

## **James Mapes TotalPicture Radio Interview**

Welcome to the third in our series of interviews with James Mapes, founder of Quantum Leap Thinking; best-selling author and highly acclaimed business speaker, consultant, seminar leader and personal excellence coach.

In part 1 of the series, we talked to James about true leadership; part 2 examined how people are using their imagination in a segment titled 'Imagine That,' and today we're going to go to the operating room to talk about a new seminar James has developed called 'Patient Pre-op/Post-op Healing Therapy.'

James, welcome back to TotalPicture Radio.

**James:** It's a pleasure to be back, Peter.

**Peter:** I am assuming the idea for this seminar is based on a personal experience that you've had.

**James:** You are correct! I will tell you the story. Now I have to start off by saying that for three decades of private practice without any advertisement, I have been working helping people prepare for major surgery and not only helping prepare for major surgery mentally but helping them heal faster, reduce pain and it's been wonderful but it's kind of outside of the medical profession and 30 years ago, doctors frowned upon this. They didn't understand what it was, but now all of a sudden it's becoming a very big deal.

The bottom line with this story is that a year and a half ago, I was in Scotland making a movie of which is it's my hobby is acting in film; I try to do about one a year and I had a great time. One of the most physically active roles that I've ever done, I fly back to the States, I'm home for one day and I get depressed which is unlike me; I'm not a depressive person. I thought well that's natural. My wife said, "You just had this great experience. You're back here. You're dealing with reality, a different kind of reality," and it continued for two more days.

I know enough about the mind and body that I thought this is odd, so I'm going to go my internist. I went to my internist who questioned me and he said why don't you go to your cardiologist. I go over and

they did an echocardiogram and I remember this was in the morning and my phone rang at 2 minutes of 6 and it was my cardiologist who said something like and these words are almost burned, "Well, we got the results back," and I said yes. He said, "Well, I wish I could couch this but I'm going to have to be very blunt. You have an aortic aneurysm and it's extremely serious and you only have a couple of weeks."

So I wasn't even able to feel fear. I just didn't know what I felt. I went home. I talked to my wife about this and that night of course, the dark dogs came about and I started to get very, very afraid. We had to search out a surgeon the next day and I decided if I'm going to go through this and survive and I could only hope that I would do that, I decided that I was going to turn this into an experience that I could teach people. I didn't know what that meant but I started to look at what I call what's happening right now with me and I took pen, the paper and I came up with what I call five keys to living an exceptional life, which is geared to preop/postop patients, but it's also geared to everyone and those five points.

We can talk about these points is:

- make friends with reality
- adjust your attitude
- create a solid support system
- ask for help in solving your problem and then express gratitude... those two kind of go together to me
- create a vision that will bring peace and calmness before surgery or before any crisis.

I look at in terms of business and life is to create a strong enough business which we've talked about in our past interviews to carry you through a crisis, so that the vision of the crisis is not stronger than the vision of possibility, the vision of something fabulous because the mind can only focus on one thing at a time.

Those five points didn't just come to me, right? They came out of – the first one I had worked with a wonderful man by the name of Spencer Johnson and his little parable 'Peaks and Valleys' I was his voice. I ended up doing his publicity forum and I created a seminar. And the one thing I remember that was so powerful is make friends with reality so I honor him for that statement and that means to me

that being human, we have natural defense systems and one of those defense systems is denial.

**Peter:** Exactly.

**James:** There are people – and it doesn't matter whether it's a divorce, it doesn't matter whether you're team is dysfunctional, it doesn't matter what's happening in the world – they deny what's happening or they blame someone. If it isn't God, it's their supervisor, and if it isn't their supervisor, it's their spouse. All that stuff, I don't know – I don't want to use any words that are going to have to be deleted – is just plain BS to me. The only way you can control what needs to be controlled and take the actions you need to take is to make friends with reality. To look at things as they are and feel what you feel. If you want to live an exceptional life, if you want to be a leader in your own life, then you have to sit down with a piece of paper and look at the reality of what's going on. There are ways to do that to me and it's the old system of making a list, what's plus and what's minus, what's a positive, what's a negative and it helps you straighten out our denial. It helps you straighten out our delusional thinking.

**Peter:** Okay, back to the phone call; you get this phone call from your doctor, "James, you got two weeks. That's it. Sorry." That's the story unless something miraculous happens which I guess is this heart operation that you had. How did you come to terms with this and how did you make friends with reality?

**James:** Well, the first thing I had to do is tell my wife. Now, I am going to make friends with reality once I tell her. I've been married 26 years but her late husband was a neurologist at Yale, so she had lived with a physician and she thinks like a physician, so for me it was – my cardiologist said we need to find a surgeon and Susan said, "I want a surgeon at Yale." I'm sitting back with my jaw hanging open. I haven't made friends with reality yet.

**Peter:** Right.

**James:** I'll tell you when I made friends with reality, when we met with the surgeon, I jumped about this earlier but this is a God's truth, we go in. It's austere. This fellow John Elefteriades is the head of

cardiothoracic surgery has become a close personal friend now, but he was in the room and this nurse was behind and some intern was here and there were two valves sitting on his desk and he called me over and he said, "Well, which valve would you like? Would you like the mechanical valve or would you like bovine valve?" And I – well that was starting to make it very real to me.

**Peter:** Right.

**James:** I have to make that choice. In order for me to make the choice, I had to get out of my fear and ask some questions and this is how we do this when we make friends with reality. The questions are well, this mechanical one last forever, what's the downside? The downside is you have to take Coumadin, uh-oh no.

Here's the bovine, what's the downside? It lasts about 12 years but it's a perfectly wonderful valve. I'll take the bovine.

Once that moment happened and I made friends with reality, then I could move on to doing what I could do to help control the situation and help make this terribly frightening thing come out with the odd on my favor. That brings me really to the next point and that is about attitude.

Now, I thought about this before I went in for surgery. I asked my wife who's a journalist to bring her book, because I knew I would have trouble writing and my third day in the ICU, I was shaking but I had an idea and that was these nurses that were coming in to interview and I can hardly talk but I could talk enough to ask a question and I remember vividly saying to one of these two-decade plus nurses, I said, "Does attitude make a difference in healing from your observation?" and I remember her freezing in her tracks and she said, "No one's ever asked that question, but let me tell you this. I have seen many people who should have recovered without a problem, who should have healed without a problem and have all sorts of issues. They always complain. They were mean. They were angry. They scream at the nurses," and I said, "And?" She said, "And on the other side, I have seen people who really shouldn't have survived or had much more trouble healing heal much faster and survive and thrive and they had an attitude of appreciation. They had an attitude of love, I guess. I don't know how else to put it."

I realized, wow! You look at the world and you start looking at when – saying to somebody to have a positive attitude is kind of weird, because everybody thinks they do, but what we can do for ourselves...

**Peter:** Especially when it comes to your mortality, right?

**James:** Mortality creates the biggest fear of all, absolutely, but what I suggest which is what got me into the next point is once you choose to have an attitude of possibility instead of attitude of doom, it opens up yet another door.

**Peter:** Or an attitude of denial.

**James:** Right. Once that happens, an attitude of denial shuts off all hope of doing something to rectify the system.

**Peter:** Right.

**James:** Because then you're not going to reach out which is the next step. You're not going to research. It's a horrible thing and how many times have you seen this in business? I mean it's...

**Peter:** It's epidemic. Are you kidding?

**James:** It's epidemic. We are animals that communicate in the highest form possible and the only way you heal or you negotiate or you reach a conclusion is to dialogue. And that's different from discuss because I think discussion happens when two or more people get together to see who's most right and dialogue is about a free flow of information without judgment. Dialoging is extremely important to people.

The third point is – and this I'm very big and always have been on this – I talked about it in Quantum Thinking – is create a solid support system and don't wait until you need one.

It's once you have created a support system for whatever in your life. Now, how do you do that? When I talk about this, people say "Well, what do I do? Call up all my friends and say 'Will you support me?'" I said no. Our brain – our primitive brain – is built for reciprocity

meaning that for most people, the majority of the people walking the face of this earth, if I do something nice for you, the chances are when I need a favor from you, if it isn't terribly large or undoable, you'll give it to me but gladly so. So I always encourage people to start building a support system of friends and family and professional support system by looking around and see what you can do for people and just do it. I love to do anyhow, because it's my nature, but sometimes people that's a workable thing, but that's part of living an exceptional life. We're built to be social. I mean all the research now in neuroscience that's coming out is showing that we're the people that live the longest.

There are societies where they smoke and they drink too much and they live a long life because they have a solid community support system. That was a third key that I learned to teach.

The fourth is ask for help and express your gratitude which kind of is a spin off from creating a support system. I had an interesting – going back to the support, I had a friend of mine call me who's an old friend from 1972 and I had helped his son go through the same operation 17 years ago. I recorded a – oh I don't know, what I do is I record something that people listen to that calms their mind and gives them hope and so forth and he called me up and said, "I want to pass on a message from both my son and I and I'm going to say two words. Be strong." I got off the phone and I cried and those words, that simple act helped me all the way through. When I was lying in the hospital with tubes coming out of me wondering if I can do this, this is a horrible thing, is be strong. I thanked him later for this.

Ask for help and express your gratitude; I think that people find it difficult to say thank you.

**Peter:** I think people find it difficult to ask for help as well.

**James:** Because they can't set aside their ego.

**Peter:** Right. Especially people in our generation.

**James:** Yes.

**Peter:** And the baby boomer generation.

**James:** Yeah.

**Peter:** My daughter who's Gen Y, she doesn't have problems asking for help. They're wired completely different and I think because of that, they're going to be very successful and that they really approach things from a different way but I mean we grew up with an attitude of stoic, sort of Viking, do it on your own, you can accomplish it yourself kinds of things and never complain about anything and never ask for help from anybody.

**James:** It's true and by the way, what is the largest group of people now? Baby boomers, right?

**Peter:** Right, exactly.

**James:** I actually wrote this for boomers but I realize that it applies to everyone, and what came out of the hospital thing about gratefulness, this is ask for help and express your gratitude is they told me very few people thank them. They're there to serve. They're there – their heart, their being, their juice is – they get it from helping people heal. They get it from serving people and when people say thank you, they light up and therefore, I make sure I'm always thanking people in life and I ask for help. It's hard for me because I come from a family that doesn't. I do and I encourage people to do it because if you want to build a team of any kind in your life, you have to have people on board that want to be on board and that's where commitment comes from.

The fifth is create a vision in terms of this specific program, a vision that will bring peace and calmness before surgery and support a positive attitude and healing for the future. Now, we can talk about that in a moment but I wanted to tell you the interesting thing that happened to me two weeks ago. I thought with this program I could just go to any hospital and say, "Give me your patients. I'll do this for free. Just put together a group of spine patients or knee or brain. All the people I've worked with, heart," and five to 10 people let me work with them.

Well, that was a year plus ago, so I finally met with a CEO of a hospital and he said, "Would you speak to the grand realms?" I didn't know

what grand realms were. I certainly do now and that's all of the surgeons and I realized I didn't have a program, so it presented me with a conundrum. This was geared and meant to be presented to patients. Now, I have to create a new program. A program within a program because there are interactive experiences in this program that I do with people and I have to still do this with all the surgeons and nurses and I have to ask them for patients. So what I had to do which was really interesting for me and stretched my learning curve beyond what I thought were possible, I found out they wanted case studies.

I am not really a case study guy (I am now by the way) so I got 60 case studies which are about 12 pages of single spaced reading in a language that's really hard to pull the essence of and I studied all these case studies so when I presented this program which will now be presented to other hospital I hope, I had to find that which resonated with three topics because if the essence of this is a guided imagery that takes people and calms them down, that means reduces their stress, that has them go into surgery calm, so the surgery will be less traumatic that will help them use less drugs that will help meds especially prescription meds, that will help them reduce their pain and will help them heal faster so they're out of the hospital quicker, then I'm going to have to create something that can affect their subconscious but also now I'm going to have to present it to the doctors you know.

**Peter:** Right.

**James:** I thought are they going to go with this and close their eyes? It was like a miracle to me. They did, every single one of them and they loved every single moment of it. I'm going to just tell you this, this one study that I found because – actually two – and they're very quick.

This was in the *Journal of Anesthesiology* and it was about reducing bleeding during spine surgery and this was preop patients, 335 surgical patients double-blind randomized study and what they found is they used four different kinds of tapes that they listened to before surgery and one was a voice of the doctor just giving instructions and another was relaxation, but telling people how difficult the surgery was going to be.



Another one was a relaxation guided imagery tape without any other information but the fourth tape, the guided imagery produced results and two out of three outcomes in reducing blood loss but that one had in addition to the relaxation, it was images of seeing themselves healed and reducing their pain, which I thought was so dramatic, so that's like one of the five case studies that I presented them and the three words that I wanted them to understand were hypnosis, meditation and imagery because people get them confused and those pieces are involved in everything I do.

Hypnosis, meaning that you relax someone and you give a suggestion that is imprinted in their subconscious, as during anesthesiology, if they're in that twilight zone, the anesthesiologist can actually give suggestions that will imprint them about calmness and about healing and going into surgery and expecting terrific results.

Meditation which was interesting because the head of – chief of surgery at the hospital that I spoke to which was Bridgeport Hospital has been meditating as long as I have and I've been meditating since 1972, simple, easy, quick and it takes about 7 minutes but it centers you and it clears your mind and to me that's how you learn about yourself but that's another issue, and the third is guided imagery which is really guiding people in a relaxed state and then having them create pictures and images of themselves literally going in the part down to the room, calm, seeing themselves relax, feel and taking them through the mental movie and then I have them project in the future and choose one or two scenes of something they passionately want to do or look forward to doing. I will tell you what mine were because I had to do this for myself too. And then live that scene as if it were done. So it kind of ties a rubber band around the future and provides subconscious hope; this is not about conscious reasoning.

My two were, one attending the movie premiere of my new movie because I've never done that and I wanted to do it which we're now doing in July which who knew if that was going to happen at the time I was going in for surgery and the other one was seeing myself at a book signing of my new book and feeling good about that.

These five keys can be applied to patients, can be taught to surgeons and nurses to apply to patients, or they can be applied to life.

**Peter:** This future state that you're talking about reminds me of the first interview we did on true leadership when you were talking about walking across the coals and the only way you're able to accomplish that is to see yourself in the future that you've already accomplished this.

**James:** Absolutely and feeling good about that because part of what moves us as human being in any direction, fear or love or passion or hope, is emotional charge. You can script that any way you want but I said this I think in a previous interview, you never have to work at creating a fear-based mental movie of anything whether it's your health, whether it's your relationship, whether it's your career, that is part of our genetic makeup, but you do have to be proactive and my coaching session, everything I do gives people tools to be proactive to be able to create something in their future that they are kind of like a compass-guided towards, without their knowledge by the way and another discussion would be we always go there anyhow, you know. I don't believe in predestination but I do believe that we create our destination.

**Peter:** This makes so much sense because if you go into an operation, a serious operation, open-heart, whatever it is...

**James:** Right, right.

**Peter:** ...with a right attitude of going into that with this future state that you're thinking about of coming out on the other end and having these positive images, to me that it really makes sense that you have the opportunity to actually get through the operation in a more positive and more successful way.

**James:** By the way, I don't say this about everything I do, but I say it about this. This always works 100% of the time because it's based on our brain. I mean if we're high-stressed, people know this. Read any magazine you want or any newspaper you want, chemicals are released, heart rate goes up, blood pressure goes up, gee, let's go into surgery feeling like that. We want to be calm, we want to be peaceful, we want to be hopeful, because inevitably we're going to hit stressful times.

So if you have some tools to do this and this is all about – for this specifically – is I create a tape that people listen to twice a day, hopefully two weeks before surgery but it even works three days before surgery as I found with some of the case studies.

**Peter:** You really have two programs here. You have one program that you present to the surgeons and nurses within a hospital to...

**James:** Yes, or healthcare...

**Peter:** ...healthcare to really get them understanding where you come in to this whole role and the benefits of having you speak to these patients before they go in to an operation and then you have another program that actually helps the patients get through a major surgery.

**James:** Absolutely and they're all experiential, so the doctor, the nurses, they have to experience not in the same way because they're here in a program so I can't pretend they're patients but they have experiences that lead them no doubt as I've talked about previously, no doubt and I have never seen – there's a little demonstration I do called the pendulum with a piece of string in a washer – I'll have to put this on my website or YouTube or something because it's so interesting – and I have never seen a group of doctors and surgeons and physicians and nurses stunned.

I thought everybody knew this. I thought people understood that you move in the direction you think, so yes those are two separate programs and it came out of just wanting to help patients which came out of my heart operation, so you know, I almost am suspect when somebody say, "Boy, this was a good thing." That wasn't a good thing. I would prefer to have my own original healthy heart.

**Peter:** Right.

**James:** But hey, I'm back lifting weights, I'm back walking 3 miles a day and I'm just as active as I was and I've got two programs to help people.

**Peter:** Is it necessary for you to physically meet with patients for this to be successful or is this something that you can do over the phone or through tapes or – how does this work?

**James:** Well, there are different ways to do it. I just literally put a stress reduction, 20-minute stress reduction on my website last week, because people were asking me what can I do and what I say, "Come and see me." Well, everybody can't do that. Everybody can't come to a group, so my next step is two-fold. One is to offer to do a phone counseling to find out what they need. Have them do all these exercises over the phone is very easy and then create a digital tape which they can then play, about a 15-minute tape twice a day, so that's one option.

The next option that I intend to do is an interactive DVD. It won't be specifically for them, because it will be a general interactive DVD of this exercise but it also will help people so that's my next plan.

**Peter:** James, thanks so much for taking time to speak with us again today and this is really exciting, this new program that you've launched.

**James:** Thank you. I'm excited about it.

**Peter:** Is there anything we didn't discuss about this that you think would be of a particular interest or importance for the listeners?

**James:** I think I'm going to end with a thought. Years ago, there was an article written in Fast company called 'Change or Die' and it was based on a very simple lecture given by the guy who invented Lipitor. He came out to the audience and said, "If I could give you a pill that would guarantee that you would live, would you take it?" And everybody raised their hand and said yes and he said, "I guarantee you 90% of you wouldn't," and he went on to prove that people even though they knew that taking Lipitor would prevent a heart attack or prevent cholesterol that would create a problem, for some reason people don't do it.

My thought is that we visualize all the time. We do what I teach people every minute of every day probably even during our sleeping times. All I do is teach people the skill they have that could save their lives, and certainly if it didn't save their lives, let's not get that dramatic, that could certainly reduce stress, get rid of fear going into surgery, which then affects everybody in your family. If you can

reduce your fear, then you've also helped everybody within your environment and then if you could reduce your intake of prescribed medications, reduce your pain and get out of hospital sooner, there's no downside to this.

**Peter:** James, again thanks for speaking with us here on TotalPicture Radio.

**James:** Thank you Peter.

We've been speaking with James Mapes, founder of Quantum Leap Thinking. You can contact James through his website, [JamesMapes.com](http://JamesMapes.com).

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