

*In one of the few times Dr. Green addressed the **politics** of health, he presented the material in the following paper which was prepared for the **Leifer Report**, a report on economic factors for corporate America. It shows his thinking about the need to empower individuals rather than for them to be subjugated to those influences in society which would reduce their own powers of self-determination. [Eds.]*

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THE NECESSITY FOR PROMOTING HEALTH: OR, AS THEY MIGHT SAY IN WASHINGTON, IT'S HEALTH, STUPID, NOT SICKNESS¹

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Because Americans are generous and caring, the Clinton administration is getting a measure of public support for broadening the country's health-care umbrella to provide at least modest health insurance for *every* American, rich, poor, with or without a job. So far, so good. But the Clinton health plan is inadequate in a fundamental way. Whatever its virtues, no part of the plan, as so far revealed, promotes **health**. In America we have what is euphemistically called "health care," but it is actually a Sickness Business, organized for the greatest good of a colossal medico-pharmaceutical complex and its stock holders.

And we, passive medical consumers, are held in thrall by smooth advertising of new "miracle cures" and hyping of multi-million-dollar medical technologies. Unfortunately, we are pawns in medico-pharmaceutical battles that have little to do with the quality of our life, but instead reflect marketplace competition for the \$800,000,000,000 we spend annually on sickness.

As proposed in the Clinton health plan, such competition must be "managed," but the point of the present note is that a better way exists for getting genuine health care than simply managing competition in the Sickness Business. We can promote **health**, cut costs, improve the quality of our own lives, and cultivate self reliance in the younger generation by teaching, in grade school and high school, simple but effective psychophysiological (mind-body) self-regulation skills. Insurance companies that get into this on the ground floor, giving policy holders rebates for taking basic health courses (like reductions in automo-

bile insurance premiums for taking driver-education courses) stand to get a bonanza of unused premiums for several years.

How can psychophysiological self-regulation training do all this? After 25 years of research and application of health-training methods, we now **know**, in the Association for Applied Psychophysiology and Biofeedback, in the American Holistic Medical Association, and in other biobehavioral medical societies and groups, that more than 50% of sickness can be avoided by learning the rudiments of psychophysiological self regulation.

Physicians across the country agree that between *50% and 80% of all health problems are psychosomatic*. That means that the majority of medical problems are unconsciously **self-generated**. And, it has been found that these problems can be reversed with proper psychophysiological training. Examples? Reynaud's Disease, deficiency of blood in the extremities; migraine headache, improper blood flow in the head; tension headache, chronic muscle tension in neck and scalp; hypertension, dangerously high blood pressure; and alcoholism and drug addiction.

All these so-called diseases are simply unconscious bad habits in the subcortical nervous system. These bad involuntary behaviors, which often are unconscious reactions to stress, may be accompanied by severe pain or pathological consequences, and thus seem to the public to be diseases. Knowledgeable therapists know, however, that this is incorrect.

Difficult to believe? An analogy may be useful. An average middle-class American who sleeps on a sagging bed may develop backache, but by no stretch of the imagination is that backache seen by informed physicians as a *disease* to be combated with drugs. It is a behavioral *consequence*. And now we know, from hundreds of biofeedback studies, that the *same is true of "psychosomatic diseases."* They are not diseases, they are behavioral *consequences*.

Most patients, however, instead of learning to control these chronic bad habits through psychophysiological self-regulation training (primarily biofeedback for developing effective physiologic visualization), are treated with drugs. When a person's subcortical survival mechanisms act as if they were facing a grizzly bear in Alaska, rather than a ticker-tape bear on Wall-Street, most physicians, instead

of prescribing biofeedback training to correct the psychophysiologic reaction problem, use drugs to nullify, or mask, the symptoms.

Such use of drugs is counterproductive in two ways. (1) It is not as cost-effective as biofeedback training, because it doesn't terminate the underlying psychophysiologic problem. And much worse, (2) these drugs are dangerous to your health. As previously reported in *Subtle Energies*,² at an Institute of Medicine Conference on Hypertension that I attended in Washington, one physician warned against the 22 bad side-effects of the 3 most popular drugs used for lowering blood pressure. And later, an internist in Topeka who knew of our controlled hypertension research, said, "We must face the fact. All these drugs are poisons, with some beneficial side effects!" Fortunately, with biofeedback training approximately 5 of 8 hypertension patients can normalize blood pressure and stop using drugs (with their physician's agreement, of course).

But, you may say, if it's all that simple, how come more physicians don't prescribe psychophysiologic health training? The answer is the same as to why incumbent politicians are reluctant to improve government by voting against PAC contributions. At present, though, the main opposition to health training comes from hospitals and insurance companies. Most do not wish to reduce medical costs. Like Las Vegas casinos, they don't expect to get a large fraction of the take, but they want a large cash flow.

According to the *Wall Street Journal* (6 May 1993), Blue Cross/Blue Shield in the State of Washington conducted a "lobbying blitz" against a proposed health-care reform package. "In an effort to gut the bill's cost-containment features, the insurers ran a \$600,000 campaign during the year leading up to the vote. The effort included phone bank operations, TV advertisements, political contributions, and lobbying fees."

Along the same line, in spite of 15 years of medical evidence of biofeedback's hypertension benefits, Blue Cross/Blue Shield of Kansas still will not reimburse patients for biofeedback training to normalize hypertension and get off drugs. According to a high-placed Blue Cross source, the group's medical committee voted for reimbursement, but administrators turned it down. **Why?**

In contradistinction to refusal to reimburse patients for biofeedback training, in 1984 Blue Cross/Blue Shield of Kansas announced that it would reimburse

physicians and hospitals for heart transplants with costs ranging between \$50,000 and \$200,000 per patient. Very interesting! For \$60,000 approximately 100 hypertension patients can learn to reduce blood pressure to normal levels and keep it there, get off their drugs, and enhance the *quality* of their lives.

It is essential, however, that clinicians who know how to train patients to a criterion level of blood flow control in the lower half of the body, design the training protocol. As Alyce Green and I pointed out in 1986,³ training protocols designed by *researchers* failed to show significant blood pressure reductions because of poor clinical design. Specifically, 15 of the first 16 hypertension studies on cognitive behavioral techniques for the control of hypertension did not show a significant drop in blood pressure, and *in every case it was due to defective clinical training*. Interestingly, the one study that showed positive results was designed by a clinician.⁴

As we noted, by using perfect statistical procedures and a large “n,” researchers could demonstrate, with six 5-minute training sessions, that it is impossible to learn to play the piccolo. [Don’t laugh. A defective study with these numbers was actually conducted by a researcher who concluded that biofeedback is of no use whatsoever in training people to control heart rate.]

This faulty type of research gets published because in any new not-understood field, journal editors tend to discriminate between good and bad articles almost entirely on statistical grounds, and not on *clinical criteria* grounds. Understandably, when enough clinically-inadequate studies get published, and are selected for meta-analysis because they meet statistical control requirements, overall results are also negative.⁵

Researchers who work with animals know that if their subjects are not trained up to a criterion level of success (in a specific task) all resultant data are worthless. But researchers working in the *human-potential* domain ignore that elementary fact. Why? Is there something about human-potential demonstrations that makes researchers nervous? Whatever the answer, in regard to defective data, computer programmers have an irreverent acronym that often applies to the analysis of human-potential research. GIGO, “garbage in, garbage out.”

With future health care at stake, as well as billions of dollars, I challenge all researchers in the human-potential domain to adhere to the following requirement:

Every research project in the field of human potential must have, in addition to proper statistical and operational design, a proper clinical design, and this “proper clinical design” must be approved by a clinician skilled in training humans to criterion levels.⁶

If this research challenge is not met, I, for one, will tend to regard published reports (and meta-analyses) in the field of human potential with skepticism, the same skepticism I hold for research conducted with poor operational or statistical design, whether findings are positive, or negative.

Returning to the inadequacies of our present-day health care system, even if the challenge of good *clinical* design in research is met, some laid-back critics will say: “Why worry? It’ll all work out. The public can develop health at its leisure. There’s no emergency that requires basic change of the health-care system.”

That, however, is undoubtedly wrong. An “agonizing economic reappraisal” seems to be approaching that will put present-style health care on a back burner. The reason? National economics! Few long-range economic indicators give support, as yet, to the hopeful idea that Ross Perot and entrepreneur Harry Figgie, co-chair of the Grace Commission and author of *Bankruptcy 1995*,⁷ are wrong in their estimate of where the national economy is headed—over the cliff. The Clinton Administration may be able to postpone the crisis a year or two, but at present, neither the President nor the congress appear to have sufficient political will to avert disaster.

If there is a shortage of money to pay for health care, what can we do? The answer. Teach psycho-physiologic **health**—and start now. Teach self-reliance. This will guarantee a cut in health care costs.

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REFERENCES & NOTES

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3. E. Green & A. Green, Biofeedback and States of Consciousness Chapter 18 In *Handbook of States of Consciousness* (B. B. Wolman & M. Ullman, Eds., Van Nostrand Reinhold Company, NY, NY, 1986).
4. C. Patel, Yoga and Biofeedback in the Management of Hypertension, *The Lancet* 2 (1973), pp. 1053-1055.
5. D. M. Eisenberg, T. L. Delbanco, C. S. Berkey, T. J. Kaptchuk, B. Lupelnick, J. Kuhl & T. C. Chalmers, Cognitive Behavioural Techniques for Hypertension: Are They Effective? *Annals of Internal Medicine* 118 (1993), pp. 964-972. [For a detailed criticism of this report, based on internal inconsistencies, see, F. Andrasik, *Biofeedback in the Firing Line: Reconsideration of Eisenberg et. al.*, *Biofeedback* 22 (1994), pp. 8-9].
6. As a long-time researcher and clinician, I feel particularly well qualified to issue this challenge. In 1967 I began the autogenic biofeedback program that resulted in amelioration of migraine headache in thousands of patients across the country. And in 1979 reported on the successful development of a training method for "massive vasodilation in the lower half of the body," which was instrumental in the control of high blood pressure. [See E. Green, A. Green & P. Norris, Preliminary Report on a New Non-Drug Method for the Control of Hypertension, *Journal of the South Carolina Medical Association* 75 (1979), pp. 575-582.] Subsequently, we have trained 700 patients to get off hypertension drugs and keep their blood pressures normal. And, in a group of 77 patients who participated in a controlled research study, 5 out of 8 succeeded in keeping blood pressures normal, with little or no use of drugs, over a follow-up period of 33 months. [See S. Fahrion, P. Norris, A. Green, E. Green, & C. Snarr, Biobehavioral Treatment of Essential Hypertension: A Group Outcome Study, *Biofeedback and Self-Regulation* 11 (1986), pp. 257-277.]
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