

*Visioneering Group*  
*Interview with Tel Franklin, MD*

On November 16<sup>th</sup>, 1998, I went to a seminar in San Francisco. It was a seminar that was advertised as the ultimate in complementary integrated medicine. Many of the leaders, the pioneers, or people with best-selling books, were there. It was basically a panel discussion where each of the physicians and practitioners would present their philosophy and talk about different modalities and different treatment options in which they had become experts, and how they used them with patients.

I sat there all day at the edge of my seat. I have never been in a seminar or conference and been more excited in my life. These people had become like gurus in the fields of alternative and complimentary medicine. Towards the middle of it, however, an uneasy feeling came over me. I couldn't really understand where it was coming from. But it began to generate some questions about the basic premise of what I was hearing.

After about an hour, the "superstar presenter" began to ask for questions, and I was the second or third person in line. It was a whole audience full of people – probably 700 or 800. I came up to the podium and said, "This has been one of the most inspirational days of my life. I feel re-energized about being a physician, but in all due respect, this isn't alternative medicine." And I heard this kind of gruff voice say, "Well, you'll have to explain." I said, "Sir, in all due respect, I can't tell you how much enthusiasm, and I can't tell you how refreshed I feel coming here today, but after doing my medical school training, I studied acupuncture and I do use alternative treatment options within my practice. But that's not alternative medicine."

"Can you explain why?" he said.

“Well, if you take chiropractic and acupuncture and then some herbs and massage and yoga and meditation, those are alternative treatment options ... alternative modalities. But that’s not alternative medicine.”

“Well, if it’s not, what is alternative medicine?”

“Well,” I said, “I believe that alternative medicine has its fundamental basis not in treatment options, per se, but more in the basic relationship between the practitioner and the patient – how the patient looks at the particular health care challenge they face, and at the way the patient looks at their life and their interaction with the healthcare system.”

“Well what do you suggest?”

“Well, perhaps what you should do instead of talking about these different treatment options, is you should allow us to peer into the exam room and let us see the interaction that goes on.”

“Well, I’m not sure it’s a whole lot different than what you do.”

“Exactly my point,” I responded. “It’s the same problem-oriented approach, just using non-traditional treatment options.”

He kind of stroked his beard and said, “I know what you mean, but I don’t have an answer for you. If you have an e-mail address, send it to me and we’ll talk.”

I went back east for Thanksgiving and wrote a page about how that relationship could be restructured. Airplanes are great places to write because you can’t do anything except eat those peanuts, and how many peanuts can you eat? Or go to the restroom. You’re in this confined space. So I wrote maybe another two pages.

Then Christmas came, I had some time off and wrote another four or five pages. I wrote a six-page article for a standard medical journal and was going to have it published, but as soon as it was done, another idea came, and another, and another.

I have a closet at home with 110 or 120 different versions of the book I came up with. It’s not an alternative interaction between the patient and the physician. It’s not a philosophy. It’s not a movement. It’s really a way of life.

I call it Appreciative Dialogue. Basically, it redefines your relationship with your healthcare provider. It redefines how that provider interacts with you, plus how they interact with other practitioners that you may use within the whole continuum of healthcare. But most importantly, it redefines how you look at yourself.

A day doesn't go by that somebody doesn't call my office to ask me about the new MRI or the new CAT scan in San Jose or San Francisco, and whether or not they can get a referral to it. Now, I think technology is great and we need to utilize it to the utmost. But I think even more powerful than any kind of technology is gaining access to *who we are*.

Too much, we have relinquished so much influence to our significant others, to the media, and to friends and family who mean well. But often, the critical thing we don't do is seek within ourselves to understand our uniqueness as a human being. As a physician, if I look at everyone who comes in with back pain as the same, or everyone who comes in with a chest cold as the same, or anyone who comes in with chest pain or pneumonia or asthma as the same, I really miss it.

What Appreciative Dialogue allows physicians and practitioners to do is to peer into the individuality of what makes you you. It's a journey within yourself. It's the ultimate way to live a conscious life. It's not easy. It's not quick. My brother-in-law e-mailed me the other day and said, "I love your book. I just came back from Australia and I read the whole thing. The only thing is, can I get another one with all of the pages filled out? I promise you I'll send you a check."

Because it's a journal about who you are, most of my patients tell me it takes about six months to a year to get through it. And it's not answering the questions that's so dynamic; it's the reviewing of the questions and understanding where you're coming from, so you can know where you're going.

So I said to my brother-in-law, "Well, there's no real easy way to get to this alternate state of health. You've got to do the work."

It's like training for the marathon. Every year I run the Big Sur Marathon, and around January 1<sup>st</sup>, I know I've got to start training for it. I can't just go and run it. I've

got to start by going out and running the first four, and then eight, and then 12, then 16, and then the long run of 19 miles, usually about five weeks before the marathon. And that's what I'm telling you – that Appreciative Dialogue is a journey to understand who you are, so you can enjoy each moment of life to its ultimate capacity.

Only by being proactive within the healthcare system, and only by developing a dialogue with your healthcare practitioner, and only by taking responsibility for who you are and where you want to go, can you really achieve optimal health. And the book and the journey is really not even about health. It's more about *conscious living*. It's really about understanding the miracle of this moment, and the miracle of time that has brought us together, and making sure that your decisions are made in your best self-interest – being selfish and getting the most out of it so that you can plan for where you want to be, whether it's a week from now, a month from now, or 10 years from now.

So what's Appreciative Dialogue? It's a conscious way of living each day. You've never been *here* before. What other people have done before you – your relatives or your friends – is different. So Appreciative Dialogue is about understanding your uniqueness as an individual.

Now, some people say to me, "Is it positive thinking?" Well, I guess it is, but it's positive thinking taken to the next level. The idea of Appreciative Dialogue and the underlying philosophy of Appreciative Dialogue is building on all of the goodness in your life. Abraham Maslow said it best. "You are what you think about all day long." So it's not a matter of just getting positive thinking going, but of dwelling on what's going on in your life that's *right*. If you can dwell on what's right in your life, problems and challenges don't seem like incredible obstacles to overcome.

Often, however, in the Western world that we live in, we're so bombarded by negativity and problems, and we're so busy dealing with this moment and that crisis, that we never get to the other side -- all the goodness that's going on in life!

Now, I'm not trying to be flippant and say, "Well, people don't have cancer. People don't have diabetes." Obviously, these are incredible challenges. But there is a way of seeing what the best is, and seeing where the goodness is, and dwelling on that. It's funny, because when there are crises or disappointments, it's not difficult to dwell on

them. I'm just asking you to take that other road, because we know that dwelling on the pain doesn't work. Take that other step and dwell on the goodness in life.

A couple patients and other people in my office have said to me, "You know, Dr. Franklin, I was going to get your book, but I've got a problem with miracles." Now, *miracles* is a relative term. I studied embryology as a medical student. I think it's a miracle that we ever get to be born and that we work halfway normally. So I think *miracles* is a relative term that depends on your point of view. I'm not talking about the angel that's sitting on your shoulder and preventing you from this or that. I'm talking about appreciating the miraculous goodness in this moment, and always expecting the best to come out of any situation.

The book takes you through four different phases or sections. The first part is to help you peer into your individuality and understand who you are. The second part defines modalities and treatment options that you can use. I don't think that just because something is alternative medicine, it's necessarily better than traditional medicine. I think those terms themselves can be misleading.

I had a patient who said to me, "Alternative medicine? You do alternative medicine?"

"Sure."

"I think I have bronchitis and need some antibiotics."

"Okay, well, I don't really think about antibiotics as alternative medicine."

"Yeah, I guess you wouldn't," he said, and proceeded to tell me that he lived in the Dominican Republic. For him, traditional medicine was herbs and teas because that's what they had out in the rural community where he lived. When that didn't work, they went to see the Western doctor and got antibiotics or anti-inflammatories or X-rays or CAT scans or whatever was needed. So often these terms are relative to whatever our reference point is.

Here's an exercise that can point your life in a whole different direction. Tomorrow, take one day, or take the next three hours, and anytime anything negative presents itself, refuse ... absolutely, positively refuse to acknowledge it. And anything

that comes into your life that's positive and good, dwell on it. Because you've done the other. Now try this.

Also, these terms of *positive* and *negative* are relative, as well, because some things happen that you might call negative, then the same thing might happen another time, and you don't view it the same way. Why? Because our ideology changes when we begin to dwell on the goodness in every situation.

Appreciative Dialogue comes out of a philosophy called *appreciative inquiry*. Appreciative inquiry is the cutting edge technology used in corporations across the United States to achieve optimal efficiency. Formerly, when things were going awry or there was a problem in a corporation, they had a problem-solving committee. "We'll get heads from different departments together, figure out the problem and some solutions, and that will be it." That's the old way of thinking.

The new way of thinking, or Appreciative Dialogue, comes from *appreciative inquiry*. Fundamentally, it's a process of "Let's look at the good that's going on in this situation, and if we dwell on it, the problems will cease to exist."

Appreciative Dialogue and completing the workbook are not easy. But the alternative is tougher. And the biggest challenge is just to begin ... like any journey. For many of my patients the most satisfying experience is when they review their journal entries three or six months later, and the growth gives them so much enthusiasm for living this kind of life that they can no longer go back to the old ways.

We need to actually change our physiology. And when you change your physiology and the way you interpret your experiences, you change your whole life and the way you interact with everyone around you. Then you manifest something incredible – something beyond any conception that you never, ever had.

By going through Appreciative Dialogue, I promise that you will live a life that will exceed any expectations that you had when you picked up the book. It cannot fail. I guarantee it

Let me share a secret with you. There is a secret ... and this is the secret: the secret comes in silence. The secret comes when you quiet the mind. When you turn off

the TV and you turn off the telephone and you turn off all the other distractions. Being quiet and being still is the way to do the journal, to understand what is going on in your mind.

I've studied some Buddhism. I can't say that I'm a Buddhist. But I went to medical school at the University of London and the London Hospital Medical College, and on Wednesdays we used to go to a Buddhist temple. I learned to meditate at this temple. I still try to meditate almost everyday, and spending 30 minutes in complete silence changes everything that happens to me the next day or from thereon.

So here's the real key, and I don't know why this is so – but by being quiet, you can bring into your life everything that you need. By being quiet in journaling, and being still, you can develop a synergistic relationship, or interconnection, with the universe and bring into your life everything you need – everything you need to heal, everything you need to lead a conscious, directed life from the perspective of your own empowered uniqueness. But you've got to be quiet.

And I'll tell you something else. Being quiet and being silent, whether for 15 seconds, a minute, or five minutes, is probably the most difficult thing you can ask any human being to do, especially in the Western world. Because what does your mind say? "I've got to pick up the kids. I've got to pick up groceries. I've got to call this person back. I don't have time to be quiet." But it's when you feel you don't have time to be quiet and you *make it a priority* that your whole day will be different. The universe will present you with everything you need to live that day productively, efficiently, and uniquely as you.

Appreciative Dialogue is my gift to my patients, my gift to the world, and my gift to myself. And I'm not different. I go through the journal just like everyone else. That's how I developed it. But where we are right now is developing a movement to change the basic infrastructure of how healthcare is practiced in the United States, one person at a time. We envision that in every community across the country we'll develop peer group discussions around the book, around Appreciative Dialogue, to have a third kind of dialogue where friends, family, patients and communities can meet and discuss what

practitioners they've used, what challenges they've faced, and how they can develop their own healing team to achieve their goals.

It's a way for patients to be proactive, taking charge of their health, and no longer relegated to five-minute consultations or X-rays or referrals. It's a way of saying, "Whoa, listen to me. I've looked this up. I've researched this. I have access to the Web. Here are my questions. This is what I need." Use the physicians as resources, as partners, and as guides to help you on your journey.

A good number of patients come to me with the book and say, "I heard you talk. I picked up the book. Let's do it." So we do about one question every couple weeks, and we review those entries. I wish Appreciative Dialogue was for everybody, but it's not. At different times in people's lives, they will feel more inspired to do it.

The problem is that often Appreciative Dialogue or the book is done by people who are very, very ill, and so lost. There's a maze out there, and the book gives you a guide. And it comes out of frustration. Like, "What's the best way for a middle-aged man to get on an exercise program -- heart attack?"

We're motivated by the negativity. But I think that's beginning to change. The way it's changed in my office is, I try to give people options. I try not to be authoritarian and to give them options. However, some people don't want options, so in all of medicine (and all of life), guidance needs to be individualized to the patient. I don't want to dictate to someone that they should be proactive when they don't want to be. I want them to make that choice themselves.

Ultimately, the patient has to come to the doctor with most of the book process completed, knowing what they want, then sitting down with the doctor and saying, "Look, I've researched this. I've looked at myself, and this is what I want. Can you help me put this thing together? Can you help me with direction?" Today, though, most people come in and say, "Okay, here's the book. What do I do now?" It's just the beginning and it's just starting.

There's a form letter in the back of the book that you can copy, or tear out, and send to your doctor and say, "I want to go through this." You just fill in the blanks, so it's

real simple to do. A month or two ago, one or two people a week would come to me and say, “Okay Dr. Franklin. I want to go through this. Let’s do it.” Now I get three or four people a day. But I’m just one person. So for me, that’s pretty significant. And I’m on my own journey with my own healthcare challenges. I’ve already done the questions and I continue to go through them.

I’ve had people call me from New York. I’ve got people in Boston. I’ve had people in North Carolina. People in different parts of the country have written to me and said they’ve gone to their doctor and they’re using Appreciative Dialogue. Do you know the concept of critical mass? We need to develop critical mass around this issue. Eventually we hope to have it franchised across the United States.

The idea of Appreciative Dialogue is not to say that alternative medicine is better than traditional medicine or traditional medicine is better than this. That’s not what it’s about. It’s about finding your own unique path, finding what’s right for you, and making sure that you don’t become prey to people who are taking advantage of patients.

What you do is go through the journal and answer the first 10 questions. That will probably take you about a month. And during that time, send a letter to a couple of doctors and begin a dialogue. The biggest challenge in the beginning is that most people have never heard the term “Appreciative Dialogue.” So we are pioneers ... the foot soldiers in this battle to reclaim control of our lives, of our well being, and our goal of experiencing the best health possible for us.

When we cease to live in isolation as individuals and begin to comprehend and appreciate the interconnection and interaction of our lives with the whole universe and all species, then I think we can live lives that are beyond our finite body. It’s not by accident that we come together here. And when we appreciate this synergism, we can experience a life that’s much more powerful.

The sequel to this book will be the journeys. It will be *Expect A Miracle – The Journeys*. I’ll take stories and paths of patients and individuals I have met who’ve allowed me to share them in a book. A third book I’ve thought about is *Expect A Miracle – Appreciative Dialogue for Children*, with children, perhaps, drawing pictures. But I

haven't gotten that far yet. Right now, I'm thinking about the second one. It's one thing at a time.

Now, once your Appreciative Dialogue process is done, it continues to develop – it's an evolving process. Then, whatever physician or practitioner you see, it's a totally different experience because you have this tool. You have a choice. Either the person you see will honor you and your feelings and intuitions ... your inner wisdom ... or not. And then you have a choice.

In section two of the book, you'll discover modalities that you feel good about. Then ask around and make a list of eight or 10 of these practitioners and meet them. There is not a single one who won't give you five minutes. In five minutes you'll get a vibe, a feeling, and a knowledge that is way beyond the intellect – it's the heart connection. And you'll know immediately if you want to work with this person.

Now, you will have sent them this basic little check-off form from the book that says, "I've done this, and this, and this in preparation for our meeting." And some doctors will say, "No, I can't handle that." But others will say, "This is just what I've been looking for. I want to get this involved with the patient." setting, and this should be seen as a tool.

I think groups are a great idea. They give me an opportunity to go through the journal with a number of people at a particular time, and hopefully those people will go out and do it with other people. That's what I would love. The momentum has begun, and this will become a phenomenon, a national or international movement, a new philosophy, a new way of life. I have never felt more passionate and confident about anything. I feel like these ideas are a real gift I've been given, which have come from all of the wonderful people that I've met in my life. These ideas all come from interaction with other people, from that interaction I had at that conference on November 16<sup>th</sup>, 1998.

At this point, you may be asking a couple questions. The first is, how do you get your various practitioners to talk to each other, and the second is that even when your primary care practitioner is enthusiastic and has great rapport, they still only have 20 minutes.

So let me take each part, First of all, Appreciative Dialogue will fundamentally change everybody involved, including the practitioners. Appreciative Dialogue allows healing practitioners, especially medical doctors, to recapture enthusiasm, which was the first motivation they had when they were 19 years old and decided to become doctors.

Studies have shown that medical students become cynical as they experience the professional process. Appreciative Dialogue will allow practitioners, especially medical doctors, to recapture their enthusiasm, and the process will change them as much as it will their patients. Appreciative Dialogue will fundamentally change everybody that's involved.

Now to the second part of this, and this is the most difficult part. Using Appreciative Dialogue means getting rid of the ego. As a practitioner, it's not about me. It's not about me being a medical doctor. This process is about getting rid of that ego and saying, "I am here for you, to figure out what your need is, not my agenda." It's not about whether or not I believe chiropractors are any good or not. It's about being a mature adult and getting rid of that ego – of understanding the Hippocratic Oath, and why we went to medical school. It's about putting myself in your shoes and looking at the world through your eyes.

That's the fundamental part of Appreciative Dialogue that makes it work. It means that there needs to be openness and clarity, and that we need to break down some walls. But for the practitioners, especially the medical doctors, this is what they've been looking for. This is the way they can help to be the guide and truly fulfill the oath they believe. It's a first step.

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