

TALKRx™

Doctor Neha



Five Steps to Honest Conversations
that Create Connection, Health,
and Happiness

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I WONDER . . .

How can we be missing what's right in front of us?

A world of information is at our fingertips. We can communicate instantly with anyone anywhere anytime. Yet why is it that most of humanity feels more disconnected and lonely than ever?

Even with advanced research, the latest pharmaceuticals, and state-of-the-art technology, our rates of insomnia, anxiety, obesity, depression, and addiction are on the rise. Healthcare costs are spiraling out of control. And with a population of only 315 million, Americans are consuming nearly three billion prescriptions each year.¹

As a medical practitioner, I was trained to name diseases and then prescribe a one-size-fits-all medication to treat them. The problem is that medication has become our first line of defense to treat any symptom—without even exploring other options. As a society, we have come to believe that using short-term fixes over and over somehow makes them long-term solutions. However, if you've watched a pharmaceutical commercial lately—and thought the list of possible side effects flashing across the screen sounded worse than the symptoms you were trying to alleviate—you know something is off.

Maybe we're searching for health and happiness in all the wrong places.

As I began to work in a hospital, the patients I encountered were in crisis. They suffered from ailments such as heart attacks, strokes, pneumonia, or cancer. My days were punctuated by unforgettable moments of compassion, terror, tenderness, relief, and joy—each emotion magnified by the fact that this work was often a matter of life or death. As you can imagine, my job caring for these critically ill people was as exhausting as it was fulfilling.

For the most part, I was your average physician. I worked hard. I cared deeply about my patients. I got along with my colleagues. The nurses and staff regularly refueled me with sugar and caffeine from the break rooms to get me through my overnight shifts. I

sometimes grumbled when I was overtired. Scrubs were my fashion statement. And I wanted to be appreciated more by the hospital leadership. But most of all, I wanted to make a difference.

In the early years, how I made a difference came from what I had learned in textbooks. I had spent the majority of my life absorbing information with the sole goal of regurgitating the correct answers on exams. At 31, as I graduated from my medical residency, I remember thinking, *Wow, I really know a lot.*

I was acutely aware that there were many subjects I didn't know about, like politics and pop culture. But I knew how to interpret blood test results and a urinalysis. Who cared if I didn't know how to fix a toaster? I knew what I knew, and I knew what I didn't know. Or at least I thought I did.

One of the first clues that my extensive, expensive education wasn't going to save the world was what happened when I sent my patients home armed with a list of low-fat foods, directives to exercise daily, and a schedule of new medications. For the most part, following these instructions would heal their acute physical symptoms. But like a revolving door, six months or a year later I would see them again for yet another episode of out-of-control blood sugar or another heart attack.

So I did something that was unusual for a physician. I started asking them questions about what else was going on in their lives besides the illnesses that brought them to the hospital. I hoped that, together, we would gain new insight on any additional factors that played a role in making them sick. This is when I discovered that there was a lot I didn't know. My patients were about to teach me far more than my schooling ever had.

As they answered my questions, the same issues resurfaced: Unresolved conflict. Unmet expectations. Misunderstandings. Broken promises. Unspoken truth. Heartbreak. Fractured relationships. Separation and loss. Confusion. Depression. Unhappiness.

And what I started noticing was that the situations my patients were in caused them an inordinate amount of stress. Somewhere along the way, their communication—with lovers, with friends, with co-workers, with family, with themselves—had broken down, and they were unable to bridge the gap. The result was

disconnection, loneliness, and isolation. My patients' inability to communicate was literally making them sick. So I began to wonder: how might improved communication reverse the symptoms they were experiencing and bring them more happiness?

As I searched for the answers, I encountered a small problem: I didn't really know how to communicate myself.

We notice our style of communication about as much as fish notice the water in which they swim. The only time communication becomes an issue is when our relationships start to break down or become painful. Even then, we're fairly sure that if communication is the culprit, it must be someone else's poor communication that's to blame. So if you can think of several other people who need to read a book on communication other than yourself, I am here to assure you that this book is in the right hands—right now.

You might be thinking, *Communication? That's easy. I know how to communicate.* Don't be fooled. Communication is essentially simple, but it's not always easy. Many of us learn from an early age to be guarded about what and how we communicate. Few of us learn how to pay attention to our own inner voice and speak from the heart. Instead, we tune out the very information that can help us communicate more authentically. Specifically, our body's physiological responses to stress (e.g., stomach turning, face flushing, heart racing, palms sweating) often get in the way, rather than serving as clues to how we're feeling. Experiencing this physical discomfort can be a deterrent to having those much-needed honest conversations. We sabotage our efforts to communicate effectively by exploding with anger, getting defensive, or silencing ourselves altogether.

How many times have you complained to your co-worker, spouse, or best friend about your boss or your stressful day at work? We speak *about* each other rather than *to* each other. We use backstabbing conversations in order to avoid uncomfortable sensations in our body and gain allies to prove we're right. Not speaking directly to one another ultimately results in the mistrust and toxic work environments that are making us physically and

emotionally sick. We may even justify this pattern of indirect communication by saying, “I can’t say anything because it’ll ruin my evaluation” or “If I speak up I’ll get fired or targeted unfairly.”

You may get temporary relief from your discomfort through complaining, gathering allies, and avoiding the real issue, but in the long term, resentment will build inside you and your situation will remain unresolved. These can be seeds that grow into disconnection and loneliness.

At home it’s a different kind of maneuvering that happens. It could be about keeping the peace or not rocking the boat. With long-term relationships, like those we have with a parent, sibling, spouse, or child, we tend to anticipate communication based on past experiences and fall into old conversation patterns. We say things like “I’ve had the same conversation with him a million times before, and I know how it’s going to end. I’ll feel frustrated and unheard, and one of us will end up angry or hurt, so no way—I’m not going there!”

If you think you’re too busy to learn about communication, ask yourself a few easy questions. How much time do you waste worrying about unresolved personal or professional issues? How much energy have you invested trying to avoid conflict, only to have it resurface over and over again? How much stress, frustration, disappointment, or loneliness occurs in your life because of misunderstandings and miscommunication? Your inability to resolve conflict and build strong connections to others can weigh heavily on your heart and keep you up at night.

Think about how many conversations you have every day—from one-word exchanges to hour-long talks. When communication breaks down in any interaction—even if it’s momentary—your heart rate speeds up. Next, your blood pressure, cholesterol, and blood sugar levels rise. People who feel misunderstood report a higher incidence of depression, which is uncomfortable enough, but to take it one step further, depression leads to a weakened immune system. This is our primary defense against disease. Under prolonged stress we become susceptible to ailments such as headaches, digestive issues, diabetes, and heart disease, to name a few.²

It's time to put the spotlight back on how we talk to ourselves, talk to others, and relate to the world around us. Communication is our primary tool for creating relationships, one of our most profound ways to connect. Healthy communication provides pathways for growth, love, support, friendship, and healing. We know this intuitively, yet somehow it's easy to forget.

DIALING 911 FROM THE HOSPITAL

In October 2001, I had just relocated to San Francisco, 3,000 miles from my family. I began working at a large HMO and dreamed of someday being voted in as a physician partner. I was hired as a hospitalist, an internal medicine doctor who cares for patients through their acute medical crises. I was part of a team who admitted patients from the emergency department and cared for them until they were discharged.

Every five days, one of my team duties would be to distribute the patients who had come in overnight to the daytime physicians. And every five days, Tyler, a 350-pound colleague of mine, would arrive as soon as I had finished making those assignments. Tyler had a list of unwritten, unspoken rules regarding which patients he was willing to accept:

1. No liver failure patients, especially anyone requiring interventional procedures.
2. No patients in the intensive care unit—unless everyone else already had one.
3. No one with a thick chart, long medical history, or multiple admissions.
4. Patients with uncomplicated chest pain, pneumonia, or strokes were acceptable.

And on and on. I soon realized the bottom line was this: no complicated patients could go to Tyler. If he thought I had violated these rules, his face would turn red, he would take a deep breath and puff himself up, and then he would begin swearing

and pointing his finger in my face, saying things like “God damnit, don’t you dare give me Mrs. X! That’s *#@%^ inappropriate! Give that patient to someone else; otherwise, I’ll be here until midnight. And remember, payback’s a bitch.”

Confronted with Tyler’s rage, I would back away and say, “Okay, okay.” And I would put Mrs. X’s file on another colleague’s pile and find a straightforward chest pain case for Tyler.

By early afternoon, Tyler would be done seeing his patients. He had mastered the art of delegating to the nurses and doing what we called “telephone medicine” from his desk on the seventh floor. Then, he would just hang out—playing with electronic gadgets, talking about the latest sports car, or bragging about how many women wanted him.

We all spent our time dancing around Tyler. I tried to befriend him, hoping that if he cared about me, the dynamic would change. No such luck.

It didn’t take long to realize I had a big problem on my hands.

The tipping point came when Tyler confronted me about Jacqueline, a fellow physician who had just spent her lunch break pumping breast milk for her four-month-old twins. “This place stinks! When is leadership going to stop hiring all these women of childbearing age?” he exclaimed.

I marched down to my physician chief’s office and declared that something needed to be done. “I’m being bullied and intimidated, and I need your help,” I said. I went on to describe all that had happened, concluding with Tyler’s politically incorrect comments about women.

“You see, Neha,” my chief replied, “Tyler’s already a partner in this organization. He sees the highest number of patients and has the quickest turnaround times for discharging them. That’s valuable. If you hope to be a partner someday, you’re going to need his support . . . and mine. I suggest you put your head down and get back to work instead of complaining. You’re the only one who feels this way.”

I couldn’t believe my ears. Was he serious? Did he really think I was the only one who had issues with Tyler?

I polled my colleagues, inquiring if they had experienced anything similar. Examples of inappropriate and egregious behavior emerged, each one more preposterous than the last.

I made an appointment with the head of Human Resources. Surely she would be able to help if my chief wouldn't. I mean, their department's name was Human Resources. They were there to handle these types of issues, right?

Much to my amazement, the woman I talked to said it wasn't the first time she had heard this. But no one really knew how to handle this type of behavior—especially from a physician partner. She went on to say, "You see, once you become a partner, you're untouchable. You're tenured for life. Since you're not a partner yet, you might want to learn some skills to better handle his temper."

I was dumbfounded by how Tyler's bad behavior had somehow become my problem.

That night my friend David told me about a communication workshop that he thought could teach me how to navigate my emotions and communicate more openly. So two weeks later, I was on a flight to Eugene, Oregon. As the plane took off, I remember thinking, *I AM a good communicator. I even talk to families when their loved ones are dying. This better be good, David.*

As I entered the lecture hall, I saw 30 strangers who looked nothing like me. I began to think I had made a big mistake. Then the lead facilitator, Kris King, took the floor. She was classy, elegant, and well put together, so I decided to move past my doubts and give her my full attention.

An hour into the workshop, she paused, looked around the room, and said, "So, I'm curious. Why are you here? What do you hope to gain?" And her eyes landed on me.

I stood up and walked to the front of the room. "I don't know how to deal with a co-worker who's causing everyone problems." I went on to tell the class what an angry, obnoxious bully Tyler was. "But he's not here, so there really isn't anything I can do about him," I said as I began walking back to my seat.

"Hold on, Neha. Don't sit down yet." I stopped and turned around. "Are there any other times in your life when someone has gotten angry and you felt bullied?"

I stood silent for what seemed like an eternity. I didn't want to admit what immediately came to mind.

Finally, I replied, "Well, my dad has a temper."

"So what happens when your dad gets angry?"

I slowly began moving back toward the front of the room. "Well, he starts talking faster, his tone gets louder, and then he starts swearing."

"Okay. Then what happens?"

"I'm usually on the phone with him, since he lives three thousand miles away. I interrupt him and say, 'Dad, I gotta go. I don't think I can talk about this anymore. Let's talk later.' And then I hang up. We don't talk for a couple of days, and then one of us initiates calling the other. We talk normally and pretend nothing ever happened. This has been going on more than twenty-five years."

"Tell me about the first time you remember experiencing your dad's temper. How old were you? Where were you? All the details."

"Well, I think I was six or seven years old. I remember standing in the corner of the kitchen watching my mom cook and reach for her glass of wine. Then my parents started arguing about money, and I got really tense. My dad got angry, picked up an empty plate in front of him . . . and smashed it on the table. I still vividly remember it shattering—almost like it was in slow motion. I crouched in the corner behind a plant. Then my mom told me to go upstairs to my room."

"What lesson did you learn from that?"

"I learned that if you make people mad, things break. This time it was the plate. Next time it could be me."

"I want you to notice something, Neha. In your story, you were little and your dad was big. That's not true anymore. You're a grown-up. But the little girl in you is getting triggered each time someone's anger reminds you of that situation."

She paused. I was bewildered, but I knew I was buckled in for the ride with 30 participants eagerly watching. I cared way too much about what everyone else thought of me to stop now.

Kris continued, "Can you tell me what age group has temper tantrums and it's considered normal?"

"The terrible twos? Toddlers are pretty notorious for that," I replied.

"Exactly! So, why do toddlers have temper tantrums?"

"Because they are out of options and having difficulty communicating what they need."

"Yes. And that's exactly what your dad is experiencing when he starts yelling. He doesn't think he has any other way to get your attention. So the next time you hear your dad's voice escalating, getting faster and louder, and you hear him start to swear, those are your warning signs. When you notice them, take a nice, deep breath and calm yourself down first, so you can shift out of your normal state of emotionally shutting down. Then imagine him in diapers."

"But that is so disrespectful!" I argued. "I can't do that. In my culture, we're taught to respect our elders."

"I didn't ask you to imagine him naked, Neha. I just asked you to imagine him in diapers, so you can change the dynamic of your being 'small' and his being 'big.' If you can see yourself as the grown-up now and see that he's the one struggling because he can't communicate with you, you'll have much more compassion for him instead of being scared and shutting down."

"It's the same in dealing with someone like Tyler. Remember, it only takes one person to change a conversation, and that person is you. But you have to manage yourself first."

Kris went on to coach us on the importance of pausing, listening deeply to what others are saying, and then thoughtfully responding.

Three days later I was in the Eugene airport waiting to return home. I thought about what an amazing experience the workshop had been. But I still wondered, *Will this really change anything?* I had 30 minutes before we boarded, so I checked my voice mail. I had missed several calls from my father regarding our family's small jewelry business. Before I could call him back, he called again.

"Hi, Dad," I answered. "I haven't had a chance to listen to your voice m—" But he cut me off.

"God dammit, you didn't mail me that package, did you? I needed it for a client. You don't care a thing about me, do you?"

As he continued to yell, I was consciously aware of his escalating tone, the quickening pace of his speech, and his swearing. I recognized the triggers. It was as if he were talking in slow motion. Instead of hanging up on him, I simply took a few deep breaths. And then the most amazing thing happened: He stopped talking. He was done. There was only silence. And I wasn't shattered.

With a calm voice, I began, "Dad, I heard the tone of your voice change; you were talking louder and swearing. I hear how frustrating it is when you think I'm not responsive to your calls. Did you happen to forget that this was the weekend I was at the communication workshop in Oregon and wouldn't be checking my cell phone? I mentioned it to you and Mom last week when we were on the phone. I'm at the airport right now. I'll be home in two hours. If you let me know what you need, I'll send it first thing tomorrow morning."

For the first time in nearly three decades, my father responded in a way I will never forget. He said, "*Neha beti* [using an affectionate Hindi term that means "darling daughter"], I'm sorry. Your dad must be getting old. You did tell us last week. I totally forgot. Could you send out three strands of black pearls in the morning? We don't have any left."

As I hung up, I looked at the phone in disbelief. Kris had been right. By responding differently, I had changed the outcome of our conversation. I suddenly got a glimpse of how much less stress would be in my life if I mastered the art of communication.

TURNAROUND

When I returned to the hospital Monday morning and started using my new communication skills, my work environment began to shift. When confronted with frustration, anger, or conflict of any kind, instead of physically leaving or emotionally shutting down, I began using what I'd learned from the workshop to manage myself first. As soon as I was triggered, I would breathe and calm myself down. Then, instead of getting scared, I would imagine the person who was angry as someone who needed my compassion.

But I still had to face my dilemma with Tyler.

I waited until we were on a break together and then asked him if we could talk privately. He hesitantly agreed. I finally told him what I thought of his behavior and how it had negatively impacted me. For the first time, I found the words to express myself both compassionately and honestly. Armed with the awareness of how I had been triggered by his temper, I was able to manage myself better and stay engaged. It felt good.

This is when my relationship with him transformed: I had broken the pattern of talking *about* Tyler and found the courage to speak *to* him.

To my surprise, Tyler received my feedback with grace and understanding. He even apologized and told me that he wasn't trying to avoid hard work. He loved his patients and loved being a doctor. But he'd had a traumatic experience that served as a turning point in his career.

He had been treating a 56-year-old woman with lung disease. As he prepared her for discharge, Tyler suggested that she stop smoking. She reacted with immediate hostility. "Why should I listen to you? You're a doctor and you're obese. Quit giving me advice and take some of your own medicine!"

From that moment on, Tyler had assumed that patients wouldn't respect him as a physician because of his appearance, so he avoided any situations that would require him to directly interact with them. This was why he was so determined to get the more straightforward cases, and this was why he preferred telephone medicine.

The truth was disarming. My heart melted. I had made up so many stories about Tyler being lazy, mean, rude, and insensitive. Now I realized that his outrageous behavior was an attempt to protect himself from getting hurt again. I couldn't even imagine how painful the encounter with that patient must have been for him. He was so smart and talented, yet he felt as if he needed to hide his physical appearance in order to seem more credible. My compassion for him grew—and I no longer feared his temper.

I was hooked on this new way of communicating. When I interacted with patients, with co-workers, with friends, and even with my family, I listened, empathized, and then made decisions I

thought were fair. As a result, I discovered an inner freedom: even if other people didn't change their behavior, if I changed how I responded to a situation, I could change the outcome.

Before this realization, I had been so focused on blaming Tyler's bullying that I hadn't even considered that my defensive reaction was the other half of the problem. What I learned was that in any interaction, if I was willing to focus on my own behavior, I could receive the gift of honest, direct communication. In other words, I held the key to solving my greatest dilemma. And so did my patients.

Because my patients were often hospitalized in critical condition, long-lost friends and loved ones would frequently show up to visit them. Suddenly a college roommate who was finally willing to forgive and forget would appear. Nephews who had been too busy to visit suddenly had time. Or an ex-husband or a disowned daughter materialized. All of these people sat outside the intensive care unit like a collection of missing socks, giving my patients the opportunity to mend important relationships long gone astray.

I began teaching my patients the communication techniques I was now using. And as my patients mustered the courage to open up in ways they never had about their emotions and desires, something magical started to happen. Their symptoms began to reverse.

A 58-year-old woman with chronic insomnia got her first good night's sleep in eight years. A 47-year-old corporate executive with chronic back pain made it through the night without anxiety medication or painkillers. Blood sugar levels began to normalize. Asthmatic patients were released ahead of schedule. And nurses were getting paged half as often.

That's when I realized that a patient's ability and willingness to communicate had the power to vastly improve their health.

The Awareness Prescription

The last place I wanted to be on Christmas Day was on call at the hospital. Nobody else wanted to be there, either. To make a long day longer, I was repeatedly being paged by Debbie, the nurse, regarding a new patient. Andrew Akins was a 56-year-old

man with a long history of uncontrolled diabetes. He had been admitted for an emergency amputation of his gangrenous left foot. The nurse had been calling me because his blood sugars were off the chart and he needed additional insulin.

I walked in to quite a scene. The patient was yelling, "When the hell is a doctor going to get me out of here? Or is everyone on vacation?" as Debbie cleaned up green Jell-O splattered across the floor. I looked down and noticed two candy bar wrappers in the wastebasket.

I took a deep breath and began, "Hi, Mr. Akins. I'm Dr. Sangwan." Then I looked at the bloody IV line he'd pulled out of his arm and tossed on the floor. Saline was dripping everywhere. *What a mess*, I thought.

I continued. "I can see that you're frustrated. It looks like we're both having a tough day. I'm sure we could think of better places to be on Christmas Day than here, so let's do this: Why don't we each try to think of just one reason we're thankful to be here today. I don't know what it is, but there's got to be something good about this."

He didn't look convinced, but he nodded reluctantly. I went to see my next patient, all the time trying to come up with something I was grateful for.

A few hours later Debbie paged me again, and I went back to Andrew's room. He still looked pretty unhappy, but at least he'd stopped throwing food.

"Andrew, Debbie told me you've given our exercise some thought. Why don't I go first and tell you what I came up with? I used to be a mechanical engineer, and I switched to medicine because it felt lonely to be in a cubicle with equations and numbers all the time. I wanted to directly help people. And now that's what I get to do. I'm grateful to be here on Christmas day and for the opportunity to connect and be in service to other people when they can't be with their families. What did you come up with? What are you grateful for?"

"Well, I guess I'm grateful that you're a doctor who actually cares enough to listen. I suppose I owe you and Debbie an apology."

My heart softened as I moved toward him and sat down on the edge of his bed.

As Andrew and I talked, we were able to connect the dots and get a better understanding of what was going on beneath his anger and elevated blood sugars. He realized he was all alone this holiday because his unyielding anger and impulsive behavior had finally driven his loved ones away. I introduced him to some of the communication techniques and resources that had helped me and wished him good night.

Much to my amazement, the next morning Debbie reported that Andrew hadn't required any additional insulin and that his blood sugars were only slightly elevated.

Six months later I received a thank-you card from Andrew telling me that after leaving the hospital and using the ideas I had suggested, he had lost 30 pounds and had begun reestablishing relationships with his family.

That was the moment I realized that how I talked to Andrew was the way I should be talking to all of my patients—not just the ones in crisis or throwing green Jell-O tantrums. I needed to ask them questions that would reveal what else was going on in their lives—the issues they might not be aware existed *underneath* their symptoms. Their answers would serve as a catalyst to inspire and engage them in their own self-care. They'd be better able to manage themselves and their stress levels, which in turn would accelerate their healing.

Over time I developed what I refer to as the Awareness Prescription. Once my patients were medically stable, I would write five questions on my prescription pad to prompt my patients to discover any links between their physical health and the other aspects of their lives.

Question 1: Why this?

Why was the patient suffering from this particular ailment? Why a stroke? Why pneumonia? Why a heart attack?

There's the physical explanation for why a particular part of the body breaks down. That's the pathology. But I'm talking about more than the bacteria that cause a disease or a hormonal

feedback loop that stops working. When the body breaks down on a physical level, it's important that we look beyond the textbook definition of a disease, the numbers from a blood test, or the results of an X-ray. Often, exploring beyond the malfunction of a specific organ or system reveals an underlying mental, emotional, or social correlation.

If a patient had back pain, maybe he felt as though he had the weight of the world on his shoulders or didn't feel supported. Maybe he wasn't standing up for himself.

For Andrew, it took a surgical amputation before he was in enough pain to make the connection between his severed foot and the severed relationships in his life.

Question 2: Why now?

Why was this happening to the patient at this particular point in time?

Maybe the stress in his life was steadily increasing until his body simply wouldn't allow him to ignore it anymore. Or possibly his pattern of behavior toward others had created a negative impact on his relationships, and this was how his body forced him to admit feelings of remorse. Perhaps some wound or pain from the past had been suppressed for so long that his body was finally pushing him to confront it.

Andrew's alienation of his family had reached the point that hospitalization on Christmas Day was the only way he could fully experience his loneliness and acknowledge the hurt he had caused himself and others.

Question 3: What might you have missed?

My patients often thought that disease hit them all of a sudden—that a heart attack, for instance, was literally that: an attack. But in fact, their bodies had been changing over time and were likely giving off signals along the way. They just didn't know how to interpret them.

In retrospect, a patient might say that for the past year, climbing stairs had caused him to break out in a sweat and feel slightly winded, but he'd chalked it up to aging. Or perhaps, months

before becoming bedridden with pneumonia, he had begun using his inhalers more frequently, had a nagging cough and intermittent muscle aches, and wasn't sleeping well, but he had pushed through it.

Andrew had been using sugar to numb his feelings of anger and loneliness. That's why he even brought his favorite candy bars with him into the hospital. Andrew had repeatedly experienced mood swings associated with his blood sugar highs and lows along with a progressive numbness in his right extremity long before he was scheduled for emergency foot surgery.

Question 4: What else needs to be healed?

The physical ailments the body exhibits usually also reflect the pain and suffering, the miscommunication, the disconnected relationships, and the imbalances in someone's external life. These unresolved issues create the stress that in turn breaks down the body's ability to prevent illness and heal.

Did the insomnia that a patient said he'd always had actually begin when he started a high-pressure job a decade ago? Was there any parallel between the excess weight he was unable to lose and the protection he felt he needed from a partner's angry outbursts? Could chronic constipation have anything to do with his need to control the events in his life?

The feelings of anger and isolation that plagued Andrew needed to be treated as much as his diabetes did. It was only when he turned his attention to healing the fractured relationships in his life that he no longer needed his daily sugar binges. Now his stress had decreased and his physical health could improve and be sustained long term.

Question 5: If you spoke from the heart, what would you say?

When patients heard this final question, they often sighed in relief. It was as if I'd given them permission to speak the truth out loud after keeping it hidden for so long—even from themselves.

Most of us speak from our heads. We will gladly share what we think or observe. We're happy to reveal our opinions about the actions of others, and we offer advice whether it's asked for or

not. But how often are we willing to travel those 18 short inches from our heads to our hearts and talk about what we truly feel and desire?

It took more than half his life for Andrew to converse with his family in an honest way—to give them a heartfelt apology and admit how much he loved and missed them.

When I asked these five questions, I wasn't asking my patients to cross items off a to-do list. Rather, I was posing these questions as a launchpad, inviting them to speak about whatever resonated with them. All that mattered was that they began connecting their physical well-being with their external circumstances, their patterns of behavior, their relationships, and their emotional truth.

After more than 15 years of seeing patients and exploring the roots of physical illness, I'm convinced that communication is inextricably tied to our overall health. I'm not just talking about our emotional and social well-being; I'm talking about our physical health—the quality of our day-to-day lives, our energy, our stress and anxiety levels, the quality of our sleep, and even our ability to heal.

The simple but startling effects of clear, direct communication would ultimately change the trajectory of my career. Since 2005 I have worked with medical teams, companies, and in my private practice to reveal the powerful link between our ability to communicate and our health. In addition to being a doctor of medicine, I now see myself as a doctor of communication, empowering people with the tools and skills to not only heal their physical bodies, but also to transform their lives.

THE I-FIVE CONVERSATION

The same practical communication tools that I discovered for myself and my patients will also help you. Once you know how to communicate clearly, you'll improve your relationship with yourself and with the world around you while

simultaneously improving your health—long before you end up in an emergency room.

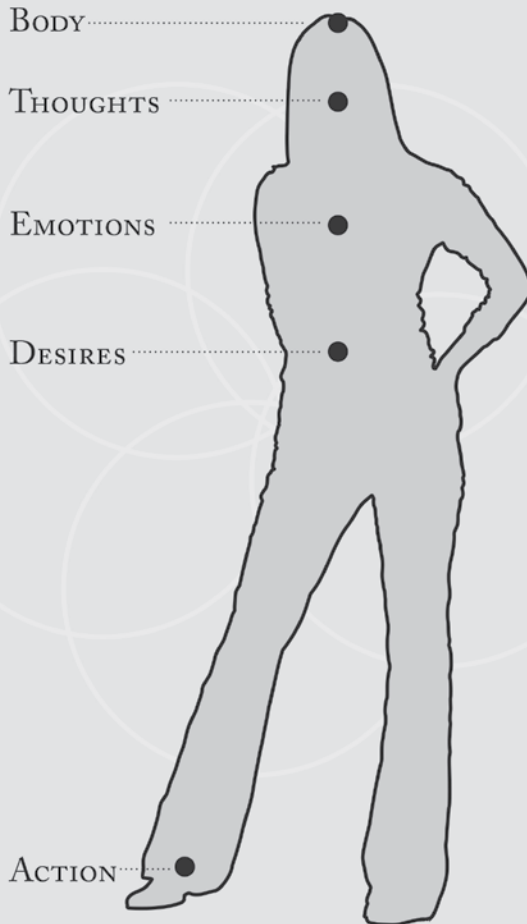
It starts with your everyday conversations—whether you’re handling a challenging exchange at work or simply sharing something with a loved one. You no longer have to wait for someone else to change in order to express yourself clearly.

If you take responsibility for your own communication, you can turn around some of the most challenging interactions in your life, which will decrease your stress level and have you sleeping soundly again. The conversation begins internally and helps you get crystal clear about what you want before engaging in conversation with another.

I call these tools and this communication framework the i-Five Conversation.³ The “i” stands for *interpret* and *integrate*. The “Five” represents the five key components of clear communication.

- 1. Interpreting Your Body
- 2. Interpreting Your Thoughts
- 3. Interpreting Your Emotions
- 4. Interpreting Your Desires
- 5. Integrating These into Action

THE i-FIVE CONVERSATION



How you interpret and integrate these five key areas of the i-Five Conversation will determine your success in relating to yourself and others. The i-Five Conversation will help you become a clear, concise, and direct communicator.

I-FIVE MOMENT

Learning the i-Five Conversation will lead to new insights. i-Five moments are unexpected twists that occur when you see connections that were previously invisible. These experiences change everything, and you'll begin to connect to the world differently. This book is about those magical moments—and the healing conversations that follow.

I-FIVE RESOURCES

As you work your way through this book, you'll learn how to interpret your body's signals and your thoughts, emotions, and desires. You'll learn how to integrate this information into your everyday conversations, and you will also be prepared to navigate more challenging conflicts. At the end of each chapter, I recommend that you keep track of any insights or realizations that have occurred to you. I have created some resources to enhance your experience.

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