



THE NEW HOLISTIC HEALTH HANDBOOK



Living Well in a New Age

Berkeley Holistic Health Center

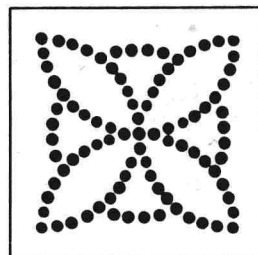
Edited by Shepherd Bliss

Edward Bauman, Lorin Piper, Armand Ian Brint, Pamela Amelia Wright

The Classic Bestseller
Now Completely Revised



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Berkeley Holistic Health Center

Edited by **SHEPHERD BLISS**, *John F. Kennedy University*

EDWARD BAUMAN □ **LORIN PIPER**

ARMAND IAN BRINT □ **PAMELA AMELIA WRIGHT**

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Acknowledgments

It's always easier to take over a "going concern," so my greatest acknowledgment must be to Eddie Bauman, Lorin Piper, Amelia Wright and Armand Brint who put so much love and care into the first edition of this book. Without their base, the revision would not have been possible.

During the full 12 months that I labored to bring this book into being, many individuals and groups made its growth from the 1970s version to this 1980s version possible. Most of those people live in or around Berkeley, California, though a substantial number of them reside in the Boston area—two key regions where the holistic health movement is growing.

Beginning with my Berkeley support, Naomi Steinfeld and her experienced editorial skills must receive my first and foremost acknowledgment. Her creativity and persistence helped transform many of the book's articles. She joined me soon after the original flush of enthusiasm for the book—that is, when the real work of soliciting articles and working on them was necessary. Naomi was the patient editor who worked with many writers and their writings, helping them (much like a midwife) to bring a written communication into being—to render what they knew as health practitioners in their hands, bodies, and minds onto the page.

Among my San Francisco Bay Area colleagues who were vital was Ellen Freeman. Her positive human energy and commitment was crucial, especially in keeping our publications office running. Support I received from John F. Kennedy University, where I teach, and from one of my deans, Anne Langford, was also most helpful. Two of my other deans, Ron Levinson and Keith McConnell, in Graduate Psychology, have helped indirectly by supporting me through the years by allowing me to explore new areas and subjects to teach, such as holistic health. Other key support groups and individuals were Psychotherapists for Social Responsibility, especially Barbara Green, and Interhelp, especially Fran Peavey, Barbara Hazard and Sara Chapman. Health experts such as Dana Ullman, writers such as Peter Beren of Sierra Club Books and editors such as Michael Castleman of *Medical Self-Care* and Stephan Bodian of *Yoga Journal* were also particularly helpful. Though he was too often off in Tunisia or the Fiji Islands in the

Peace Corps, I also want to appreciate Gordon Murray. And Linda Seymour up in Oregon.

Substantial amounts of work occurred in the Boston area, where I lived during the 1970s and continue to spend many months of each year. My friends—Joseph Pleck, Mark Gerzon, and Sam Osherson among them—came through for me in important ways. I also want to appreciate Frank Collins of Radcliffe Publishing Procedures, Tova Green and Nancy Moorehead of Interhelp, Christina Engels, R.N., and two editors of *Whole Life Times*, Randy Showstack and Shelly Kellman. They each led me to valuable resources which improved this book.

I must reserve a special word of thanks for the poet Robert Bly—whose work has inspired me for over 20 years now, from the time I was in the U.S. Army. He has helped teach me how healing the arts and the expression of deep emotions, such as grief, can be.

In the year that I have been working on this book it has gone from its original publisher, And/Or Press in Berkeley to The Stephen Greene Press in Massachusetts to Viking/Penguin in New York. The stabilizing element in this development has been publisher Tom Begner, whose persistence and patience were most helpful. Managing editor Kathy Shulga has done a marvelous job coordinating all the details necessary to produce such a book.

My deepest appreciation must go to those nearly 100 writers who contributed to this volume, most of whom volunteered their labor. You taught me many things about health and other vital aspects of life. To the dozens of editors whom I have worked under and often struggled with during the last 20 years as a writer, let me also say that I am now much more sympathetic to the problems you face in the classic writer-editor struggles. *Kharma* caught up with me, and I unfortunately found myself doing to my writers many of the same things that I so strongly criticized you for doing to me. Writers, I have appreciated your patience and tolerance with me.

My final acknowledgments are to those brave people everywhere who have suffered at the hands of health-care delivery systems that did not meet their needs. Those individuals have been crucial in the development of the holistic health movement. Three come to mind:

- Chellis Glendinning, a contributor to both the original and to this current edition. She is one of millions of women to suffer a disease caused by a product taken into her body for birth control purposes which damaged her. She continues to speak out actively against such abuse and to work for a healthier planet.

- Deena Metzger, who combatted breast cancer by integrating her "healing stories" into various medical approaches, was finally victorious, and has become a beacon to women everywhere.

- Alice Miller Bliss, my mother, who lost part of herself over 30 years ago to an unnecessary hysterectomy to correct a cancer that did not exist.

These three women are valiant survivors who struggled and each continue to struggle for personal and social health.

Another guiding light for me as I worked on this book

was my father in Omaha, Nebraska, recently crippled by a stroke. Holistic health practices can significantly reduce the individual and social forces which produce such diseases, unnecessary operations, many kinds of cancers and illnesses that are caused or worsened by physicians and our current health-care systems. To all those who have taught me through their example or writings about diet, exercise, friendship, love and work, and the other essential ingredients of holistic health, I hereby honor you. Scott and Helen Nearing epitomize such teachers. Scott died on his farm in Maine at the age of 100 just before I began working on this book and Helen continues their life's work, which has surely touched millions of people through their 50 books and open-door hospitality. Long live the healthy, robust spirits of people like Helen and Scott Nearing!

Shepherd Bliss
Berkeley, California
March 1985

Preface

We now live in the 1980s. This book was written for our times and for the people of this age—which some call “the new age.”

The Berkeley Holistic Health Center compiled the first *Holistic Health Handbook* in 1978. That book captured the spirit of those times, placed holistic health within an historical context, and even involved the future. This book seeks to do for the 1980s what that book successfully accomplished for the 1970s.

Much has happened in the health field and in the world as a whole in recent years. During the 1960s and 1970s holistic health was an alternative movement associated with the “counter culture”; during the 1980s it has been moving into the mainstream of American life. A growing number of health practitioners and laypersons look to holistic health for healing. No longer relegated to small centers, holistic health is now practiced in major hospitals, taught in universities, and used in businesses and corporations.

This growth was reflected by Lawrence LeShan, Ph.D., president-elect of the Association of Humanistic Psychology (AHP), at a meeting in Boston in August of 1984 when he noted, “The Army Surgeon General is a devotee of holistic health. Consequently, Walter Reed Hospital is becoming one of the most holistic hospitals in the world.” Holistic health is truly influencing a variety of environments.

Another speaker at that AHP meeting, Roger Walsh, Ph.D., addressed our age, “The number-one health issue for us at this time is the survival of the human race.” Understanding what is happening in the world as a whole helps us see the role of holistic health in the 1980s. Health begins with personal responsibility and includes social responsibility. One’s own health is influenced not only by what happens inside at the level of atoms and cells but what happens outside in the general environment.

Dealing with social issues such as environmental pollution and the threat of nuclear annihilation has much to do with individual health. Worldwide movements toward individual, social, and planetary well-being are growing. An increasing number of people see the human species within its larger context. The new articles and sections in

this book reveal some of the growing concerns that were barely visible in the mid-1970s when the first version of this book appeared.

As I searched for a clear way to define what holistic health means, I entered a local copy center. “What would you recommend for my asthma?” the woman behind the counter asked. “I’ll ask my colleagues at the Berkeley Holistic Health Center,” I answered. So I approached our acupuncturist. “Do you treat asthma?” His response: “No, but I do treat people who have asthma.” This distinction between treating the whole person and treating the disease helps define holistic health.

The contributors to this book offer various definitions of holistic health. We hope these distinct approaches will stimulate readers to develop their own personal understandings. Let’s look at a few definitions:

- Psychologist Kenneth Pelletier, Ph.D., writes, “Fundamental to holistic medicine is the recognition that each state of health and disease requires a consideration of all contributing factors: psychological, psychosocial, environmental and spiritual.”

- James Gordon, M.D., asserts that holistic health “encompasses and is at times indistinguishable from humanistic, behavioral, and integral medicine.”

- In his introduction to the 1978 *Holistic Health Handbook*, Edward Bauman observes, “Holistic health is a new name for a very old concept of being. It is a reminder of the unity of all life and the essential oneness of all systems.” Bauman maintains that holistic healing, “has been especially effective in the areas of psychosomatic illness, chronic pain, and stress, where doctors and drugs have provided only symptomatic relief.”

Some of the most prominent figures in holistic health have made contributions to this book, including people well known nationally and even internationally, others who are recognized in the Berkeley, California area, and others whose contributions are beginning to be acknowledged. The book begins with an interview of author and teacher Norman Cousins, whose best-selling *Anatomy of an Illness* (1979) helped popularize holistic health during the 1980s. Physicist Fritjof Capra—whose best-selling books, *The Tao*

of *Physics* and *The Turning Point*, bringing together western science and eastern philosophy—appears here. Philosopher Ivan Illich, whose book *Medical Nemesis* explores “the gravest health hazard we face today: our medical system,” joins us. Prominent physicians such as Tom Ferguson of the magazine *Medical Self-Care*, Rick Ingrasci of the *New Age* magazine, Carl Simonton, James Gordon, and Malcolm Todd, former president of the American Medical Association, are also contributors to this volume.

Health practitioners such as Oriental medicine doctor Ted Kaptchuk and death and dying counselors Elisabeth Kübler-Ross and Stephen Levine contribute to this volume. They are joined by an impressive array of psychologists, bodyworkers, homeopaths, hypnotists, writers, musicians, poets, researchers, lawyers, dream workers, and practitioners from diverse fields.

This book was compiled by first carefully studying the original *Holistic Health Handbook*, which inspired other books to bring health education directly to people. That book was successful partly because it was a practical hands-on guide that emerged from the creative Berkeley, California context. Berkeley and the San Francisco Bay Area of which it is a part are centers of experimentation, innovation, and growth. People come here from all over to be nourished—physically, intellectually, politically, emotionally, and spiritually. They come as explorers in search of something. This is the fertile ground within which this book has grown. It retains its creative Berkeley flavor and complements it by deepening its theoretical base and including articles from New England and other areas where holistic health has been growing.

I read hundreds of manuscripts in order to bring this book into being. Some of the best articles from publications such as *Medical Self-Care*, *Whole Life Times*, and *Yoga Journal* appear here. Excerpts from some of the most important new books on health are included. I also asked prominent health writers and practitioners to write special articles for this book.

A greater number of articles written by M.D.s are included in this book than in the first version. This does not represent a change in attitude toward traditional Western

allopathic medicine, with its strengths and weaknesses. It represents an increasing number of M.D.s acknowledging the limitations of purely scientific methods and turning to more subtle and intuitive teachings, and combining them with their traditional training. Respect within the traditional medical community for holistic health practices is growing. Whereas some M.D.s fail to consider wisdom from holistic health, some practitioners who describe themselves as holistic make the equally serious error of dismissing valuable insights from traditional allopathic medicine. The paths to wholeness and health are multiple. A holistic health practitioner is usually strongly rooted in a specific tradition and open to learning from other practices.

Holistic health is many things: a body of knowledge and practices; attitudes and approaches to life; a movement and a community. I've felt all these aspects in the full year I've worked on this book. I've learned a lot—about myself, others, and the world. I've been healed and nourished by holism's practices, attitudes, and approaches. I've felt the movement's momentum, and I've appreciated the community's support. Editing this book has encouraged me to do more running, dancing, and other physical activity, to work in a garden, to eat better and less, and to take more time for relaxation. Editing this book has changed me; I hope that in reading it you will open your heart to discover more of yourself and the world in which we live. Transformation can heal specific diseases and the organism as a whole, and individuals and the social fabric of which we are a part.

In the “Intent” which initiates the original *Handbook*, Armand Brint observes, “The intent of this book is to nourish you. The *Holistic Health Handbook* aims to be a living environment.” With this revision we seek to continue that intent and the commitment to nurture a living reality. We agree with what Brint wrote seven years ago, “This principle underlies holistic thought: we are all sentient beings who are continually creating our own realities. We are responsible for creating those relationships and situations in which we find ourselves; our choice is whether we create them consciously or unconsciously.”

Shepherd Bliss
Berkeley, California
March 1985

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I

Holistic Health in the 1980s

INTRODUCTION *by Shepherd Bliss*

THE FACTORS THAT maintain optimal health and promote healing are many and diverse. They include forces within a person and can be assisted by forces from outside—such as physicians. Yet these same elements can hinder health; an individual can get in the way of his or her own health, as can health professionals. Educating oneself about health and health techniques available is crucial. This introductory section helps orient the reader toward how holistic health can aid in developing and maintaining optimal health.

We begin, appropriately enough, with an interview with Norman Cousins, whose historic *Anatomy of an Illness*, published in 1979, helped popularize holistic health. He describes here how positive emotions such as love, hope, and faith and activities such as laughter, playfulness, and creativity can be curative. Cousins expresses his thoughts in conversation with skillful interviewer Tom Ferguson, M.D., editor of the magazine *Medical Self-Care*.

Our health-care system has been changing in recent years, as has our view of health. Richard Miles charts five basic categories of health care, from traditional Western medicine to the paradigm of holistic health. Miles' systematic thinking helps us differentiate these various systems.

The Clinical Director of the Berkeley Holistic Health Center, David Teegarden, M.D., writes from his own clinical experiences to help define holistic health and place it within various contexts: historical, scientific, philosophical, clinical, and medical. Another prominent physician, James Gordon, M.D., demonstrates how holistic health practices are on the cutting edge of medicine today. Dr. Gordon writes about experimenting on himself and discovering various tools, including acupuncture, meditation, yoga, Tai Chi, bioenergetics, fasting, and physical exercises. Dr. Gordon came to "regard illness . . . as an opportunity for personal growth and change," and "the physician as a catalyst and guide in this process."

In addition to these major contributions, also included are shorter items by: Malcolm Todd, M.D., a past president of the American Medical Association; Lawrence LeShan, Ph.D., President-elect (1985) of the Association of Humanistic Psychology; and eternal iconoclast Ivan Illich.

The eight contributors to this section approach holistic health historically, analytically, scientifically, intuitively, and poetically, with questions and inspiration.

Panic as a Disease

*Norman Cousins, in conversation
with Tom Ferguson, M.D.*

ABOUT A year ago at UCLA I was asked to see a 34-year-old man who thought he was going to die. Larry had gone in for a check-up the previous week. His doctor had taken one look at his electrocardiogram (EKG) and asked him, "When did you have your heart attack?"

Larry gasped. "I've never had a heart attack."

"Oh yes you have," the doctor said. "It's all right here. The EKG doesn't lie. You've had an unmistakable heart attack. You don't remember having any chest pain?"

"No," Larry said. "I've never had any pain."

"Well," the doctor said, "you had a silent coronary, a massive heart attack. Are you sure you don't remember having any pain?"

That night, for the first time in his life, Larry had chest pain. He worried himself into a state of severe panic. Early the next morning he went back to the clinic. They put him on a treadmill. Moments later there was a sharp drop in his blood pressure and an ominous change in his EKG.

They put him in the hospital and gave him an angiogram—ran a catheter up into his heart, injected a dye, and took x-rays. The x-rays showed a substantial blockage of the major arteries of his heart.

They scheduled Larry for coronary bypass surgery. But he was so emotionally devastated that his doctors feared he couldn't withstand the procedure. I'd just recovered from a heart attack myself, so they asked me to see him.

"I Don't Want to Die"

When I came into Larry's hospital room, his first words were, "I don't want to die."

I said, "What makes you think you're going to die?"

"The doctors said I've had a serious heart attack," he said. "I flunked my treadmill test. I flunked my angiogram. My EKG is all screwed up. And now they say I've got to have major heart surgery."

I sat down beside him and put a hand on his shoulder. "You know, Larry," I said, "I've heard and read a good deal about your case, and I think you've got a great heart."

I've got a hunch that if we can get you back into that treadmill room without those doctors scaring you half to death, you'll knock the socks off that thing."

He looked surprised. "Why do you say that?"

"You've never had any symptoms in your life," I said. "I don't think you could have had a serious heart problem without knowing about it. These tests can be wrong, especially in younger men with strong, muscular hearts." And I showed him some papers by the great cardiologist Paul Dudley White to prove it.

I saw him every day for three days, and was finally able to convince him to give the treadmill another try. We went up to the treadmill room an hour and a half early. I told him some funny stories to get him into a good mood. I'd arranged for Larry to operate the controls himself, because one of the flaws of the treadmill is that when you're on it, you don't exercise—it exercises *you*—the floor under your feet starts to move and if you don't run, you fall down. If you can control the whole thing yourself, the experience is totally different.

I got on the machine first. We made a game of it—I ran while Larry operated the controls. Gradually he began to lose his fear of the machine. Then he got on, started out slowly, and gradually increased his speed. After five minutes of steady running he was doing fine. We had music playing. He was laughing away, cracking jokes. Finally he said, "Bring the man in."

We invited the cardiologist in. Larry operated the machine. The doctor watched his EKG and followed his blood pressure. Larry gradually increased his speed and increased the upward angle of the treadmill. At three miles an hour with a 15-degree uphill grade, he was still feeling no discomfort of any kind. After 20 minutes of strenuous exercise, he was still perfectly comfortable. He exhibited no symptoms at all. The doctor turned off the machine and cancelled the surgery.

Iatrogenic Disease

The term *iatrogenic* is used to describe doctor-caused injury and disease. But iatrogenic illness and injury is not limited to the surgeon who cuts in the wrong place or to the doctor who overprescribes or prescribes in error. There is such a

thing as a psychologically produced iatrogenic problem. Physicians can also create disease by their attitudes, their words, and the ways they communicate.

How many people like Larry go on to have heart surgery? How many people put themselves through the risk, expense, and pain of this and other major operations and procedures *when their disorder is partly or totally the result of the treatment they've received from their physicians?* How many die, unnecessarily, of the complications from these unneeded procedures?

"Everything is Crapped Out"

I was recently sitting with a patient in his hospital room. This man had been through a whole battery of tests. He and his family were waiting for the diagnosis. They were scared.

After some time, the doctor arrived. He didn't sit down. He spread his hands, shook his head, and looked grim. "Well, Charlie," he began. "What can I say? Your kidneys are crapped out. Your liver is crapped out. Everything's crapped out. There's not a hell of a lot we can do. I'm really sorry."

In San Francisco, a woman I know recently went in for a biopsy. She was quite naturally concerned, and telephoned the oncologist the next day to ask what he'd found. She was told that no diagnoses were given over the phone—she would be receiving the results in a letter.

Several anxious days later, the envelope arrived. It was a certified letter. It said: "I regret to say that your biopsy was positive." Can you imagine how devastated and abandoned these two patients must have felt?

The Right Way

Let me give you an example of how a similar situation might be handled by good doctor-patient communication—as demonstrated by a Houston cancer specialist who pays a great deal of attention to his client's attitudes and feelings. He calls it "potentiating the patient."

When he gets patients with new diagnoses of cancer, he sits down with them and tells them he's convinced they are going to make it. He tells them it's nonsense to equate the word "cancer" with death. He tells them he has an excellent treatment for their condition, and that they have an excellent treatment of their own—their body's own natural healing process.

"And you can activate that healing process," he tells them, "by building up your confidence in yourself and your confidence in me. By building up your joy, your appreciation of life, by your urge to go on to do everything you've always wanted to do." He tells them that they're in possession of the most magical system the world has ever known for the treatment of disease.

"Now," he says, "here's the partnership I propose. I'll work with you on the things you'll be doing to build up your confidence, your joy, your hope, your faith. Beginning tomorrow I'm going to introduce you to five other patients who had exactly the same kind of cancer you have and came through it successfully. I will make sure you receive the best treatment medical science has to offer.

We're going to have a lot going for us, and I'm convinced that we can whip this thing and that you can make it." Then he holds out his hand and says, "Now how about a partnership?" They always take his hand.

He doesn't send them away in a mood of emotional devastation. On the contrary—they leave with a growing faith, a renewed sense of hope. And hope is a powerful medication, for no matter what else happens, if the patient does not have hope, the treatment is much less likely to be effective.

A Strong Partnership

I saw another example of good doctor-patient communication when I recently spent a morning with a urologist in Denver. He was seeing a patient who had just been diagnosed as having cancer of the prostate. The CAT scan showed that the cancer had spread throughout his body—they were able to identify 230 separate tumors.

The doctor sat down with the patient and said, "Well, Michael, I can't conceal from you the fact that this is very serious. You have cancer, and it's spreading. But serious as it is, I'm convinced that you can make it through. I've seen many cases, far more serious than your own, which have completely remitted.

"I think those cases have remitted because there's been a strong partnership between doctor and patient. I would like the two of us to join in such a partnership.

"My job will be to knock out the male hormone. I'm going to give you estrogen. We may also have to have some surgery.

"Your job is to have the best time of your life. I want you to exercise your will to live as you've never exercised it before. Vitamin C can help restore adrenal function, and the adrenal glands become depleted in many illnesses, so I think you should begin taking Vitamin C.

"I want you to eat the most highly nutritious diet you can possibly arrange, because I've got a hunch that many cancer patients die as much of malnutrition as they do of the disease itself.

"You've got to become extremely strong—through regular, gentle exercise. Strengthen your body in every possible way. If you do so, the treatments I'll be giving you will have a much better chance.

"I think you have a very good chance. I'm willing to do all I can from my end. Now—how about it?"

I saw that patient's x-rays six months later. Two thirds of his tumors had disappeared—because that doctor not only provided effective treatment, he also potentiated the patient and helped him make the best possible use of the resources at his disposal.

The Dangers of Diagnosis

Over the last five years I've had the chance to meet about 600 people with malignancies. In most cases these people's diseases took a sharp turn for the worse shortly after they received their diagnoses.

How was it, I wondered, that a person brings an accumulation of symptoms to a doctor, receives a diagnosis, and then suddenly experiences a rapid intensification of

the illness? I became convinced that there was something about the presentation of the diagnosis that actually intensified the disease. How did that happen?

I got some valuable clues at a recent high school football game in Los Angeles. During the game, four people came to the physician on duty complaining of nausea, vomiting, and abdominal pain—the symptoms of food poisoning. The doctor determined that all four had consumed Coca-Cola from one particular Coke machine under the stands. An announcement was made. The fans were told that there had been some cases of food poisoning, and they were warned not to consume soda from this particular machine.

Within moments, the entire stadium became a sea of fainting, retching bodies. Ambulances from five hospitals raced back and forth, transporting the victims. These people showed all the symptoms of systemic food poisoning, and the symptoms were real. A number of them had to be hospitalized.

A quick analysis of the suspect machine showed that it contained no contaminants. When this was announced, the affected people mysteriously began to improve. They recovered as quickly as they became ill.

Conversion Hysteria

How is it that words passing through the air can be translated into disease? Psychologists have a name for this kind of phenomenon: *conversion hysteria*. Words are converted into hysteria, into panic, and the panic is converted into disease.

If hundreds of healthy football fans can be first made ill and then cured by a few words over a P.A. system, imagine what can happen to people with cancer or heart disease. They bring their collection of symptoms to a physician, and the doctor applies the magic word, “CANCER,” or “HEART ATTACK.” And those words are processed into hysteria and panic. Panic constricts blood vessels. This reduces blood flow, and makes it difficult for the different systems of the body to function. It makes it especially hard for the brain to do its job.

When I speak of the brain doing its job, I don’t mean trying to think oneself into a higher state of consciousness. I’m talking about the human brain as a gland—the most prolific gland in the human body.

Five years ago, when I came to UCLA, I asked my colleagues at the Brain Research Institute for a list of all the secretions produced by the brain. I received a list of 34 substances. Some of these allowed the body to alleviate its pain. Some helped combat infections. Others helped fortify the immune system.

Today they don’t even dare count the number of brain secretions. The brain can combine the subunits available to it into an almost infinite number of substances. The brain is a powerful apothecary. In some circumstances it can secrete and “prescribe” substances far more helpful than any drugs. But under circumstances of fear, panic, pain, exasperation, or rage, it is extremely difficult for the brain to produce the appropriate substances.

When a person has deep confidence in a physician, a treatment, and his or her own abilities to help produce a cure, there is an almost irresistible force in the direction

of the desired outcome. But when the patient is distressed, fearful, depressed, exasperated, or angry, it is extremely difficult for medical science to do the job it needs to do, and difficult for the body to do the job that it naturally tries to do.

I’m sorry to say that the present state of medical education for laypeople in the United States does not encourage the most positive results. Quite the contrary.

I’m thinking not only of what happens in our schools, though that’s bad enough—I’m also thinking of what happens in the general environment in which people talk about health, and of the bombardment of TV ads pushing Tylenol, Anacin, Bufferin, Excedrin, and other drugs. Our upbringing and our education make us all the more likely to panic.

The constant emphasis is on “see your doctor at the first sign of pain or abnormality.” As a result, our doctors’ offices are clogged with people who have no business being there. Dr. Franz Ingelfinger, the late editor of the *New England Journal of Medicine*, estimated that 85 percent of the patients who see doctors could handle the problem on their own. That is to say, 85 percent of the illnesses for which we go to doctors can be handled by the body’s own healing powers.

The human body is perfectly capable of taking care of its needs—as long as we don’t have to deal with the complications produced by panic and fear.

“Hypochondriacs”

I recently saw a film designed to train doctors to deal with hypochondriacs. I didn’t see any hypochondriacs in that film. I saw a series of very frightened people who had pain they didn’t understand.

There was a scene in which a doctor told a fearful young woman, “We’ve done a great number of tests, and there’s absolutely nothing wrong with you.” And I saw that young woman cringe with shame as she left the office. She clearly felt she’d been accused of imagining her symptoms.

The next scene was some weeks later. The same woman came back again. The doctor put her through the same tests. Again, they were all negative. “There’s absolutely nothing wrong with you,” she was told. Again she slunk away, looking guilty and discouraged.

The film then asked: “Now, Doctor, what do you do when the same patient comes back a third time?” The suggested answer: “Send her to the new doctor in town.”

I found myself imagining a much different scene, a revised version of the one in which that young woman had just completed her first series of tests. The doctor would greet her courteously, make her comfortable, and sit down across from her in his office.

“The first thing I want you to know,” he would say, “is that the news is very good. You don’t have cancer. You don’t have heart disease. You don’t have any other organic problem that showed up in the tests. There are no tumors anywhere. Your heart is sound as a dollar. There are no cellular abnormalities.

“But you do have this pain. And as long as you do, we’re going to take it seriously—very seriously. It may represent the early stages of something our tests can’t pick up. Be-