PELLETIER, KEN (1994): *Sound Mind, Sound Body: A New Model for Lifelong Health*, Simon and Schuster, N.Y.

At face value, this book offers itself as a presentation of research findings relating to the health practices and beliefs of a group of nominally 'successful' Americans. It has, however, left me with a disturbing unease about the consciousness and assumptions of the author and those for whom he speaks. The work itself is funded by the Rockefeller dynasty, whose influence on the development of American biomedicine has been well documented by E.R. Brown and others. American corporate reality pervades the work. Pelletier strongly identifies with it.

The huge difficulties assailing American medicine - and biomedicine generally - are clearly understood. But one must ask whether the 'success' model so admired by Pelletier holds much relevance to the world's billions who live in poverty, oppression and social alienation.

There also appears to be a curious lack of evaluation of the basis of the 'success' of Pelletier's respondents. Many have scrambled to the top of the corporate pile, possibly at great cost in terms of human and ecological values. Two of his exemplars are associated with the formation and development of the Trilateral Commission, a body which has been identified by a number of liberal commentators as a politically suspect organisation that has used Western wealth and influence to control and direct political, military and economic activities in parts of the Third World.

Pelletier's close association with the most powerful corporate institutions in the US may, however, presage a style of large-scale intervention that may partially compensate the overwhelming deficiencies of government-sponsored health 'care' in the US. Such programs as those developed by Pelletier and his group may ultimately reach and tangibly benefit the health of millions of employees of the corporations that have employed their services, but one cannot help but wonder where the 'little man' is in all of this. Many students of political economy have condemned American health policy as exclusivist, expensive, ineffectual, and neglectful of the poor. Ironically, Pelletier suggests that American capital itself may offer a way of rescue to a population derelicted by a capital-driven political and medical system.

Pelletier assumes a 'business as usual' approach when he describes the 'restructuring' of medical care in the future. Unlike Ivan Illich or Richard Taylor, he gives little attention to the contradictions inherent in the current style of technological medicine and the need to develop a conceptually broadened, ecologically sensitive, and economically sustainable model of medical practice. In contrast to Illich and Taylor, Ken Pelletier lauds the development of increasingly sophisticated medical technologies as great gains in the biomedical project.

Pelletier's study reveals the essential shallowness of American critiques which purport to espouse the principles of holism, but say little of the complicity of biomedicine in propping up an essentially flawed political and economic system. His work is soundly endorsed by the big guns in the club of new medicine: Andrew Weil, Larry Dossey, Joan Borysenko, and David Sobel. Ram Dass also cracks a mention, perhaps a subtle indicator of

Pelletier's earlier affinities. The over-riding impression gained here is that with the help of a few minor changes, and a liberalisation of presently unsanctioned health care practises such as meditation, acupuncture, and naturalistic styles of medicine, we can move towards a bright new world and a lovely future for all. And all this in an essentially decaying order.

This ambiguous work seems to have as unspoken agenda the preservation of a particular style of living associated with wealthy capitalist economies. The errors of the past are but lightly addressed. The mitigation of future breakdown is a silent subtext.

Health is the psychological adjustment to the extraordinary experience of living life in its fullest expression. As the Greek philosopher Herophilus put it approximately 300 B.C.: "When health is absent, wisdom cannot reveal itself, art cannot become manifest, strength cannot be exerted, wealth becomes useless, and reason is powerless." Again and again in my own experience it was becoming evident that health is not an end but a means to fulfill the purpose of life itself. p 14

I focused on individuals who have made major contributions to the world *beyond* their own personal success and security. From interviews with them I was able to learn a great deal about how people can achieve a balance between personal and professional fulfillment and attempt to achieve the ancient ideal of "a sound mind in a sound body." This sense of optimal health as a personal and societal responsibility is the focus of my research, my clinical practice and this book. p 17

Medical care in this country reflects our cultural values of materialism. We throw money at problems, believe that external solutions can solve internal problems, prefer simplistic approaches to reality, and worship high technology. Furthermore, we believe that modern medicine can and should cure all ills, that medical care is a basic right, and that death is the enemy to be conquered at all cost. We reason that if some medical care is good, more of the same must be even better. p 17

Medical care no longer has a well-defined goal. Without a clear destination, wandering is inevitable. If we are to transform the present disease management industry into a *health care system,* then health - not the for-profit management of disease - needs to be restored as its bottom-line goal. A true health care system is one that encourages preventive techniques and practices to enhance and sustain the vast majority of people and makes appropriate disease management technologies available and affordable to those who really need them. p 18

Major corporations like Johnson & Johnson, Du Pont, AT&T, and General Motors have redirected a large portion of their corporate medical expenditures toward health promotion and disease prevention programs.

Much of my own work over the last ten years has focused on the development and evaluation of such innovative health and medical programs in the work site. As director of the Stanford Corporate Health program at the Stanford University School of Medicine, I work with such corporations as American Airlines, IBM, Bank of America, AT&T, Apple, and Levi-Strauss to create these types of programs, and

every one of the more than fifty published evaluations of these programs has shown objective, quantifiable proof of increased health and decreased cost. p 21

Restoring individual responsibility recognizes that there are critical lifestyle choices we can all make to increase the likelihood of sustained health. It encourages us to become as active as possible in our own treatment. Such an approach does not imply blame or assign guilt. It simply recognizes the fact that conscious, individual choices underlie many of the major causes of death and disability in the United States today. p 23

This new model of health can set the fundamental direction for individuals and the nation as a whole and lead us toward a true health care system by providing a basis for our day-to-day decisions. The new orientation will involve and empower all of us - individuals and institutions alike - to be integral and responsible participants in our own health. as well as that of others less fortunate, across the nation and throughout the world. It has major implications for how we structure the future of medical care, how we provide access to basic services for the 37 million uninsured Americans, and how we care for the exploding number of elderly. Most important, this new direction is realistic, achievable, and vitally relevant to the health issues and challenges of the twenty-first century. p 24

Rowe and Kahn examined the biological markers or indicators by which researchers commonly measure the ageing process. Among these indices are carbohydrate metabolism or the increasing impairment of the ability to metabolise blood glucose; osteoporosis or the tendency for the bones to decline in density, leading to more fractures late in life; supposedly normal increases in blood pressure and cholesterol; and declines in intellectual functions such as memory and verbal ability. Although the standard textbooks using a disease model indicate that such declines are normal, inevitable and irreversible, the evidence from a health model indicates just the opposite is true in a healthy or successful ageing model. Every one of these supposedly inevitable declines can be slowed, halted, and even reversed, according to a growing body of both animal and human research. There is abundant research that diet and exercise can remedy impaired carbohydrate metabolism and insulin intolerance as well as osteoporosis. In fact, research indicates that physically active older men have an ability to metabolise blood sugar identical to that of young athletes. Likewise, programs that work with people to improve memory, recall, and intellectual skills such as reading have been shown to reverse mental deterioration in as few as five sessions. p. 25

The Sound Mind - Sound Body study is an inquiry into the nature of health based upon a series of interviews with 53 prominent individuals who represent prototypes of optimal health. Beginning in 1978, Laurance S. Rockefeller funded this five-year research project as well as several others that made similar inquiries into different populations, including individuals who gave up lucrative careers to enter public service, women who became altruists, and other people who sought to transcend the limitations of personal, material achievement. Periodic meetings have been held with the researchers who conducted these related studies, and their findings are discussed throughout this book. . . .

The Sound Mind - Sound Body project focussed on individuals who met a three-tiered set of criteria:

i). All of the participants are "prominent" in the sense that they are acknowledged by their peers as accomplished in their chosen professions or businesses. Attainment of wealth *per se* was not a criterion.
ii). All the individuals selected had publicly indicated prior to selection that they adhered to personal health practices that enabled them to sustain the demands of their careers.
iii). Either explicitly or implicitly, each participant conveyed the personal conviction that he or she was acting out of a deep sense of purpose and higher or spiritual values.
p. 26

Our hospitals, intensive care units and morgues are the repositories of a collective social pathology. Medicine itself is symptomatic of a greater societal ill for which resources are limited and choices need to be made. These choices extend far beyond medicine into the realms of ethics, social responsibility, and morality, where answers are not amenable to the scientific method. Finding solutions will require that we be both creative and iconoclastic. Every individual and society pays dearly when social and economic problems become medical cases. p. 36

[Major studies by Dean Ornish and Shirley Brown of the Preventative Medicine Research Institute] have shown actual regression, or reversal, of stenosis (coronary atrery blockage) in a group of 28 patients who were randomly assigned to the treatment or control group after they underwent angiography to determine the extent of their severe coronary artery disease. Based on reducing multiple risk factors, the program consisted of a low-fat vegetarian diet, stress management training (bi-weekly yoga and meditation training in groups and one hour daily practice individually), moderate exercise (walking), and smoking cessation. Overall, 82% of the patients in the experimental group evidenced an improvement in their condition. Most significantly, the degree of regression of the stenosis was found to be related to the degree of adherence to the interventions. This group also showed significant increases on a "sense of coherence" scale, a measure of a person's sense of life's meaning, and reductions in anger and hostility. Control group participants did not evidence any changes. These are the first studies to show that non-pharmacological lifestyle interventions can result in a reversal of advanced heart disease. p. 90

A significant possibility exists that the lifestyle approach to managing heart disease may still lose out to the invasive approach currently favored by many physicians, especially surgeons, cardiologists, and many internists, or to the pharmacologic approach vigorously promoted by the pharmaceutical companies and a large segment of the medical community. Major clinical trials using the lifestyle approach need to be conducted. Effective means of aggressive lifestyle modification for the general public need to be developed. And a national advocacy group for the lifestyle approach needs to be organised with the primary objective of influencing public policy on how to cost-effectively reduce the current human and fiscal burden of coronary heart disease.
p. 92

Whatever the roots of the dualistic, materialistic mindset, we are now faced with a different set of circumstances, requiring a new integration of mind, body, environment and spirit. Increasingly, the necessity of including the intangible, even the spiritual, dimension of health is becoming recognised. Writing in the *Southern Medical Journal* in 1986, Dr John F. Hiatt of the University of California School of Medicine in San Francisco articulated this new model. Drawing upon both his research and his clinical practice, he concluded that "the spiritual dimension is that part of the person concerned with meaning, and is therefore a principal determinant of health-related attitudes and the world-view of both physician and patient. . . This dimension can and should be reintegrated into health care models and practice". p. 103

All of the participants indicated that they have individual methods for managing the inevitable stress of their very demanding personal and professional lives. Among these stress management techniques were deep breathing, listening to music, long walks on the beach, traditional meditation and yoga practices. Christian prayer, biofeedback, visualization, and the silent repetition of a meaningful word or a mantra. They all emphasized that these personal strategies were simply tools or training exercises for developing a consistently positive attitude toward themselves and the world around them. It is this attitude that is the real stress management, not the techniques themselves. p 107

Despite the fact that much empirical research is necessary to delineate further the relationship between stress, risk factors, social relationships, and health, we know enough about the benefits of social support to use this knowledge in assisting those who are most at risk of succumbing to illness. We should turn our attention toward designing preventive intervention programs - in both the community and the work site - that incorporate social support into programs to reduce those stressors that cause ill health. If we integrate social support systems into all aspects of daily life - from family gatherings and neighborhood get-togethers to mutual aid groups and career networking clubs - we will be weaving preventive medicine right into the fabric of our daily lives. p 141

It is important to note that the vast majority of the study participants made extensive use of alternative medicine during periods of illness. Since there were no questions in the health appraisal on this area, it is not possible to provide statistics, but based upon the responses to the self-report, the majority of participants regularly sought such treatments as acupuncture, massage and therapeutic touch, homeopathy, herbal remedies, chiropractic, macrobiotics, and most frequently, mind-body practices, including hypnosis, biofeedback, and meditation. p 170

The widespread use of unconventional medicine by the study participants again emphasizes that they seem to be living prototypes of the future form of a true health care system. When individual health is restored to the center of health care, the artificial division between mainstream and unorthodox medical care becomes obsolete. p 171

This revision in our current model of health will have profound consequences on how we restructure medical care for the future, how we provide access for the uninsured, and how we care for the exploding number of the elderly. We cannot solve these

problems under the "patch 'em up when sick" model. We need a new model of health that does not entail more medicine, more doctors, more hospitals, more drugs, or more money. We need an approach that involves us and empowers us, as individuals and institutions, to be integral and responsible participants in our own health, to help others who are less fortunate, and to help the nation as a whole. p 231

More than 14% of the total Gross Domestic Product goes to support this "health care system," yet it is one of the least effective and least satisfying in the world, in terms of its ability to elicit and sustain health. There is deep dissatisfaction with the quality of the relationship between health practitioners and patients, as all too often patients are seen as a cluster of symptoms, not as human beings with complex psychological, social and spiritual dimensions. Prevention guidance is negligible, and medical care costs continue to escalate out of control. More than 37 million uninsured Americans have little access to health services, particularly high-cost and high-technology interventions, such as heart bypasses, which are readily available only to the well insured or the wealthy. p 234

Today the United States spends more money per person per year than any other medical system on earth, with a 1993 total of over $900 billion, or more than $2 billion per day. According to a report in *The Nation's Health*, published by the American Public Health Association, the medical expenditures in 1991 "rose 10.5 percent, twice as fast as the 5.1 percent increase in the gross national product." There were some years during the eighties when medical inflation ran three to four times higher than the overall rate of inflation. In releasing these figures, Health and Human Services Secretary Louis W. Sullivan said, "Rapid spending growth places a severe strain on the resources of families, business, and government alike." He noted that none of the reforms proposed in Congress include meaningful cost containment measures and that health promotion and disease prevention programs are absent from these proposals. If uncontrolled costs continue, an expert panel from the national Health Care Financing Administration reported in *Health Affairs* in 1992, medical spending could account for upward of "40 percent of the nation's gross national product by the year 2030". p 238

An aging and growing population, rising public expectations, and the continued introduction of new and expensive forms of technology generate a virtually unlimited demand upon medical services. Inevitably this unchecked demand will exhaust the resources we are willing and able to devote to medical care. Sooner or later we will be forced to limit expenditures by restricting service, even those that are beneficial. This crisis and the limitations on access resulting from high costs stem from an inherently inflationary and wasteful medical care system. p 248

Future funding and programs in a health model will need to focus on reaching the poor and the less educated, on eliminating all tobacco products, on creating and implementing dietary guidelines that include the elimination of carcinogenic additives in all foods, and on removing carcinogenic chemicals from the earth and the air. Clearly these are efforts far beyond individual control, but they represent areas in which people can both act individually and act and speak out in larger public forums. p 254

I founded a program in 1984 that has evolved into the Stanford Corporate Health Program in the Stanford Center for Research in Disease Prevention of the Stanford University School of Medicine. The program is a collaborative research effort between the university and twenty-two major corporations, including Aetna, American Airlines, AT&T, Bank of America, Blue Shield, Healthnet, IBM, Amdahl, Chevron, Hewlett-Packard, ARCO, Johnson & Johnson, Levi-Strauss, Lockheed, Shaklee, Syntex, and Xerox. Medical and personnel directors of these companies meet with Stanford University faculty on a regular basis to develop and evaluate innovative health and medical programs. Over the last ten years we have worked together on small projects, such as bringing mobile mammography vans to the work site, as well as highly complex endeavors like the five-year study of an innovative managed care plan for over eighty thousand employees of a major telecommunications company.
p 261

In their pioneering work William James, Carl G. Jung, Abraham Maslow, Stanislav Grof, and the author Ken Wilber have spoken of the positive aspects of the search for meaning using terms such as *self-actualization, spiritual emergencies,* or *peak experiences*. Whatever the terminology, they all speak of the deeply felt experience that irrevocably confirms for the individual the existence of a realm of human experience beyond the rational mind and physical experience. p 272

I would like to express my deep appreciation to Laurance S. Rockefeller, who generously funded this research over the five years it took to develop and complete the interviews. Clearly he is one individual who epitomizes optimal health, but his funding of this project and his well-known modesty precluded his inclusion in the research. p 277