

**“[Patient], heal thyself”**  
**The Quiet Revolution Against the Medical Paradigm**

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By  
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## 1. Introduction

In my last paper I suggested that it lies within our power intentionally to integrate into our lives activities that provide "flow" or optimal, experiences and that, by so doing we can, in effect, achieve a general state of mind akin to "happiness." This thesis was based on the empirical studies of Professor Mihaly Csikszentmihalyi of the University of Chicago who described the elements of "flow" activities in terms of selective attention and concentration; in short, a kind of harnessing of the underutilized power of human consciousness.

This paper in effect argues that it now lies within our power intentionally to harness human consciousness to achieve healing -both psychological and physical. Imagine. The same creative force that lies at the origin of great art, literature and music and elevates our lives as listeners or viewers can be harnessed to produce good health. In effect, as individuals, we may possess the inherent power to achieve both happiness and health.

You may detect in this theme a smidgeon of Bill Gordon' s enthusiasm for a healthy lifestyle, a whiff of Dolesh's mysticism in describing the near death experience and, of course, more than a suggestion of Derek Lonsdale's criticism of the slowness of the medical establishment to recognize the efficacy of alternative medical practices. I have even attempted an -oh so slight -nod in the direction of Jack Heighway's declamations on the subject of sub-atomic physics.

By tying the origin of this paper to my "little note[d] and not long remembered" 1990 paper and the work of our other distinguished members, I am attempting to counter the suspicion that I am merely piggy-backing on the popularity of Bill Moyers' splendid TV documentary "Healing and the Mind," broadcast to great acclaim in early March. His book, which is based on the documentary, is today a, NewYork Times best seller. (I have it on good authority that Bill had not seen my earlier work in the field and I am willing to give him the benefit of the doubt.)

(I also have modestly refrained from claiming credit for the recognition of unconventional medical approaches in the forthcoming health care reform legislation<sup>1</sup> and the recent establishment in the National Institute of Health of the Office of Alternative Medicine.<sup>2</sup>

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<sup>1</sup>The Plain Dealer, Thursday 4/8/93, at 15A

<sup>2</sup>The Plain Dealer, Tuesday 3/23/93 at 1-C The department is referred to as "the most tantalizing, visible and ferociously debated department at the institute." Its budget is \$2 million out of a total of \$10 Billion.

<sup>3</sup>Consumer Reports Books, 1993 (herein "Mind/Body Medicine")

In any case, what really lies at the origin of this paper is probably not the earlier papers not the popularity of Bill Moyers' treatment of the subject, nor the growing political attention paid to these matters, but, rather, the discovery of a collection of essays published earlier this year under the title "Mind/Body Medicine -How to Use Your Mind for Better Health."<sup>3</sup> What impressed me most was that these essays were published -not by the "Communion of Light Center" or the "Channeling Institute" but a journal that is just about as gray and skeptical as your favorite maiden-aunt. I refer, of course, to Consumer Reports. Here was that humorless debunker of oat cereals and hot dogs seemingly lining up behind the kind of wacky "alternative" healing practices one usually associates with aging hippies and retreats in the California Mountains. In short, the word that your favorite maiden-aunt has run off to Rajneeshpurim with an Esalen instructor clearly invites much closer examination.

To my surprise, that examination revealed a widespread revolution in progress, a patient-led revolution against the paradigm of "traditional" western medicine.

## **2. The Medical Paradigm.**

What is the medical paradigm against which this revolution is mounted? In essence it is the high-tech profit-center mentality that focuses almost exclusively on the micro-biological origins of disease. It "emphasizes highly specialized expertise focusing on specific biological systems ( e.g., cardiology) or disease treatments ( e.g.oncology)." It relies on "precise methods of clinical-pathological correlations (e.g. sophisticated x-ray and ultrasound scans, genetic tests and so on).<sup>4</sup> In this model the patient is but the passive owner of malfunctioning equipment.

"The hospital [is], in effect, a medical factory. Physicians [are] the expert technicians who [run] the factory. And patients, with little say in their medical fate, [are] controlled by their doctors."

Dr. Tom Ferguson, quoted in  
Mind/Body Medicine at 430

The medical model thus entirely ignores the patient's own thoughts and emotions; indeed, it ignores or minimizes the patient's own description of his or her symptoms in preference to purely clinical evidence.

While it is beyond the scope of this paper to explore in any depth the philosophical and scientific underpinnings for the medical model, it is of interest that the model's separation of mind and body dates at least from the time of des Cartes in the seventeenth century.

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<sup>4</sup>Meredith McGuire, *Ritual Healing in Suburban America* Rutgers Univ. Press, 1988 (hereinafter "McGuire), at 203.

Under the Cartesian<sup>5</sup> thesis, “body is considered completely separate from mind, and problems of the body are assumed to be amenable to treatment of the body without reference to the mind.”<sup>6</sup>

The Cartesian thesis seems to be at considerable variance from the more ancient view of Hippocrates himself, who, in the fourth century B.C., saw health in a more integrated eastern way, as a harmonious balance of mind, body and the environment. Disease, by contrast, was seen as a disharmony of these elements.<sup>7</sup> Traditional Eastern healing practices, on which this larger view is based, existed long prior to the time of Hippocrates.

The Cartesian division still dominates traditional medicine today. Scholars have observed, however, that the prevailing medical paradigm did not emerge all at once in its present form but rather "evolved from a much more heterogeneous set of competing medical perspectives."<sup>8</sup> The one approach, however, ultimately squeezed out or subordinated all the others:

“In the twentieth century in America, one approach, allopathy, gained virtual monopoly over medical practice, education, and licensing. There have been several other important professional approaches, such as homeopathy, osteopathy, Thompsonism (an American form of herbalism), chiropractic, and naturopathy, each positing different interpretations of causes and treatments of illness. These approaches have, however, been effectively subordinated or suppressed by the monopoly of allopathic medicine. As allopathic physicians consolidated their control and prestige, they also annexed and subordinated a number of potentially competing healing roles, such as nursing, pharmacy, and medical technology. Other competitors, such as midwives, herbalists, and bone-setters, were effectively driven out of practice and their functions [but not their practices] taken over by the medical profession.”

Supra, Note 8.

### **3. Critique of the Medical Paradigm.**

So what is so wrong with the medical paradigm that (what I have characterized as ) a "revolution" has been mounted against it?

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<sup>5</sup> Rene des Cartes (1596-1650), the "greatest of French philosophers...invented co-ordinate geometry [and made significant contributions] to theoretical physics." In substance, he believed that animate bodies were natural machines. Des Cartes, 7 Encyclopaedia Britannica 285 (1968).

<sup>6</sup> Quoted from McGuire at 203.

<sup>7</sup> Mind/Body Medicine at 22.

<sup>8</sup> McGuire at 7.

The paradigm can of course be credited with many of the "great advances of 20th century medicine."<sup>9</sup> Its side-effects, however, have included increasing patient dissatisfaction with many of its aspects and procedures. It can create unrealistic expectations. It can be very cold and impersonal. When medical students were recently put in hospitals as fictitious patients, with fictitious diseases, they were totally "outraged" by the experience, in the words of one: "I felt like a non-person, a piece of meat."<sup>10</sup> If the medical community treats you like a non-person, it seems clear you are much more likely to blame the system for imperfect outcomes. And poor relationships, unrealistic expectations and imperfect outcomes establish a climate that is perfect for litigation. It is becoming increasingly clear, moreover, that traditional medicine focuses too narrowly on the microbiological aspects of disease; that it lacks effectiveness when applied to chronic, as distinct from acute, illness and that it almost totally lacks an explanation for "why some people get sick and others do not."<sup>11</sup>

These criticisms and growing evidence of anomalies and epidemiological quirks - unexplained by traditional medical concepts - have led to (a) a greater public interest in, and acceptance of, alternative or unconventional healing practices (in effect patients are voting with their feet) and (b) growing recognition from within the profession (and, more slowly, its establishment) of the need for new and more humanistic approaches to medical care.

#### **4. Unconventional or Alternative Medicine.**

My daughter who lives in Mt. Shasta, California, home of the 'Harmonic convergence," recently sent me an advertisement for the services of one "Tai- Tan," a walk-in Extraterrestrial here to assist the planet...through its changing times." "Tai-Tan's" offerings include "Energy Card Readings (\$15 per session), "Channeling" (including "Spirit Guides" and "Angelic Hosts" at \$40 per hour), "Psychic Readings" ( of People, Plants, Animals :i!1fJ Minerals, at \$25 per hour), 'Past Life Regressions and Readings" (at \$40 per hour), "Healings": "Vibrational," Crystal," "Reiki (1st Degree)" and (my personal favorite), "Aura Cleansing." It may surprise you to learn that right here in staid old Cleveland, the Cleveland phone book contains hundreds of similar offerings (although typically without the additional appeal of an "extraterrestrial"). For example: Massotherapy, Shiatsu, Biofeedback Therapy, Acupressure Massage, Stress Management Counseling, Acupuncture, Chinese Herbal Medicine, Transcendental and Buddhist Meditation, Past Life Regressions and Healing by Prayer and Advice.

Once easily dismissed as an amusing vestige of the hippie culture, at best, and potentially harmful quackery, at worst, unconventional or alternative therapies have been receiving increasingly serious attention both from the public and from the medical community.

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<sup>9</sup> In 1900 life expectancy at birth was 47 years; in 1988 it was about 75 years, 71 for men and 78 for women. Theodore Pincus, M.D., quoted in *Mind/Body Medicine* at 177-8.

<sup>10</sup> In an essay on "The Art of Healing" published in the viewers guide to Moyers' Healing and the Mind (p. 10), Dr. Daniel Goldman described such a program.

<sup>11</sup> Kabat-Zinn, Full Catastrophe Living, Delacorte Press, 1990 at 191 (hereinafter "Kabat-Zinn").

In a study published in the January 28, 1993 New England Journal of Medicine, these therapies are rather archly defined as "medical interventions not taught widely at U.S. medical schools or generally available at U.S. hospitals." The study found that 34 percent of adult Americans reported using at least one unconventional therapy within the past year and one third of those using these therapies had consulted "providers." Surprisingly, the most frequent use was by higher income, better educated persons. Most used the therapies for chronic medical conditions.

What provoked editorial comment both within and without the profession were the prevalence of these practices and the lack of any integration with conventional medical treatments. By extrapolation, 425 million visits were made to providers of unconventional therapies -more than the number of visits to primary care physicians (388 million). In so doing, Americans spent 13.7 billion dollars, 10.3 billion of that out-of-pocket. This figure is comparable to what Americans spend out-of-pocket for hospital services. Amazingly, while 83% of those who used these practices for serious medical conditions also sought conventional medical treatment, 72% did not inform their doctor of their use of the unconventional therapy. The president of one major foundation that supports programs in health care thought that the study showed that "[t]raditional medicine is failing its patients."<sup>12</sup>

In the accompanying editorial noting the "astonishing" use of unconventional practitioners, Dr. Edward W. Campion, appears somewhat shell-shocked.

"Though Americans want all that modern medicine can deliver, they also fear it. They may resent the way visits to physicians quickly lead to pills, tests, and technology. Most now know of iatrogenic disasters from medicine gone wrong. Consumers also may seek out unconventional healers because they think their problems will be taken more seriously. They receive the benefit of time and attention, with invitations to return often.

The public's expensive romance with unconventional medicine is cause for our profession to worry. We need to demonstrate more effectively our dedication to caring for the whole patient -worries, quirks, and all.

In 1988, Meredith B. McGuire published an interesting study on alternative healing systems under the title "Ritual Healing in Suburban America" with assistance from the National Institute of Mental Health. She approached the topic from a sociological perspective. Her analysis confirms that unconventional medical practices are not seen as full alternatives to conventional medicine. Rather, they are part of a larger value orientation<sup>13</sup> of which health/illness related beliefs and practices are only a part. In effect, these practices exist within their own distinct concepts of health,

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<sup>12</sup>Charles R. Halpern, OP-ED New York Times, 1/30/93, at 11

<sup>13</sup>McGuire at 5.

illness and healing -a paradigm almost wholly distinct from the medical paradigm. The alternative practices thus “work” within a larger value system. Traditional medicine, of course, is more narrowly focused:

“Most contemporary western physicians limit their help to the cure of disease -a biological disorder. They are generally unprepared to heal illness -the way a person experiences his or her disorder, in a given social and cultural context. Alternative healing, by contrast, appears generally to address illness more than disease.”<sup>14</sup>

As such, alternative practices have broad appeal not as “vestiges of earlier folk healing practices...likely to wane as education and socioeconomic levels in the society increase” but as part of the value systems of middle and upper class and well educated communities.<sup>15</sup>

She notes that the term “health care” as used today seems to mean “medical care” when in fact the vast majority of adult Americans self-treat and medicate themselves in a variety of situations, wholly apart from their widespread use of alternative medical practices.

Seen in the broader context, then, alternative or unconventional practices are a reaction to the narrowness or incompleteness of the medical model but are also part of a broader, deeper quest for control, meaning and coherence. Rather than resent the intrusion of these unconventional practices, it seems clear the time may be right for a paradigm shift toward a new medical model, one that sees and treats the entire patient -one that treats “illness” as well as “disease.” Before we explore a new medical paradigm, however, let's look at some of the epidemiological quirks that support the mind/body connection and alternative practices that may have efficacy (or show real promise of same) as treatment modalities.

## **5. Mind/Body Medicine.**

Why do asthmatics sneeze at plastic flowers? Why are people –and especially men - statistically more likely to die of heart attacks on their birthdays? On Mondays? during the Winter? on the day after New Years' or Easter?<sup>16</sup> Why do people with terminal illnesses stay alive until ~ a significant event? Why does participation in a support group appear significantly to influence longevity among cancer patients?<sup>17</sup> Can stress increase susceptibility to the common cold and other diseases? Why is an increased risk of heart attack associated with particular personality types? Why do happily married men and women live longer? Why do pessimists show hormonal and immune system changes characteristic of increased susceptibility to disease when confronted with a bad event? Why are pessimists more likely to die young? Why are the self-confident more likely successfully to recover from major illness?

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<sup>14</sup> McGuire at 6.

<sup>15</sup> McGuire at 7.

<sup>16</sup> A study of 500,000 heart attack deaths by Dr. Alan Wilson of the Robert Wood Johnson Medical School, New Brunswick, New Jersey reported in Plain Dealer for , 1993.

<sup>17</sup> Spiegel, Chapter 20, Mind/Body Medicine.

Why is a 'lack of closeness to ones parents and an ambivalent attitude toward life and human relationships' associated with greater risk of cancer? Why is an inability to express emotions linked to greater mortality among cancer patients? To high blood pressure? Why is a high level of "hostility" associated with greater predisposition to both cancer and heart at tack?<sup>18</sup>

These questions, based on reported research, suggest a strong epidemiological basis for a belief that one's thoughts and emotions can directly affect the state of his or her physical health. It may have occurred to you that the findings implicit in these questions generally demonstrate that your mother was probably right when she admonished you to "cheer up," to "relax" and not get "over excited" (especially on your birthday and holidays), to be "nice" (and not hostile), to be confident and optimistic, to love your parents and avoid tormenting your pets, to get married and most of all, to "tell Mama what's bothering you."

The Cartesian duality, however, has been pesky and persistent. As recently as 1985, the New England Journal of Medicine published a study that rejected the linkage between certain social and psychological factors and the development of cancers. The accompanying editorial questioned the entire notion that the mind could have a direct effect on health, stating: "Most reports of such a connection are anecdotal" and "It is time to acknowledge that our belief in disease as a direct reflection of mental state is largely folklore."<sup>19</sup> However, just six years later the same journal lent its prestige to a study showing a "striking correlation" between levels of stress and susceptibility to infection by a common cold virus. This marked a "turning point in medical acceptance of the mind/body connection and, in particular, of the notion that stress and psychological factors could affect the function of the immune system."<sup>20</sup>

The general influence of the mind on health is not by any means anew concept. As noted above, Hippocrates himself (in the fourth century, B.C.) saw health as a harmonious balance of mind, body and the environment. Eastern cultural and medical practices involving these concepts predate even Hippocrates. In fact, early in this century, pioneering work by Walter B. Cannon established a central connection: the "fight or flight" response: the internal adaptive physical and psychological response to a perceived, external threat. It is now understood that acute and chronic

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18 "Hostility" is defined as "an absence of trust in the basic goodness of others" and "the belief that others are generally mean, selfish and undependable." Quoted in Kabat-Zinn at 212. (Political Note: This was the Democrat's traditional definition of a Republican) Many of the questions above are based on Kabat-Zinn. Chapter 15.

19 Quoted in Glaser and Kiecolt-Glaser, "Mind and Immunity," *Mind/Body Medicine* at 39.

20. ibid

stress -whether physical or psychological in origin<sup>21</sup> – each produces hormonal triggering of the autonomic nervous system, which, in turn, produces physical changes.<sup>22</sup> The role of stress, both positive and negative, acute and chronic, is central to an understanding of the mind/body connection.

Stress research indicates that chronic stress can turn the perfectly normal bodily responses to acute stressors into potentially harmful conditions:

“With chronic stress the immune system tends to be suppressed or become less active, the blood cholesterol level rises, and calcium is lost from the bones... [T]he normal short term increases in blood pressure can become hypertension, increased muscle tension can lead to headaches or aggravate pain, unusual changes in the intestinal tract can lead to diarrhea or spasms, increases in heart rate can raise the risk of arrhythmia. In addition depressed immunity may make an individual susceptible to colds and the flu or possibly more serious diseases.”<sup>23</sup>

The effect of stressors on the immune system has led to the establishment of a complex new and evolving field called "Psychoneuroimmunology," with its own journal, Brain, Behavior, and Immunity. Psychologist Robert Ader and immunologist Nicholas Cohen receive pioneer credit in the field for their breakthrough research published in 1975. In that study, rats were given an immunosuppressant drug and saccharin flavored water. The immune system became conditioned to the taste of saccharin. Ultimately, giving the harmless saccharin water alone led to immune suppression, sickness and death. This research has led to a number of findings persuasive of direct physiological connections between the brain and the immune systems.

Obviously these findings are suggestive of momentous things, if clinically (as well as statistically) significant changes in the immune system can be proven to result from psychological or physical chronic stressors. Among them is the possibility of controlling and optimizing the immune system through activity of the mind. Already for example, studies of the use of relaxation and guided imagery in a nursing home setting have shown increased activity of certain immune system cells and improved physiological control over latent herpes virus infections.<sup>24</sup>

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21 Hans Selye of McGill University showed in the 1950's that the body reacts to psychological stressors as though it were facing a real physical stress. Referenced in Mind/Body Medicine at 23.

22 Pelletier, infra, note 23. The body secretes catecholamines -stress hormones –which trigger a "cascade of changes that marshal the body to readiness: heart rate, blood pressure and muscle tension all rise sharply; the stomach and intestines become less active;...blood sugar rises for quick energy. This physical turmoil generally goes along with a psychological response: you may experience racing thoughts, anxiety and even panic."

23 Pelletier "Between Mind and Body: Stress, Emotions and Health, " Mind/Body Medicine at 23.

24 Pelletier, Supra, note 23, at 32.



Reactions to stress are governed largely by the autonomic nervous system - a part of the nervous system over which we have very little direct voluntary control. The system includes "sympathetic" and "parasympathetic" elements. The sympathetic regulates the arousal mechanisms (blood sugar, heart rate, etc.). The parasympathetic induces relaxation (lowers heart rate, blood pressure and muscle tension). Various stress management techniques seek to induce a positive parasympathetic response. Techniques such as biofeedback, meditation, visualization and hypnosis offer strong promise by helping to induce a learned "relaxation response."<sup>25</sup> Too, a variety of psychological factors -mood, personality, coping style, suppressed anger, a sense of hopelessness, vulnerability and defensiveness can intensify or ameliorate the effects of stress. A sense of challenge, commitment and control -a style characterized as "hardiness" -seems to be associated with successful coping with stress. External support -social networks -and even pets -can serve as buffers and facilitate successful coping. Humor, optimism and positive emotions (the "Zorba The Greek" approach) and, as well, hypnosis and group psychotherapy are also associated with positive effects on the immune system.

It is true of course that much of the learning in this area is tentative and even contradictory. Much needs to be done to confirm epidemiological findings in clinical settings. But the salient discoveries point convincingly toward the efficacy of a new medical paradigm with greater patient control over the course of and effect of illness and even of health itself.

The medical establishment has moved -albeit at a glacial pace -toward recognition of alternative practices based on mind/body principles. As noted above, there is now a modestly funded office of Alternative Medicine at N.I.H. Treatment of emotional factors in illness is becoming a more accepted component of conventional in-patient care. Mind/body approaches are finding increasing acceptance in the treatment of chronic diseases or conditions such as arthritis and chronic back pain.

In this time of upheaval in health care, mind/body approaches offer interesting low cost, low tech policy options -perhaps leading toward the shortening of hospital stays, controlling pain with less medication and dealing with a number of chronic conditions -conditions such as asthma, arthritis, chronic back pain, diabetes, heart disease and even cancer -whose conventional medical treatment is highly specialized and very expensive.

## **6. Toward a New Medical Model.**

Medicine's traditional approach nicely fits the "mechanistic" model of the industrial age. "The new approach to health care," says Dr. Tom Ferguson in his essay on 'Working With Your Doctor,' "is much more in tune with the themes and metaphors of the Information Age."

It emphasizes personal empowerment, order and meaning. It seeks to impose a sense of "coherence" on the healing process which has been defined as consisting of the elements of "comprehensibility," "manageability" and "meaningfulness."<sup>26</sup>

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<sup>25</sup> Herbert Benson, M.D. "The Relaxation Response, Chapter 14, Mind/Body Medicine.

<sup>26</sup> Anton Antonovsky, Health, Stress and Coping, Jossey-Bass, 1979

The new model is described this way by Dr. Ferguson:

“It begins with a sharing of information and of responsibility for the choice of treatments between physicians and their patients. It treats health as a complex network of interacting mental, emotional, and physical processes, all closely linked with the physical environment and connected to far-reaching social and information networks.”<sup>27</sup>

Put another way the new approach unites the concepts of disease, a medical condition, with "illness" which is a person's experience of disease<sup>28</sup>. Since only a “portion of suffering comes from disease; [ and] the rest comes from a sense of helplessness and fear [each must be considered].”<sup>29</sup> The mission of the new model is to enlist all of the patients’ resources in the pursuit of healing. Much work has already been done.

Over 10 years ago, Dr. George Engel, professor emeritus at Rochester Medical School, described a patient-centered model that takes into account psychological and social factors which he called the "biopsychosocial model." On the psychiatric side of medicine, the practice of Behavioral Medicine, which utilizes a psychotherapeutic approach to medical conditions, has had recognition since the late 70's.

Regardless of the name given to the particular practices, nothing less than a paradigm shift is taking place. In a larger scientific context it is the result of changes in our understanding of nature and of ourselves. Just as physicists have had to "drastically expand their view of reality...to describe what they found inside the atom,"<sup>30</sup> so the medical community and health policy makers will need a new and expanded view of medical reality. As put by one thoughtful-and-eloquent-physician:

“[O]ur ordinary view of life, death, health and disease rests solidly on seventeenth century physics, and if this physics has been scuttled in favor of a more accurate description of nature, an inescapable question occurs: must our definitions of life, death, health and disease themselves change... ? [W]e face the extraordinary possibility of fashioning a [health care ] system that emphasizes life instead of death and unity and oneness instead of fragmentation, darkness and isolation.”<sup>31</sup>

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<sup>27</sup> Mind/Body Medicine at 429-30

<sup>28</sup> Arthur Kleinman, Professor of Psychiatry at Harvard is credited with this helpful distinction.

<sup>29</sup> Charles R. Halpern, OP-ED New York Times, 1/30/93, at 11.

<sup>30</sup> Kabat-Zinn at 195.

<sup>31</sup> Dr. Larry Dossey, in his book, Time and Medicine, quoted in Kabat-Zinn at 196.