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Holistic Health: An Approach to Healing as it Relates to Cancer Counseling

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HOLISTIC HEALTH:
AN APPROACH TO HEALING
AS IT RELATES TO
CANCER COUNSELING

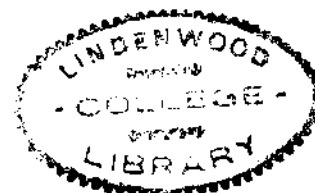
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THESIS
ANALYSIS
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After thousands of years of concentration upon the riddle of the nature of man, humanity finds itself exactly where it started: with the confession of utter ignorance. The mother is still helpless in the face of a nightmare which harasses her child. And the physician is still helpless in the face of ... a running nose.... Wherever we turn we find man running around in circles as if trapped and searching for the exit in vain and in desperation THE TRAP IS MAN'S EMOTIONAL STRUCTURE, HIS CHARACTER STRUCTURE. There is little use in devising systems of thought about the nature of the trap if the only thing to do in order to get out of the trap is to know the trap and find the exit The exit is clearly visible to all trapped in the hole. Yet nobody seems to see it. Everybody knows where the exit is, yet nobody seems to make a move toward it. ... It turns out that the trouble is not with the trap or even with finding the exit. The trouble is WITHIN THE TRAPPED ONES

Wilhelm Reich,
The Murder of Christ

Introduction

In the Western world, cancer can be viewed as the proliferating disease of civilized nations. It seems to be an epidemic, a sign of going too far in the pursuit of logic and a scientific attitude in an industrialized society. It is a symbol of the world gone awry.

In this paper, I will explore the sickness and the wellness of society in terms of cancer, seeing cancer as the dis-ease of our lives, a smoke signal from our unconscious revealing the plague in our lives.

All about us there is unrest, displeasure and a coming apart of our values and morals about things we have previously taken for granted. We see the family unit disintegrating. There seem to be no direct links to the past through even one generation of grandparents. Sometimes children grow up with hardly any ancestral contacts or connecting cords.

Our faith in traditional institutions, such as religion, government, health and education have all been tested and found wanting. At each election we find more people making a statement of this by staying away from the polls and not voting - some from disgust and feeling the lack of choice, and some from apathy and disinterest.

At the same time there is a tremendous rise in the number of people who are experiencing major catastrophic diseases such as cancer. I believe there is a direct correlation between our national situation and what seems to be our national disease. Perhaps it is because man sees himself as helpless and impotent and unable to take control of his life, and therefore unable to make any changes in the world he lives in. It might be an opportunity for us to take a look and find another path, towards a society without disease.

From the point of view of this study, all diseases are psychosomatic. This is to say, the cause of disharmony in the body is an interior disharmony, registering as physical disease or ill health; the psychic and somatic elements appearing as two sides of a single entity.

Since we have a state of health when mind and body are working in harmony, healing must be accomplished by trying to re-establish this balance when it has gone awry. Therefore, a definition of healing is the integration of the psyche and the soma. Healing cannot be accomplished, in my opinion, by treating or healing one part of the body and ignoring the organism as a whole.

With increasing frequency medical circles are recognizing that physical disorders which resist attempts at treatment may have their origin in the psyche, and are therefore not treatable by physical medicine alone. Science, which has always emphasized objectivity, has had an overwhelming influence on man's attitude.

The time has come to develop an awareness of the subjective and intuitive side of man. Disease may, in fact, be acting as a safety valve for tensions, taking the place of problems and stress that are more difficult to face and acknowledge. In this context, disease may be a crude but

instinctual way of drawing attention to or diverting attention from situations, conditions, or relationships with which the patient feels unable to cope.

Seen in this light, disease becomes an effective way of relieving the patient from the necessity of facing or dealing with unpleasant situations. He can then accept his poor health not as hysterics do - with truth reversed and invalidism exploited for its power to control - but as something to be suffered, passed through and overcome.

There are many instances of diseases being cured without physical treatment being given. How do these methods work? What laws govern these actions? Can we determine what influences will be effective? The purpose of this paper will be to try to see the relationship of man to his body and the interaction between human consciousness and physical matter which affects the processes of physical, psychological, psychic, and spiritual healing.

The concept of Holistic Health comes from the Greek, meaning holo, entire, and contains the concept of growth and

evolution of the human species. The entity is greater in wholeness than the sum of its parts. Holistic Health is a state of being, a person integrating at all levels of being and space and time. It encompasses the evolutionary idea of self-realization, integration. Enlightenment and health are the forces of nature trying to perfect itself.

We need a new approach to health and disease, and physicians need to reassess how to incorporate technology into other aspects of healing. Ideally, physicians should be those to give leadership and direction for health and wellness, as well as for the management of illness, which presupposes an understanding of all the causes of illness. These causes may be related not only to susceptibility to disease because of environmental conditions, but also to tension-producing situations, such as the loss of a job, divorce, death of a loved one, loneliness, and alienation.

Health is not just the absence of illness - - but a positive functioning of the organism.

James Fadiman, Ph. D., director of the Association for Transpersonal Psychology, stated at the Healing Center of the Future conference in San Diego this year that the "Ice of centuries is beginning to crack in the medical profession. There is a return to a basic model of understanding people and the beginning of the end of obscure medicine."

Why Holistic Health

In Western culture man has been conceptualized as being divided, having a body, mind, and soul. The way we have seen man divided has been visible in the structure of our health care system. We use different groups of professionals to treat the body (physicians), the mind (psychologists and other "mental health" specialists), and the spirit (clergy).

The concept and treatment of wholeness is a new focus. The principles involved are by no means easy to understand. New value must be given to the power of thought, of emotions and habit and belief systems. It involves the use of powers latent in every man and active in very few. Man can start to develop his power for using his intuition to gain greater awareness about himself.

Holistic Health is an integrated program of health for the whole person (mind, body and spirit) which emphasizes health, not illness. Many primitive cultures have had health

systems that involve the whole person, the whole family, and even the whole social group or society as well. The American Indian might be an example of such a culture.

Our culture has emphasized specialization. We not only have urologists, proctologists, gynecologists, etc., but even within the specialties doctors are focusing on one particular aspect, such as pediatric cardiology. In the field of traditional medicine the emphasis has been on recovery as something that is handled by the physician. For the most part people have turned over responsibility for healing to the physician, as if they had no personal power over their own healing processes. Pioneers within the health care community today are focusing on the emerging concept of a holistic approach to the individual. This is the treatment of the whole person rather than treatment of separate parts. Although the mind/body dichotomy has theoretically been resolved in our culture, a dual concept still persists in the treatment of most diseases. By contrast the new integral medicine considers the mind, body and spirit as inseparable.

Dr. Matthew Gleason, president of the American College of Surgeons, San Diego chapter, stated at the First Conference on the Creation of Model Holistic Health Centers that the

concept of holistic medicine was an idea whose time has come. He said, "If the idea works, we can find out why later!" The pattern of traditional medicine has been to follow established lines and to reject pioneering ideas, such as acupuncture.

One of the major difficulties in the Western culture framework of seeing the person compartmentalized has been that man has relinquished responsibility for himself. He gives his body over to a physician to fix when it "gets broken," sees a therapist when he is not functioning well emotionally, and gives responsibility for his spirit to organized religion or rejects his spirituality by rejecting religion.

The implication is that the physician, therapist, or clergyman guarantees to heal, just as a garage mechanic promises to repair a broken car. But with a person there has to be a direct cooperation of body and consciousness. Nothing is really being done to the patient. The patient

does the doing. The physician can only put broken bones together - the patient has to do the mending. The healer can only be a guide.

In starting to treat the whole person, emphasis is placed on the responsibility and maintenance of health, rather than the treatment of disease. This heralds the return of responsibility for the source and creation of the illness to the individual. It also reinforces the direct correlation in any disease between the mind, body, and emotions. Health is neither mental nor physical. It is both. It is important to learn the balance in living:

The basic concept in Holistic Health is to awaken within each person and within each patient the awareness of the physician within. There must be active participation of the patient, for ultimately each of us is responsible for our own health.

Our society today is out of balance. Since the development of technological tools such as biofeedback and the awareness that we can control our autonomic

nervous system, we can now start to see and know what is going on inside man's head and heart. We care about being compelled to deal with ourselves in a more healthy manner and when we do that illness has no place. Biofeedback is teaching us to measure the whole man directly and read our emotional states quite accurately.

Meditation is a tool to help us become quiet and to listen to ourselves. This gives insight into one's life and its patterns. With the concept of Holistic Health it becomes more difficult to avoid responsibility for the cause of one's illness. One of the tremendous difficulties we face in life is the responsibility that comes with freedom. We all try to put this off on someone else. We try to make someone else responsible for our health. We say, "my mother died early in life, or my father had cancer." When we think like this we lose our personal freedom to choose. Instead of being concerned with the disease itself we need to take a look at the whole man in whom disease is merely a symptom or a signal, blocking the total well-being of man. If we take the attitude that a case is hopeless, that

there is nothing for the patient to do but live with helplessness, we are sowing the seeds of fear and negative attitudes which reinforce the disease.

What we are beginning to deal with now is the idea of mind-body interaction. With our minds we can influence the course of disease and the course of our health.

Dr. Carl Simonton, radiation therapist and director of Oncology Associates, Fort Worth, Texas, believes that all disease has a psychosomatic component. We don't just get ill physically or mentally. All diseases have both mental and physical components. He states that in some mental diseases we understand the physical components very poorly, while in many of the physical illnesses we do not understand the mental components at all. Because we do not understand it well, it does not mean that it can be ignored or treated as though it does not exist. The concept of health is not an isolated phenomena, but involves all parts of our consciousness working in unison.

We have to start to deal with the implications, even if only a small percentage of patients can overthrow "incurable"

disease by changing what they believe about the cause of their disease. When we start to question all causes of illness as well as the term "incurable disease," it brings up profound philosophical questions. What role does our mind play in good health, illness, and the aging process? How far can the will extend our pattern? One explanation gradually gaining prominence is the factor of emotional susceptibility or resistance. It now seems possible that the way in which a person handles certain emotional stress may set the stage for the onset of illness and also determine whether or not he recovers.

For instance, in his talk at the Center for Integral Medicine in Beverly Hills in 1975, Dr. Kenneth Pelletier stated that the connection between cancer and the emotions goes back to the second century when the Greek physician Galen linked the disease to the presence of a "melancholy disposition." In 1870, Sir James Paget wrote in Surgical Pathology : "The cases are so frequent in which deep anxiety, deferred hope, and disappointment are quickly followed by the growth and increase of cancer that we can

hardly doubt that mental depression is a weighty additive to the other influences favoring the development of the cancerous constitution."

Dr. William A. Green of the University of Rochester Medical Center, in addressing a meeting of Canadian oncologists in Montreal in 1974, stated that "some disease appears when the patient responds to a loss or feared loss with feelings of hopelessness." He added: "It is not so much a matter of running into psychological conflicts as running out of psychological resources."

We have come to realize that stress has a great deal to do with illness. Family physicians state that about one-third of the patients they take care of have psychosomatic illnesses. They "lay their hands on" very often with the use of placebos. The use of tranquilizers is often merely the feeling of "doing something." But whether results for better health are obtained sometimes depends on whether it is the laying on of hands by someone who is a friend or a strange physician. The response can certainly differ.

Dr. Evarts G. Loomis, in his article, "The Correlation of Medicine and Religion, a Holistic Approach," (in the Journal of Holistic Health, 1975 - 1976) states that

the holistic medicine approach will be as different from modern medicine as Newtonian physics is from Einstein's theory of relativity. Nature is constantly attempting to restore harmony in the system of which man is a part. Positive wellness is not just the absence of disease; it is the goal. It is evident that any practice of Holistic Medicine must be concerned with a dynamic, constantly changing human being.

The New Medicine is therefore focusing attention of human energy fields and the direction of the flow of energy in the human body in states of health and disease.

One reason for the onslaught of Holistic Medicine has been the failure of the traditional medical profession to care for the needs of the people. Medical costs have risen to astronomical heights. Life expectancy has improved but we are becoming more sickly than ever. Thomas Kuhn in his book, The Structure of Scientific Revolution, states that "every dominant science eventually oversteps itself.

Its successes take it to extreme positions and practices that hasten its fall. Medical science has probably gone as far as it can go. Things don't work today and don't make sense. Patients are losing faith in their medical gods and questioning their abilities and decisions, as witnessed by the malpractice suits. Doctors prescribe drugs and now iatrogenic (or drug-related) illnesses have become a major cause of death in our nation. The Boston Collaborative Drug study lists adverse drug reaction as the eleventh killer in the United States. Statistics are now being released about the amount of deaths due to unnecessary surgeries being performed. Health care delivery services are rising and health care is declining in spite of increased technology.

Medical training of physicians will have to be oriented toward the concept of Holistic Health because they have been taught only to believe in a physical, materialistic universe. The old concept was one of a box with square hard edges, and anything outside that medical model was suspect. Illness was solely physical and material, and had

to be measurable to be real. The new paradigm is very soft, has no edges at all, is very unclear. We are not sure about many of the causes of illness, nor all of the factors in healing. But healing seems to be a natural function of the body. In nature animals heal themselves without the services of a physician. Why should humans be different? People are not designed to be ill. A person's opinion of his ability to make himself well, his belief system, is most instrumental in how he deals with his stress and illness. As Carl Jung stated, "Civilization may have advanced at the expense of belief."

As the Old Medicine grinds painfully toward the end of the era of "modern medical miracles," a new medicine is being born. This New Medicine, Holistic Health, has a large and colorful range of characters and involves a spectrum from traditional medical practitioners to psychic nutritionists and Indian shamans. They all seem to share certain basic assumptions:

The first is that wellness is not the absence of disease but the goal for all of us. Dr. Kenneth Pellitier of the Langley Porter Neuropsychiatric Institute in San Francisco is currently studying exceptionally healthy people. A profile of these people is emerging and he has found that they have a high degree of mind/body integration. A study of 2,000 long-lived people conducted by Dr. Robert Stamp of the University of Wisconsin came up with finds that related good health with personality traits such as moderation, serenity, optimism, interest in others, and interest in the future. (1974)

The question between disease and personality is quite controversial. Arguments about emotional factors being involved in ailments such as ulcers and spastic colons have been resolved, but new medicine practitioners go much further. The argument now is that all disease is related to personality and the way emotions are handled. A person with a well-balanced personality is more likely to ward off any disease. In any case, the link between personality and a variety of serious ills is becoming increasingly well-defined. The driven, aggressive, goal-oriented personality,

for example, is clearly associated with increased risk of heart attack.

Dr. Stuart O. Schweitzer of the University of Rochester Medical Center was quoted in a recent (October 1975) interview in Family Practice News as saying that "the annual checkup for people who exhibit no ill health is ridiculous." Prevention of illness lies less in the annual physical than in the transformation of life. Health care in the future will be established on a far broader base. Changes in life style can truly make fantastic improvements in the nation's health. For example, Dr. Philip R. Lee, professor of social medicine at the University of California, School of Medicine, and one of the nation's most distinguished health-care experts, suggested that, "If all abuse of tobacco, alcohol, and automobiles could be magically erased with the snap of a finger, at least half of all hospital beds in this country would suddenly be empty." The New Medicine is concerned not just with substance abuse, but with the ways we have learned to abuse the gift of life.

The concept of illness is not necessarily bad, since the outbreak of illness is seen as an expression of some imbalance in life. Pain may be a signal or symbol for a breakdown and stoppage of the life's energy flow. Disease can provide important information that can be used for creative growth. Rather than attacking the pain, Holistic Health practitioners are prepared conceptually to look at the total person, to find the disharmony and to try to achieve at a higher level than perhaps was there before. The Center for the Healing Arts is only one of several agencies currently training both doctors and lay people in such an approach.

But the responsibility must always be the patient's. Though we may be vulnerable to attacks from viruses, germs and accidents, we also have powers of intervention. At times we may not choose to use those powers or may use new illness to express some pain in our life. Technicians can assist in our search for good health but the patient must remember who has ultimate responsibility. This simple but radical shift of responsibility and power underlies every aspects of New Medicine.

New Medicine is also helping Old Medicine to find ways and solutions to our current crisis. Centers like The Wellness Resource Center in Mill Valley, California are becoming models for health care services. The sterility, formality, and frighteningly cold aspects of the medical model is obvious in its absence. Gone is the clinical, uniformed, forboding quality. In its place is a warm, gracious house used for office space, with green plants, warm woods, thick carpeting, and a friendly, warm staff.

Meadowlark in Hemet, California is a retreat center with a two-week minimum residence for health evaluation, homeopathy, nutrition, psychosynthesis and transpersonal groups. Other wellness clinics offer classes in Yoga, physical fitness, self-healing with visual imagery techniques and meditation. Wellness clinics describe themselves as Holistic Health/cultural practice centers which may be defined as a system and perspective on comprehensive

health care. In both theory and practice they embrace concepts of disease prevention through methodologies which address the person as a whole being and treat the person as a self-responsible unit. This is accomplished within the framework of psycho-physio-socio-cultural-spiritual relationships with the environment, treating and promoting wellness, a state of optimum health, rather than treatment or prevention of disease.

The idea of measuring wellness and helping people attain high levels of wellness is relatively new. Most of us think in terms of illness and assume that the absence of illness indicates wellness. This is not true. Many people lack physical symptoms but are bored, depressed, tense, anxious, or generally unhappy with their lives. These emotional states often lead to physical disease through the lowering of the body's resistance. The same feelings can also lead to abuse of the body through smoking, drinking, and overeating. These behaviors are usually substitutes

for other more basic human needs such as recognition from others, a stimulating environment, caring and affection from friends.

Wellness is not a static state. It results when a person begins to see himself as a growing, changing person. High level wellness means taking good care of your physical self, using your mind constructively, expressing your emotions effectively, being creatively involved with those around you, being concerned about your physical and psychological environment. New Health facilities, which are starting to proliferate in California and other states, are keeping a low profile and by moving cautiously these institutions are now gaining inside respectability. Two examples might be the Wholistic Medicine and Personal Growth Center (which is an affiliation of the South Bay Therapeutic Clinic and the Memorial Hospital of Hawthorne) and the certification program in Holistic Healing started by the University of California at San Diego.

Dr. Samuel Silverman, associate professor of psychiatry at Harvard Medical School, stated at the Healing Center of the Future Conference (September 3, 1976 at the El Cortez Hotel in San Diego): "Doctors haven't been trained for health, but somehow have been held responsible for it. That's not

right. Health is the responsibility of the individual, society, and the whole culture."

Today, physicians spend an unwarranted amount of time practicing "defensive medicine," giving unnecessary tests and using un-needed technology as a procedure to defend themselves against possible lawsuits. If physicians would break this cycle through sharing this responsibility with their patients, they might be happier and healthier -- as would be their patients.

This is not to say that New Medicine will not have its share of charlatans and faddists who will masquerade under its name. But the energy for this movement comes from a great need, the need to be whole and responsible.

The Mind As Healer

One feature worth emphasizing as we discuss Holistic Healing and psychotherapy is the ability to evoke the patient's expectancy of help, a major factor involved in healing. Two sources of this expectance are discernable.

The first is the personal magnetism of the healer, often strengthened by his own faith in what he does. The healer must believe in the efficacy of his practices. The other source is the patient's faith which offers him a rationale, however absurd, for making some sense of his illness and the treatment procedure, and places the healer in the position of transmitter of healing forces. The healer may be a shaman calling upon forces that are super-natural or a scientist with newly-discovered potent scientific principles of healing. Either may back up his pretensions with elaborate equipment, sandpaintings, or an array of equipment of dials, flashing lights, and sound effects. But success of

healing methods seem to reside in the patient's state of mind. Depression and certain other emotional states seem to retard healing. Therefore, it seems reasonable to assume that hope could enhance it and this is strongly suggested by miracle cures.

A study has been done on patients about to undergo an operation for detached retina who were interviewed before the operation and rated on a scale of "acceptance", including such items as trust in the surgeon, optimism about the result, and confidence in their ability to cope. Scores on this scale correlated highly with the speed of healing after the operation rated independently by the surgeon.

In Holistic Healing practice, we become aware of the profound influence of emotions on health and realize that anxiety and despair can be lethal; confidence and hope, life-giving. The current assumptive world of Western society (which includes the concept of the sick "body" as apart from the frightened "mind") - - incorporates

this obvious fact with difficulty and therefore tends to underestimate its importance.

The core of techniques of healing seems to lie in the ability to arouse the patient's hope, bolster his self-esteem, stir him emotionally, and strengthen his ties with a supportive group. It involves a healer on whom the patient depends for help and who holds out hope of relief. The patient's expectations are aroused by the healer's personal attributes, his culturally determined healing role, or both.

All forms of healing are based on a conceptual scheme involving the patient's assumptive world and a prescribed set of activities. The scheme helps him to make sense out of his inchoate feelings and helps him with his sense of mastery over them. This is a reminder that all psychotherapy tries to modify certain assumptive systems of its patients, along lines which - the therapist believes - will help them to function better.

Thought reform, revivalist religion, miracle cures, and religious healing in primitive societies have important common features that will be found to bear on psychotherapy. Dr. Jerome Frank, in his book,

Persuasion and Healing, states:

"The English language lacks a common word for invalid, penitent, and prisoner on the one hand and shaman, evangelist, and interrogator on the other. Therefore, the first category will be referred to as sufferers and the second as persuaders. The means by which changes in the sufferer are brought about include a particular type of relationship and also some sort of systematic activity or ritual. The essence of the relationship is that the persuader invests great effort to change the sufferer's bodily state or attitudes in ways that he regards as beneficial. The activity requires the participation of the sufferer. If the process succeeds, the sufferer experiences a sense of relief, peace, and often, joy. His sense of identity is restored and his feeling of self worth enhanced; life becomes more meaningful and he is able to function effectively as a member of a group."

From this standpoint, we can see the importance of emotions in facilitation or producing attitude changes in affecting one's state of health. Some degree of emotional

involvement seems to be a prerequisite for susceptibility for any of these procedures. Maintenance of emotional detachment is the most effective form of resistance to them. Religious healing underscores the inseparability of mental and physical states. Experimental studies of the placebo effects demonstrates that the alleviation of anxiety and arousal of hope commonly produce considerable symptomatic relief and may promote healing of some types of tissue damage. Relief of anxiety and depression by psychotherapy closely resembles the placebo effect, suggesting that the same factors may be involved. Success depends in part on congruence between the expectations a patient brings to treatment and what actually occurs.

There are conditions such as trauma, bacteria, viruses, burns, emotional situations, etc., that act as stressors. If these stresses are not relieved by antibiotics, surgery, psychotherapeutic techniques, nutrition, prayer, meditation,

etc., a state of deterioration, exhaustion, and eventually death could occur. The New Medicine appears to be pointing toward preventative steps before the appearance of overt disease.

Patients visit doctors with symptoms that are vague and general, such as lack of energy, depression, anxiety, etc. They are treated with medication, dismissed, or referred to a psychotherapist. Holistic Medicine sees a state of imbalance in progress and will try to deal with the diagnosis within a context of human homeostasis. For example, there is a large body of evidence that psychological variables can predispose one to cancer. If that is so, the logical conclusion is that by controlling the psychological factors we might be able to prevent and perhaps even reverse the cancer process. Why have we not moved in this direction? One basic reason is that doctors and scientists hesitate out of fear that they may be labelled as charlatans and quacks. The second is that effective psychological tools had not been

developed and in use previously, since the field of psychiatry had been dominated by psychoanalysis. With the advent of biofeedback, more effective hypnotic-induction methods and the use of meditation and acupuncture, we have increasing ways of helping the patient to mobilize his own resources.

Immunologists have been providing evidence that the body has a natural defense mechanism against disease. They are accumulating evidence that the mind or a person's mental state can affect this mechanism. The attitude of a person about his life and towards his disease is a key factor. It has been difficult for Western culture to accept a rational explanation, for, logically, how could one possibly cure an organic disease such as cancer by working on the mind?

The following are concluding remarks taken from the address by Dr. Pendergrass in his presidential address to the American Cancer Society in 1959:

Now, finally, I would like to leave you with a thought that is very near to my heart. Anyone who has had an extensive experience in the treatment of cancer

is aware that there are great differences among patients . . . I personally have observed cancer patients who have undergone successful treatment and were living and well for years. Then an emotional stress, such as a death of a son in World War II, the infidelity of a daughter-in-law, or the burden of long unemployment seems to have been precipitating factors in the reactivation of their disease which resulted in death There is solid evidence that the course of disease in general is affected by emotional distress. . . . Thus, we as doctors may begin to emphasize treatment of the patient as a whole as well as the disease from which the patient is suffering. We may learn how to influence general body systems and through them modify the neoplasm which resides within the body.

As we go forward in this unrelenting pursuit of truth to stamp out cancer . . . searching for new means of controlling growth both within the cell and through systematic influences, it is my sincere hope that we can widen the quest to include the distinct possibility that within one's mind is a power capable of exerting forces which can either enhance or inhibit the progress of this disease.

A number of current researchers at the first and second conference on psychophysiological aspects of cancer seem to agree with Dr. Pendergrass. Dr. Claus Bahnson, director of the Department of Behavioral Sciences at Eastern Pennsylvania Psychiatric Institute, states:

Thus, hard-nosed data from the neurological and endocrinological fields corroborate the notion that

psychological events mediated by the nervous system may influence endocrine and immune reactions related to malignancies. ("The Psychological Aspects of Cancer" paper presented at the American Cancer Society's Science Writer's Seminar, 1971.)

Immunologists theorize that everyone has cancer many times during his lifetime. There are two basic factors that cause clinical cancer to manifest itself. First, that particularly resistant cancer cells develop or strong cancer cells invade the body, and second, that the body's immune mechanism or host resistance breaks down and allows these abnormal cells to grow. We have to ask the question: Why has the person allowed this resistance to break down and permitted cancer to grow? What is his mental attitude at the onset of the illness, since there is a strong correlation between negative mental attitudes and the disease? This also presupposes a strong correlation between positive mental attitudes and the control of the disease. Seen in this context the fear of death may be the minor problem which the patient is experiencing -- the major problem being his fear of life.

Attitudes of the patient toward his disease and life are key factors. But how do you teach attitudes or will-to-live to people? It is difficult to instill positive attitudes regarding one's own ability to fight off disease. A major shortcoming of the approach of Dr. Carl Simonton is the same as that of positive-thinking approaches in general. The problem lies in getting the person to really believe that he can affect the course of his illness. The most significant factor in cure is expectation. The opposite is also true. In 1973, Dr. Simonton said, "Positive thinking is very easy to say, and very hard to do."

On an unconscious level, however, we participate in the symbolic process. Dr. Harold Stone, executive director of the Center for the Healing Arts in Los Angeles, and a Jungian analyst, states that the negation of a feeling or emotion can cause illness or disease. Dr. Stone sees illness as an imbalance in our personal kingdoms.

Some underdeveloped part of the self, some unresolved issues or the negation of the demonic energy, passion that

has been repressed, can cause illness. In an emotionless family, for instance, one may disown expression which can make one ill. We can also use the example of the archetype mother (martyr) who is all-giving, unselfish. Underneath all that giving lies an enormous rage, which can cause illness. The dreams of this kind of a patient have been shown to be seething, explosive, and with images of volcanoes.

We need to use specialized tools to read the signs and make visible the hidden meanings in our symbolic participation and to bring to consciousness our disowned selves.

The Role of the Therapist:
A Bridge Between Old and New

Since the earliest times, the relationship between the doctor and the patient has had special meaning.

In those times the doctor was seen as an intermediary between the petitioner asking to be healed and a deity. Today some of that position still adheres to the physician, even if he disavows it. The physician is felt to have more than normal knowledge, to take charge of the sick and to make them well. If the physician is aware of his effectiveness on a mental and psychological level, he can use his influence as a channel of considerable healing power.

The role of the therapist is involved with working on the problem of increasing the will to live within the physically ill patient. This way of functioning is why the family doctor is now being recognized as having a significant place in social medicine. He may not be aware of modern laboratory techniques, but he knows his people. In the full doctor-patient relationship, the whole nature of body, mind and soul is being paid attention to.

The doctor has to remember that there is often a purposeful element in illness. An overstrained nervous system will develop a defensive disease for the sake of coping more effectively with its environment or as a means of avoiding the necessity of making any adaption at all. (Poor people, for example, have used illness as a way of gaining the rest and vacation that their systems may need.)

For the therapist to deal with this work, the therapist must come to terms with the central problems of his own life and his own attitude toward life and death. The general attitude of the medical profession seems to be that death is never appropriate and that the thesis must be examined further.

The healer of humanistic medicine is more patient-oriented than disease-oriented. Is the psychotherapist more concerned with blocking death than with enriching life? No healer can cure, but he can act as a guide to health.

Dr. Lawrence LeShan, in his book The Medium, The Mystic, and the Physicist, says that the viewpoint that

makes most sense is that life and death are both vital aspects of the same existence. "In working to increase the will to live, we are also working to increase the being, the person, the soul."

We can approach healing as the medical art of repairing and restoring disordered functioning or working towards realization symbolized by the quality of wholeness in helping the patient toward fulfillment of his inner nature and potential." The goal is not simply to heal people but to go on to the realization of maximum human potential. As the individual does this, his fear of death lessens as he finds joy in contacting his own unique music.

The purpose of the work is to help the individual come to terms with how to live, not how to die. The concentration should be on freeing the self more than physical recovery. The healer acts as an intermediary, as a catalyst to help the patient have faith in himself and to teach the patient methods to heal himself.

Frequently we see two major strivings in a patient's fight; one is the fear of death, the other the wish to live. The fear of death does not appear to be a powerful tool for clinical use. It does not seem to muster the resources of the individual. Human behavior and action is limited only by our belief about ourselves. We choose everything in our lives. We can choose to be unaware. In this sense, the unconscious may be a repository of all those things we have chosen not to know.

The wish to live is a much stronger weapon, especially as the individual becomes aware of goals that are deeply important. Abraham Maslow has pointed out that each culture has its ideal individual and at different times they have been saint, hero, or gentleman. Dr. LeShan feels that at the present time in our society our ideal is to be "well-adjusted", which seems to be an ideal of less than heroic proportion and stature. Who could have a goal of being well-adjusted and a life that is really meaningful? The ideal of the development to the fullest of one's rich, unique self is a goal worth fighting for.

Generally, patients who have lost the wish to live have long since abandoned any hope for attainment of the self. In some way, every death is a suicide.

Gay Luce, author of Body Time, states that we have a cultural self-image which sets limits and does not expect internal growth except in children and young adults. The role of the therapist can be as an ally in the battle to one's own being and becoming. As with Don Juan in Carlos Castaneda's books, the therapist and ally in the battle for experiencing one's own being and becoming are one and the same. The concept of seeing one's own death at your left hand and being aware of mortality hastens the process of experiencing one's real self and one's life.

The focus of the therapy can concentrate on the search for and discovery of the individual's strengths, as well as what has blocked them. Attitudes about healing have to be developed just as other skills are learned. Focus gives the patient self-respect, strength and hope. The patient must be aroused

deeply with a concern for self. The despair with life must be countered with the therapist's concern. Paul Tillich states that "faith is the state of being ultimately concerned." The therapist can lead the patient to give up his concern about the opinion of others and be concerned with his inner development. Tillich says, "When the patient begins to respond with faith in himself, he begins to live."

This particular attitude about therapy is one of intense concentration for the therapist. The healer has to be prepared for making real contact with the patient. If the therapist has reservations about meeting the patient fully, the patient senses it and reinforces his reservations about meeting himself and life. In effect, the therapist becomes the model. The therapist has to be empathetic, not sympathetic.

The therapist should be aware of the psychological isolation of pain that surrounds the severely ill patient. Pain in itself weakens the ability to deal with stress and the fight for life.

With the help of the therapist, the patient can begin to test the development of the therapy. The patient can tune in to himself. The therapist encounters with the patient, helps the patient to encounter himself, to work hard at the therapy, not from a place of ego but by touching and making changes in the vital centers. The patient must constantly search for his own directions and paths. In the development of the therapy the patient becomes aware of his inner whisperings and voices that say, "this is what I am, this is what I am not." To these patients in particular it becomes most important to make the present moment available and have an awareness of living and being involved in the here and now. The therapist must be prepared to search and examine his goals as he prepares the patient to do the same. There is a strong need for the therapist to keep his grip and move strongly. These patients have their lives dominated by a problem they have not been able to solve. Failure of the life force has generally occurred. Death is the ultimate energy crisis. The therapist has to be ready to come to grips with this problem as soon as possible. The approach of death sometimes seems to give the patient great ego strength to move. It is difficult to help the

patient realize how out of contact he is with his feelings and how he has rejected himself. The basic self in these patients has generally been rejected and the patient views his wishes as totally unacceptable.

In psychotherapy of this type we are concerned with a freeing of zest and enthusiasm rather than the causation of symptoms. The psychotherapeutic search is for strengths, not weaknesses. One way to reduce the fear of death is to arouse creative impulses. These impulses may have been so withered by life that it is necessary to find them to re-awaken hope and increase the ability to bear the pain and stress of the fight for life.

The concern turns from needs for the opinion of others to the concern with the needs of the self. The patient becomes self-directed instead of other-directed. It has been their neglect of their own inner development that has weakened the will to live. The loss of ability to relate to love lowers the ability to fight for health. Freud wrote, "In the last analysis, we must love in order not to fall ill, and must fall ill when in consequence of frustration we cannot love."

As Maslow has stated, "Dealing with catastrophic situations has a dimension of seriousness and profundity of feeling." Dr. LeShan has said that he has "never seen a cancer patient die who had an outlet for his emotional energy that was as full as it could have been."

This approach also has validity for patients who are not fatally ill. Progress can be made much more quickly as the therapist and the patient start to view their mortality and work with more intensity and a greater sense of courage, addressing the strengths instead of the weaknesses. For example, in Man in the Trap, Dr. Elsworth Baker states that, "It may seem incredible that the patient who wants to get well fights so fiercely against therapy but behind this is an intense fear of expansion and movement. The organism is always trying to control anxiety and cure is affected by forcing the patient to tolerate his anxiety and express forbidden feelings. Deep rage is behind the facade, a rage caused by an inability to show anxiety. Hate must be repressed and only modified expressions such as contempt or disgust are allowed."

In The Healing Mind, Dr. Irving Oyle states that he had been taught in medical school that all he could do is to create conditions under which healing could take place. Modern medical practices have forgotten this. The physician has taken power that does not belong to him. The Indian medicine man sees himself as a "channel" for cosmic healing energy. The body is a self-repairing mechanism, it has the power to heal itself. Medicine men transmit religious or magical power through their ritual while the modern physician in effect does the same through his ritual of diagnosis, formalized examination and prescription. Some believe in the power of the herbs, some the power of pills, and some the power of the mantra. But it is the inner belief in the cure (i. e., the individual's belief system, rather than the methodology) that seems to me to be the vital factor in the process of healing.

No belief system can be comprehended apart from its social context, and no individual understood apart from his social matrix. Accordingly, Family Therapy is one avenue of examining how and why individuals behave as they do.

Family Therapy

Moving from a medical model of sickness in one person to a view of deviance of any kind as adaptive in its context involves a reconceptualization of human behavior. It is no longer possible then to focus on just the "identified patient", but instead an effort must be made to effect behavioral and attitudinal changes within the total family. This modality, known as Family Therapy, attempts to show how individual pathology was formed through family myths, rituals, rules, alliances, distorted communication, etc. In Family Therapy an assumption is made that behavior is not limited to individual interactions, but includes transactions with all parts of the family system.

Dr. John Bell, considered to be the father of conjoint family therapy developed a method of placing the focus on the family system instead of the identified patient. The presenting problem is thought of as a product of a disruption

in family interaction and not as a product of intra-psychic conflict. From this point of view, conflicts within the individual become the consequence rather than the cause.

Sagar and Kaplan write that a major theme of Family Therapy is that transactions within the family system are major determinants of individual behavior.

The family therapist views behavior and symptoms as products of family processes, which influence and are influenced by each family member's intra-psychic dynamics. Process and changes in the system, rather than individual insights are seen as the major change-producing agents.

Within this systems approach, family therapist employ numerous strategies, tactics and techniques. Therapists such as Nathan Ackerman and Virginia Satir are vigorous personalities who promote interaction between family members by establishing a star-shaped verbal communication pattern between themselves and the family.

Ackerman helps to break family rules about not mentioning the unmentionable because nothing seems unmentionable to him.

Virginia Satir says that her role is as a teacher and expert in communication. She says of the therapist, "She must concentrate on giving the family confidence, reducing their fears and making them hopeful about the therapy." Satir is determined to teach the family a new language since she sees communication as the root of their troubles.

Salvador Minuchin's emphasis is on breaking patterns of action to produce feelings and as a therapist he uses himself explicitly as an agent or intermediary in the session. He silences an overbearing wife, and then colludes with her husband to handle her, for example.

Therapists such as Jay Haley, Don Jackson, and Gerald Zuk have a wary regard for the power of the family therapist and prefer to be covert leaders. They do not think that the truth of the unconscious shall make the family free. The

curative agent is the paradoxical manipulation of power so that the therapist lets the family seem to define the situation but in effect they are following his covert lead. They observe that if an agitated child is quieted, the mother will become agitated because such behavior keeps the existing (distressed) system functioning.

In families, the hope seems to be "you change, while I remain the same." From a systems point of view, change does not usually come about in therapy. Only a new order of behavior or change in one person will bring about the changes in the other members of the family. The paradox is that the one who wants change in the other must change radically and go to another level or order of behavior, and that the spouse who has not asked to change is changed by his/her reactions to the other's change.

It is not surprising, in light of these considerations, that Family Therapy has received increasing respect as a new dimension in the science of behavior and the philosophy of healing. Family healing connotes revitalization through an experience of human closeness. Within the context of family

healing, these shared experiences come to symbolize the triumph of life over death, of pleasure over pain; and as a reaffirmation of the joy of being alive.

Cancer Therapy

Dr. Carl Simonton, in collaboration with Stephanie Matthews Simonton, has initiated studies to explore the psychological aspects of treating the cancer patient and his family, using specific psychotherapeutic techniques in conjunction with current research.

A number of researchers, including the Simontons, have independently arrived at what might be called the "cancer personality." Their observations are that cancer patients tend to be rather rigid, self-sacrificing people who repress their feelings and hold onto their resentments. Cancer patients are usually resentful, unforgiving, self-pitying, and have a poor self-image. Their sexual relationships are usually less than satisfactory. They react to life's stresses by denying them and have great difficulty in any confrontation. Statistics seem to imply that 12 to 18 months before the onset of the disease the patient probably experienced a traumatic event;

the loss of a loved one, a child leaving home, or perhaps moving from old and familiar environments.

It would appear, then, that the physician would need to approach the personality of the victim to determine what changes can be made in these areas as opposed to only trying to treat the cancer. The issue no longer is whether there is any correlation between these characteristics, but rather how to begin to alter the belief system and the attitudinal characteristics that have been shown to be related to the onset and course of the disease.

There are three concepts in our culture that create a nightmare in the world of the fatally ill: the first is that terrible things are being done to you; the second is that your will has no power and you are helpless; and the third is that there won't be enough time. When the therapist is aware of the psychic assault to the patient, it can help to remove the pressure by being shared. In reality both patient and therapist can discover their strengths in this time of trial.

The concept, then, for the treatment of cancer would be to have the patient work on his emotional needs in a healthier way, while at the same time working with him on changing his belief structure by recognizing that he participated in his disease in some way and to believe that he can participate in the process of his returning to health.

If the patient feels like a helpless victim, he cannot be expected to believe that he can influence the course of his disease. It must be emphasized that taking responsibility does not mean blame or guilt. Both the patient and the healer must believe that the patient has the power to heal himself and it would be helpful if the people close to the patient, his family, and support group, also believed and supported this approach.

A major factor to consider with cancer patients are the secondary gains and payoffs of getting the illness, which may be compensation for some of the inadequacies felt by the patient in his life style. A basic question is, "why do

you need your cancer?" One motive might be to prove that parents or mate is wrong and that the patient is "dead right." The therapist has to work with the patient to help him find healthier methods of getting emotional support from loved ones or needs met rather than developing cancer. Or perhaps the patient feels that there is an evil part of him and he has gotten cancer to pay for his sins.

When using the process of visualization there are many clues for the therapist to follow, such as basic attitudes about love and hate, life and death. The imagery helps in determining how powerful the cancer is envisioned as being, how effective the treatment, and how active the immune system is. Modification of these images help to change the patient's attitudes about the disease, the treatment, and the body's ability to fight the disease.

The patient may be holding on to the disease because he cannot deal with the conflicts in his life, the negative emotions which make the cancer grow: his anger against

his mate, or the deep depression felt when he is reminded of the death of someone close to him.

These methods are used in conjunction with standard medical treatment. At this point, the question is not whether this model of treatment is perfect or ideal, but rather does it benefit a patient. In fact, this concept could be enlarged to include not only cancer patients and their doctors, but to the medical profession at large, and all the healing professions as well, giving recognition that the patient and his environment constitute a whole, and that any disease is only a symptom of the well-being or lack of it of any person.

With this in mind, it seems desirable to look at some of the non-medical modalities which have been helpful in relieving patients of various symptoms of dis-ease.

Biofeedback

Human beings are equipped with an intricately balanced system which constantly gives messages about the state of harmony of the body-mind in relation to the total environment. Unfortunately we do not always understand these messages.

With increased technological advances we are now able to monitor body functions, to explore the interaction between man's body and mind. Biofeedback is a method of looking at a state of tension and using that awareness as a key to eradicating the course of the tension. This method can give instantaneous information to the patient. When a patient receives this information he learns how to influence body functions that have been traditionally considered not to be under conscious control.

The ability to change the rate of heart beat, blood flow, respiration, temperature, and skin condition, and the firing of specific muscle groups is an ability that has apparently

been underdeveloped by most of the human species. With the aid of biofeedback machines the patient's own consciousness becomes involved in the diagnosis and treatment of the disease.

We are learning a great deal about the control of the autonomic nervous system. People such as yogis have been aware of these states of consciousness for many years.

Kenneth Pelletier, Ph.D., has been doing work in the field on special adept individuals who are in effect autonomic control experts. Some of the material explores the farthest parameters and what we can reasonably expect in the way of autonomic control.

Dr. Barbara Brown, chief of experimental psychology at the Veteran's Administration Hospital in Sepulveda, California, has focused her work on exploring ways in which this clinical research tool brings a new perspective to the practice of medicine in the West. Some of the little-understood but practical and useful techniques of self-regulation, that up until recently could only be approached through the meditative

traditions of the East, are being applied scientifically through research and application of biofeedback. Biofeedback involves the use of machines to detect and portray levels of activity in various parts of the body. It can help many physical complaints as well as teach relaxation. An electromyograph is used to report muscular tension; an electroencephalograph reports brainwave activity; a temperature trainer is used for reporting temperature of the extremities.

Dr. Brown has discussed the implications of doing therapy with biofeedback. The machine can tell us how mental events or images can control physical events, and how there is a superiority or control of the thought image on the body.

Since most images are subconscious mechanisms, biofeedback helps the patient to become aware of internal states. The patient is no longer passive but is forced to become aware through direct visual images of how his internal state is effecting him. The patient can no longer be passive in his state of health but starts to take responsibility and be instrumental in making changes. He becomes aware of his internal

state and can shift attention from stress problems to start a normalization process.

With biofeedback the implications are that you can learn quickly what is happening and by feeding in new information, make changes. The mind orders orderly and efficient change and gives new information about the self. The result is new authority of the self with a new belief system about the self. With successful biofeedback the patient becomes the treatment. It prevents the rumination, pondering and circulatory process of data that amplified stress. It stops the perpetual distress of the use of old and inaccurate mental constructs by the body, even when the messages are no longer being fed in. A fascinating fact is that, as Dr. Brown has documented in her book, New Mind, New Body, a human being can voluntarily control and isolate a single motoneuron cell in the spinal cord to relieve stress, tension and pain.

Dr. Eric Peper, research psychologist at Stanford Research Institute in California, has been exploring clinical application of

biofeedback for deep relaxation and for the re-education of partially paralyzed muscles, with very good results.

The awareness that we may make direct contact with the activity of the body's immune system to determine whether in fact disease is a reaction to, rather than the cause of, illness is now under study.

With information from biofeedback machines we can start to have better functioning, to be in tune, to see our whole self as an expression of our consciousness. Most important, each of us can have an opportunity to experience a sense of personal efficacy that enables us to rectify a dysfunctional psychosomatic interaction. We can all learn a non-verbal internal language which permits a more harmonious integration of mind and body.

Acupuncture

Acupuncture is an ancient Chinese skill thousands of years old. The energy we call Life Force or Vital Energy circulates through the body on specific pathways. The Vital Energy can be tapped at 365 points on the skin that were mapped out thousands of years ago. The Chinese inserted fine needles at these points to correct imbalances in this primary energy flow and thus apparently cured disease. It was a way of manipulating the vital body energy.

The 365 points on the skin, along a network of 12 meridians, are in communication with organs deep inside the body and with the whole mental and physiological state of a person. Changing the energy flow on these points changes the Vital Energy deep inside the body.

Dr. Randolph Stone of Yale University has mapped out pathways of human energy and has worked out techniques for implementing weak points in human energy flow pathways.

This is now being taught under the name of polarity therapy. Dr. Stone points out that all nature reflects the forces of positive, negative, and neutral energy, whether it is in the structure of the atom, the human cell or the magnetic lines of our planet. Health relates to a balance of these forces at all levels.

Chinese medicine states that points on the skin connect through pathways of Vital Energy to internal organs. For instance, a point on the inside tip of the little finger of the right hand is on the energy pathway leading to the heart. We can chart the inner network connecting up the energy of the body.

The Chinese believe the highest healing science deals with this invisible level of energy. A skilled practitioner, through the reading of pulses, can determine if there is any imbalance in the counterpart of the body of energy. He can tell whether there will be a breakdown in an organ long before this energy imbalance translates itself into a crippling physical

fact. An attempt is then made to rebalance the energy flow and prevent the oncoming of disease.

An important aspect is the expectations of the practitioner and how this is conveyed to the patient. This can have either positive or negative therapeutic connotations. The patient's faith in the procedure, together with implicit and explicit suggestions of success greatly increase this possibility.

The Chinese believe that state of mind and body are reflected in Vital Energy. This is the link between the mind and body. This is the *modus operandi* of psychosomatic illness, the means by which the mind affects the body. A negative depressed state of mind acts on the energy like a toxic substance and will eventually manifest itself as an illness. Conversely, a malfunction in the body could cause a mental illness.

In 1973 at the First International Conference on Bio-Energetics in Moscow, Russian scientists presented papers on how to deal with matter affecting energy. Professor

Inyushin reported on energy flow that enters the human body through the acupuncture points. These points are like windows into the body. Low intensity laser radiation is used to stimulate these points affecting the growth of osteogenic sarcoma tissue. Other forms of energy such as sound, in addition to light, are now being experimented with.

The Chinese do not believe in the germ theory. However, American scientists such as Dr. David Bresler of the University of California at Los Angeles School of Medicine feels that when the energy system goes out of balance, germs may take over. Pain then becomes an accumulation or congestion of energy. If we can disperse the energy, the pain disappears. However, a patient who has had surgery is more difficult to treat with acupuncture than one who has not had surgery. The thesis is that any surgery interrupts the flow of energy. The surgery may reconnect tissues, arteries or veins, but the energy or meridians are not immediately reconnected.

An interesting factor this research has uncovered are some of the tools that people have used for centuries in the practice of acupuncture, such as sharpened flints, fish bones, bamboo shafts, gold and silver needles, and presently, lazer beams and high frequency sounds.

Doctors from the Western world in recent years have been very impressed by the use of acupuncture analgesia in modern China. They have observed this millenia-old Chinese practice of inserting long, fine needles into carefully chosen points on a person's body during surgery, freeing surgeons to perform major operations on the abdomen, chest, or head while the patient stays awake and alert. The patient remains totally calm, with normal pulse and blood pressure, and a minimum of discomfort. There are no side effects from drugs and only a slight loss of blood.

McGill University psychologist, Ronald Melzack, who has conducted research on the physiology of pain for almost twenty years, has published a paper on his theory of how acupuncture works.

He states that in China the patient has faith in the procedure as a result of long cultural experience and together with the explicit suggestion that the patient will feel no pain, his anxiety is greatly diminished. Sometimes mild analgesic drugs are used to further relax the patient. Dr. Melzack feels that nerve impulses produced by twirling the needles, or sending electrical pulses through them, activates parts of the brainstem that block pain signals coming from the site of the surgery. The signals never reach the parts of the brain involved in pain perception and response and the surgeon is free to begin his work.

Because of our contact with China, American doctors are having to examine their beliefs about the use of acupuncture. Former President Nixon's personal physician, Walter Tkach, on his trip to China was quoted as saying that the Chinese "have something very superior to our own method of anesthesia." Tkach suggested the Chinese send a delegation to the annual American Medical Association convention to demonstrate acupuncture - a scientific exchange which has yet to take place. (New York Times, August 14, 1975.)

In spite of this and the legality of using acupuncture, American physicians are investigating more and more the benefits and uses of acupuncture. As Dr. John Fox, anesthesiologist at Downstate Medical Center in Brooklyn states, "acupuncture will become another string in our bow."

(psychology today, June, 1973.)

Autogenic Training

Autogenic Training is an exact, clearly defined method of self-hypnosis, a means to a relaxed enjoyment of one's physical existence. It is a technique for producing profound muscle relaxation which was developed in Germany in the 1920s by Oskar Vogt. The method involved training of control of the muscle entirely by self-generating means. It was at a time that hypnosis was in disrepute and with this method patients were able to induce hypnotic states within themselves by auto-suggestion, because the auto-procedure reproduced the essential elements of the hypnotic procedure.

J. H. Schultz, a neurologist and psychiatrist, was greatly attracted to the benefits from Autogenic Training. He found that two different types of body sensations occurred almost invariably in his hypnotized subjects: a feeling of heaviness in the extremities, often extending to include a heavy feeling throughout the body; and an associated feeling of warmth reported as quite pleasant. He isolated these

two factors as being essential to the production of the hypnotic state and determined that changes in body functioning could be produced by auto-suggestion, beginning with formulas to develop feelings of heaviness and warmth. He was also very successful in perfecting various series of mental exercises which proved to have profound effects on body functioning, particularly with regard to tension and stress. One of his verbal formulas might be "my right arm is heavy." This could be followed after hours of practice with applying the formula to various parts of the body muscle masses and then with exercises to induce warmth.

After mastery of body relaxation exercises, the patient progresses to meditation exercise, which concentrates on visual imagery, to the imagination of objects and then finally to abstract concepts. Finally, the meditation explores one's feelings with the unconscious.

During the exercises the patients are always instructed to use passive concentration, never active fixing of the attention.

In this way, Autogenic Training is similar to other forms of meditation, such as Transcendental Meditation.

In Europe, Autogenic Training techniques have been used extensively in clinical practice. However, one guess as to why it has not achieved popularity in the United States is that the training and treatment involves a long period of time. In our society we have been able to achieve much quicker, easier and more dramatic results with pills. One of the reasons why biofeedback is growing in popularity among Americans is that it has technical components and we are accustomed to learning with these kinds of aids.

Researchers are working with using a combination of both Autogenic Training and biofeedback and although there is no absolute proof, Dr. Barbara Brown in New Mind, New Body states that there is current evidence that points to man's ability to direct his internal body activities with pinpoint accuracy.

At one point in the practice of Autogenic Training there is a lessened control from the "higher" control centers

exerted by the cortex which liberates a more primitive control center and there is a flood of ungoverned motor impulses such as "letting loose" feelings, twitching, floating, or even detachment. Many people have had the experience of a sudden release of "pent-up" energy and this is precisely what seems to be happening. The nervous discharge is actually of much more importance to the process of anxiety than a simple relief mechanism. The discharge seems to be a safety device of the higher nervous system so that we don't have constant feelings of "I feel as if I could explode." It helps in the release of muscle tension, fatigue, and stored, mis-directed energy. The most significant benefit which the trainee of Autogenic Training acquires from being in the hypnotic state is that he gradually gains some measure of control over his autonomic functions. The quieting of the heartbeat or irregular beating, high blood pressure, disorders of the digestive system, migraine headaches, and asthma are common complaints that have been affected by the use of Autogenic Training.

The World Psychiatric Association Congress at Montreal in 1961 included a section devoted to the discussion of Autogenic Training. Both Dr. Schultz and Dr. Rosa, who translated You and Autogenic Training from the German, maintain that Autogenic Training is a science, not a cult.

Relaxation, Meditation, and Visualization
Techniques in the Treatment of Cancer

One of the primary tools in the New Health treatment of cancer is the practice of relaxation and visual imagery. It's purpose is to teach the patient to visualize cancer cells in his body being diminished by his body's own defense mechanism (positive imagery.) This has components similar to biofeedback, meditation and Autogenic Training and self-hypnosis.

In the process of imagining his cancer, the patient gives the therapist many clues about his life, love, sex and death. The patient is instructed to visualize his cancer, his treatment and his body's own immune mechanisms (white blood cells) acting on the disease. The process is repeated three times each day. The patients report of their imagery is important in determining their attitude toward the disease, how powerful they envision the cancer, and how active and effective the treatment and immune systems are. Attempts are made to assist the patient in modifying these images to change attitudes about the disease, their treatment, and their body's ability to fight the disease.

The process of relaxation and mental imagery is most effective if done on a regular basis. The suggested times are three times daily - before eating breakfast, directly after lunch, and before going to bed.

The following is a sample of the visualization techniques used by the Simonton's at their Cancer Counseling and Research Center in Fort Worth, Texas:

The first step is to take a comfortable position, preferably sitting up so that you don't fall asleep. When you are ready, close your eyes, take a deep breath and as you exhale, begin to turn loose of the tensions that have built up over the day. Begin to be aware of the tension in the little tiny muscles around the eyes and the muscles around the jaw. Open your mouth real wide, and let it fall. Feel the wave of relaxation spread over your body. Become aware of the muscles in your neck, and mentally command them to relax. Allow the muscles across your shoulders to relax. Become aware of your chest muscles, chest cavity, and lungs. Again, give these areas the command to relax. Allow the tension to flow out of your body, freeing up the energy that your body can use in a more productive way.

And now, become aware of the tension in your abdomen. Mentally picture these muscles relaxing. Hold in your mind the concept of a very limp rubber band. Feel the tension leave. Now allow your pelvis to become more relaxed, your legs, feet and your hands.

And now that you have relaxed yourself as much as you have, picture yourself in a nice scene from nature. Perhaps a creek bank, a place of repose that has meaning for you, and allow yourself to relax even more. I'll be quiet while you picture yourself in that scene of relaxation.

The purpose this relaxation and mental imagery has is for improving health. The first step is to force yourself to mentally picture the cancer in a way that makes sense to you. An important thing to hold in your mind as you do this is realizing that many of our preconceived ideas about cancer are incorrect. We normally think of the cancer cell as being a strong, very powerful cell. This is not true. The cancer cell is a very weak, confused cell. Cancer grows when our bodies, the host, are weakened. The normal healthy body rejects the cancer cell. We reject and destroy cancer cells thousands of times during a normal, healthy lifetime.

Now, picture your cancer. See the cancerous area and realize that the cancer cell is a weak, confused cell. Picture your treatment. If you are receiving radiation, picture that beam of millions of bullets of energy hitting all the cells in its path, hitting the normal cells and the cancerous cells. The normal cells are stronger and able to repair any amount of damage that is done. The cancer cells cannot repair themselves. They are weak and confused. This is the basic principle upon which your radiation therapy is built. See that happening in your mind's eye.

If you are receiving chemotherapy, picture that drug coming into the body whether it is by pill or by injection. See it entering the blood stream, and as the cancer cells take up its food from the blood stream as any cell

would, the drug acts like a poison. The normal cells are strong and affected very little, but the cancer cell is weak and is flushed out of the body. See this happening so that you can cooperate with the treatment, and see your body returning to a healthy state.

And now, picture your body's own white blood cells, that vast army that is put there to eliminate the abnormal cells and abnormal conditions. Picture your white blood cells being very strong because they are the representation of you. See them as being very aggressive, coming in, recognizing the abnormal cancerous cells and destroying them. Make them very active and be aware that your white blood cells are without number, there are so very many of them. If you are depressed, your white blood cells will be depressed and not be fighting, so encourage the activity in your mind's eye. See the cancer shrinking and being carried off out of the body through the liver and kidneys and being flushed out, through the urine and the stool. Force yourself to see the cancer shrinking and begin to see yourself feeling a bit better.

This may be extremely difficult for you to do right now, but force yourself to do it. It will become easier. Not that this is how you feel now, but this is our expectancy for how you will be.

Force yourself to see the cancer shrinking, and see yourself beginning to feel a bit better. Force yourself to do this. It may be extremely difficult for you to do at first but as you do this it will become a bit easier. See yourself feeling a bit more energized, hungrier, and being about to relate to a member of your family

a bit better. Become aware of your goal. Set your goals very strongly and hold them in your mind's eye. Just as you are developing any skill, practice is important. See yourself doing this on a regular basis, three times a day, so that in a time of crisis you have this skill available to you. When you are through, take the time to pat yourself on the back for having taken the time to mentally relax yourself. When you are through, and you feel ready, open your eyes.

Cancer Research Program

At the Center for the Healing Arts in Los Angeles, a cancer research program was established in 1975. This program was begun with two fundamental purposes:

1. To provide a broadly-based clinical setting for psychoenergetic treatment of cancer, which supplements and extends current orthodox medical procedures.
2. To explore in as controlled a manner as quantitatively possible the extent to which cancer is psychogenic in origin and maintenance.

The program is for persons with psychophysiological disorders who are interested in pursuing a program of self-healing. The staff discusses basic concepts of Holistic Healing and trains participants in the methods of visual meditation, developed by Dr. Carl Simonton and Stephanie Matthews Simonton. The program takes a holistic approach to medicine, which is based on the following beliefs:

- A. All healing ultimately requires the full participation and support of the patient and requires both a conscious and unconscious desire to be healed.
- B. We are each largely responsible for our illness, although often the identified patient carries the illness for the entire family and perhaps for society as a whole.

- C. Permanent healing is not likely without a movement in consciousness, including an exploration of basic belief systems and primary relationships.

Participation of patients in a research group includes:

1. Group therapy process once a week for two hours.
2. Individual therapy at least one hour per week with a therapist from the Center for the Healing Arts.
3. A two-hour seminar one evening a week for approximately nine months, concerned with various approaches to therapeutic and self-healing disciplines.
4. Members of the immediate families of all group participants are invited to participate in a concurrent program.
5. Other programs are continually being developed to facilitate the overall progress of self-healing consciousness. Some of the more recent ones include seminars in art process, breathing and relaxation, yoga, movement, meditation, and physical fitness.

Therapists for the research program participate in an on-going program of training, oriented towards a holistic approach to healing as follows:

1. Each therapist is required to see the cancer patient for a minimum of one hour per week.
2. Each therapist must attend an on-going weekly training and supervision seminar under the direction of the coordinators of the research program.
3. Once each month therapists are asked to attend the cancer group in which their patient participates for a group session.
4. Once each week a seminar is held for all patients in the research program. The seminar is a combination of didactic and experiential teaching and includes a wide variety of approaches to self-healing. The seminar is under the supervision of the coordinators of the research program and the group leaders and guest speakers are invited to conduct sessions in their specialities. Therapists are asked to attend these workshops.

Supervision is provided for therapists who are preparing for a license as Marriage, Family, and Child Counselors. The nature of the supervision varies with each supervision and a variety of theoretical approaches are explored.

Practicum Discourse

As part of my culminating project, I am including a case history, describing in some detail a cancer patient with whom I worked during the past year.

In September, 1975, I began counseling Ann B., who had applied to be in the Cancer Research Program at the Center for the Healing Arts. Ann, 39, was an attractive, well-groomed, upper-middle-class, Caucasian woman who was suffering from a malignancy in its advanced stage. Ann was the youngest of five children. Her mother had developed cancer when Ann was five years of age, and died eleven years later - with the intervening years full of the impending death threat. Her 16-year-old sister died when Ann was eight years of age. Her father died several years ago, after a long illness that made him dependent. Her brother had a serious heart condition. Her favorite sister with whom she had been very close had died ten years ago of breast cancer, and Ann herself

had a cancerous breast removed a year ago and had evidence of cancer in the liver when I first began seeing her and her family.

Her husband, Mark, a successful business executive, was the youngest of three children whose parent's involvement with business had left little time for nurturing. His father's death, when Mark was twelve years of age, placed his mother in full charge of the business and the children on their own. His older brother, whom he idealized, became his surrogate father. In this relationship, Mark felt incompetent and without any choice other than to act in accordance with his brother's wishes, stifling his own.

Ann and Mark had been married for 16-1/2 years, and had one child, Andy, 15 years of age, who was experiencing difficulties in school at the time. Andy knew, of course, that his mother was ill, but the nature and severity of her illness had been withheld from him for fear that the information would "depress" him.

In our initial interview, Ann stated that she wanted an arena to ventilate her intense resentments, anger, and rage about her imminent death. She also sensed that some part of her wanted to work towards making her life different for the time left to her.

After meeting privately with Ann for three times, we scheduled a meeting with Mark. At this time, in their interaction, she came through as an angry, controlling woman, dissatisfied with her husband, her son, and herself. Her husband allowed himself to be intimidated and defensive. I found myself reacting to her aggressiveness which diluted the emotional impact of her medical history, which read like a Greek tragedy.

It became clear that the motivating factors in Ann's life and in her family of origin were death, dying, and mourning, and that this was the present home atmosphere. In spite of joining the program, she wanted to reject everyone's efforts to help her relate to living.

To help with the meditation techniques, I spent some time going through it thoroughly with Ann. She had difficulty in relaxing and taking a deep breath. During her visualization she saw a stone in her chest which prevented her from breathing deeply. In the process, she stated that the stone was like a stopper, keeping her all bottled-up (which helped her to be in control.) She struggled to move the stone and when she had accomplished it, cried deeply with a great sense of relief and accomplishment.

Her imagery has been very active. During her meditation, which she did three times a day, she saw the cancer in her chest in flames. Wild animals were chewing holes in her. She saw savages who were white (white blood cells) attacking the animals with spears. This image was very exhausting because of the energy involved, but she felt that she was attacking the cancer cells.

We worked on changing the images. During her initial meditation she saw small, transparent fish, piranhas, with

sharp teeth gobbling up the cancer cells. In time the piranhas (white cells) grew plumes on the tops of their heads and became very strong and vital. They became voracious eaters of cancer cells. This was about the time she went into a state of remission.

In addition to seeing her privately, I also scheduled a family session with Andy present. Ann was able to recognize how destructive it was to her son to keep him outside the family unit by keeping her condition a secret, and open discussions were started. Andy and his father made contact, and we met several times without Ann so that they could start to express their feelings about her illness, her possible death, and how it would affect them. These discussions helped them to start reaching for one another.

While Ann was expressing dissatisfaction to her husband about his passivity and inability to be more assertive, she began to see the facade of strength which was an alienating

device she had used to keep them distanced. Ann started to see the connection between her negative feelings and the onset of her illness, and to understand how her chronic depression, resentment, and state of perpetual anger, beginning in her family of origin, might have precipitated her illness.

As for Mark, although successful in business, he was self-effacing and ingratiating in manner. He saw himself fearful of her anger and careful to suppress his own rage.

At this time, Ann's physician stated that in spite of the negative prognosis, her condition had temporarily stabilized and that he thought there might very well be a relationship between her emotional condition and the state of remission.

I became aware of the issue of my investment in her life and death and the limits of my responsibility. It helped me to understand the feelings of anxiety and guilt that members

of a family with someone very ill have to deal with. Was I doing enough? Was there something I had overlooked? Indeed I would extend this burden to her physician.

Her ambivalence continued to be a major factor in our work. I realized that only she could make the decision of whether she wanted to live or die. I shared this with her and suggested that whatever her choice, I would be available. She turned the issue of a choice to the struggle between her way of living and way of dying. What she wanted to try to do was to live fully for as long as she could. The awareness of this decision produced a profound effect on the family. They all began to understand the ways in which they had participated in the family state of depression.

Two sessions were devoted to the effects of Ann's mastectomy, her feelings about herself as a woman in terms of loss of femininity and as a sexual partner. Mark's ability to understand these feelings and make it clear to her that it did

not affect his feelings for her, reinforced the strong, affectionate bond between husband and wife that had been apparent from the beginning, despite their conflicts. Their love and caring was clearly evident now, and this could be strengthened and nurtured.

Although there was always the concept of impending death in the family, there were periods of time when the commitment to life was overpowering. We worked together for nine months, during which time Ann freed herself from the burdens she had inherited from her family of origin. In the process of the search for self within the time granted her, she began a process with her husband and son that made a shift into the next generation. It was a powerful and rewarding experience for Ann, Mark, and Andy, as well as for me, and when Ann was terminated from the Center program in a state of remission, I felt as though we had all been fellow-travelers on a meaningful journey, the "dress-rehearsal" for our own individual deaths.

To again quote from Wilhelm Reich in The Cancer

Biopathy:

The revolutionary character of our work necessitates certain new attitudes towards the world around us and the relinquishing of a few of the usual techniques of dealing with it, if we are to fulfill our responsibility as (orgone) researchers.

It is incorrect to believe that every cancer victim can now be saved. But a beginning has certainly been made.

Death and Dying

I feel this paper would be unfinished without the inclusion of some of the work being done in the area of death and dying.

Death, in our culture, is ignored, evaded, and denied. One of the reasons is that dying today is mechanical, lonely and impersonal. Death seems to be another disease to be conquered or a prison to be escaped, when in fact it is an integral part of our lives that with acceptance could give meaning to our existence.

In the past decade discussion of the subject of death, the greatest taboo of all, has weakened a little. A bill has just passed the California Legislature which permits people the power to "die with dignity." Dying patients are usually treated as having no rights or opinions concerning their well-being, life, or death.

Currently, physicians and hospitals use the term privately of "twilight therapy," an agreement not to use heroic

measures to keep the patient alive. But more than anyone else, Dr. Elizabeth Kubler-Ross has been helping us to deal with our death and dying attitudes.

In our society today virtually no-one is comfortable talking about death and that certainly includes doctors and the clergy. Our hospitals are built to accomodate the ill or wounded. They are antiseptic and resent a patient who dies as an indication of the failure of the medical techniques they have developed. They function as a house to heal the ill, not to help the dying to die. When a patient dies, he is whisked away- the most remarkable disappearing act. This attitude reflects the way the hospital, doctors, family, and society deal with death. Our funeral homes cosmetically deny the reality of death. And our language supports the myth that a person has not died, he has just "gone away."

Why do we treat death as a taboo? What are the sources of our fears? Psychoanalysts recognize that at the unconscious level, a person does not believe he will die. From the refusal

to believe in one's own death springs the hope that despite a life-threatening illness, one will not die. Denial also typifies the reaction of family, healers, and the hospital. It follows that a person who is discomforted with the idea of his own death could not deal with someone else's death.

Kubler-Ross found that with cancer patients there were five stages that they typically go through when they know they are to die: denial and isolation, anger, bargaining, depression, and acceptance. Some patients need, to the very end, to cling to denial, but they are rare. More often the need has been to have someone to talk to about their death and in being able to share this it would mean that we could prepare for our own death. Dying patients can teach the living how to live, to finish our unfinished business, and to say "I love you" while the other person is still around to hear it.

In lectures, Dr. Kubler-Ross has stated that death is like shedding a winter coat when spring comes, or a butterfly shedding its cocoon. Dying patients have related to her that it

feels like shedding old skin in a state of transition while rising to a higher state of consciousness. Patients who have died and were medically returned to life have shared that dying was a fine, pleasant, and peaceful experience and they have always been resentful of being "brought back." Dr. Ross feels we have to get in touch with the silence inside ourselves, learn not to be afraid because everything has purpose. In any analysis, only the caring and love you have given and received have meaning. The rest is for naught.

Death is as much a part of human existence as growth. The major theme of death is that it sets a time limit on our life, urging us to be productive. Death can be an invisible companion, gently reminding us to live our lives rather than simply passing through them. For those who seek to understand it, death can be a highly creative force. Michelangelo once stated, "No thought exists in me which death has not carved with his chisel."

Death has strongly influenced the ethical attitudes of human beings. The highest spiritual values of life have originated from thought of and the study of death. This provides the sources of religion, creeds, myths and mysteries. One of the most persistent questions that human beings continually explore pertains to rebirth, resurrection, and a life hereafter. Does the way we live have a relationship to hereafter, a heaven, or hell?

Conclusion

Many questions and cultural holistic practices were left unexplored in this paper. These include Shiatzu, the Japanese finger-pressure therapy for energy, sexual vitality, and relief from tension and pain; Acupressure; postural integration; Tai Chi; Yoga; and nutrition.

Many of these share the basic holistic tenet that body-mind are one, that disease is generated by mental apparatus and that healing should be a rite of passage, a transforming event, but that within our society, fear and anxiety have blocked the healing process.

Although the practice of Holistic Health can include all or many of the so-called standard marriage, family, and child counseling modalities, like any "therapy," what is used depends on the skill and philosophy of the individual therapist. In my own experience with my cancer patient, for example, visualization and meditation were assigned on

daily basis, resembling behavior modification. The therapy was Rogerian in being client-centered, but soon evolved into Family Therapy. Sometimes the need arose for psychodynamic role-playing and Gestalt techniques. Communication skills were taught (somewhat in the manner of Parent Effectiveness Training/PET) and the entire therapy was based on the systems theory which holds that as one individual changes within a given group, those changes force others to respond in a different manner.

In the use of techniques, therefore, the approach to Holistic Health is no different from any other type of therapy. In its philosophy, likewise, it is similar to many other "here and now" therapies which emphasize the responsibility of the individual for his own well-being. Any difference, therefore, is one of degree rather than of kind. While other therapies hold that a person's behavior is self-incurred and therefore self-curable, Holistic Health extends this to include physical as well as emotional health.

We multiply diseases for delight,
Invent a horrid want, a shameful doubt,
Luxuriate in license, feed on night,
Make inward bedlam -- and will not come out.
Why should we? Stripped of subtle complications,
Who could regard the sun except with fear?
This is our shelter against contemplation,
Our only refuge from the plain and clear.
Who would crawl out from under the obscure
To stand defenseless in the sunny air?
No terror of obliquity so sure
As the most shining terror of despair
To know how simple is our deepest need,
How sharp, and how impossible to feed.

Marcia Lee Anderson

Critical Assessment

For some time I have been directed towards a personal search for clarification of what creates ill health, either emotional or physical, and how change comes about. I felt there could be more to the creation of disease than was previously explored, for instance, the germ theory or accidents. It seemed to me that there had to be some integration of how ill health comes about, and how well-being/change occurs.

I wanted to delve more deeply into the subject of illness and health, and do research to learn more about the alternatives to medicine as it is traditionally practiced. Since I had already worked with the cancer research program at the Center for the Healing Arts, I knew I brought to the project a background of experience in working with a cancer patient, as well as involvement in the climate of change and evaluation in the field.

Through the reading and collating of material, I found my interests expanding, and for every paper I read I felt there were several more books I wanted to read in order to get the

necessary background. I found myself attending seminars, workshops, etc. with enthusiasm to fill in the gaps in my understanding, as well as to validate the changes I was experiencing in myself. The more I learned, the more I needed to learn in order to assimilate and integrate what had gone on before. There were times when I needed specific supervision, which I sought out as required.

The key concepts involved in my learning experience are:

- (1) That Holistic Health encompasses not only the cure of the symptom by the healer in cooperation with the patient, but a variety of modalities that sees the person as greater than the sum of his parts.
- (2) That because we are dealing with the whole person and not just a specific illness, we must address ourselves to the mind and the spirit, as well as the body.
- (3) That therefore art, music, poetry, meditation, visualization, yoga and so forth, are all components of the "treatment."

The idea that we are all responsible to a great extent for our own health (which involves the patient in specific activities) was part of some primitive cultures practiced by medicine men, shamans, etc.

Major authors in this area include Jerome Frank, Irving Oyle, Lawrence LeShan, Barbara Brown and Elizabeth Kubler-Ross. I found that these people supported the basic premises under which I had been operating, and therefore I found myself in agreement with their tenets. I found that my work in counseling changed to apply not only to people with terminal illness, but also to my clients in general. The concept of how change takes place, through the belief system, as well as the idea that we are all responsible for our own "well-ness" seems applicable to the majority, if not all, of my client caseload.

While I enthusiastically subscribe to the bulk of the learning, I must admit I have some doubts as to the limits of this belief in our own power. For example, if we can create, control and/or prevent our own illness, can we ultimately prevent our own death? As with any newfound concept, I tended to have unrealistic expectations as to the application of this theory. Are we for example creators of everything that

happens to us? Are there no "accidents"? I recognize that my own experience in working with Chicanos, for example, raised questions as to society's creation of social problems over which they appeared to have little or no control.

The same can be said for Blacks, Asians, women and other minorities. However, Holistic Healing seems to share many of the basic tenets of Radical Therapy, which assumes that we all have power which we need to re-assert. If this is true -- and for me, it is -- then Holistic Healing becomes a cross-cultural phenomenon which can be applied to many other areas of concern. For example, once we become aware of the fact that we do have options, we no longer can escape responsibility for the creation of our own environment.

Perhaps the most philosophical facet of Holistic Healing lies in its difference from traditional medicine which requires that the patient accept the doctor's prognosis, thereby perpetuating a dependency based on respect for the doctor's more experienced learning. Holistic Healing conversely

urges the patient to determine his own values, explore others, and ultimately create for himself his own environment.

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