feel like you just need to let it out of your body. There's a reason for that. It probably is a little stuck. There's a whole body of science around this that deals with somatic healing, which is the body and those emotions. How do you help move that energy around and out so it's not stuck?

Emotions also take on momentum. I want you to think about if you get angry. Have you ever had a situation where you were angry, and that anger started to take on momentum, and it felt like you were spinning? Other emotions around that, the denser emotions, like fear or sadness or frustration, start to latch on, and it can feel like you're spinning. When you're spinning, it's really hard to slow that momentum. Sometimes it just takes a lot of time. It can take days or weeks or years. Emotions take on momentum. It's the same thing. When you're in love, and you're flying high, and you're excited about something, you can start to spin with that.

I'm going to leave that there, because I'm going to give you a few exercises you can do with these. But I want you to understand these as the basis.

The third thing I want to talk to you about is brain-body science. Very specifically, I want to talk a little bit about the brain and a little bit about your parasympathetic and sympathetic nervous system, which are part of the autonomic nervous system. The brain is complex. I'm not going to get into a lot of brain science. I just want to bring your attention to two very fundamental parts of your brain. There's a little part of your brain kind of towards the middle, but a little bit towards the back. That's about the size of a walnut, called the amygdala. That's your fight or flight response. It is a primal part of our brain that is really with us. It keeps us safe. If there's a lion attacking us, we need to go into overdrive to keep ourselves safe. We have our amygdala, which hasn't evolved much over the millennia.

Then we have this part of our brain where all of our foreheads jut out, that's right behind your forehead. This part of the brain is called the prefrontal cortex, and that is your thinking mind. That's where you do your critical thinking, consequential thinking. That's where logic happens. When you are in stress or fear, your amygdala gets activated, and when your amygdala gets activated, there's this cool response that starts to go on in your brain and in your body, and it pulls resources away from the rest of your body to put you in a state to handle whatever that danger might be, whether it's real or imagined. It's important to understand that this means whether it's real or imagined, and this goes back to your subconscious mind, because the subconscious mind also sees what we imagine as real. It thinks in pictures. It thinks in stories. When we imagine something, it will take it as real. In our imagination, if something terrible is happening, and there's a real danger, our body will respond in the same way it might if there was real danger, real or perceived. The amygdala hijacks the brain, and it pulls resources away, which means it pulls blood flow away from this prefrontal cortex, your consequential thinking mind. It also pulls resources away from your digestive system. When people are in a lot of stress, do you notice how they also will often have gastrointestinal issues? Either they'll eat too much or not eat well. They'll have issues in their stomach, and they'll feel that. We want to do as much as we can.

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Then let me give you a two more terms, and then I'm going to jump into some things that you can do to get your body and mind connected and get yourself into a place where you're helping yourself to heal very quickly.

We also have our nervous system: our parasympathetic nervous system and our sympathetic nervous system. The sympathetic nervous system is a part of our nervous system that responds when we're in that fight or flight state. It's activated. It's on. You'll feel it in your body. Your heart rate will start to beat more. We get this rush of adrenaline and cortisol, and, all kinds of hormones, and this cocktail that comes from us and your parasympathetic nervous system is this state of of rest and response, so rest and digest, or it doesn't mean that you're not active, you're not on. It just allows all those resources to go back to your digestive system, back to your prefrontal cortex. Logic can weigh in with emotion. These are really, really important.

I'm going to start here with this part of the brain-body science, and say that anytime you are dealing with anything that is stressful in your life, and especially with what all of you are going through, we need to get our body on board before we can get our mind on board, fully on board, meaning we want to get ourselves into our parasympathetic nervous system. We want to get some blood flow back to our prefrontal cortex before we can really start to dive in and take advantage of our powerful mind.

How many of you have learned about breathing techniques? Roughly half. How many of you have employed that on a regular basis? Some of you, not all of you. One of the quickest ways to get yourself from that sympathetic nervous system state into a parasympathetic state, is to do this deep breathing, and it's quick. You can do this in three to five deep breaths, and you can feel a change in your body. You can feel yourself start to relax. It's amazing. But the trick is we have to train ourselves to do it, because we become patterned not to do it, almost to hold our breath, and then when we get stressed or triggered, we're not going to go to it automatically, because it's not a habit.

I'm going to teach this to you very quickly, and then I want you to do this. I want you to practice this every day, multiple times throughout your day, even when you're not feeling stressed or triggered that way. When you do get stressed or triggered, you will go into it more automatically, more easily. It becomes a habit. They call it “box breathing”. There are multiple breathing techniques, by the way. This isn't the only one, but this is a good one, and it's where you're going to breathe in for a certain number of counts. You'll be able to build this up as you do it more. You might start with four, you'll go up to six, maybe up to eight, but you're going to breathe in a certain number of counts. You're going to breathe as deeply as you can, almost like trying to pull that breath into the base of your spine. You're going to hold it for the same number of counts, and then you're going to release it. In true box breathing, because it's four sides, you would then hold it again. I can't really do that, so I give myself a little recovery breath, like a little sip, and I go back into it. That's my way to do it. But you can do this in four steps, if you're better at that breathing than I am.

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As I'm speaking, let's do it together, and then as I'm speaking now, going through the rest of this, I want you to all go through on your own three to five cycles or more of this, and I want you to notice how your body feels. Everyone, let's do it in counts of four for now. Let's breathe in, pulling that breath deeply, all the way to the base of your spine, feeling your shoulders relax, hold it 4, 3, 2, 1, and release 4, 3, 2, 1.

Sheryl Anjanette 22:50

Take a small sip of air and do it again. Keep breathing as I continue to speak to you as you're doing this.

I want you to go now to a thought and experience you had. It makes you smile or laugh, something that just feels good. It might evoke a picture in your mind, if your eyes are closed. I want you to smile as you're thinking about it. Be there in the moment. You're still doing your breathing, breathing in, holding it, and releasing it

Sheryl Anjanette 23:39

As you're breathing in, you have this choice of what is in your mind, and even when you're not consciously doing this breathing, you always have a choice of what thoughts you want to put in your mind.

Sheryl Anjanette 24:04

Very quickly, just as you're doing this, you can keep your eyes closed even and raise your hand.

How many of you are feeling more relaxed or grounded or centered, just feeling a little better? Good. You don't need me to do that, because you have you, and you having you is the most important thing in the world, because you are with you all the time. We can't control everyone around us. We can't control what the doctors say or the media says, or whether our support system is doing it or saying it just right, but we have ourselves. You are with you all the time, from the day you're born to the day you die. I want you to remember that you have you, and at any time you can breathe, and you can choose your thoughts.

There's something called “the spotlight effect” – what we focus on, and we can focus on whatever we want to focus on. Oftentimes we'll be focusing on something, and we think that we're a slave to that. We think it's like the puppet master, and you can become the master of that. You can choose which thought to focus on.

I want to give you another little exercise. Some of your eyes are already closed, and if they're not, go ahead and close them and keep breathing. I'm going to ask you for a moment, don't worry, because we'll be able to get rid of this in a moment. If there's something that is really upsetting you, bothering you, difficult in your life that has been frustrating, feels a bit like a negative, I want you now to bring it out in front of you in your mind's eye. Just see it in front of you with your eyes closed. If I were speaking with you one-on-one, you could tell me this, but we are doing this as a group. I want you to notice how big it is. Does it have an edge to it? Is it a hard edge, or a clean edge? Is it a little rough? Is it large? Is it dark? What color is it? I want you

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to see this. If you don't see an image – some people don't see that – you'll feel it, and you can sense it. I want you to take that, whatever it is that's been bothering you, upsetting you, having you frustrated, maybe it felt intrusive. I want you to start to lighten the color until it's almost a light gray. Make it lighter, and I want you to start to push it away from you. As it moves away from you, you'll notice it's getting smaller and smaller and smaller. It goes way out to the horizon. If it's something you're going to need to deal with, you don't necessarily want to let it go yet. You want to deal with it. You can swing that over to your right or your left. Put it in the periphery, set it in a parking lot for a while. If you just want to get rid of it, go ahead and let it keep going out, and let it blow up or disintegrate. Notice how you feel. Notice if more light is coming in in front of you, if you feel lighter.

Sheryl Anjanette 28:33

Very good. Very good. You can do this for yourself anytime. I suggest you do this for the next 10 days, once a day with something, even if it's not major, to give yourself a habit of doing it so that when something big comes up, you do it. Because sometimes we know something, but we don't do it. It's in this action, this active state, that we can actually take back control.

Sheryl Anjanette 29:13

Now, the last thing I want to share with you is that we have a chatterbox in our head that's on all the time, and you may not even notice it, because we tune it out like we might tune out white noise. It's our self-talk. Sometimes we call it the inner critic, but it's this voice in our head. We're always talking to ourselves: everything we did wrong, what's wrong with us? Why didn't we do this? Why didn't we do that? We beat ourselves up. I want you to think about that voice, and I want you to start to tune in and write down what that self-talk is, what you're saying to yourself on a daily basis, because that conversation between the ears is also powerful. Your subconscious mind is always listening, and it believes us.

I want you to think, if I was my best friend, what would I be saying? Because remember, you're with you all the time. You're the only person that is always with you. What would you say if you were speaking to your best friend? What would you be saying to your best friend? Is it that I never thought I was a bully until I heard the way I speak to myself? I was mortified. I would never let someone speak to me the way I spoke to me. But this takes practice too. So first we have to bring the unconscious to the conscious. We have to pay attention to what it is, then we have to change it. If you happen to find yourself saying that mean thing to yourself, say, “Cancel. Clear. Delete.” Tell your subconscious, “That's not true. This is true. I'm okay. I've got this. I'm resilient. I can make this happen.” Either way, you're on this journey. You're going to get from point A to point B. Do you want to go through with your best friend, or do you want to go through with someone beating you up? Do you want to go through feeling frustrated? Or do you want to go through and decide you're going to flow through this and get to that? Because either way you're going to start here and get here. It's up to you in this journey, how you navigate that, and you get to choose.

I could go on and on. I went on 15 minutes more than I should have. I'd love to open it up to some chat, questions, thoughts, anything at all.

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Brian McCloskey 31:39

I didn't expect to cover what you covered and how you did it, and it's amazing to be able to do that over a virtual setting. Hopefully everybody participated and is involved.

One of the things that you and I talked about a while ago is the language that we use, and how we think about cancer. Hopefully you know what I'm talking about. I don't want to lead you, but please say a little bit about that.

Sheryl Anjanette 32:19

How many of you refer to your cancer as “my cancer”? When we say “my”, we are subsuming that into our identity, we are saying to ourselves, “This is my cancer. I have cancer. This is part of me.” If that's really what you want, and that's what you choose, that's okay, but I'm going to give you another way you can look at this. What if you changed your language to say, “I'm experiencing cancer”? Doesn't an experience seem much easier to deal with and let go of than something that is already part of you? Because you now understand the subconscious mind, and it's literal. If you say to your subconscious mind, “All right, This is something I'm going through. This is an experience. I'll get through it just like I've gotten through a bad cold.” I know it's a lot worse than a bad cold, but your subconscious mind doesn't know that. It's going to believe whatever you tell it. So as you're going through something, if you tell it, “This isn't so bad. This is an experience.” Or, “This is bad, but it's an experience. I've been through some bad experiences before. I'm going to get through this. I'm going to get through this next stage.”

Language is extremely powerful. When we change our words, we change our mindset.

Brad Power 34:11

One of the members of this community is a guy named Robert Ellis, and he said, “Cancer is my teacher.” He had to figure out how he was going to relate to cancer, and his take was: “Cancer is my teacher.” I took that and built on it, and that is: “Cancer teaches me the serenity prayer.” For those of you who don't know it, you deal with the things you can deal with and the stuff you can't deal with, you don't sweat. That's how I get through. I worry about the things that are worth worrying about, and I try not to worry about things I can't control.

Do you have any thoughts on that?

Sheryl Anjanette 34:49

This idea of being able to let go of those things that we really don't have any power over is very freeing, and oftentimes we don't want to do it, especially if you tend to be a person that needs to control things. If you have been controlling in your life, you've been able to manage things. Maybe you were raised by people that are controlling, and you don't even think of yourself that way, or you are a perfectionist. It's very difficult to let go of those things that we have no power over. The thing you do have power over, though, and this is where I want you to consider focusing, are your thoughts. What are the things you can change? What are the things you can do? You look at the example of someone like Nelson Mandela, who was in prison for all of those

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years, and it was his mind that kept him peaceful and grounded and centered through that. Edith Eager, a Holocaust survivor, as she was getting off the train with her mother, her mother said, “They can take a lot away from you. They can do a lot to you, but they cannot take this away from you: You have your mind. You have control over this.” I don't even say “control”. I don't love the word “control”. I like the word “choice”.

Paul Van Camp 36:25

I like the word “choice”. I believe that cancer is my teacher. I've arrived at a place in my life where I can deal with very difficult things and facing death and how I approach that. I try to listen to it and say, “How is this making me a better person? How has it softened my edges, made me more compassionate?” At the same time, maybe I don't have full control over it, but there are always opportunities to navigate, and that's what we do here at the Cancer Patient Lab. We explore new options to navigate, because we don't close the door and say, “Okay. It's the end. The end of the story is already written.” No, it's not. It's unfolding.

Sheryl Anjanette 37:35

That's beautiful, Paul. I had mentioned in the beginning that it is primarily men here. We have a couple of women as well. Men process emotions a little differently than women generally. Of course, there's always a bell curve to that, but our brains are actually different, and men's brains are a little more compartmentalized. There's a lot of reasons for this, but men also have a certain conditioning to suppress those emotions to be the man. You can raise your hands for me if this has been true for you, being able to process some of those emotions is really, really powerful. It's really, really important. One of the ways to do that is to give language to it. How often do you just say, “I'm sad. I'm angry. I'm frustrated. I'm grieving. I'm ashamed. I'm happy.” How often do you give voice to those, give words to those? It's a way for our logical brain to understand our emotional brain and process those emotions, and then you can let them go. You see, we hold on to emotions when we don't process them, but if they're uncomfortable, emotions, once we've been able to see them, understand them, speak them, we can let them go. It's quite magical. I have things I can do one-on-one with people, where we actually go through and process these. That's really important. There's something that doesn't matter male, female.

By the way, your caregivers are really an important part of this. Another thing that Brian and I talked about is that it's helpful for a lot of people to be creative. One of the things that really makes me so excited about this group, and why Bob and I want to be a part of it, is that you're not just advocating for yourselves, but you're quite creative in doing so. You're saying, “What if we can find the answer? What else is there? Is there more information?” It's about taking that problem and rather than sinking into it, you're turning that problem into a project. So now the problem is a project. Let's get to work on it. I think men like the idea of being in the workshop. Sometimes women like to be in the workshop. Sometimes women like to be in the studio, wherever that place is, where you are creative, and you're actually going to do something with this. And then, as Brad said, just the things you can't do anything about, let them go. They can sit in the corner of the workshop, or they can sit outside. They don't get to come in, but things that you can work on, you do.

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Cindy Ness 41:14

I have so many thoughts in my head that I'm not sure what's going to come out of my mouth. Yes, this is the way it always works for me. I'm really glad that this topic has been brought here today, because I think there's a tremendous amount that can be done in terms of cancer outcomes, using emotions as a gateway. Let me explain that in a second.

I'm going to go at this a little bit differently. You're talking, Sheryl, about this from an experiential perspective. I'm going to talk about it from a measurement perspective. A lot of what gets talked about here is pathways. Today, actually, we bridged our funding gap to start on a study. It's a lifestyle management study, and it looks at how lifestyle management – and I'll make this relevant – can improve outcomes for early stage folks on the myeloma spectrum. The areas of what we look at have to do with emotions, social connection, emotional well being, positive mindset, and stress reduction, and, of course, nutrition and exercise. One of the problems, however, is that we can measure what we are doing with our intervention in terms of questionnaires, but it's hard to do so in terms of biomarkers, like, how does this involve methylation cycles? How does this involve different pathways for patients to perhaps impact the tumor microenvironment? It goes something like this: If you think about emotions, social connections, all this research as gateways to change biochemically. What's happening in terms of your terrain? It's really quite powerful. If you change your dopamine, your oxytocin, your serotonin, your endorphins, if you change them, what can you do to the tumor microenvironment? I'm a psychologist by training. I do experience all the time, but I'm really interested in how we could use these areas as gateways into the body to change biochemically. What's happening in the body to then change, let's say, the tumor microenvironment, tumor progression outcome? We know that if you increase HRV (heart rate variability), it means you're managing stress better, just as you talked about with the autonomic nervous system. The thing is, we don't have great measurements to measure, like cortisol. That's just not a very accurate measurement.

On breathing: I do breath work all the time to get me through the moment. How do we change what's happening to us biochemically on an ongoing basis, to use that gateway into the body to improve outcomes?

My question really is one that I'm trying to answer myself, and I know that's not the focus of your presentation. Maybe other people have a response: what biomarkers can we really use? You can't use dopamine or those kinds of things. It just is not accurate enough to really look at how we are changing ourselves emotionally, and what we're producing in terms of neurotransmitters differently to then improve outcomes. I don't have an answer to that yet. HRV and cortisol are what we're going to measure, but I don't think that they're very good.

Sheryl Anjanette 45:17

I love that you're on this journey. Sometimes it's the question that's the most important. I don't have an answer for you. I just want to tag Craig for a moment. Craig, do you have an answer for that?

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Craig Martin 45:38

I've done a lot of research on this, and there are biomarkers that would be useful for this: advanced glycation end products, reactive oxygen species, metabolomics. You're right that cortisol is a primary marker, although it's very difficult to get an accurate measure of that, but that's also a biomarker for neuroinflammation. That's helpful.

One of the things that's a new area of research, is that there's a direct correlation between deep breathing exercises and relaxation. It's because there are cells in the nasal passages and mouth that create nitrous oxide, and that relaxes the blood vessels and in general improves oxygenation.

But the antibiotics that we take, the mouthwashes we use, and the toothpaste we use, kill the bacteria that produce the nitrous oxide. There's some active research in types of toothpaste and yogurts and things like that, that help with the relaxation process, therefore lowering cortisol and also helping with the expansion of blood vessels to get more oxygen, keeping in mind that most cancer cells survive and grow off of fermentation, aerobic glycation, rather than the burning of glucose.

I have a whole list of correlations I've found between DNA and metabolic state, some of which correlate with cancer research that I'm happy to share with anybody that's interested.

Cindy Ness 47:53

I certainly would be interested in that. This is a very fertile area for research. It's hard to get people interested in the power of emotions to heal in a measurable way. And unless you can measure it, it's hard for a lot of people to be willing to take it seriously.

Brad Power 48:27

That speaks to me of a need for wearable devices that could monitor those things on a continuous basis, like a continuous glucose monitor. Could you have a continuous cortisol measurement? That's the breakthrough that I think you would need. It's hard to imagine how you would have repeated looks at your tumor microenvironment to see how it's evolving. Diagnostics need to move from episodic to continuous to really make this possible.

Cindy Ness 48:57

That's a really good point. We're using certain wearables and an ongoing Oura ring now has, it's upped its game in terms of HRV. There's a market for that in terms of a cortisol monitor that would be great biofeedback.

Brad Power 49:25

As a quick aside. We've been looking at diagnostic companies as part of the CancerHacker Lab accelerator. Ari found Foundation Health. Their value proposition is that they will do a battery of tests every year. What you've just triggered for me is, in the next iteration, it's going to be continuous monitoring of everything.

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Cindy Ness 49:57

That's what we're doing in our study. It's a lifestyle management study, and usually you have to wait until the end of the study before you have an outcome. We feel that doesn't make any sense. If you could see that someone's visceral body fat is going up or down, and you could tweak that during the study by use of a CGM, by use of a body composition scale, that's the way to do a study. So it's not episodic. It's real time. It's hard to find a fitness tracker that does real time, unless you want to wear a chest strap Zone Two minutes and so forth. As soon as we can get that on our watches – they're starting to get there, but they're just not so accurate – you're very right, it's not going to be episodic. It really has to be real time.

Sheryl Anjanette 51:16

Craig and I, our company is an AI company. It's not a device monitoring company, but it is an AI. Right now, it's being built more for the enterprise, but it's like an AI coach and support system, and we do have a healthcare model, so the idea that you could have an empathetic coach with you all the times to help catch you in the moment. So if it's 3:00 in the morning, and you're having trouble sleeping, and you're getting those intrusive thoughts, and you just need to have that support system or that coach to help you with that, that's something that we are doing. The reason I brought that up, Cindy, is because if you get to a device that can also measure those biomarkers, there may be a coaching element to that. People are human. We shouldn't just see them as study objects. We're going through this stuff. We have these emotional roller coasters and medication adherence. Following pathways is a very logical process.

Cindy Ness 52:45

These wearables are for patients, meaning it's not just for the researcher. It gives them validation. That's something that they're doing. Reinforcement. If you look at a CGM, and if someone can change what they're eating right then and there, that's really what's going to help them. That's a coach.

Sheryl Anjanette 53:16

That can show them. And then somebody says, “Let's give it a try.” Or, “Are you feeling some resistance to doing this?” It's just a baby step. Let's try it once. Let's do it again. Let's see how it feels. You don't have to do it forever, and it gets them on that path, those baby steps. That's so very interesting.

Brian McCloskey 53:43

I've been speaking to Dr. Michael Liss at UC San Diego. Michael works with the Knight Lab, which does a lot of work in the gut microbiome. He is going to speak to us specifically about the relationship between the gut microbiome and prostate cancer. It's a tremendous resource.

Sheryl Anjanette 54:17

He'll be fantastic. Your gut microbiome has such an effect also on mood. There's more serotonin created in the gut than in the brain. This is very, very important.

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There was one more thing that I want to suggest for all of you, as you're going into your state, when you're doing your deep breathing, when you're calming yourselves, when you're choosing your thoughts, I want you to focus also on your body. Notice your heart rate slowing down. Notice your shoulders relaxing. If there's a particular area where you're targeting a cancer, notice your body attacking that cancer and seeing it disappear. Your imagination is more powerful than reality. Let your imagination be helpful. Let it be your ally. Focus on that. Focus on your body. See your body helping you. If you're going through chemo and it feels terrible, see your body just metabolizing that better. See your cells getting stronger. You can visualize this. It's very, very powerful. As I was saying that, it made me emotional. I don't know why. I think because it's so powerful, I think it because I see it happening for all of you in a very positive way.

Brian McCloskey 56:12

It's an experience that you're living with Bob. As Paul mentioned, Bob's very fortunate to have you as his caregiver. And I can't agree more, amazing, Sheryl.

Sheryl Anjanette 56:30

I'm available if you ever need anything, feel free to reach out. You can reach out to me on the app, or just reach out to me at my name, Sheryl@Sherylanjanette.com.

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CHAT

00:33:56 David Plunkett: For me, "box breathing" fits with the idea of "count to ten before...."

00:34:10 Brian McCloskey: Reacted to "For me, "box breathi..." with 👍

00:39:55 David Plunkett: "Chatterbox" a.k.a. "brain weasels." Worst at 3 a.m.

00:42:38 Paul Van Camp: How about: Cancer is my teacher. What is it teaching me? What are the gifts?

00:42:55 Brian McCloskey: Reacted to "How about: Cancer is..." with 👍

00:43:50 Brian McCloskey: Reacted to ""Chatterbox" a.k.a. ..." with 👍

00:49:34 Paul Van Camp: I think Bob is very fortunate to have Sheryl as a caregiver.