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SOUNDING BOARD

THE PSYCHOLOGY OF RESPONSIBILITY

Some Second Thoughts on Holistic Medicine

HUMANISM and holism have hit the medical profession with the searing force of righteous anger, and the health-care system will never be the same. As a powerful counterforce to the increasing technology and dehumanization of post-Flexnerian medicine,^{1,2} which posits an omnipotent technician-physician and a passive, helpless patient, humanism and holism emphasize consideration of the person rather than the disease,³ the interpersonal relations between physician and patient⁴ and the individual patient's responsibility as an initiating participant in his or her own health care.⁵ Responsibility is a key word in the humanistic rhetoric. People are encouraged to take responsibility for maintenance of positive health. Patients are extolled to become active warriors in the fight against their diseases.

Such rhetoric arouses in us a variety of emotions. On the one hand, we acknowledge that this trend is all to the good. For too long, people have been shut out from the care and maintenance of their own minds and bodies. For too long, they have been passive observers, the playthings of overeager biomedical scientists, pharmaceutical firms or Madison Avenue admen. On the other hand — and the other hand is what this article is about — there seem to be several caveats that we need to consider in relation to this newly discovered insistence on individual responsibility in health care.

At the simplest level, all these encomiums for personal responsibility strike us as somewhat irresponsible. Our culture trains us, through its legal, community and family value systems, to seek a leisurely life-style of inadequate physical movement, a diet rich in fats and carbohydrates and lacking in essential nutrients, and a reduction of tension through the use of tobacco, alcohol and other drugs. How can you bring up a whole generation on eggs and bacon, only to adjure them to pay attention to their cholesterol levels? How can you bombard the adolescent mind with infinite inducements to pick up a cigarette and then expect the adult mind to protect his or her heart and lungs? A great deal of energy, brain power and, above all, money has gone into marketing bad health in this country. It is naive and indeed irresponsible to hope that a few single-spaced articles in *Consumers Reports* will turn the situation around. The most likely outcome of this strategy will not be self-responsibility but only self-incrimination. Having been given none of the skills of taking responsibility, having had all too few experiences in their prepackaged lives for actually assuming responsibility, most people will cling to their candy bars and their cigarettes.

In this vein, what is needed at this point is not more platitudes about responsibility but a stress on the practical aspects of learning how to engage in respon-

sible behavior. The skills of responsibility are complex and need detailed examination. In brief, they may include a familiarity with decision-making paradigms, an ability to analyze one's environment for positive and negative influences and a competency in assessing contingencies so as to modify one's own strengths and weaknesses.⁶ If we are to talk about responsibility, let us begin by teaching people how to be responsible, and let us harness the powerful forces of Madison Avenue advertising to help us in this educational process.

However, this problem of skill deficits in responsibility is far from the only flaw in the be-responsible approach to health care. The approach produces guilt feelings about failure of will power, and also guilt feelings about what becomes, by definition, a basically self-destructive impulse. Consider a 23-year-old woman who, a few days after hysterectomy, cries, "Somehow I did this to myself. I could have prevented this awful development in my life, but I didn't. I brought this on myself. It is my fault." These kinds of feelings certainly do not contribute to good patient care. We are concerned that there is callousness in any philosophy that provokes this sense of abandonment and self-condemnation. Patients are isolated, left to their own resources. Furthermore, a convenient by-product of this line of reasoning is that it lets society off the hook. If the individual alone is responsible for his or her own well-being, society can continue to encourage us to abuse our bodies and, even worse, can continue to profit from these abuses.

No one would (or should, at any rate) deny that a person's psyche can have a tremendous, overwhelming effect on his or her well-being. In this sense, responsibility is the welcome return of what has always been rightfully ours — ourselves. But lingering just below the surface is a disturbing element in all this emphasis on self-responsibility. The term has a vaguely Thoreauian ring about it — self-responsibility, self-reliance, the hardy individual standing firm against all that comes. According to the be-responsible gospel, we are told to battle our cancer cells, fight invading viruses. The rhetoric posits a basically antagonistic relation between the individual and the disease.

However, such an attitude is uniquely Western, as any cross-cultural survey will attest. Other cultures, such as the Buddhist, endorse a quite different attitude toward disease. Death and disease are accepted as part of life, not viewed as forces to be repelled and struggled against. Eastern philosophy, for example, accepts human beings as small in the vastness of nature, even when an aberration of nature (such as disease) is concerned.⁷ Westerners, by contrast, have always charged ahead, determined to conquer nature in all its forms. In the be-responsible language, conquering remains the prevailing idiom. There seems to be little place for acceptance or yielding in this model. Not that the fighting spirit is always misplaced — far from it. Our quarrel is simply with a widespread in-

sensitivity toward the limits of people's power over themselves.

This brings us to another peculiarly Western characteristic, which involves an overweening desire to be in control — of our jobs, our lives, our diseases, our deaths, our universe. Somewhere in all this push for self-responsibility we see a basic contradiction. No matter how purely we eat and drink, no matter how carefully we guard the air we breathe, no matter how much we become involved with our doctors and they with us, the mortality rate will still be 100 per cent. Not all diseases and decay are self-induced. The process of living wears us down as much as we wear ourselves down. Somehow the rhetoric of the be-responsible movement suggests that we can postpone and even reverse this inevitable process of decay. Ironically, we have come full circle to the notion of omnipotence in health care, only this time around it is not the physician who is omnipotent but the patient. Somehow, if we can only control enough, be disciplined enough and be powerful enough, we can prevent all that is potentially bad in our lives.

Into the righteous rhetoric of the holistic health movement, we would like to inject a reminder of compassion and humility toward ourselves and others. Certainly, we are not suggesting a return to the ignorant, passive patient whom everyone platitudinously protected to no avail. We have a right to know what foods are poisonous; we have a right to know why we are sick; and we have a right to know why we may die. We also need to learn to take responsibility for in-

fluencing all these aspects of our lives and deaths. By all means, let us aspire to longer, healthier and more physically and psychically fulfilled lives. By all means, let us engage our doctors in discourse, and let us engage our diseases as well. But let us not abandon our sick and dying, and let us not condemn them. Let us give them skills to be responsible, as well as the knowledge that responsibility for one's life can extend only so far, and beyond that, let us learn a yielding and an acceptance.⁸ We must remember the limits of responsibility, remember our mutual responsibility as interrelated human beings and, above all, remember our own finitude.

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THE PSYCHOLOGY OF RESPONSIBILITY

To the Editor: In their Sounding Board of July 26, the Shapiros have characterized well the woes of our society, particularly those woes that impinge on health care. They point out the need for compassion and concern within the system and the need to recognize our own finitude. Unfortunately, they stop just short of enlightenment. Would they not wish to suggest that man is only the creature rather than the creator, and that to achieve his true aspirations and meaning he must reach outside himself to something more? As Solzhenitsyn has recently said, "It will demand from us a spiritual blaze."^{*} Is this not lacking in our Western materialistic society and consequently in our health care? Without the commitment to that essence beyond and above man, we will continue to flounder on, giving lip service to humanism here and ethics there, but making as much of a mess of the last portion of this century as we have made of the first.

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^{*}Solzhenitsyn AI: *A World Split Apart* (Commencement address delivered at Harvard University, June 8, 1978). New York, Harper & Row, Publishers, 1979

To the Editor: Holistic medicine includes a great deal more than preaching self-responsibility. Competent physicians know when an illness requires drugs or surgical treatment, as in acute or life-threatening situations, which account for only 15 to 20 per cent of all illnesses.

Superspecialization since World War II has reduced physician management of the whole patient. Physicians have begun to think of patients as diseased organs rather than as human beings with complex genetic, environmental, and social problems.

In chronic illnesses patients have an opportunity and obligation to assess their lifestyles and health habits as major contributors to their illnesses. John Knowles, Thomas McKeown, Franz Ingelfinger, and Jerome Frank have emphasized the importance of personal

responsibility and belief systems in determining health. Work with biofeedback and self-regulation has indicated that virtually every thought affects body function, but that training can lead to voluntary control of these functions.

Before 1900 the extended family supplied the experience and support needed by the average person. The radical uprooting of families and the increasing number of working mothers and single parents has led to a vacuum and a craving for something to fill this void generated by the disappearance of the extended family. Medicine's response to these social ills — excess tranquilizer prescriptions and superspecialization — is symptomatic of the general dis-ease spreading through the country and also contributes to that dis-ease. Today nearly every medical and surgical specialty is oversupplied, but family practice is still looked down on by many physicians, especially those at medical schools and those who are superspecialists. The loss of family physicians has led to the impersonal quality of medicine today.

Most people are born with good health and lose it through poor habits and stressful lifestyles. Poor nutrition, lack of physical exercise, and emotional anguish are the overwhelming contributors to disease; correcting them is emphasized in holistic medicine.

Holistic physicians recognize that some persons have neglected good habits and need help in being restored to a state of minimum health from which they may further build high-level wellness. When the diagnosis reveals a serious illness, drugs or operation are often indicated, but when the dis-ease is one of stress, then many alternatives are available.

Any holistically oriented individual who "abandons our sick and dying," "condemns them," or emphasizes only responsibility is, by definition, not holistic.

C. NORMAN SHEALY, M.D., PH.D.
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To the Editor: Being a graduate of the Erhard Seminars training and seemingly becoming deluged with personal responsibility for the universe, I found this article refreshing in assisting me to re-examine my attitudes toward disease, death, and some of the other facts of life. I appreciate the very realistic point of view of the Shapiros and strongly encourage all physicians to read this short article. I also hope to see more publications from our psychologist colleagues in the *Journal* in the future.

KENNETH E. SMITH, M.D.
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The above letters were referred to the authors of the article in question, who offer the following reply:

To the Editor: Although we do not believe it a prerequisite for compassion, ethical living, or acceptance of our finitude, we agree with Dr. Kaye's emphasis on a "spiritual blaze." Furthermore, we acknowledge that for many this can be a compelling, meaningful, and profoundly important belief system.^{1,2}

Dr. Shealy's letter involves two main points: the influence of mind on body and the need for nonpharmacologic alternatives for management of stress; and the need to treat the whole person, not simply the disease. We have no quarrel with these insights, nor with his perceptive comment that drug-oriented, technologic, specialized medicine has become a (poor) substitute for the support and caring previously provided by the family and to some extent by the family physician.

Our purpose certainly was not to denigrate the concept of holistic medicine, to which we have committed our careers. Rather, we were concerned with what we believe is a widespread distortion of this concept — a distortion that can occur in the minds of lay people with only a superficial acquaintance with the principles of holistic medicine and, regrettably, in the minds of some physicians who label themselves advocates of holistic medicine. This distortion maintains that the powers of self-control and of the human mind are literally limitless in their capacity to influence the course of illness.

Without denying the importance of mind over matter, we think that it is necessary to acknowledge that the effectiveness of self-regulation and self-intervention strategies has limits. For example, in work with low-income, boat-people, and illegal aliens who speak no English, one of us (J.S.) is confronted daily with the realization that at times factors of "poor nutrition, lack of physical exercise, and emotional anguish" are not entirely under the control of the individual. We reiterate that a burden of guilt and a sense of personal failure regarding sickness should not be added to the heavy loads that so many persons, rich and poor, already carry.

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