

T George Harris Issues

**Lifelong journalist
T George Harris,
onetime editor of
Psychology Today and the
Harvard Business Review,
and founder of
American Health magazine
and the *PBS TV* series
Bodywatch, shares his quest
for a deeper understanding
of healthy living.**



Interview by George Pfeiffer



a Call for Deeper Health

*Very few individuals can take credit for a revolution, but T George Harris is one of them. For more than three decades, he has been a steady voice and advocate for individuals to take a greater role in their health decisions as well as explore the deeper mysteries and potential of the human condition. Co-Senior Editor George Pfeiffer, *AWHP*, spends some time with a true Renaissance man and his observations on what he calls “deeper health.”*

George Pfeiffer: Over the past three decades, you have been an influential force in the development of cutting-edge consumer-health publications such as *Psychology Today* and *American Health*. How have these publications evolved? How have they influenced the way Americans look at their health and well-being?

T George Harris: Contrary to the myth about press power, Americans have influenced the health media far more than the media have influenced them. The public is nearly always ahead of media in deeper value trends.

Certainly Gallup studies since the 1970s show that the primary change in health media has followed a fundamental shift in public wisdom and in medicine itself. Individuals are taking responsibility for their physical well-being rather than leaving it to luck or a doctor. Health professionals are becoming information sources, co-managers.

American Health set out to cover the cutting edge, not just for scientific excitement but to give people — not patients — the capacity to take charge of their health: functional health meaning the capacity to work and function near mind-body limits. That’s why editorial content concentrated on

research into exercise, nutrition, imaging technology (often information for nonintrusive self-management), relaxation methods, behavioral medicine and other ways in which women and men could bring their psychobiological capacities to the limit. That is, pos-

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itive health — not trying to treat disease after it hit. The hidden problem, however, was to build a health journalism in which reporters shared a common knowledge of what was known so as to identify a newsbreak, rather than just assume doctors had always known everything.

In many ways, [American editor

and essayist] Norman Cousins was the pioneer. Without Cousins’ articles, books and conversations in *American Health*, it would have taken years longer to understand the rising evidence of how the mind, and character traits such as courage and humor, influence health. Even then, Gallup data showed how people in the country were moving through a series of discoveries about taking control of their health as a major move against feeling helpless in a mass society.

Pfeiffer: You’ve always worked closely with pollsters such as Daniel Yankelovich, Andrew Greeley, George Gallup and others. As the health revolution hit and people assumed greater responsibility for their well-being, I assume these researchers helped you analyze this shift in locus of control?

Harris: Exactly. In fact, surveys found that, as people took charge of their physical selves, they tended to remake other parts of their lives: the social side, work and, eventually, a deeper sense of purpose.

George Gallup opened that door. Without him, I probably would not have started *American Health*. He was fascinated that business and social



leaders were taking up exercise. This was the first large number of people to work their bodies when they didn't have to. Social status in Europe and Asia had been marked by high-heeled boots and back scratchers — clothes proving you did not have to sweat. This shift was, he told me, the most important behavior change he'd ever studied, more important than independent voters. So he let me persuade

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him to do the first national polls based on "attribution theory," then the major research concept in academic social psychology. (It was the last major initiative Gallup launched before his death, but his organization and sons continued the work for years.)

These studies, summarized in *The Association for Fitness in Business' Fitness in Business* journal, February 1987, laid a base that many health professionals used.

Gallup found that people define health by the benefits they attribute to intentional exercise. Sixty-two percent reported better health in general, 61 percent felt a surge of energy, 55 percent reported stress reduction, 51 percent said they looked better, 47 percent said they were now sick less often, 44 percent felt more confident and self-assured, 45 percent had improved love lives, 44 percent felt more confident in their careers, and 43 percent felt more creative at work.

Contrary to health rhetoric, the hope of long life and fears of death were not major motivators. It's not life extension, but — as you say, George — life expansion opportunities and increasing your possibilities.

Other researchers extended the work, still do. Psychologist Robert Thayer, Ph.D., pioneer in mood management research at California State University, Long Beach, is now finding the same general motivational pattern in a current experiment on the way run-

ners develop different mood-management goals as they run longer distances.

Over the years, people in this country have moved through a series of changes in habit and values, often driven by new research breaks in matters such as nutrition and other areas of self-care. Research on other social movements, such as feminism and civil rights, helped us understand the "lurch and learn" process, as

Yankelovich calls it.

Pfeiffer: There has been a slow evolution of some popular periodicals, such as *American Health*, *Health*, and *Longevity* in targeting their editorial mix more to women's health issues. The only major exception is *Men's Health*, which has been very successful. Why is it difficult to market health-related communication to males, and what do communication professionals need to do to increase readership in this population?

Harris: Women do most of the reading, especially in magazines, and are the chief health educators. So it's easier to sell subscriptions to them, and advertisers like the efficiency of not wasting cosmetics ads on male readers.

However, most strong, smart women tend to resent being closeted in the female ghetto as much as strong, sensitive men object to boredom in the boys' club. Nature knows better. Whether on the job or in health magazines, there is a true synergy in gender that, to me, is a reason to get up in the morning. It's emerging now, along with spirituality, as one of two exciting new frontiers in health.

Biochemistry is getting subtle enough to discover that women's bodies are profoundly different from men's bodies, and not just in reproductive organs. Vive la différence! Medical research is beginning to yield

the knowledge base for complementary health practices for both genders. Research centers all over the world are running into these gender factors, but the hub is Columbia University College of Physicians and Surgeons.

In March, Marianne Legato, M.D., at Columbia, and an all-star cast of medical specialists (female and male) at leading medical schools, are launching *The Journal of Gender-Specific Medicine*. It's the clearinghouse for a major new medical specialty. Working with Legato over the last four years, I have been impressed by the gender differences turning up in nutritional uptake, heart, blood lipids, response to stroke, bone density, skin structure and most major organ systems.

The male model has dominated the medical mind since Galen. Though it seems astonishingly hard for the medical mind to conceive of a woman as a unique being, many of the exciting newsbreaks in medicine are now equally fascinating to both genders.

Rather than widen the gap between women's media and men's media, gender medicine provides a fundamental synergy that brings them closer together and underscores the need to deliver person-specific information to people, not just generalities. This is a first essential step toward diversity in all health programs and health-information systems.

Pfeiffer: The Internet has opened new doors for the average consumer to access health information and link to health-related electronic communities and support groups. What are the advantages as well as limitations of the Internet as a health resource?

Harris: Like the first cars designed and used as horseless carriages, the Internet is being used badly. Magazines and newspapers tend to dump their paper stories on the Internet the way the first car designers put the engine where the horse had been hitched. But people are beginning to learn.

Having put two of the first magazines (*American Health* and *Psychology Today*)



and psychological self-tests on Prodigy and in drugstore computer kiosks years ago, I am now working in media technology at the University of California at San Diego. I am using an online site, www.spiritualityhealth.com, to develop a new magazine, *Spirituality & Health*.

And this year, we've been working with different online services and MSNBC to test ways of using the Internet to integrate other media such as print and cable TV. (It's a humbling experience, but at least now there is an economical way to take subscription orders.) And I

understudy health educators, such as Bill Hettler, M.D., at the University of Wisconsin, Stevens Point, who are making brilliant progress in online health education.

Health editors and professionals have a unique opportunity to develop online. Print, television and radio continue to break the major news, but now the editors in these mass media have their first opportunity to personalize the findings for each reader.

And it can be delivered on demand, adapted at low cost to different users. It's working not as a publishing tool, but as a way to edit and report — especially in health. What's needed is a much closer alliance between health-promotion people and media.

Pfeiffer: Even before you edited the *Harvard Business Review*, you highlighted the problem of health in business. Do academia and the business community place much value on the efficacy of worksite health initiatives as sound business strategy, or is such programming just window dressing?

However, unless health professionals can integrate their services with the business goals of the organization, health promotion will continue to be a nice thing to do rather than a sustainable business strategy.

Harris: Business has always been remarkably clumsy in health. In 1991, Professor Regina Herzlinger of the Harvard Business School showed that most CEOs of major companies were caught napping by the incredible inflation of health-insurance costs and admitted it. But they still handled the problem badly. Most have now off-loaded it onto the HMOs. From talks you and I have had lately, both of us seem to be picking up on the small-group initiatives done in local communities such as those around Providence, R.I.

For example, the local American Heart Association brought its educational materials into each company, and other national health organizations came with their expertise, in a coordinated program. The idea works rather like the community chest, which depends on local leadership and initiative to make use of national expertise and resources.

Since small-group movements are becoming so important in American life, especially in spirituality, it's likely that acting locally with national competence is a key to the future of health and media.

Rather than just managing fitness and health promotion initiatives, the professional may become a mobilizer, integrator and quality-control coordinator of small-group services, including the preventive services offered through local managed-care plans. In this way, more companies will be able to provide health promotion services to their respective organizations without reinventing the wheel and diverting unnecessary resources.

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business goals of the organization, health promotion will continue to be a nice thing to do rather than a sustainable business strategy.

Pfeiffer: Your recent work has centered on the connection between spirituality and health. What influenced you to focus on this area, and what are its implications and place within the traditional health-care continuum?

Harris: Medical science set off the spirituality explosion. I wouldn't make that simple assertion if I hadn't worked for the last four years trying to understand this remarkable phenomenon. Three waves of Buddhist teachers loosened us up, yes, but Eastern body disciplines would not have had such a deep impact without Western research by cardiologist Herbert Benson, M.D., and his Harvard teams; the psychosomatic experiments of Duke's Redford Williams Jr., M.D.; the epidemiology of David Larson, M.D., of the National Institutes of Health Research; and dozens of key researchers such as Dr. Jimmie Holland at Sloan-Kettering.

Eileen Rockefeller's Institute for the Advancement of Health, with its *ADVANCES, The Journal of Mind-Body Health*, did an important pioneering job by bringing researchers like Neil Miller together with therapists like Rachel Naomi Remen, M.D.

A small number of innovators charted the mind-body connections that post-Aesculapian medicine had tried to ignore for centuries, originally as a defense against religion's brutal claim to own all truth, physical as well as spiritual. To head off more wars and inquisitions, doctors bought into the fiction that human beings are just mechanical, hydraulic (the Cartesian notion, a mechanistic interpretation based on the philosophy of Descartes) or computerlike. Everyone knew better, but now the data show it.

The public, as usual, got there first, but doctors everywhere are now catch-



ing up. It's no accident that the Bill Moyers 1993 PBS series on mind-body research, "Healing and the Mind," set off an eightfold expansion in the sale of self-help spiritual books over the next five years.

In the 1970s, a hostile medical majority was enraged at Herb Benson's ideas as well as his data. Quietly, carefully, Benson's team taught patients to meditate or pray (80 percent chose prayer). They showed significant therapeutic effects against heart disease, hypertension, infertility, insomnia, dry-skin diseases, irritable bowel syndrome, tension headache, PMS, arthritis symptoms and most forms of pain — even in terminal cancer.

In one HMO study, they cut doctor office bills 36 percent; and, Benson argues, national health costs could be reduced more than that. A year or so ago, a National Institutes of Health technical review committee vigorously urged doctors and health insurers to apply such techniques in combination with standard medicines and surgery. Americans aren't big on ideology, but they go for what works.

Such lab work has been vigorously confirmed in the last few years by the epidemiological research of Larson. Contrary to Freud's theory that spiritual concern is a sign of pathology, Larson has shown that, in eight out of 10 experiments, [spiritual concern] indicates health. With such a base laid,

about four dozen of us have been able, over the last 18 months, to join Larson in an ongoing effort to define what we know about health and spirituality and what experiments to take on next.

This is an exciting prospect indeed. I have no doubt that in two years we will know more about the deeper dimensions of Homo sapiens, the spir-

itual depth, than we've learned in several thousand years of preaching at each other. The health benefits, in the broader sense, are beyond the limits of our present imagination.

Pfeiffer: Matthew Fox, in his book *The Reinvention of Work*, basically argues that work is disconnected from spiritual roots and that many social and economic ills are a consequence of this disconnect. Can work be a spiritual practice in a society where work is becoming more impersonal?

Harris: Yes, Fox is eloquent about work cut off from spiritual connections. What I find exciting is the evidence that people are, in fact, turning away from the mass society of monster bureaucracies because they've run out of efficiency and human creativity.

If Lenin was the architect of centralized power, my friend Peter F. Drucker is the world architect of diffused power. Year by year, such professional management methods have been used by people in smaller and smaller organizations.

As capitalism's management guru, Peter's most recent major book, *Post Capitalist Society*, shows that — for the first time ever — smaller companies are beating the giants in most areas. In just 10 years, the proportion of the U.S. work force employed by the Fortune 500 companies fell from 33 percent to 13 percent and is still falling.

The industrial revolution exploited mines and forests for its raw materials, but today's economy exploits ideas. Intellectual capital provides the driving energy, Drucker argues, once provided by electrical power. So the work force does entirely different things, moving from repetitive work (taken over by software) to constant one-of-a-kind

innovation and personal service.

Teresa Amabile, Ph.D., the former Brandeis University psychologist who is now a Harvard Business School professor, has developed the most systematic approach to such work. You can use extrinsic motivators, such as money and social conformity, to motivate people to work faster and make them more reliable at doing the same things over and over. But to enhance productivity and innovation — to motivate people to do something different — you have to depend on the intrinsic motivators: fun and excitement. Wow! After all this brutal re-engineering and downsizing, the bean counters are scrambling for a different way of counting. Without the vocational passion surging through small companies, the giants have become cash-guzzling dinosaurs.

My youngest son, a reporter for the *Louisville Courier-Journal*, has been faxing me his haunting series of stories about the new black-lung epidemic killing thousands of miners today in the Appalachian coal mines. Like generations before them, these men crawl every day down into the black dust that, they know, inevitably kills them in a few years. For most of the industrial world, such fatalism is not psychologically possible.

As my generation took new responsibility for its identity, and the boomers for health, millions of all ages are now moving into the deeper health of individuals and communities searching for an essential sense of the sacred. Felt to be larger than self, less sleazy than ego, this dimension of the healthy being is turning up in prosperous countries all over the world. The University of Michigan's Ronald Inglehart has just completed his third World Values Survey in the last 20 years, and in about 50 countries the pattern is implacable.

You remember Abraham Maslow, the psychologist who developed humanist psychology and the humanistic "touchy-feely" theme in modern management. As a *Psychology Today*

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consultant (along with Drucker) during the last few years of his productive life, Maslow talked often about the way people, once they fulfill the "A" value needs of hunger and shelter, turn toward "B" values of creativity, sensitivity and their uniquely human potentials. These "higher grumbles," as Maslow called them, tap even deeper passions than

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the animal needs. The cynics can have a field day on Maslow's ideas, always have. Such a profound change in people's expectations of themselves and their lives may turn out to be an illusion that falls apart with the stock market. But my bet goes the other way. Inglehart's World Values Survey is showing that, when any country

reaches a given level of affluence, they gain less and less well-being with higher income. They turn instead toward the postmaterialist, postmodern hungers very much like Maslow's higher grumbles. Because of its debt to the health movement, I tend to call it "deeper health" of persons, families, communities and nations. The challenge of the millennium is to tap into deeper health so as to know in our guts that we are serving a meaning beyond our selfish needs. That's a world worth searching for.



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