

A Note on the Genesis of Illness: A New Direction for Healthcare Practice

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As a practitioner of integrative healthcare, I apply the term “integrative” to pertain to a different model of understanding of how human experience works. My use of “integrative” means bringing into balance the 5 significant areas of our functioning making up our experience and existence in this world: physical, emotional, mental, social, and moral. The term *integrative* is in contrast to the common current use of the term meaning mixing, eg, natural medicine with conventional medicine or chemotherapy with herbs.

The current concept underlying medicine, natural science, and psychology is that of cause and effect, or what is known as “determinism.” For example, the conventional medical framework posits that the pneumococcus causes pneumonia. This is a straightforward cause-effect statement blithely accepted without question by the general populace, as well as by other natural scientists who champion this model. However, what if the response of the patient upon hearing this “authoritative” statement was, “By the way, doctor, my dog died this week, my wife left me, I lost my job, and my stock portfolio crashed. I have been in shock and have been weeping at all these losses. Don’t they have something to do with the onset of this pneumonia I am suffering from?” The doctor’s rejoinder is usually peremptorily, “That’s ridiculous. I told you what the cause is: it’s the pneumococcus!”

The response of the “patient” highlights the different model I alluded to above. This paradigm is an acausal, non-deterministic model of healthcare, where conclusions are not drawn. Rather, the parts are put together to form a whole picture, where the pieces are integrated, like a mosaic where the different elements are brought together to form a whole. The consequence of this approach promotes healing and overall health benefits.

THESIS

I have written about this healthcare model in other articles, but I have introduced it sketchily here as a backdrop to the major thrust of this paper. The thesis here is that *doubt* is a seed planted in consciousness out of which emerge all the disturbanc-

es suffered by us in the course of our lives. It manifests in all the 5 areas of our existence: doubt is the mental component; guilt feeling, the emotional component; physical imbalances, the physical component; ambivalence, the social component; and lying, the moral component.

Over my many years in clinical practice, I have been struck by the insidiousness of doubt in its contribution to the development and perpetuation of imbalances in people. In my quest to understand this phenomenon, I discovered that the ancient wisdom texts of the West are healing manuals replete with information about the sources of illness and imbalance. One such text is the Sermon on the Mount. In it, the Master of Christianity identifies doubt as the source of evil (ie, falsehood) and ill health and provides an elegant prescription for eliminating them from our lives.

Again you have heard that it was said to the men of old: You shall not swear falsely but shall perform to the Lord what you have sworn. But I say to you: Do not swear at all . . . And do not swear by your head [logic], for you cannot make one hair white or black. Let what you say be simply “Yes” or “No”; anything more than this comes from evil [falsehood]. [emphasis added]

Matthew 5: 33-37.

The significant words here are “Yes or No,” “anything more,” and “evil.” For the words “anything more” I shall use a synonymous term—*surplus*—which means an excess. These words contain the seed for creating a model of healthcare consonant with western spirituality. As we delve more deeply, we may find the basis for a modern mindbody* healthcare paradigm as well.

How is “Yes or No” connected to mindbody phenomena? Here is the tie-in. The action of “yes” can be seen as being connected with the first cervical vertebra, known as the atlas. The free movement of this vertebra allows us to nod “yes.” The second cervical vertebra is called the axis. The free movement of this vertebra allows us to move our heads from side to side to indicate “no.”¹ The atlas is what holds up the world. The axis relates to how the world spins. On the micro-anatomical level these 2 vertebrae represent the macro-existence of this planet. When there is a disorder, displacement, or derangement of these

*The author prefers to combine the words “mind” and “body” to preserve the unity of the relationship between mind and body.

2 vertebrae, the entire spinal column can be thrown out of order, creating all sorts of faulty curvatures and postural disturbances. It is well known, especially among osteopaths and chiropractors, how central and seminal the spinal column is in terms of connecting to health or illness physically. Many nerves pass through the spinal column. The impingement on them created by the distortions of vertebral malformations has profound effects on the rest of the body, ie, the musculature and organ systems. Added to this is the torque produced by postural compensations effected by spinal column displacements, reflected in muscle spasms and constrictions of arteries flowing through the affected muscles, subsequently cutting off the blood supply to various organs, resulting in organ pathology, perhaps all the way to cancer eventually.

What is the source of this bodily breakdown? The answer resides in the “yes or no.” When “yes or no” is replaced by “yes and no,” we have discovered the source for the mental/emotional and physical disturbances besetting us. In the Western tradition, it is said that the mental activity of doubt is the seed source of all our difficulties. This point is highlighted in the story of Adam and Eve. In the Garden of Eden, Eve is told by God to listen to His voice alone, the One voice. However, the serpent appears as the voice of doubt in the Garden and whispers in Eve’s ear to eat the fruit of the tree of the knowledge of good and evil to become as gods. This is the tree whose fruit God explicitly warned Eve and Adam against ingesting lest they should die. The serpent’s seduction and suggestion, however, is quite persuasive. Eve now hears the second voice, the voice of doubt. The word *doubt* means 2, a number that represents conflict in the numerical system of the Western wisdom. Eve now begins to doubt whose voice to obey. The word *obey* means “to give ear to.” She is torn, in angst, and grave doubt, in the throes of “yes and no” before she finally succumbs.

This story represents the struggle of human beings, faced with choices on a day-to-day basis. Many of us are in a constant state of doubt, indecision, ambivalence, afraid to choose, maintaining “yes and no” almost perpetually. Try moving your head yes and no at the same time. What do you experience? This is the effect of doubt on our biomenal system—the intimate relationship between mental and physical functioning.

IMPLICATIONS

As doubt continues and expands we can begin to see a whole host of emotional/mental and physical reverberations. In the emotional/mental realm, obsessional-compulsive activity, phobias and tics, are all examples of the struggle of “yes and no” trying to become “yes or no.” The exaggeration of “yes and no” becomes manic-depressive illness, the constant alternation of “yes and no” manifested as elation and depression. If we extend this exaggeration further, we come to the most severe ambivalence imaginable: schizophrenia. Within that description we find its culmination in catatonia, the epitome of “yes and no” brought to its most “exquisite” expression, virtually to a standstill.

This is not to say that in any one individual there is a continuum from doubt through various physical ailments (for, after

all, according to this view, physical imbalance reflects our being in doubt), emotional/mental aberrations all the way to schizophrenia. What strikes a particular person will be quite different from the next, but, in my experience, the common denominator for everyone is “yes and no”!

I would now like to discuss the word *surplus* (anything more). This translates into moving from “yes or no” to “yes and no” through the morass of the surplus or excess of mental machinations—reflected by rationalizations, justifications, explanations, defensiveness, excuses, opinions, attempts to convince, and all other sorts of stories that are constructed to maintain the state of indecision that paralyzes action—which reflects as stasis, stoppage of movement, and immobility in us both physically and mentally. These are but some of the surpluses alluded to in the Sermon on the Mount. They are all distortions created to support “yes and no,” diverting us from the perfection “yes or no” can lead us to. After all, God enjoined us in Deuteronomy 30 to choose constantly between life and death, good (truth) and evil (fabrication, falsehood). The struggle is to choose. From this choice emerge the great existential struggles we face on earth.

The falsehoods/fabrications are all aspects of surplus, the excess baggage with which we burden ourselves. The stories we concoct have no basis in fact but appear to us as such. When we speak “future talk” we believe such formulations designate something existing now rather than a projection into a time, place, and circumstance called “future” that does not exist. This “future talk” is a mirage, an illusion.

According to the lecture series “The Science of Man” by Robert Rhondell Gibson, MD, another difficulty adding power to “yes and no” is what can be termed the greed factor. Greed means wanting more, better, and different. This is the social factor in our wholeness equation, itself the foundation of this healthcare paradigm. In the materialist philosophy, with which almost all of us are involved, we are not taught that sacrifice has a value. Sacrifice means to make holy, where we give up something of value for something of greater value. Rather, acquisitiveness is the order of the day—“Take what we can and keep what we got.” In “yes and no” there is a resistance to giving something away. Mentally, indecision has a social quasieconomic element impressed in it.

Of course, acquisitiveness easily becomes excessive and becomes then another variant of surplus. When one chooses “yes or no,” something is necessarily relinquished in the choice. In the act of giving up, letting go, and detaching, sacrifice is inherent in choice. This point is self-evident, yet this issue is muddled for most of us in the murky waters of “yes and no.” Does sacrifice offer us the possibility of a fulfilling life? The answer is an emphatic “yes”! Dropping the surplus is tantamount to dropping the burdens in/of one’s life. Freed of these encumbrances, life becomes lighter, more easily borne, enjoyable, and healthier!

So far, I have covered 4 of the 5 essential ingredients making up what I consider to be the true integrative healthcare model focusing on the person, the “I,” who is the central player on the stage of life, lived in all of its aspects: waking life, dreams, imagination, reveries, memory, hallucinations, and para-dimensional

realities. The preceding 4 ingredients are physical, emotional, mental, and social. I conclude by briefly describing the fifth, rounding out this descriptive summary of the “yes or no” phenomenon.

This last piece is the moral. The ancient healthcare model noted that the moral element occupied the most prominent position in the genesis of health or illness. Certainly, in the model presented here in the “yes or no” framework, the moral dimension occupies a place of no less importance than the others.

By moral I refer to the 10 precepts governing our mode of living on earth. These 10 are specific to the Western tradition, although some, but not all, are shared in the Eastern traditions. These 10 precepts are sometimes referred to as the 10 laws of balance, or more commonly, the 10 commandments. Returning to the Sermon on the Mount, note Jesus’s reference to the word “swear”:

You shall not swear falsely . . . And do not swear by your head [logic].

Likewise, the ninth precept states that we are not to bear false witness, which encompasses lying.

Is saying “yes and no” tantamount to bearing false witness? In my estimation, it is. Rationalizing, opining, justifying, and “futurizing” (speaking in the future tense); defensiveness; and excuses can be classified as derivations of bearing false witness. It is true that in certain instances, “yes or no” can fall into the maw of false witness. For example, a bank robber is asked if he robbed the bank. He says, “no.” However, criminals are almost always bearing false witness. Notwithstanding these types of exceptions occurring in the “yes or no” vs “yes and no” dichotomy, the overwhelming destructiveness associated with doubt in the majority of our daily interactions cannot be debated.

Carrying on the “yes and no” dialogue internally, and lying to oneself, as well as to others, invariably has destructive consequences. This contributes to the paralysis, stasis, lack of movement, inability to move forward, and immobility that we face in our lives.

THE REMEDY

What is the remedy for “yes and no”? Answer: Change “yes and no” to “yes or no.” Here faith enters the picture. Testing of faith is inescapable in life. Rather, we seek to avoid testing faith out of fear of the unknown. The repercussions of this resistance have been depicted in this paper, for where faith is not challenged, death fills the void. Remember the admonition/recommendation of Deuteronomy 30 to choose life and the invisible reality will take care of the rest. Of course, invisible reality is the unknown. Our conditioning has been weighted to place our faith in the known. We don’t realize that trusting only what is tangible and measurable is an act of faith as well. The existential choice we each face is to trust the invisible, which equals truth, which equals life, or trust the visible, which equals surplus, which equals death. Practicing “yes or no” in our daily lives develops faith and trust in oneself, one’s intuition, and the invisible universe. We change our faith by opting for faith in faith rather than faith in doubt. By simply changing the conjunction

“and” to “or” and joining “yes” to “no” in a balanced way, we can bring our disjointed selves back into alignment to establish equilibrium, for the proper use of “yes or no” establishes the balance point that we have all been seeking as an antidote to the imbalanced life brought about by “yes and no.”

The movement toward balance is exactly what this spiritually based healthcare paradigm is aiming at. What has been adumbrated in this article is the foundational basis for restoring balance to life by reintroducing a meta-context of spiritual healing into our healthcare model. This spiritual paradigm of healthcare has lingered in the shadows of obscurity since the advent of the current conventional imbalanced medical system took hold during the past 400 or so years. Without demeaning its accomplishments in acute, emergency care, on the whole the current medical model delivery system is defined by maximum input for minimum output. The incidences of morbidity/illness and death rates have not been substantially reduced, if at all, despite drawing on maximum resources and energy. The former, traditional model follows a more elegant law of parsimony (a la Occam’s razor) whereby there is a minimum input for a maximum output at a minimum cost both economically and by conservation of resources. This naturally follows from doing away with the surplus created by “yes and no” and actively choosing “yes or no.”

Reference

1. Epstein G. *Healing Into Immortality: A New Spiritual Medicine of Healing Stories and Imagery*. New York: Bantam Books; 1994; New York: ACMI Press, 1997