

The Physician as Coach:

First Focus on Healing,

Then on Curing

The New Face of 21st Century

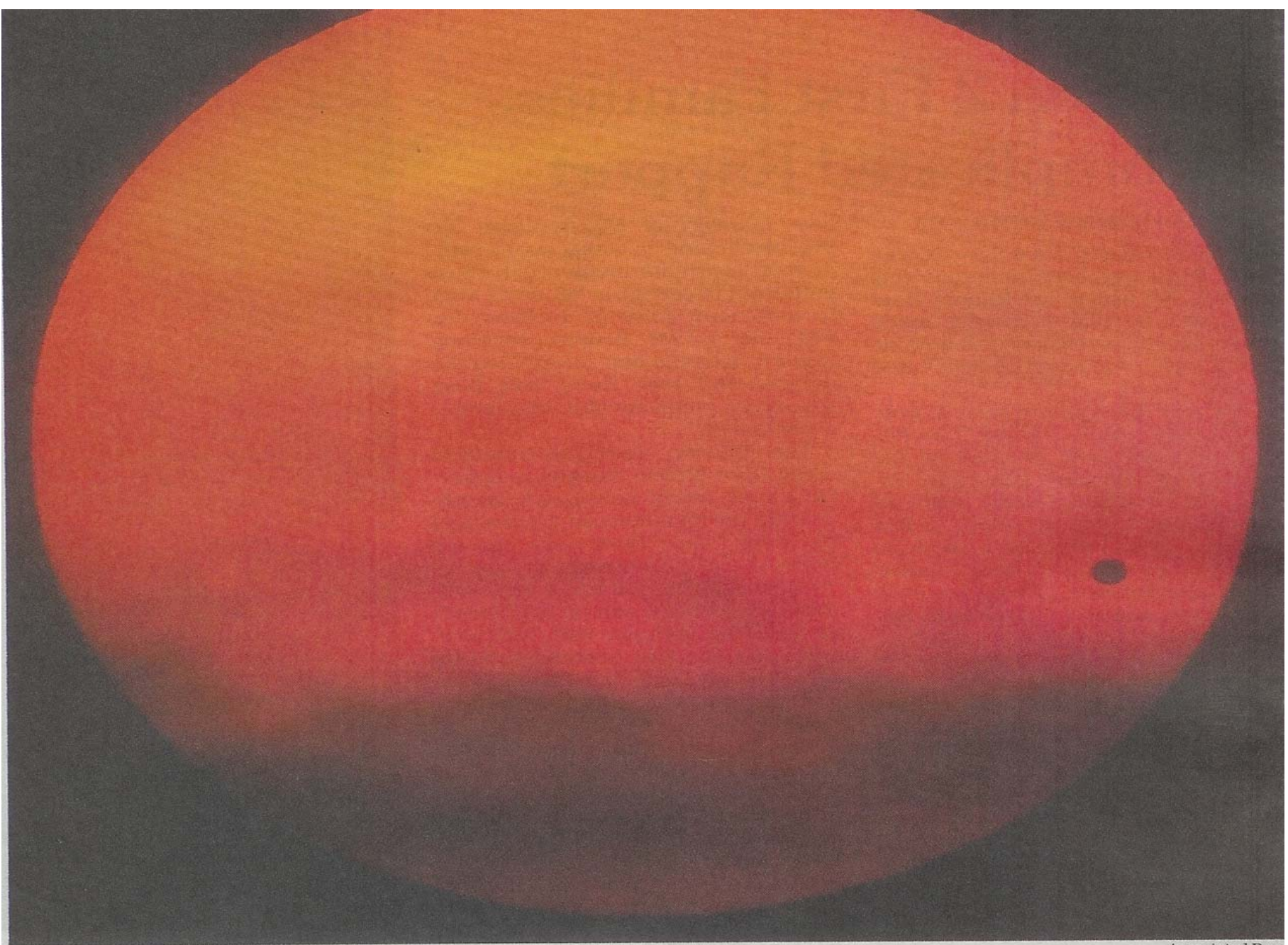
Cancer Survivors

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The Center for Contemporary Medicine

Ann Arbor, Michigan

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Associated Pres

At 6:10 a.m. yesterday, Venus looked like a black dot against the sun just after dawn over Chesapeake Bay.

Person-Centered Cancer Treatment and Prevention

Our medical services offer you the opportunity to gain knowledge and skills needed to stop cancer development dead in its tracks - under the guidance of a physician-coach.

[Click here](#) to learn more about how you can benefit from our whole-person centered methodology.

Tumor Oriented Therapy

The Science of Medicine

Cure

Uni-dimensional
Cancer Treatment

Patient Oriented Therapy

The Art and Science of Medicine

Healing

Multi-Dimensional

Cancer Treatment & Prevention



For more information, click on [The Healing Process](#) and [Multi-Dimensional Healing](#).

In three-month coaching cycles, you gain exclusive use to a personalized toolbox of strategies and methods that will renew your life and promote health and well-being, while blocking initiation, promotion, and progression - the 3 stages of cancer development.

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Testing the Biopsychosocial Model: The Ultimate Challenge Facing Behavioral Medicine?

Gary E. Schwartz
Yale University

This article develops the thesis that the ultimate challenge facing behavioral medicine is the empirical testing of the biopsychosocial model. Drawing upon Pepper's (1942) philosophy of science writings, four major ways of thinking (formistic, mechanistic, contextual, and organistic) about health and illness are illustrated. It is proposed that single-category, single-cause, single-effect models of health and illness are being replaced by multicategory, multicause, multieffect models and that this reflects a major paradigm shift in science in general. Basic aspects of systems theory are illustrated and applied to the four major definitions of behavioral medicine and the four major stages of clinical research. It is proposed that research examining interactions cutting across biological, psychological, and social levels underlies the major questions regarding diagnosis, treatment, and prevention. The Patient Evaluation Grid is used to highlight how clinical data can be collected biopsychosocially. The distinction between bodies of knowledge and specialized training in the bodies of knowledge is clarified as it relates to the complimentary roles of psychologists and physicians in behavioral medicine. The emerging roles of psychology as the "middle" discipline and medicine as a biopsychosocial profession are considered in relation to medical education and the practice of behavioral medicine.

1982

The purpose of this article is to consider the thesis that the ultimate challenge facing behavioral medicine is the empirical testing of the biopsychosocial model (e.g., Engel, 1977; Leigh & Reiser, 1980) and to consider the unique roles that psychology as a discipline can play in meeting this interdisciplinary challenge. In the process of discussing these two broad issues, I will consider four major categories of definitions of behavioral medicine and consider the potential for systems theory (de Rosnay, 1979; Miller, 1978; von Bertalanffy, 1968) to provide a unifying, metatheoretical framework for integrating biological, psychological, and social approaches to health and illness. The present article represents a summary and extension of recent writings on systems theory and the

interdisciplinary nature of behavioral medicine (Schwartz, 1979, 1980, 1981, 1982, in press-a, in press-b).

As has been discussed elsewhere (Schwartz, 1980; Weiss & Schwartz, 1982), the emergence of behavioral medicine as a new interdisciplinary field (e.g., The Yale Conference on Behavioral Medicine, Schwartz & Weiss, 1978a) has not occurred in isolation. Rather, the emergence of behavioral medicine should be seen as part of a broad trend toward synthesis that is occurring throughout the scientific community. The beginnings of this trend toward synthesis can be traced at least as far back as the writings of Cannon (1932). Cannon planted the seeds for considering homeostasis to be a general process that could be fruitfully applied not only to biology, but to psychology and sociology as well (see Cannon, 1932; Chap. 18). It was within this broad context that general systems theory was initially conceived (e.g., von Bertalanffy, 1968) and developed (e.g., Boulding, 1978; Miller, 1978).

Traditional boundaries between disciplines are currently being broken down, and new interdisciplinary fields are emerging at a remarkable rate. Over the past two decades,

Some of the ideas presented in this article were stimulated and shaped by discussions with Jeanne L. Schwartz, Hoyle Leigh, and graduate students in my seminar on clinical health psychology in psychiatry and medicine. Their contributions are gratefully acknowledged. The article was written during the period of my father's illness. It is dedicated to the memory of Howard Schwartz, with love.

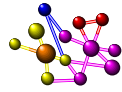
Requests for reprints should be sent to Gary E. Schwartz, Department of Psychology, Box 11A Yale Station, New Haven, Connecticut 06520.

Integrative Approaches to the Treatment/Prevention of Breast Cancer



**Cell/Genomic
Body**

BIO-



**Molecular
Body**



**Emotional
Body**

PSYCHO-



**Mental
Body**



**Relational
Body**

SOCIAL

The Science of Medicine

The Art and Science of Medicine

Cell – Genomic Response Elements

Limbic-Autonomic-Enteric Signals



The Art and Science of Medicine

Multi-Dimensional Patient Oriented Therapy

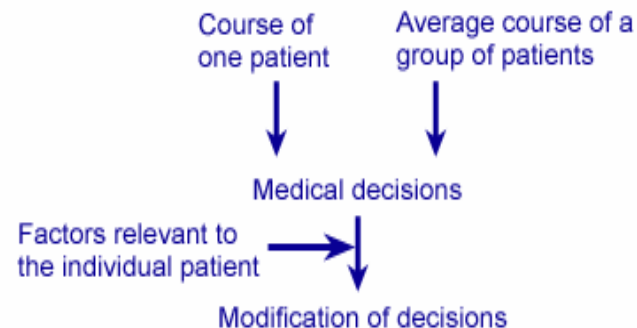
The art of medicine consists of the ability to visualize the future course of one patient as separate from the average course of a group of patients, and to modify medical decisions appropriately by **taking into account the individual factors of relevance**. This is the essence of prognosis.

Prognosis:

1. The art and science of foretelling the course of a disease;
2. The prospect of survival and recovery from a disease as anticipated from the usual course of that disease or indicated by special features of the case in question.

Prognostication:

1. foreknowledge of:
 - a. the course the illness is going to take
 - b. complications which may arise;
 - c. when recovery is likely to take place;
 - d. whether recovery will be complete or partial, and will a disability remain;



The Evolution of the 5-Bodied Approach

Who is the individual patient, and what are the individual factors of relevance?

1. **Physical Factors**

- a. drug allergies
- b. concurrent illnesses
- c. age, ethnic and demographic differences
- d. the trends and tempo of the disease course;

2. **Nutritional balance/Toxicity elimination/Breath control/Sleep and Rest Factors**

3. **Emotional Factors**

- a. the reliability of the patient
- b. the adequacy of the home situation/emotional support systems
- c. chronic overt/covert depression, despair, resentment, rage, helplessness, and/or hopelessness

4. **Mental and Spiritual Factors**

- a. self esteem/extent of victimization/extent of empowerment
- b. belief in and connection to a higher power

Mental and Spiritual → Emotional → Nutrition/Elimination → Genome Expression:

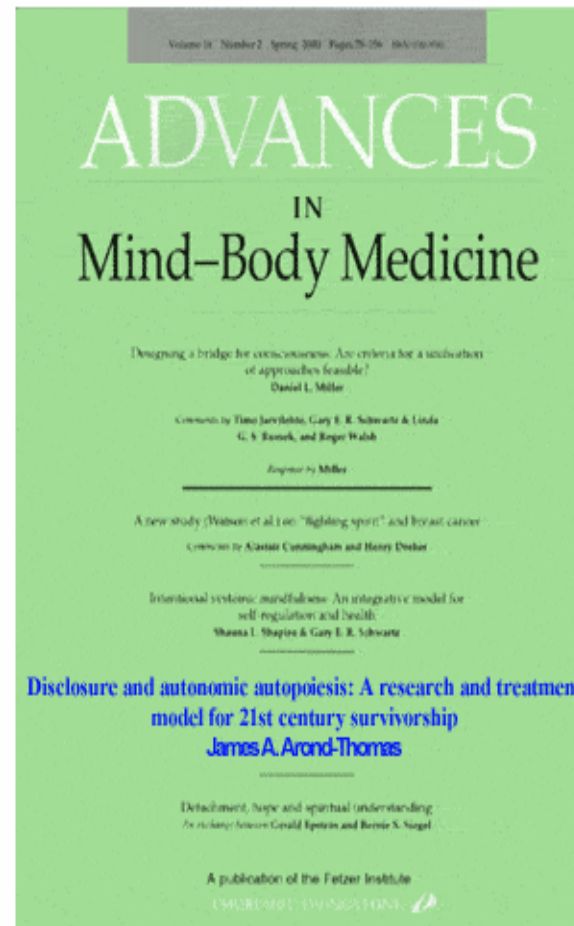
Each Level is a Component in the Sequence of Autonomic Genomic Regulation

Disclosure and Autonomic Autopoiesis

Disclosure and **Autonomic Autopoiesis**: A Research And Treatment Model For 21st Century Cancer Survivorship

Please click on the link below to view this article as it was published in ***Advances in Mind-Body Medicine*** (2000) Vol. 16, pp. 135-148:

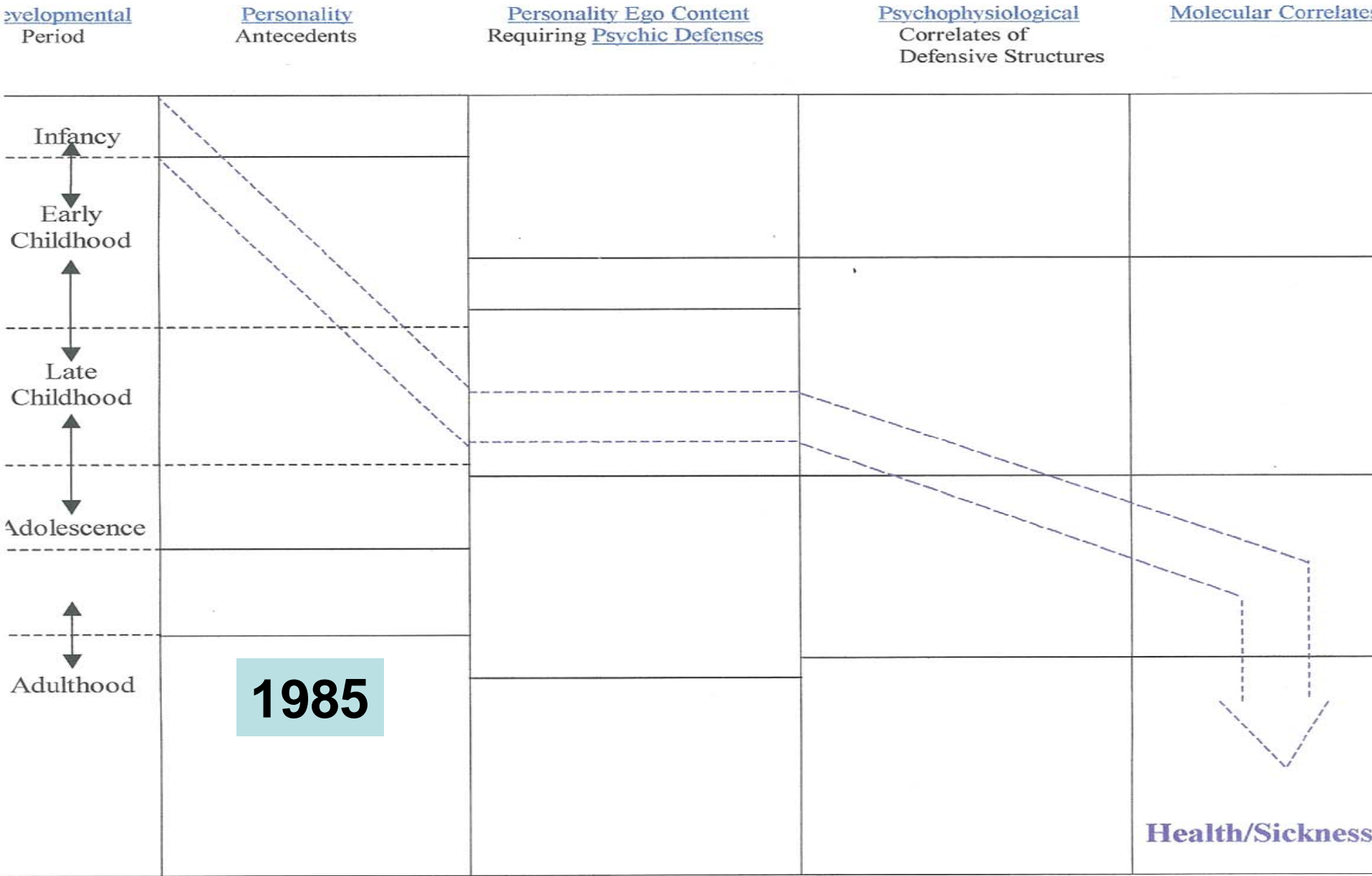
[Disclosure and Autonomic Autopoiesis: A Research And Treatment Model For 21st Century Cancer Survivorship \(PDF format\)](#)





A threshold will be crossed when we actually begin to understand what we see.

THE MIND – BODY TRANSDUCER IN SICKNESS AND IN HEALTH



THE MIND – BODY TRANSDUCER AND HEALTH

Developmental

Period

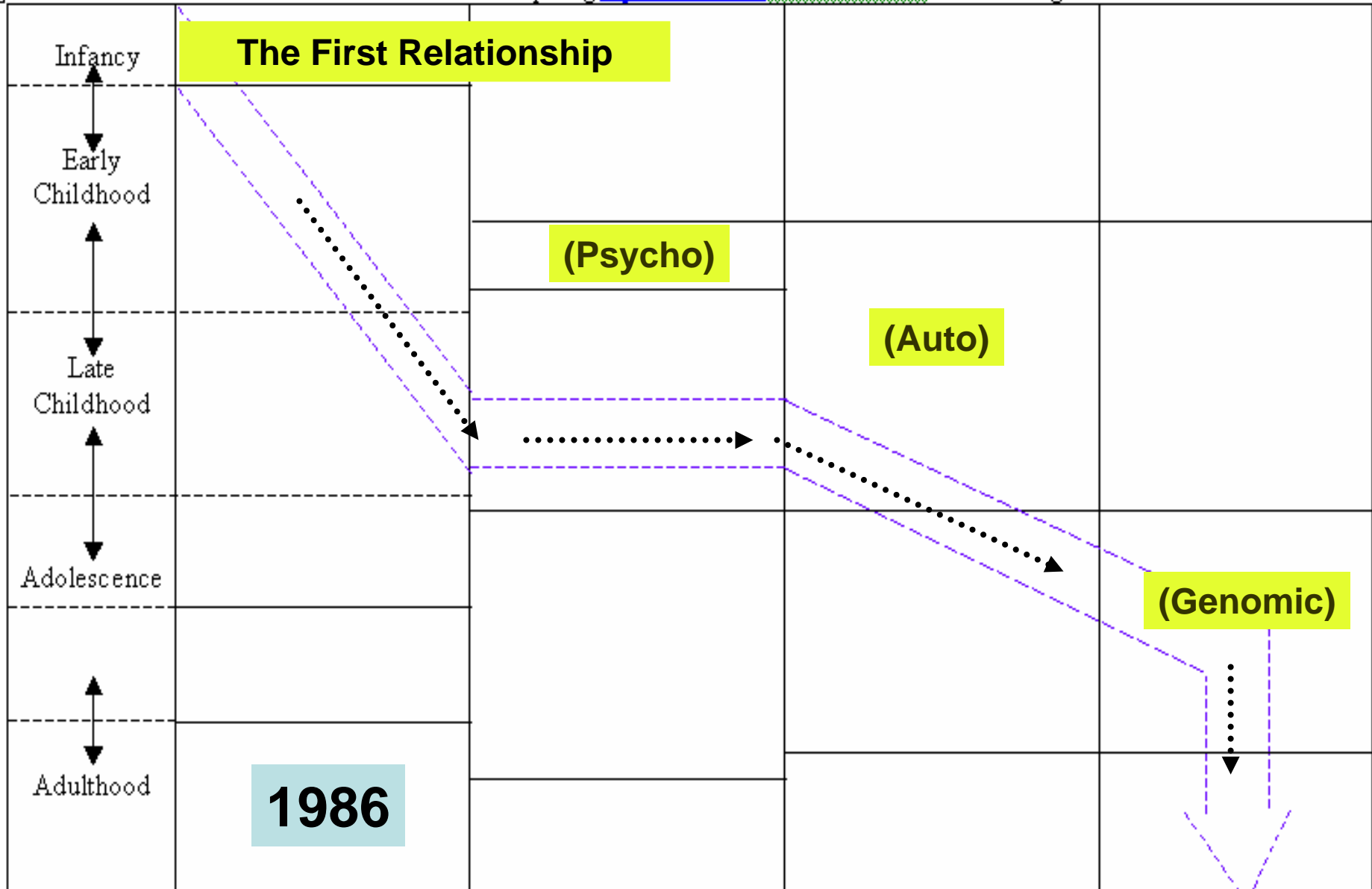
Environmental/Inter-
Personal Personality
Antecedents

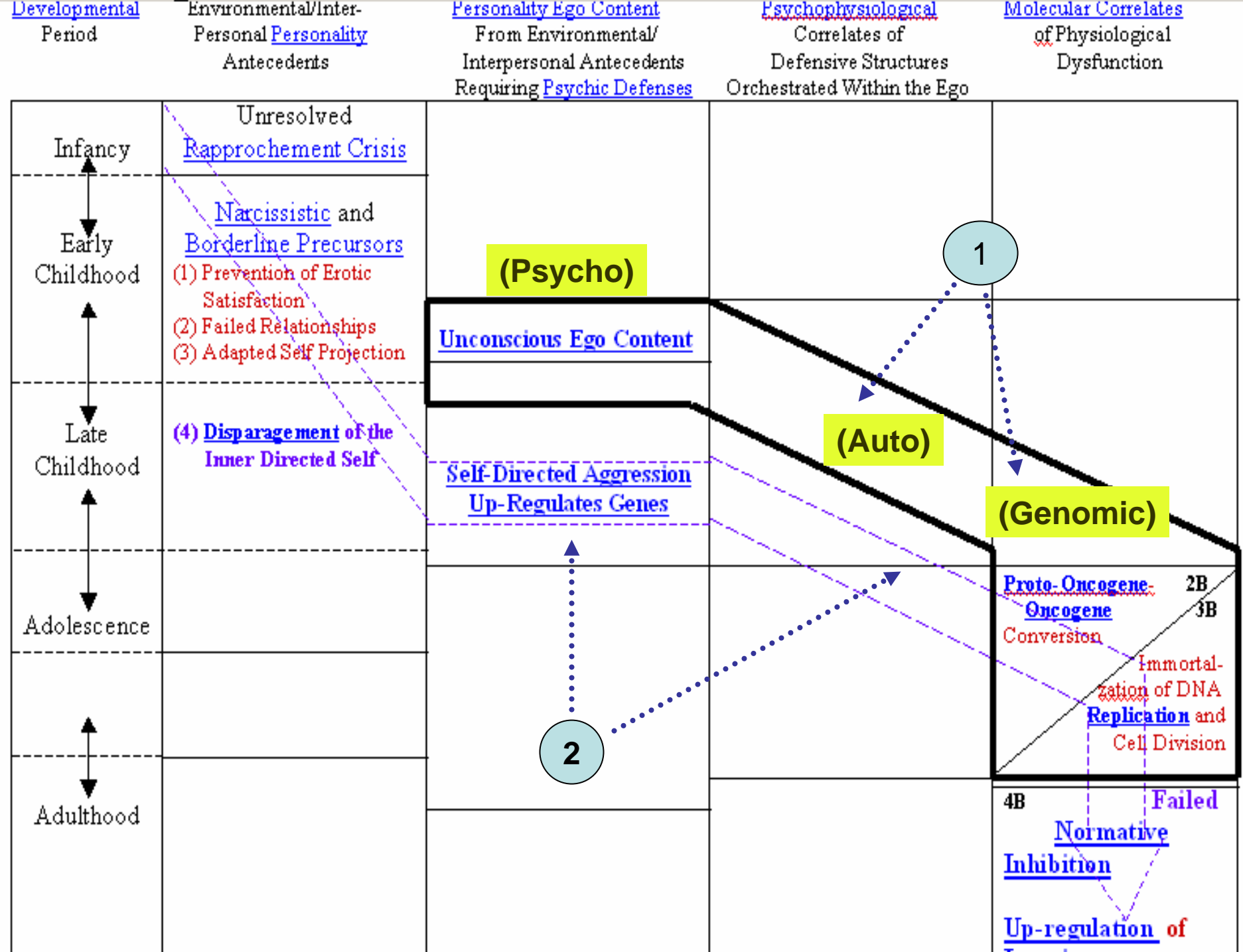
Personality Ego Content
From Environmental/
Interpersonal Antecedents
Requiring Psychic Defenses

Psychophysiological
Correlates of
Defensive Structures
Orchestrated Within the Ego

Molecular Correlates
of Physiological
Dysfunction

⊕





The Psycho-Emotional Impact on the Expression of the Genome

- Psychological processes are fundamentally not different from other processes which take place in the body
- Psychological processes are physiological processes, differing from other body processes in that they can be perceived subjectively, communicated verbally, or defensively denied
- **Hypothesis**: By disclosing the emotional input accessing the autonomic nerves, we are able to change the autonomic cellular consequences on the genome, as well as alter our defenses

Proposed Psychogenomic Outcomes of Failed Disclosure

- Nurturance failure, isolation, and loss of contact inhibition
- Life and death conflicts unresolved
- Refusal of old wounds to die, lack of forgiveness (healing impairment)
- Lack of forgiveness translated into failed programmed cell death – or apoptosis
(1994)

WE HAVE PROPOSED THAT REGRESSIVE CONVERSIONS CONSTITUTE A FINAL COMMON
PATHWAY LINKING THE PSYCHIC DOMAIN WITH THE SUBCELLULAR DOMAIN
ACTING THROUGH THE FOLLOWING SYSTEMS:

- 1) THE AUTONOMIC NERVOUS SYSTEM AND ITS MEMBRANE RECEPTORS
- 2) THE NEURO-ENDOCRINE SYSTEM AND ITS MEMBRANE RECEPTORS
- 3) THE IMMUNE SURVEILLANCE SYSTEM AND ITS RECEPTORS
- 4) THE MUTATION OF PROTO-ONCOGENES TO ONCOGENES WITH THE IMMORTALIZATION OF DNA REPLICATION AND CELL DIVISION

1985

***The Collective Actions of the Above Mechanisms:
The Psychic Physiologic Cancer Transducer***