

NORMAN COUSINS TALKS ON POSITIVE EMOTIONS AND HEALTH

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Except passages denoted by * from
Anatomy of an Illness, as Perceived by the Patient
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NARRATOR:

Gravity may hold us to the earth, but there is not much to hold us up and keep us moving, other than our bodies. And many a doctor will tell you that if there is nothing else to learn in a lifetime, there is only to learn how to respect and nurture your own body.

Every so often, it seems, someone appears who can take the complexity of modern medical science and reorder our understanding of it — make it easier to apply the growing knowledge of our bodies.

Norman Cousins is not a doctor, and has never spoken as one. But he has lived the part of the patient, frightened and wary of the medical community's pronouncements on his health, who decides to investigate some healing strategies of his own. He was lucky enough to have doctors around him who encouraged his active role in the recovery process, and who agreed to work with their patient on a level of cooperative partnership.

Norman Cousins' book, *Anatomy of an Illness, as Perceived by the Patient*,

introduces us to a man who says: "I had a fast-growing conviction that a hospital is no place for a person who is seriously ill." Mr. Cousins moved out of the hospital and into a motel, discarding heavy drug dependency in favor of ascorbic acid treatments — Vitamin C.

Perhaps above all else during the time of his illness, Mr. Cousins maintained his sense of humor. And despite the dire prognosis that his illness was rapidly disintegrating the connective tissue of his spine, Mr. Cousins regained the full function of his body.

Anatomy of an Illness also introduces a bold thinker, who sensed that his mind and his spirit each had a role to play in making his body well again. And finally, we meet a man who matches his respect for state-of-the-art medical technology with his respect for the human body's ability to heal and regenerate itself.

Today, Mr. Cousins lectures and does research at the University of California, Los Angeles, School of Medicine:

MR. COUSINS:

Well, in the first place, I'm trying to find out as much as I can about the biochemistry of the emotions. We have a Brain Research Institute here at UCLA, under Dr. Carmine Clemente, which has one of the finest group of medical researchers in the country, who are studying the workings of the human brain and the potentiality of the human brain. And the materials that they produce are enormously useful in the studies that I'm talking about.

I work with medical students. I'm especially interested in the way the physician communicates with patients — how language can be translated into an environment conducive to recovery. And conversely, how inartistic language can impede recovery. I see patients at the request of their physicians, patients who are in need of a morale boost, who need to make that very special effort, who need to put their will to live to work fully.

ANY PERSON with a serious illness has two sets of needs. One is represented by the illness itself. And the other consists of the emotional needs of the patient. And the sicker you are, the greater those emotional needs. You just don't treat one half the patient, the physical side. There's this profound requirement that I speak of to address yourself to the emotional needs of people who would otherwise be emotionally devastated.

NARRATOR:

Reading from Mr. Cousins Anatomy of an Illness:

I asked Dr. Hitzig about my chances for full recovery. He leveled with me, admitting that one of the specialists had told him I had one chance in 500. The specialist had also stated that he had not personally witnessed a recovery from this comprehensive condition.

All this gave me a great deal to think about. Up until that time, I had been more or less disposed to let the doctors worry about my condition. But now, I felt a compulsion to get into the act. It seemed clear to me that if I was to be that one in 500 I had better be something more than a passive observer.*

NARRATOR:

Special thanks for this recording go to Mr. Cousins and to Saint John's Hospital in Santa Monica, California, which hosted this address before a hospital audience in January of 1983. Also present via video cameras and in-house cable facilities, was any patient of Saint John's willing and able to listen:

SISTER MARY MADELINE:

Ladies and Gentlemen, it is indeed my privilege to introduce to you Mr. Norman Cousins. (Audience applause.)

MR. COUSINS:

Sister Mary Madeline, Ladies and Gentlemen, people whom I can see, and people whom I can't see, downstairs, upstairs, in the elevators and wherever else they may be, Good Evening!

I don't know whether to congratulate those of you who are in this auditorium or not; the others have a rapid exit!

One of my favorite stories — and you're familiar with it, I'm sure — is about the

nun who is driving along a country road in a Volkswagen when the Volkswagen ran out of gas. And so the nun walked two miles to a country store where they had a gasoline pump, and she asked the grocer if she could buy a tin of gasoline. He said, "You could if we had a tin." And so the nun looked around in the yard, she found no tin, but she did find a baby's potty. And the grocer said, "Go right ahead." And she said she would bring it back and she filled it and walked back to her car, and was in the process of pouring the gasoline into the Volkswagen when a highway patrolman stopped his car, looked at this procedure and said, "You know Sister, I just wish I had your faith!"

Well, the story is supposed to end there, but I always like to think of what happened after she completed this procedure, got in the car, turned the key and drove off. And I can just imagine that state trooper saying to himself, Well, I guess it works!" (Laughs.)

And it is true that what we believe does work. It can work on the upside, it can also work on the downside.

About six weeks ago the Los Angeles Times published a front page story about an incident that occurred at the Monterey Park High School Football Stadium. I don't know whether or not you recall the story. It reported that during the football game four persons became ill, they were treated in back of the stands by a physician, who ascertained that all of them had had Coca-Cola from the dispensing machine in back of the stands.

Now, since this particular soft drink came out of a mixing machine, where the syrup was mixed with local water, the physician wasn't sure which was

responsible, the syrup or the water. Especially since the water came in through copper piping and the physician had to take into account the possibility of copper sulfate poisoning. And until such time that he could be sure therefore, he asked that an announcement be made that no one patronize the soft drink dispensing machines until they could ascertain the reason for the illness that affected several persons.

THE MOMENT this announcement was made 191 persons became violently ill. At least 191 had to be hospitalized. Several hundred more began to retch, fainted, rushed home and saw their family physicians. The extreme cases, 191, had to be hospitalized and five ambulances plied back and forth between the hospital and the stadium.

Now if we just hover over this a bit, what we come up with is the fact that sounds in the air can be translated into specific physical illness. Those symptoms were not feigned. Those symptoms were real! As anyone who watched these people retching could testify. The physicians in the emergency rooms at the hospitals were treating cases of people who had poisoning. Now how is it possible that just these sounds in the air could make people sick in a certain way that corresponded with the symptoms that others had had?

Well, it's obvious that what had happened was that the brain had given certain signals to the body, and the body had produced poisons that produced the illness.

Attitudes, emotions, have a great deal to do with health or the lack of it. Since we're apt to think of illness as being

caused by germs, it's difficult for us to recognize that very serious illness can be caused by ideas, by emotions, and by attitudes.

YOU'VE ALL HEARD of placebos. Placebos are a device for testing certain drugs. A placebo is a bogus pill – it looks like a regular pill. But in testing it against the real drug, the people are not told that this is really an imaginary, or rather, a pill with just some innocuous substance inside, but they are told about what the effects of the pill would be. And in about 60 percent of the cases, the bodies of people react exactly as they had been told to expect the effect of the pill might be.

Perhaps the most interesting case of placebo testing I've heard about concerns a group of medical students, more than 100, who had been asked to participate in a test of two new drugs. One was a super-stimulant and the other was super-tranquilizer. The super-stimulant was contained in a red capsule which they held up. They described the benefits but also the side effects, the nausea and the dizziness. The super-tranquilizer was held up in the blue pill. They described the benefits, the drowsiness, the inability to concentrate and so forth.

Now, what differentiated this test from the usual placebo test is that these pills contained active ingredients. These pills contained the real things. Except for one thing, which was that the contents of the pills were switched! So that the patients who thought they were getting the tranquilizer were actually getting the super-stimulant, and those who thought they were getting the super-stimulant were actually getting the super-

tranquilizer. But, the interesting thing is that, again in about 60 percent of the cases, all those students reacted as they had been told they would react.

Now since their bodies had to go through contrary tendencies produced by the pill, since those who were taking what they thought was the super-stimulant actually had to contend with a super-tranquilizer, you could see how their body actually had to saw its way through those other chemicals. But it happened.

And the conclusion, inescapable, is that mind is more powerful than medicine. What you believe has a profound effect on what you are. Just as what you eat has a profound effect on what you are.

At the Benninger Foundation Clinic in Topeka, Kansas, Elmer and Alice Green for the past ten years have been treating

Very serious illness can be caused by ideas, by emotions, and by attitudes.

migraine headaches and high blood pressure by means of increasing the feeling of self control that the individuals had. They will take migraine patients, relax them, and then step by step they lead them into their own autonomic nervous systems.

They attach their hands to thermometers – and average skin temperature runs about 73 to 76 degrees, the surface skin temperature – and then they tell these people, "You can control the flow of your blood! And if you order your body to move the blood into your hands, it will! Now, order your body to move the blood

into your hands! Concentrate! Visualize this happening. Stay with it, you can do it!" And the temperature gauges correspond to mounted electronic gauges so they can actually see — everyone can see — what is happening.

They have had very few failures. They've now had 660 cases treated, of migraine for example, have been treated

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with this system and only three or four have not been able to benefit from them. All the others have been able to increase the surface temperature of their skin by more than 10 degrees. And they say to them: "Well, now if you can do this, what else can you do?"

Now why is it that directing the flow of blood to your hands will relieve your migraine headaches or bring down your blood pressure? In the case of the migraine headaches is it because there's pressure on the brain that causes the illness? According to Stuart Wolfe, one of the nation's leading experts, that's not what causes migraine anyway. So you have to discount that.

And what probably happens is that when the mind gets into a different gear — in short, when the mind gets into a situation of control — it moves towards

what Walter Cannon, the great physiologist, called "homeostasis," or a condition of chemical balance. And when that chemical balance is achieved, the migraine headache recedes and the blood pressure comes down.

All this happens as a result of control. I said it can happen on the upside and the downside, because the effects — as we have seen at Monterey Park — can be negative.

Now if the people at Monterey Park can respond as they did to an announcement, even though they have no symptoms, just imagine what the effect is of certain language on patients who receive a diagnosis with the word "cancer" attached to it?

If you can become ill just by hearing that the Coca-Cola that you had may make you ill, what is the effect on your underlying condition when the tag "cancer" is attached to your symptoms?

ONE OF THE MOST striking things I have observed at UCLA, the Medical School, visiting patients at the hospital, and studying about 252 cases, is that the illness took a sharp turn for the worse coincident with the diagnosis. Now it may be said, with these particular patients, that they had delayed far too long in seeing their physician and that the disease was ready to explode anyway. That's quite possible. But it's also quite possible that what happened was that the ability of the body to convert bad news into adverse chemical changes created an environment in which that cancer could rush ahead and spread. The restraints, the retaining wall, was breached.

Well this suggests, of course, that how we listen to a diagnosis or how the diagnosis is given may have a great deal to do with the prospects for treatment. Again, the human belief system and the human healing system are attached. It's very difficult for that healing system to

Your relationship with the physician—and your confidence in yourself—is as powerful as anything that the doctor can do for you.

work if the belief system runs the wrong way. But we have powerful assets inside us. If that belief system is high, if we believe we have a chance; if, as a result of our visit to the physician, we leave in a mood of hope and challenge and not of devastation, then what the physician does for us is going to work that much better!

At the UCLA Hospital we've had patients who have not been able to tolerate the chemo-therapy that was necessary. And yet these patients could be programmed, or could program their bodies, for a good result, and were able to increase their tolerance of the drug.

So that therapy works best when a patient's belief system is at its highest. Your relationship with the physician, your confidence in the physician, your confidence in yourself, is as powerful as anything in particular — the medication or the chemo-therapy or whatever — that the doctor can do for you. So we have the concept of a partnership.

But you see, we tend to externalize matters. We tend to think that the bugs came in from the outside, that we were in some crowded thoroughfare and our mouths happened to be open, and some bugs spotted the aperture, jumped in and dove down and took up residence somewhere inside and kicked up a fuss, and we became ill. And so since the illness came from the outside and only from the outside, we naturally look outside us for something that we can put inside us that will get rid of the intruder. Without recognizing that we may have become ill because our bodies were ready to become ill. That we may have become ill because of the fact that our bodies became weak over a period of time, that our nutrition may have been low, that there may have been a great many tensions in our lives that we couldn't handle. That we may have had sadness or depression or grief that suppressed the natural immunity. And we were ready for the invasion.

SO THAT IT'S not just the presence out there of a great many illnesses — the fact that we happened to walk by and that we were attacked.

If that were the case, Dr. Costaczech would not be here tonight! He's walked past — thousands upon thousands of times — all sorts of contagious diseases, infectious diseases. He's walked past and walked out because he had a job to do! It didn't occur to him that those bugs might hit him. His immune system was functioning beautifully because his belief system and everything else in his life were in tandem. He plays golf, he has a good diet, he doesn't have, I trust, too many tensions in his life, or at least he can handle the tensions that he has as a

challenge. He can handle the stress. And so his body is not ready to admit all those bugs that he comes into contact with everyday.

We become ill because we are ready for the illness, not just because there happen to be some bugs out there.

Some very interesting studies have been made on the connection, for example, between the emotions and cancer. And many medical researchers – among them Claus Bahnson of Denmark, Dr. Kissin of

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Johns Hopkins, psychologists like LaShan – believe that the body moves in the direction of cancer as a specific response to emotions that cannot be metabolized.

Almost 2,000 years ago, Gaalen, one of the early medical men, made the observation that women he had observed who had breast malignancies also had been in a condition of melancholy. And he called it the disease of melancholy. Now we know that it was cancer that he was talking about.

So the emotions have a powerful effect on the human body – up or down.

Now let us consider, therefore, public education with respect to health. I'm afraid that a great deal of public education has made us panic-prone and I'm afraid that the American people have been on the

verge of hypochondria. Because they don't know how to handle pain. We've been educated in the direction of panic. We tend to feel that the slightest little pain means that we've got some terrible illness. The emphasis on 'See your doctor at the first sign of pain,' the emphasis on TV, 'Take Anacin, aspirin, Tylenol, Bufferin, sleeping pills,' or whatever. Why, we're made to feel that we're subversive or un-American if we don't take these pills!

We don't recognize that pain is part of nature's beauty! That is to say, pain is nature's way of getting your attention. And sometimes, it has to hit you over the head to get your attention! And what it's trying to tell you is that you may be drinking too much, or smoking too much, or eating too much, or eating the wrong things, or that there may be too much stress in your life, or the wrong kind of stress in your life, or that you're in the grip of melancholy – and you get these pains! Now if, therefore, we don't make the connection between what you're doing or eating or thinking and those pains, and you take the pills, all you're actually doing is papering over the fact until such time as you really get an eruption!

A SPIRIN IS A dangerous drug! Tylenol may not be as dangerous as aspirin in terms of the way it acts in the stomach, but the fact of the matter is that any of these analgesics are powerful drugs! And they can conceal the basic causes and make us think that, 'Well everything is fine, we can go on doing what we're doing,' without paying attention to the fundamental rules of health.

So there is a direct connection, as I say, between the things we think about, what

we think, what we eat, what we do and how healthy we are. And they all have an impact on the belief system, and the belief system has an impact on the healing system.

I came across a very startling experience about two years ago at UCLA, and I'd like to tell you about it.

SOMEONE WHO LIVED in the vicinity of UCLA came to the pain clinic and said that he wanted to demonstrate his ability to control pain. And 16 physicians stood around while he explained what he was going to do. He proposed to lie on a board through which he had hammered 50 or 60 nails to prove that he could sustain this pain without any difficulty.

And he produced from under a dirty burlap bag a board through which he had hammered 50 or 60 nails and the moment I saw that I thought to myself, 'Oh, this is just the old Yogi trick.' I had seen that trick in India, at Aligar on the road from Delhi to Agra. There was an institute for Yoga, and they have demonstrations, and one of them is the business of lying down on the bed of nails. Well, after one of those demonstrations, I went up to the bed of nails and I saw that it was so heavily forested that the amount of weight that would repose on any one sector was minimal. Another thing I noticed was that the nails were very blunt. You could hit the nails with your hand without puncturing the skin.

But when I looked at this particular board, I noticed that the board was not heavily forested; the nails were irregularly spaced. There were fifty or sixty of them. And when I put my hand down I pulled it back very quickly because those nails

were sharp! And I could break the surface of my skin if I pressed too hard on it.

He placed the board on the floor, took off his jacket and his shirt and undershirt and was about ready to lie down on the board, when suddenly I could visualize a headline in the Los Angeles Times: 'Sixteen Doctors Stand Around While Man Commits Suicide.' And the story would go on to say that physicians at the UCLA School of Medicine were gulled by a man who wanted to prove how stupid they were and told them that he could lie down on these nails which then cut into his spine and his lungs and he was beyond any help and expired on the spot. So I said to this gentlemen, I said, "Sir, it's not necessary for you to do this. We know you can do it. Why don't you just tell us how you did it." And he said, "Well, you don't know that I can do it."

Here were 16 physicians who lived in this world of cause and effect, who were now witnessing the abrupt separation between the two!

And he proceeded to lie down on the nails and the nails penetrated the flesh, and when I bent down I could see very little daylight between his back and the board. And we were looking at three things: first, his ability to tolerate pain; second, his ability to control bleeding; and third, the ability to control infection.

He lay there chatting very amiably for three or four minutes, and then rolled off

the board. His back was heavily quilted with red puncture sites and there was no bleeding except for one place on the shoulder, where the blood was actually spurting. We called this to his attention, he thanked us and turned it off!

Well, you know, the world of medicine, indeed the world of science, is a world of cause and effect. Which is to say, if you produce certain causes, you're going to predictably get certain effects. Now here were 16 physicians who lived in this world of cause and effect, who were now witnessing the abrupt separation between the two! And I thought it was just as interesting to see the impact of this experience on them as it was to see what this man did.

WE QUESTIONED HIM afterwards and said, "Well, how did you happen to get into this?" He said, "Well, it was very simple." A year ago, he said that he was reading in a magazine about Yogis who had performed similar tricks, who could cut themselves without bleeding and he said to himself, 'Anything that they can do a red-blooded American can do too.' And he began autogenic training, first by pricking his finger, and then discovering that it was possible, after a while, to control the bleeding. And he just kept on going from there until he was ready to have this demonstration. Now I'm not suggesting this is a pastime — I would advise against it as a matter of fact. And I'm sure Dr. Costaczech would. But the significance of what happened is clear, which is that we are not beyond some measure of control over what happens inside us.

We all grow up with the notion that since we are unaware of what happens

inside us we have no measure of control over it. And it is true — we are unaware of the coursing of the blood, of the reproduction of the cells, of the aeration of the cells, of the function of collagen, fibrinogen and all the enzymes and the hormones and the workings of the nervous system. And since we are unaware of it, we think we have no control. But perhaps its just as well that

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we have no awareness of all the things going on inside us. Because if we did we would be so overcome by the wonder of it all and the majesty of it all that we would spend all our lives and all our time celebrating the fact and have no time for anything else! So nature is very kind to us. It enables these functions to continue or to go on without our direct knowledge, so we can concentrate on our work.

But the fact that we are not aware of it does not mean we are barred from a measure of control. But if we are in a condition of panic, or fear, or apprehension, the biochemistry of control is interrupted.

You see the human brain is not just the seat of consciousness. The human brain is a gland. The most prolific gland in the human body. There are 34 basic substances produced by the brain. But when the brain writes prescriptions for the body — and the brain writes beautiful

prescriptions for the human body — it just doesn't take one of these peptides or catecholamines, it will mix them up! And if you have 34 basic units, that makes for an awful lot of license plates. And it's almost impossible to calculate the number

The brain is the most prolific gland in the human body. It's almost impossible to calculate the number of secretions, in combination, produced by the brain.

of secretions, therefore, in combination, produced by the human brain.

The next question is, if the human brain produces these beautiful secretions, what are these secretions? How do they function? And what control do we have over them? Well, recent research for example has established that among these secretions, the brain produces morphine-like substances to ease the body's pain. The body produces its own morphine! Endorphins and enkephalins. The brain also produces gamma globulin, which has a function in fortifying the immune system. The brain produces a substance known as interferon, which is an anti-viral agent, which fights infections and which, some medical researchers believe, has a role in combating cancer.

Now, the curious thing is every time we discover one of these ingredients, some people are sure to run off to see if they can't synthesize it, manufacture it, tie a ribbon around it and sell it! Instead of

saying, 'Isn't it wonderful the brain produces this substance. Now, how can we be sure that the brain produces enough to meet the body's needs?' Let's find out what this apothecary is! How the apothecary works!

And again I say the apothecary works best under circumstances where the belief system is strong, where you have a deep feeling, a deep determination, a deep sense of purpose. Where you believe that what the physician does is going to be good for you. Where you believe in yourself and where you have this partnership with the physician. But where you also take a certain measure of responsibility yourselves. Your physician didn't make you ill! Don't expect him to do the entire job! And if you want his ministrations to be optimized, you will give him an environment in which that can happen. You will give him a body that's beautifully nourished, a body that is, to the fullest possible extent, free of fears. A body that can experience joy, hope and faith and respond to all of these magnificent qualities that come with the gift of life. And a body that finds a way of liberating itself from panic.

YOU SEE, EVERY person who is ill comes to the doctor with two diseases, not one. One is the disease that's diagnosed. The other is a powerful disease that goes by the name of panic. Panic is a disease! Because panic produces specific biochemical changes in the body. Panic can release catecholamines abnormally, in profusion, which can destabilize the heart. The catecholamine flooding can even rupture the muscle fibers of the heart and produce a heart attack! You've heard of people being scared to death. That has happened.

Cases have been recorded. This is how it happens.

Another thing is that panic actually constricts the blood vessels. And this puts a burden on the heart. And one reason that so many patients, or people who have heart attacks, never reach the hospital alive is not just because of the severity of the heart attack, but because of the overlay and the overload produced by the panic. Here you have a heart which is in precarious condition, and now suddenly

Every person who is ill comes to the doctor with two diseases: one is the disease that's diagnosed; the other is a powerful disease named panic.

it's confronted by panic and it has to work extra hard to get the blood through the narrowed openings! And it becomes an additional intolerable burden and it stops functioning. And I can't think of anything that we can do for people with heart attacks, being laymen, that is more important than helping to liberate them from their panic.

But what happens at a time when someone has a heart attack? If it happens at home, the wife generally starts to scream! And the panic rockets back and forth. If there are other people around, they go running around not knowing what to do, or they will apply mouth-to-mouth resuscitation whether the patient needs it or not! Now, I agree that all this

education that's going around with 'CPR' and mouth-to-mouth resuscitation is extremely important. But very little is said about the other things that are important! The need to calm the patient! The need to create an environment in which the patient's heart can function.

NOT LONG AGO, I was in Rancho Park, the golf course on Pico Blvd., and an ambulance drove up on the grounds. I went up to the ambulance, a man was brought in on a stretcher and placed at the side of the ambulance. And now the paramedics were working very systematically and methodically over the patient, doing exactly what they had been told to do. They connected the patient to the oxygen tank — absolutely essential. They connected the patient to the cardiograph machine — extremely useful. They had given the patient injections of heparin and morphine, which under some circumstances could be very useful too. They had also put on a heparin lock for the convenience of the doctors when the patient arrived in Emergency. They were doing all these things, but no one was talking to the man!

And he lay there ashen and trembling while all these procedures were going on. His eyes were closed. His lips were quivering. I put my hand on the man's shoulder and I lied to him! Unabashedly lied to him! I said, "Sir, you've got a great heart!"

And now he opened his eyes and he looked at me and he said, "Why do you say that?" I said, "Well," still lying, I said, "I'm looking at that cardiograph machine and you've got a fine heart! You know, it's been very hot out here today, and you've probably dehydrated and you lost sodium

and potassium, and the electrical process which was essential for your heart was disrupted. But you're going to be in great shape, because these men are taking very good care of you and in a few minutes you'll be in the finest hospital in the world!"

As soon as he thought he had a chance that cardiograph began to change. You could see it within 70 seconds.

And the cardiograph changed. Before I spoke to him he had had what is known as a tachicardia, a runaway pulse, and there were uneven intervals, which meant that he had premature contractions of one sort or another. And as soon as he thought he had a chance that cardiograph began to change. And you could see it within 60 or 70 seconds. And within 2 minutes it had come all the way down so that it was within the range of maybe 95, 100, 110 or so. But it was no longer a runaway pulse! And now he placed his arms behind his head, propped himself up, and was taking an interest in what was happening around him.

Now you see, just as we have put all this emphasis on emergency procedures with laymen — how to apply mouth-to-mouth resuscitation — so the paramedics take their Canadian Mounties image seriously and they rush at the patient. But the one thing they don't do is to recognize that they are dealing with very sensitive spiritual tissue! They are dealing with the

most precious thing in the universe! The most intricate qualities in the universe; qualities of mind, qualities of brain, the interaction between the brain and the body's biochemistry. And all this thing is hinged onto very delicately. The sounds in the air. The things that people believe — especially about themselves.

YOU KNOW, WE live in an automobile economy but I don't think we need to adopt an automobile philosophy of life. The notion that, if anything goes wrong all we have to do is tinker with the parts, put in some more gas or turn a few screws here, replace some of these parts. We're not dealing with machines! We're dealing with human beings! And the most important education that I think people need about health is that people are not machines. And that, in addition to doing all the emergency procedures, we have to create a context in which what we do can have a chance. And that context has to do with the human soul. The need for the reassuring hand, for the outstretched hand. The need for the calm voice. The need for reassurance, the need to let these people know that they do have a claim on life and they're going to be alright!

But, you know, after the paramedics take that stretcher inside the ambulance and start down the hill or up the hill, what happens? They turn on the siren. And that sound from the inside is even fiercer than it is from the outside! Vvvvrrrrrr! It just goes right through you! And everything dramatizes the fact that people are dying! And then the first sign they see when people come into the hospital is 'Emergency!' And then they go into an intensive care unit where they get all of these monitors which are exquisitely

calibrating the rate at which they are leaving the world! Or so it would seem!

Now, all these things are necessary. But what we have to do is to create a context so that they can work as they have to work. We're not automobiles. We're human beings. And if we regard ourselves as human beings, we may have a stronger claim on life.

ONE OF THE GREAT names in American medicine is that of Walter Cannon. A researcher, clinician, physiologist and philosopher of medicine. One of his books is called *The Wisdom of the Body*. And what he tries to do in this book is give you some notion of all the miracles that go on inside of you every minute of the day! And get you to respect these miracles. But also get you to understand them. And get you to cherish them. And get you to feel that they're worth taking of care of, worth tending properly, worth nurturing.

He wrote a medical paper called "Voodoo Death." And in this paper he reported his investigation into the practices of witch doctors, especially the practice of the hex.

Now, you're familiar of course with the fact that, in many places of the world, the witch doctor or the voodoo doctor will point a bone or point a finger at someone and say, "In two months, one week, three days and two hours from now exactly you will die!" And the curious thing was that it happened time and time again. How was this possible? Well, Dr. Cannon had to check off the possibilities. Was this extrasensory perception? He discovered no, it was not extrasensory perception. Was the person poisoned secretly at a certain time in order to make the voodoo

doctor look good? No, this didn't happen. What did happen? And he came to conclusion that he said was obvious, that had been staring him in the face, but that he didn't see until he studied it. Namely, that the voodoo doctor didn't kill the person, the person killed himself or herself! Not by stabbing himself or other forms of violent death, but by believing that he or she was going to die! The belief system turned off the life system! They had an appointment with death and the body had the power to keep the appointment. The will to die replaced the will to live. And the will to live produces the most potent medication that exists in the world. And that's why the wise physician works with the will to live as an

*We're not automobiles.
We're human beings. And
if we regard ourselves as
human beings, we may
have a stronger claim on
life.*

essential and integral part of the total treatment.

Well, Cannon, contemplating voodoo death, came to the conclusion that people can be programmed to die. Or they can program themselves to die. And so he felt that if that was true, they could also program themselves to live or could be programmed to live.

When I came to UCLA and started the Brain Research Institute four years ago, my main purpose was to find out whether

it is true that the brain can produce positive secretions, or can affect the biochemistry of the body in positive ways.

SINCE MEDICAL SCIENCE had established that the negative emotions can produce negative biochemical changes in the body, it didn't seem to me to be reasonable to believe that the body works only one way – that the only time it responds to the emotions is if the emotions are negative. And so, I wanted to find out what was known about the positive emotions – love, hope, faith, laughter, the will to live, creativity, playfulness, purpose, joyousness, determination.

I discovered, of course, that all sorts of double blind studies could be constructed on the downside, because these people come into the hospital, naturally, to be treated. No one comes into the hospital to be treated for joyousness. Or hope or faith. Which is as it should be. So it's very difficult, you see, to work on the upside. But I have noticed that where there is improvement there is also faith. And in studying these 252 cases, just as I

No one comes into the hospital to be treated for joyousness.

have been able to identify those cases which took a sudden turn for the worse when the label "cancer" was attached to the symptoms, so I've been able to observe that where there were remissions or prolongation of life or stabilization to a significant degree, what happened was that the people in that category opted for life! They said: they're going to live!

I can tell you that I believe that the great tragedy of life is not death, but what dies inside us while we live. I can tell you that there are diseases that are not only associated with bugs, there are diseases of the spirit. And I can tell you, too, that we all have powerful resources inside us. We're not immortal. There will always be that statistically certain, fatal and final disease. But while we can live we can give a very good account of ourselves! And we can get the most and the best out of whatever is possible.

Thankyou. (Applause.)

I don't know whether you want your innings, but you've got them if you do!

NARRATOR:

Author and researcher Norman Cousins, speaking before a live and television audience at Saint John's Hospital in Santa Monica, California.

In his book *Anatomy of an Illness*, Mr. Cousins writes about his experiences with the aging doctor Albert Schweitzer, in Africa:

Albert Schweitzer would not allow a single day to pass without playing Bach. His favorite piece was the Toccata and Fugue in D Minor. This piece was written for the organ, but there were no organs in Lambarene. There were two pianos, both uprights, both ancient.

In an earlier book I wrote about my experience at the Lambarene hospital, when, one night, long after most of the oil lamps had been turned out, I walked down toward the river. It was a sticky night and I couldn't sleep. As I passed the compound near Dr. Schweitzer's quarters, I could hear the rapid piano movement of a Bach toccata.

I approached the doctor's bungalow and stood for perhaps five minutes outside the

latticed window, through which I could see his silhouette at the piano in the dimly lit room. His powerful hands were in total control of the composition and he met Bach's demands for complete definition of each note — each with its own weight and value, yet all of them intimately interlaced to create an ordered whole.

I had a stronger sense of listening to a great console than if I had been in the world's largest cathedral. The yearning for an architected beauty in music; the disciplined artistry and the palpable desire to keep alive a towering part of his past; the need for outpouring and catharsis — all these things inside Albert Schweitzer spoke in his playing.

And when he was through he sat with his hands resting lightly on the keys, his great head bent forward as though to catch the lingering echoes. Johann Sebastian Bach had made it possible for him to free himself of the pressures and tensions of the hospital, with its forms to fill out in triplicate. He was now restored to the world of creative and ordered splendor that he had always found in music.

Music was his medicine.*

EPILOGUE

Norman Cousins died of full cardiac arrest in 1990 in Los Angeles. He was 75.

Mr. Cousins was author of more than two dozen books. His last book was *Head First: The Biology of Hope* (Dutton 1989), in which he further documented the effect of emotions on the body's resistance to illness.

Norman Cousins Talks on Positive Emotions and Health first aired in 1983 over public radio station KCRW-FM in Santa Monica, California. The program received critical acclaim and was broadcast twice nationally over National Public Radio (NPR) in 1984.