

Whole person—twisted back

Anthroposophical Medicine in general practice

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■ Abstract

On the basis of a case history, the question is considered as to how the pathophysiological dynamics of an organically defined syndrome (herniated nucleus pulposus) may be seen against the background of a stress situation from a holistic point of view (anthroposophical medicine) and treated accordingly. The basics of the interpenetrating levels of the human organization (“four bodies”) are given and also applied to the patient in question (physical diagnosis, evolution, psychosocial context and bio-graphy with reference to the vertebral column, power of uprightness and self-awareness). In addition to medical treatment and physiotherapy, therapeutic speech was used to good effect. In the second part of the paper, the significance of such an approach to medicine for the individual doctor-patient relationship is considered against the background trend towards evidence-based medicine.

■ Keywords

Herniated nucleus pulposus
 Anthroposophical medicine
 The four bodies
 Art therapy
 Evidence-based medicine
 Medical conscience

The patient

The patient is almost 40, c. 185 cm tall, weighing 80 kg, dark-haired, organizational developer, fashion-conscious and casually elegant in his choice of clothes. He had developed a herniated nucleus pulposus early in the year. Sometimes you hear him as he comes up the stairs, his steps vigorous as he approaches the practice, where he is effusive in greeting me: “Well, doctor, how’s things?” His voice is strong and penetrating. You sense his pent-up energy if he has to wait, a restlessness that shows itself. He’ll only come if absolutely necessary and wants to get away again quickly. He’s a private patient. In conversation he tends to be mocking, provocative, going outside the limits and bringing a jovial, jokey style into the situation.

He is married to a teacher who is eight years older than himself, also a patient of mine. She is, it has to be said, a “beautiful” woman. The daughter from her first marriage, now 17, is currently also receiving treatment for massive autonomic dysregulation symptoms following the conflict situation of separating from her friend. The youngest in the family is a boy aged 6, son of my patient and his wife. In his case perinatal asphyxia has led to noncommunicating hydrocephalus and cerebral fits. His development is supported by a range of measures, but he is a major challenge to his parents. During the day he attends an integrative nursery.

Our patient works as an organizational developer for the local authority of a city in the Ruhr area. Among other things it is his responsibility to sell the authority’s policies to the public and develop the work in individual city districts. He feels well integrated in a team of colleagues, of whom he speaks in a very positive way, yet completely out of place in the local authority setting.

He first came to see me in October 1999 with pain in the lumbar region (not radiating to the legs). His work was stressful and he was actively involved in sport. The symptoms improved rapidly after three treatments with *Disci/Rhus toxicodendron* comp. in the region of the lumbar spine. In April 2001, he presented with lumbar and sciatic pain which regressed somewhat more slowly with the above treatment. I therefore prescribed remedial gymnastics in addition and also *Disci* comp. cum *Stanno* injections. In February 2002, he developed acute

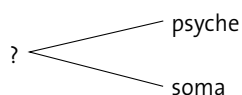
lumbar sciatic pain on the right within two days. A nuclear spin tomogram of the lumbar spine done at the patient's request showed medial prolapse L5/S1 with contact to S1 nerve root on the right.

Between the daily treatments for the acute condition (v.i.) I had said to him that a psychosomatic component has to be considered when symptoms are recurrent, and he agreed to come for a talk. His first words were: "Now you'll tell me what's what." Instead I asked him what he himself thought. He did immediately turn serious, saying that stress at work was acute at the moment, and he was getting increasingly more worried that he might not be able to cope ("Will I manage it all?"). He was also, he said, highly critical of his own work, dissatisfied with himself, unsure, and hardly able to relax.

The issue

Let us leave aside the case history at this point and ask how the patient's inner situation and his outer symptoms may be related. At the beginning of the year, back pain had been the subject of a monthly colloquium of the group working on quality in general practice for the medical practices involved in the teaching program at Witten/Herdecke University in Germany. Following exhaustive reviews of the literature and practical experience reported by colleagues, there was consensus that in 60–80 % of cases, back pain did not go hand in hand with demonstrable organic changes. At the same time it had been established that 60 % of patients showing changes in nuclear spin tomograms were symptomfree (Deutsches Aerzteblatt, 31 May 2002). The question of correlation between physical findings and symptoms arose. People attending the symposium also thought that psychogenic causes must be considered when there are no organic changes in a case of back pain. No reference was, however, made to the question as to in how far psychogenic factors, for instance, may play a role in the genesis of demonstrable herniated nucleus pulposus).

Here we come to a central problem in modern medicine, which is that no consistent concept has been developed for the physical aspect (soma), which is entirely the subject of scientific investigation, and the psyche, which relates to aspects of the humanities and of philosophy, and in the light of current experiments in neurobiology all psychic phenomena are primarily seen as reflections of neurophysiological processes.



What can the anthroposophical view of the human being offer in the field of medicine in this situation and with reference to the case we are considering? Would it be possible to consider the spirit-and-soul sphere less in terms of cause and effect in relation to the physical sphere but rather in terms of correlation? To get a comprehensive picture in this sense, it will, however, be necessary to differentiate the terms "psyche" and "soma"

further, as is done in the image of the human being which Rudolf Steiner developed in anthroposophy.

"Four bodies"

Looking at the human body, we may speak of a purely physical level of existence which in terms of scientific medicine may be called the *molecular organization*. At this organic level, diagnosis is done by physical examination and laboratory investigations as well as imaging methods. The biophysical and biochemical processes arising wholly at this organizational level come into play after death, when the dead body decomposes, and the laws of the mineral world primarily apply.

This physical organization does, however, appear more stable and real than it is, for the body form and the forms of organs are only maintained by continuous synthesis and breakdown of matter. The world flows into us, is taken hold of, reorganized, "used up" and released again. It is not the material of the body which is stable but the organization which gives it form or maintains its form, "vitalizing" it.

This next higher level may thus be called the vitalizing organization, the totality of vital powers that create form, maintain it, and let it arise and die away. In daily life these powers are also active in regeneration and as "self-healing powers". These processes take place in the fluid sphere, in solutes, and are reflected in the principle of homeostasis or steady states. At this level the human organization shows a relationship to the plant world.

This level of functional organization is independent of the physical organization, as becomes evident when the two separate at death. Then the powers that create and maintain form separate from the material substance and the body decomposes.

The existence of this organizational level is denied in modern science with its strictly materialistic orientation. Its effects are (hypothetically) explained as processes that are said to arise purely at the material level. The limitations of such a position show themselves if we consider a work of art, for instance Leonardo da Vinci's *Mona Lisa*. The painting does, of course, consist of paints, and if we insist, we can characterize these in purely chemical terms. Yet the essence, the reality, of the *Mona Lisa* image cannot be found at this level. It is evident, therefore, that modern science, being explicitly focused on the material aspect of the world, cannot encompass the image aspect in the living world, and the essential nature of this level goes unrecognized.

The vitalizing organization, also called the "ether body" in anthroposophical terminology, cannot be seen the way the physical organization can be seen. It can, however, be perceived in its effects on the visible world, by the traces it leaves if we consider processes in time. In medicine, all the methods used in natural medicine work with the processes at this particular organizational level. Self-healing powers in the widest sense are stimulated in different ways, e.g. by acupuncture, homeopathy and external applications.

The next level in the total human organization may be called the *emotional organization*. It makes it possi-

ble for autonomic life to “awaken”, for experience of life and conscious awareness to arise, physiologically essentially on the basis of breathing oxygen. This makes it possible for the animal organism to have internal perceptions and external movement and mobility. Imagine a young brown dog running through a large beechwood. The trees with their vitalizing organization connect to a maximum degree with the environment; they extend into the atmosphere in the leafy canopy and connect with the soil through a tremendous root system. For the running dog, connection with the environment is limited to four fleet paws, i.e. the emotional organization turns in on itself and away from the environment, which results in the creation of an organic internal space, with more definite delimitation from the environment and increased individualization. This also involves a distinct process of devitalization. Perhaps you’ll remember how your garden had been all overgrown when you came home from holiday and how much energy was needed to cut back this vegetative life, limiting it, so that the garden might serve your purposes again—to give you living experience and rest and recuperation.

At this point it is already getting evident that this contrast between constructive (night side) and destructive development (daytime side) is essential to the whole process of health and illness—a difference as between night and day.

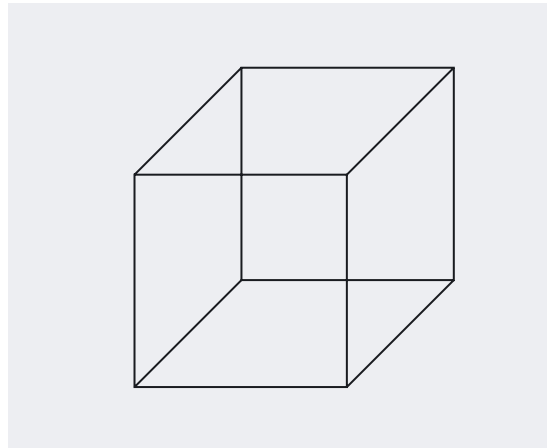
In medicine, the soul sphere is the domain of psychology and psychosomatic medicine. In anthroposophy, this organization, which gives human beings the ability to focus attention, is called the “astral body”.

In humans, as distinct from animals, there is a fourth level of organization which I would like to call the *intentional organization*. A person is able to direct his attention. When he turns it on himself, self awareness arises, the ability to both discover and say “I”. He is in a position to use the conscious mind, either to concentrate on a particular thing, or to be open to many things. He is in a position to identify himself. Finally he can limit, direct and configure the elements that emerge in soul life. He is able to “cultivate” the soul and be fully human.

In a book by Peter Handke published in 2002 entitled *Der Bildverlust* (loss of image) we read: “What is humanly possible for you?” she asked the author. His answer: “To ask you the right questions and thus get you to tell the story.”

We come to the level of speech and language, of thinking, the language for the experience of I and you. Humanity means the challenge to want to make something of your life, give form to your own life, share in the work of creation in a way that goes beyond the purely biologic and can bring moral aspects to realization. Klaus Doener spoke of “wanting to against your will” in this context. This core of soul life is called the “spirit” or the “I-organization” in anthroposophy. Transpersonal psychology is one modern field where this aspect is considered.

This fourfold organization—briefly outlined—constitutes the human being. The transition from one level to the next does not signify “refinement” or “further devel-

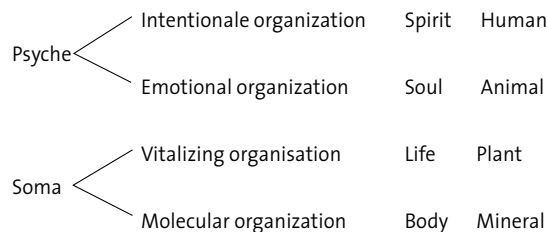


opment” but in fact the overcoming of the previous level. When the vitalizing organization takes hold of the mineral, it is completely metamorphosed, becoming “fit for life”, etc.

Four different principles thus exist one inside the other. They lie hidden in the living human being who stands before us. Horse and rider are one—a key to understanding the image of the Centaur known in antiquity.

People taking the modern scientific view doubt the existence of the level of the vitalizing energies and consider the independent existence of the “I”, the intentional organization, an illusion, above all from the free-will point of view. Feelings, thoughts and will impulses are said to be merely “subjective” reflections of neuronal, hormonal changes. Do not let yourself be brow-beaten.

Here you have a cube shown in perspective. Which surface do you see in front? The one at bottom left or top right? It all depends. You can see it whichever way you will. No molecule in your organism will make you inclined to see the one or the other in front. It is you yourself who “sees”, depending on how you wish to see it. You use the whole of your perceptive and idea-forming apparatus, your body, as an instrument to come to this experience. You, yourself. The colossal uncertainty created concerning the existence of the I, with self awareness made relative, has far-reaching consequences in developing pathological processes—also in the backbone—and in the lack of health-generating resources, as we shall see.



The “four bodies”

Application of the above

In a next step, let us try and apply these differentiated aspects to the patient. At the level of the physical organization every physician will first ask: *What have we*

here? Physical examination showed indurated paravertebral musculature bilaterally at the transition from thoracic to lumbar spine, sciatic pressure points sensitive to percussion, with radiation to the posterior aspect of right thigh; no neurological changes such as hypersensitivity, reduced muscle reflexes or positive Lasegue's sign. The symptoms had not developed suddenly but slowly in the course of two days, so that initially one might consider radicular or also pseudoradicular pain. The nuclear spin tomogram had shown minimal contact between the herniated nucleus pulposus L5 on the right and the S1 nerve root. The patient was generally under high stress, as stated above, with muscles dense and hard on examination, and found it difficult to relax during the examination.

With reference to the second, vitalizing organization, the physician will ask about functional change when taking the history. *How did it come about?* With a history of some years, it was possible to establish recurrence of the symptoms every one or two years, with increasing intensity, and stress as a distinct factor. It became clear that intervals of relaxation were not a regular part of the patient's days and weeks, and that the patient had no feeling for giving rhythm to his days and weeks in this sense. Instead there was continuous stress, with no phase for letting go.

Conditions like these would make him a good candidate for arterial hypertension. Perhaps he was able to stave this off because of his exuberance and being something of an extrovert, so that inner tension could be released. Following my advice to take up sport he had chosen badminton, which does tend to get hectic at times. Considering the symptoms one may speak of a rhythmic disorder in the movement sphere of the spine. This arose because tensing, and therefore destructive, processes were getting too powerful relative to the constructive, relaxing processes. His coloring is on the pale side; he often seems exhausted, with vital energies reduced. This was also evident in his impulsive, abrupt, often jerky movements—the syndrome of having no time.

Let us quote Peter Handke again in *Der Bildverlust*. "Time is money?" she said loudly again in the darkness that deepened the further down she went, 'Yes, but in a way that differs from the one generally accepted. Investigations are still outstanding as to what values can be gained through time. I have time now, and nothing else has ever made me feel more free and more rich. Yes, and having time is indeed a feeling, and has nothing to do with leisure and feelings of leisure. It comes from inside and is added to what I happen to be doing or not doing at the time, rendering it complete and giving it meaning or self-will. Listen, this having time, is it all-embracing? No, the fundamental feeling which alone makes other feelings possible—feelings that are more expressive, also greater, and therefore more heart-felt—and also life at large.'"

With reference to the third level, the emotional organization, the physician asks: *"In what kind of psychosocial context did the symptoms develop?"* I had ear-

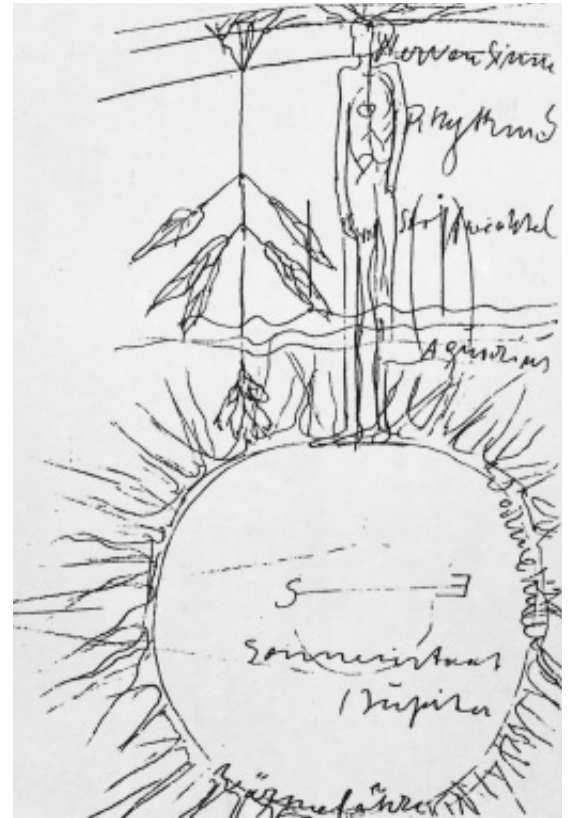
lier mentioned the patient's fear of not being able to cope with the demands he had to face, which led to constant tension, to holding fast in the small of the back, and we can see directly that this is the point of origin for hardening in the lumbar region. Then there is the tendency to be self-critical, devaluing himself and as a next step hiding this inner conflict to maintain an outer facade. These hiding processes are very demanding and exhausting. The patient finally said: "I am not taking proper care of myself." His wife was able to show him that this is not necessarily a male virtue but rather a sign that one is lacking in sensitivity, in perceptiveness for the body. Yet another challenge—to be able to do something which one had not yet learnt.

Considering his liveliness, strong voice, facial expression, gestures and expressiveness, one could see that part of the picture was a tendency that ran counter to the above. On the one hand a tendency to excessive form, fixation and condensation, on the other a tendency to go over the limit and hypermobility—with nothing much in between to mediate and balance.

With regard to the fourth level, the intentional organization, the physician will ask: *"At which stage in the biography did the symptoms or the illness develop?"* A key motive given earlier was: "to make something of one's life, develop a life of one's own." On the one hand this aspect holds the potential for human freedom, yet on the other it is also a tremendous challenge—and maximum stress. With the world increasingly more regimented, how do you find your own impulses and bring them to realization? Above all with regard to a freedom to shape things yourself that is scarcely given for someone with lively emotions working in city administration. If one considers the economic and political pressures city administrations are under in the industrial Ruhr area of Germany—especially with the recently announced reduction in tax revenues—as they face the need to restructure, changing from a society governed by heavy industry to one of high technology, we can sense how conditions at work are also conditions of life. In this situation, our patient finds himself someone who has already gone past midlife, past his "peak".

If we consider human biography in rough outline, the first 20 years consist in the individual getting used to the body and its function, learning to use it until "adulthood" is reached. The next 20 years are essentially a time when the individual explores, tries and individualizes the potential of the psyche. Once he has achieved autonomy by developing these instruments, the individual can shape life according to self-chosen goals. The transition from one stage to the next frequently leads to crises—will it be possible to find the way. Our patient had to cope with the focal situation in at work, a family situation where the disabled child meant special demands, as did a step-daughter in puberty, and his "beautiful" wife. So the question arises: Where does "he himself" come in?

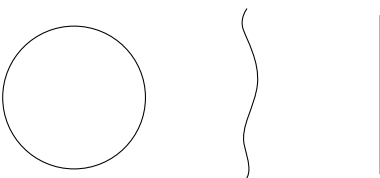
At this point, let us return to our initial question concerning the "relationship to organs" and consider how



the vertebral column, the upright position and self awareness relate to one another. To begin with, a little story which Thomas McKean told during a course on the human skeleton. A little girl watches her younger brother learning to walk and tells her mother, who is in the kitchen, of the progress made by her brother: "Mum, now he's walking along the table. Mum, now he's holding on to the chair. Mum, now he's holding on to himself!" Human uprightnes is an allegory of holding on to oneself.

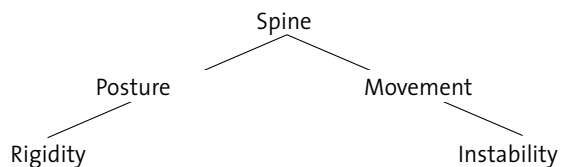
Just as in the drawing by Michelangelo an impulse takes hold of the body mass, lifting it into buoyancy, the upright, extension (Fig. 1). Or in a different context, the German painter Kaspar David Friedrich's *Monk by the Sea*, a human being, small and erect in front of the immense vastness of surf approaching with all the force of nature—water, wind and darkness. Or the thin figure in Alberto Giacometti's *Woman with Chariot*. The gracefully slender emphasis on uprightnes as a characteristic of purity, nobility (Fig. 2).

Also a detail from Joseph Beuys' *Evolution*—the human being as filigree, standing on the Earth, head turned to the heavens. Beside him the plant in its corresponding organization. If we turn the picture upside down, the Earth is a luminous planet springing from the human legs—from human works—like a flower (Fig. 3).



If we consider the position of the vertebral column between the spherical head as the resting pole and the radiating limbs as the image of movement, the double-S form indicates a mediating function. Like the rhythmic functions of heart and circulation, respiration and lung, it may be seen as part of the human rhythmic system, as will be shown in what follows.

We also see evidence of this in human embryonic development. The onset of contractions in the developing heart coincides with the development of the first somites as precursors of the vertebral column in the dorsal embryo, an element of differentiation in space which appears around the 19th day. The vertebral column thus has two functions, as it were, in the human organism, one being posture and the other movement. This also makes it a potential source for two kinds of pathology—immobility and rigidity on the one hand, and hypermobility and instability on the other.



Looking at the role of the human "I" from this point of view, we discover another differentiation into what are almost polar opposites. In the aspect which inevitably arises when we look at the different human bodies in this way, the "I" cultivates and configures the emotional organization (astral body), acting as "master of the house", giving direction and guidance. Again it is

Fig. 1
Michelangelo,
drawing of male
figure. Florence,
Casa Buonarrotti.

Fig. 2
Alberto Giacometti,
*Woman with
Chariot*. Wilhelm-
Lehmbruck-Museum,
Duisburg.

Fig. 3
Joseph Beuys,
Evolution (detail).
Private ownership.

immediately obvious, however, that excessive form processes, suppression, and rigidity may quickly develop.

The aspect of the I is that of the “child inside”, the I as something evolving, germinal, the sphere of potential and possibility—or in terms of Joseph Beuys’ form therapy the sphere of warmth and chaos, chaos because still undefined, the source of everything. This aspect should not be overlooked.

How are the cultural conditions of life for the I today? On the one hand, the argument of being scientific is used in presenting ever new detailed studies in the media to show that the I is all “illusion”, an “imaginary” reflection of bodily processes. “There is no I.” Remarkably, a progressive loss of values, general egotism and a degree of inhumanity in our “civilization” is going hand in hand with the prevalence of this public image of the human being.

On the other hand competition means pressure at work, and the desire for provocatively lived-out autonomy shown in the media (Friday evening talk shows) is tremendous. “Living your own life” turns into the stress of self realization. Not just ability but originality and above all authenticity are essential conditions for jobs as much as for a place in acting school.

As physicians we are also caught up in this. In how far are we in a position to face these issues without fear and without expectations? The question as to the patient’s identity touches immediately on the question as to the physician’s identity. The origin of the self does not lie in the world outside, the world of science. It is in the dark. Or, as Georg Kuehlewind put it: “The I is not something to see, it is seeing.”

If the attempt to find oneself fails in this zone of facing up to things in isolation, confusion will ensure and exhaustion, and often needs to be drowned out by use of substances, through work or some constant thirst for new experiences. A considerable proportion of back problems are partly determined by this.

Treatment

With regard to treatment, let us again take our orientation from the above differentiation into four bodies. In the acute state, deeply subcutaneous injections of Disci/Rhus toxicodendron comp. (10 ml ampoules/Wala) were daily given paravertebrally, two fingers to the left and right of the vertebral column on the line connecting the spinous processes. A sickness certificate was issued for two weeks, and remedial gymnastics were prescribed, asking the patient to practice regularly himself, and to sleep in the appropriate position. With this treatment in the sphere of the physical organism, the symptoms improved within a few days.

If similar symptoms recur a number of times and little sport is done to train the muscles of the back, I will also recommend Kieser training, an active medical method to strengthen, relieve and stabilize the deep extensor muscles of the spine.

At the *functional level*, the above-mentioned exercises which are predominantly physical in effect need to be

supplemented with therapeutic exercises that will release blockages, stimulate vital energies and set them in motion, thus contributing to progressive vitalization. Eurythmy therapy would be the method of choice. I have also seen good results with Dore Jacobs’ back training and the Feldenkrais method.

In the above-mentioned talk about the psychosomatic background to his symptoms, the patient had referred to frequent panic reactions and that he was increasingly aware of limited self-perception. It became clear to him that relaxation and exhalation processes were important for him. His wife had had positive experiences with speech therapy for her asthma, and as speech and language are also important tools in his own profession, he was indeed interested to learn more about these things.

Art therapies generally serve above all to integrate the different human bodies in the process. With speech therapy, the first step is to identify blockages in the living body so that the breath may flow freely and speech may be given artistic form. In this particular case, the relaxation stage initially involved pelvic floor and foot exercises which helped greatly to improve exhalation. This was followed by work on uprightness and stability of posture, using exercises with palatal sounds which address the human life of will, e.g. G and K. Exercises with the D-sound then served to counteract effusive tendencies and practice focusing on a goal.

Initially the patient had considerable difficulties with starting the exercises, being worried about appearing “womanish” or childish. He was, however, gradually able to overcome these inhibitions and indeed discover “feminine” aspects in himself. This brought relaxation both physically and generally. After twelve treatment sessions his symptoms had gone and there has been no recurrence to this day. He recently informed me of plans to have follow-up artistic speech treatment.

If we go back to our initial question as to whether herniated nucleus pulposus is organic and/or psychogenic in origin, we find from the above that it may result from the combined effect of pathological tendencies in the different bodies. For the physician, the attention must above all focus on the constitution of the “vitalizing organization”, the body that forms the bridge between body and soul. In the case of our patient, the circumstances of his life had weakened the constructive powers (ether body), letting destructive powers (persistent tension in the astral body) predominate. In addition to treatment with the above-mentioned preparations and exercises, there was need to reorganize his life situation, doing so through the “I”. Initially this involved looking at the self image, changing the approach and gaining more acceptance of self. From this position it was possible to change attitude and establish a new weekly rhythm. It was also important for the patient to accept his own organization at all levels, and considering the opposite nature of the levels this cannot be expected to be a process that is always harmonious but will also be dynamic (and chaotic).

Medicine today

Looking thus at the whole human being—the whole person, to refer to the title—the patient's side is concluded in this paper, and we come to the other part, that of the physician—i.e. the aspect of the “twisted back”.

I myself got to know anthroposophical medicine about 25 years ago. The impression I have gained is twofold. On the one hand I cannot imagine my work without it, for it provides a comprehensive armamentarium for the diagnosis and treatment of diseases and sick people. On the other hand one finds again and again that it is all still in its beginnings, that often enough ideal and reality differ, and above all, research and evaluation are still needed for many of the views and therapeutic methods.

Against the background of current trends in health policy, with increasing control brought to bear by insurance companies and government, Disease Management Program (DMP), Diagnosis-Related Groups (DRG) in hospitals, and similar things in terms of quality assurance, definite questions inevitably arise. Will more control really improve quality in health care provision today? Let me refer to Joseph Beuys once more. In his view, more and more form means more and more coldness and hence ultimately all life being lost—dropping out of the system. The way I see it, exactly the opposite quality is needed. More warmth must be brought into the system, to put it plainly, more love, or more personal responsibility. “But how?” Not by reducing freedom.

In principle, there can be no objection on our part to disease management programs like those currently under discussion for asthma, diabetes, etc. We ourselves make particular syndromes the subject of our autumn conferences (e.g. rheumatic conditions/hepatitis C), with awareness of “diseases” and “sick person” as problem areas. Academic medicine is frequently limited to developing diagnosis and treatment for pathological conditions. This leaves family physicians with the major task of implementing these points of view in the individual case. All evidence-based medicine developed on the basis of clinical trials is of necessity de-individualized. This is essential in order to create a background, but cannot on its own determine the decisions made in the individual case. People like to say with reference to statistics: “One case is no case”; in the same sense we can say in medical practice: “a hundred guiding principles cannot take the place of the physician's conscience.”

Instead, the question arises as to how health care provision may be given such a form that physicians can comprehensively identify with their profession. Here the way a physician sees himself plays a major role, the aspect of identity which was mentioned earlier. This sphere can be subject to the kind of inner development given, for instance, in general terms by the anthroposophical view of the whole human being, and in a specific way for the physician. This may perhaps make it possible to overcome the two great obstacles in relation to patients—on the one hand fear of making mistakes, lacking competence, and of failure, and on the other vanity arising with

imagined successes and through the high esteem in which the public holds the medical profession. These two obstacles must be brought to conscious awareness before there can be the open encounter with the human being, the patient, which is the precondition for all medicine and may indeed arise even with the first questioning look, being ready to listen.

The reflections in this paper thus ultimately lead to some very simple requirements for a modern health care system. Firstly, not to leave patients to themselves, but make people available to whom they can talk about the various questions that touch on their existence. Secondly to create conditions where physicians can use their will to heal—no more and no less. The physician's growing will to heal can then stimulate the patient's will to get well.

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