

Oral History of

**DR. JOHN E. SARNO**

September 22, 1994 (Session #1)

December 7, 1994 (Session #2)

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*(An index of references and dates follows session #2)*

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 December 7, 1944 (Session #2) (p21)  
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(Session #1, September 22, 1994)

**PS:** It really doesn't matter where we start. I wanted to ask you: were there any other doctors or scientists or healers in your family?

**JS:** Simple, no. I'm the first.

**PS:** Can you tell me a little about your growing up and your family and so on.

**JS:** Yes. I grew up in a small community in Brooklyn...Greenpoint. And my father emigrated to this country at about the age of six, so he was essentially *born* in this country, I mean he grew up here.

**PS:** Where did he come from?

**JS:** From Southern Italy. <sup>Aveellino</sup> ~~Avellino~~ Province which is not far from Naples. His family were one of the large number who emigrated around the turn of the century. As a matter of fact they came about 1905, 1906...

**PS:** Were there stories about what his trip was like what possessed him to come?

**JS:** My father remembers nothing about the trip over except that he was told that they traveled in steerage. There were stories about his family. Perhaps there is some intellectual background here. His mother was a teacher, she taught elementary school. That was considered very prestigious in rural Italy in the late 19th Century. She was said to be a very competent woman. One story my father repeated over and over was how she would peel oranges for the youngsters around her and if you complained about the size of your portion, she would pop it into *her* mouth.

His father was an interesting man. He didn't do very much work. I guess he considered himself something of an intellectual, he used to like to hobnob with the local priests and so on. He had lots of sons. They had property, they grew things. They had a little taverna. And he was pretty much the uh gentleman farmer...continued the same thing when they came to the United States -- he never worked a day in his life. But his sons - he had many - supported the family. I think there were something like seven or eight brothers. And what happened is that some of them came first and then eventually brought over the rest of the family. And I'm not sure exactly why they came ...I guess, you know: *The United States*.

**PS:** Where did they settle?

**JS:** In Brooklyn. Various parts of Brooklyn. I don't think any of them had his own business. One of my father's older brothers ended up in Long Beach, Long Island. He had one of these pool parlors. But he acted, again, very much like a gentleman. He invested in real estate and I think that's where he really made his money. But the rest of them worked for companies, the National Biscuit Company and so on. They were hard-working, industrious people and they all made out very nicely.

**PS:** And your mother's family?

**JS:** My mother's family are very interesting. She was born in this country in Beacon, New York, up in Dutchess County. Her family had come from Southern Italy too, but I have never been able to find out precisely where they were from. But it was not in the same area as my father's family. What's interesting about my mother's family - I like to say that I have my feet in both the Roman and Greek antiquities. She was descended - as I am halfway - from a group of people who left Albania in about 1500 - religious persecution. They traveled into the Italian peninsula and then settled along the way in different places. Her people ended up in Southern Italy. These people were so fierce in their individuality that they never spoke Italian! They knew some Italian but they continued to speak Albanian for five hundred years! And my mother, and her mother in fact spoke in Albanian. I grew up hearing Albanian.

**PS:** Do you remember any of it?

**JS:** Just a word or two. Apparently I was able to understand a lot of it at the time. My mother tells me that I always knew what they were talking about. (Laughter.)

**PS:** What did your mother do?

**JS:** Well, my mother was a beautiful young lady with a very strict daddy. She finished high school, went to work in an office in New York. An interesting thing...her father became a Protestant in Italy and of course when they came over here he sought out a Protestant church and they eventually attended this Baptist church in Brooklyn, in the Williamsburg section of Brooklyn, an Italian Baptist church.

I grew up in this. This was The First Italian Baptist Church in Brooklyn. In fact the minister of that church [Antonio Mangano] had a great deal to do with my career eventually. He was a very unusual man, born in Italy but came here, I think as a orphan, when he was very young, and a family on Long Island brought him up. He went off to college. He went off to graduate school. He actually got a PHD - a Doctor of Divinity...he studied at ~~Colgate~~ Rochester and then decided that he had to do mission work...and mission work meant coming to Brooklyn (laughs) not going to Africa. And uh he was a remarkable men. First of all very, very intelligent, and of course this, this saint-like quality of wanting to take care of

Colgate

his flock. And besides which his wife [Mabel Farnham Mangano] was interesting: she was a Boston Brahmin, literally, and I think both of them did a lot to elevate the standards and the values and ambitions of the people in the church. He arranged for me when I graduated high school at the ripe age of sixteen - which my parents thought was too young for me to go to college...

**PS:** What high school was that?

**JS:** Newtown, a city high school in Queens. We had some friends who were teachers there. They arranged for me to go there. You weren't supposed to do that but I was able to do it, The Horace Mann School for Boys. So I went up there and had a wonderful year and of course it was such a great school and you learned so much about studying and so on that when I finally got to college the first year was a snap, having had Horace Mann for a year (laughter).

**PS:** Did you have siblings?

**JS:** A brother, about a year younger who never finished college ...came back from the war, got married, settled down ..but he's sort of been a - he's almost been [unclear] a lay minister throughout most of his life . So I think, you know, he's been a very interesting guy.

**PS:** How did you get interested in medicine and science and healing and so forth?

**JS:** You know if I tell you that without question the fact that one day my father said "Gee it would be great if you would become a doctor", I mean I maybe was sixteen, fifteen...somewhere along the line...and I guess it stuck. I went to - again on a scholarship - to Kalamazoo College in Michigan which was then - and still is - actually then it was more an elite - elite's not the right word - it was known along with Reed College in Oregon and one or two others as the finest of the small liberal arts schools. Kalamazoo routinely used to send more people statistically on to graduate school than Harvard did (laughs) And so it was a great place for me.

**PS:** What possessed your father to say that?

**JS:** Back in those days the doctor or the lawyer, I suppose, but especially the doctor was, you know, the most exalted thing that you could do.

**PS:** I'm sure there were many fathers who said that to their sons, uh but in your case it, it took. Why do you suppose that was?

**JS:** I say that that was a factor unconsciously. The war came along. I finished three years of college. I had applied to a medical school, Long Island College of Medicine, then enlisted - this is crazy - didn't wait to be drafted cause everybody was leaving the campus...1943. I enlisted. A few months after I got in I got a notice that I was accepted at Long Island College of Medicine so I could have gone into the so-called ASTP [Army Service Training Program]. I chose not to. I stayed in. Had a crazy stint in the air force until fortunately for me they sent us all back to where we came from and I ended up in a field hospital - the M\*A\*S\*H unit!

**PS:** You said you had a crazy stint.

**JS:** Well, I was, you know, the patriotic fervor, I was going to be a flyboy! And it was crazy because I do not have the temperament for dangerous things. And in fact my, my body - I realized in retrospect - told me that. At one point when we were having our basic training down in Alabama where we actually had some flight time and I started to develop the most horrendous hives. Now you see we're getting closer now to uh, my work. And I...

**PS:** Did you have any inkling at the time what this might be?

**JS:** None whatsoever. I only realized in retrospect that my unconscious was telling me: "What the heck are you doing in a dangerous thing like this." But fortunately for me we were all sent back to where we came from. They decided at some point in time they had all the air force people they needed, so they sent me back to the medical department to which I had originally been assigned and then to a field hospital...

**PS:** Where was that?

**JS:** I trained in various parts of the United States, and then sent over to Europe. We landed in Normandy, October of the year of D-Day. October '44. And went immediately up into Belgium and in fact were not very far away from where The Bulge occurred. If the Germans had been successful at the bulge we would have been overrun. But they weren't, and we got into action exactly on January first 1945.

Now at that point, as you may recall, the American advance really took off, and went through Germany and various places, and we of course, that was the <sup>role</sup> ~~work~~ of a field hospital that you stayed behind the front lines. You had mobile units. You loaded your hospital onto trucks and you moved and we actually had three units and we were leapfrogged, and we really were moving because the front line was moving very rapidly. Well we got over the Rhine and maybe a hundred miles - no not even that much - fifty miles in and the war ended. So that was, what...April, May '45...

**PS:** What was your medical training at that point?

**JS:** None!

**PS:** And how did you happen to go into the medical unit? Did you request it?

**JS:** No! Just assigned. What, what the army did was to take its educated people and try...and put them into things like that. College boys. We had loads of college boys in our unit. We also had a couple of illiterates, but, you know, there are various levels of work that have to be done. But they were likely to put college boys into the medical department. And I guess that's why I ended up there? I was trained as a surgical technician which means I assisted the surgeon in the performance of emergency surgery of a rather uh heavy nature. Because that was the idea of a field hospital: you had to get em in, operate on em quick, otherwise they'll die. You don't have time to evacuate em back to the larger hospital...

**PS:** How old were you at that time?

**JS:** Twenty. Twenty-one.

**PS:** Was that traumatic?

**JS:** No.

**PS:**...fascinating?

**JS:** Yeh, Interesting. And I suppose it may have solidified my interest in going into medicine, because I applied from Germany to Columbia P&S [Physicians and Surgeons], the only school I applied to. We were eventually repatriated cause it took a long time to get everybody back, and I got into New York May of 1946, I had an interview with the dean up at Columbia soon thereafter, and I started medical school on July one.

**PS:** You didn't waste any time. You said that your experience in the army solidified your interest in becoming a doctor. What was it about it that would have done that. It would have maybe turned somebody else off. What was it that interested you?

**JS:** Oh, I would have to say it must have been a very unconscious thing cause I can't say that anything about the experience was thrilling. I was fascinated by the surgery, the surgical procedures. But I would have to say that throughout, my choice of career is probably - or my choice of work - was governed by what was most, um...secure. And that's why my father's suggestion probably lingered with me. I was a very serious singing student in college. And my teacher was very disappointed when I didn't just choose to do singing as a career.

This was someone out at Kalamazoo, a member of the faculty. Her husband was director of music for the college. She was a wonderful gal. But never in a million years could I have done that, because I certainly don't have the personality, the kind who would push himself, which you have to do to do something like that. So I never really seriously considered that although in retrospect I certainly could have done it.

**PS:** Do you do any singing now?

**JS:** None, not any more. But I did for a long, long time thereafter, yes.

**PS:** In church or choruses?

**JS:** Mostly church. Well, choruses, choruses are fun but, you know, I do - I'd do solo work,.

**PS:** You were speaking about the beginning of your medical education.

**JS:** Yes. P&S was a great school. I suppose it is a great school; I'm afraid like most medical schools the realities of economics force them to pay more attention to basic research than they did in the past. I know that certainly is so at NYU. And I suspect its so at Columbia. But Columbia had a great tradition first of all

teaching all the solid scientific principles but perhaps even more important, of teaching a *great clinical sense. The sense of the patient.* In fact they used to say that they would rather have someone as a student with a broad background than someone who just boned up on sciences. They wanted people with a broad background. And perhaps that may have been one of the reasons why I was accepted.

**PS:** What were your reasons for applying only there?

**JS:** Who knows! (laughs) I don't know. Back in those days, you know, Its not like today! I thought, "I'd like to go to Columbia so I'm gonna apply." If I had been turned down I don't know what I would have done when I got here!

**PS:** Can you talk a little about the clinical sense, of what you learned.

**JS:** Well, I was intrigued by the idea of the science of medicine, I was intrigued by the business of patient care, of having this interaction with people, but I can't say -- in fact, I had problems - substantial problems - with self esteem. And instead of getting myself lined up for a really fancy residency after I graduated I did an undistinguished rotating internship at a marine hospital in Staten Island, then spent a couple of months in Howard Rusk's residency program at NYU. I don't remember how I got hooked up with him, and then decided to go into family practice which I did up in vicinity of Beacon, New York. I had a shirtail cousin [Antonio Astone] up there who had been in practice for many, many years...

**PS:** What's a "shirtail cousin"? Never heard that.

**JS:** They were related distantly to my mother's family. They had the same last name. (Laughs) That's a phrase I haven't used in a long time. So I went up there with real, you know, virtually no training, to do family practice. And uh I struggled along, for a few years by myself, but I have to say - and this, this is certainly germane to what you're, what we're now interested in - and almost immediately I became impressed with the importance of psychological factors. And so much so that I cast about trying to find out where I could learn more about this.

**PS:** What experiences impressed you.

**JS:** I realized very often people would have symptoms and I would sit and talk to them and the symptoms might be alleviated. And then...I remember one thing that made a, *a very powerful impression on me.* This, this relative of mine [Antonio Astone] - who was probably the most successful doctor in his community, in Beacon - had a lot of courage. He did a lot of surgery. I mean, you know, he would do appendectomies and he was sort of self trained and self taught almost. He never did residency in surgery. But with a broad practice...I remember once he was telling me about a woman who had developed these abdominal symptoms, very severe, and he said he was certain that there was nothing wrong with her. There was nothing he could do to alleviate her symptoms...*unless* he took her up to the operating room, did an incision, sewed her right up again and then said "O.K. We fixed up what was wrong in there ", and her pain was gone! She would then remain free of pain for a year or so and the pain would gradually build up again.

PS: He didn't actually do that ?

JS: He *did* that !

PS: He *did do that!*

JS: HE DID THAT. Her pain would build up again. He'd take her up to the operating room . Make an incision , sew her up, and the pain would be gone!

This made a very powerful impression on me, and I remember, you know, this guy was not a very sensitive individual, but he was a good observer. And he was, you know, he observed a lot of things . I don't think he realize uh how good he was in that respect. Cause he would say to me you know "Look, if a person decides to die, they can die, and there's nothing you're going to be able to do about it." And then he'd start to tell me about some cases of these old people who made up their minds that they were sick and they were going to die and he said, "By gum they did!"

PS: Was he much older than you?

JS: He was a generation ahead of me. So, you know, some of those things made a great impression on me. But I have to say, in 1955 I organized a group - a medical group up there. That was rather, uh a, uh a daring thing to do back in those days . Groups - there were a few very well known ones across the country but they were looked upon with disfavor by organized medicine; the American Medical Association didn't approve of groups at all.

PS: Why was that?

JS: Because this was more of a socialized - I mean sort of moving in that direction even though we were not pre-paid. So I organized this group and at that point I brought in some internists. (As a matter of fact, I'm about to see, this weekend, going to be visited by one of the first interns we brought in and I haven't seen him in thirty-five years!) And I started to do sort of very, very simple family pediatrics exclusively. So I got away from working with adults almost completely.

PS: Did you specialize in anything in medical school?

JS: No. You never do in medical school. You take a residency afterwards. And that's what I say, because I never got myself into a residency. I had no special *skills* in medicine.

PS: And would you say that was an advantage...or a disadvantage...

JS: It was an enormous dis-, well, in fact, its what got me back to New York, part of the story. I started this group in '55. In '60 I decided to come back to New York to specialize. And since I was doing pediatrics, I started out by doing a year of pediatrics up at Columbia. I decided that was not for me. Then I got back in touch with Howard Rusk who was always interested in bringing young people into his program and came back in '61 and resumed my training in his program.

**PS:** I know that he's very important but I actually know very little about Howard Rusk. Can you tell me from your point of view what your experiences were with him.

**JS:** Oh yeah. Oh sure. Well, I can tell you though from the *world's* point of view that Howard Rusk was a pioneer, an innovator. He had been an internist before the war. And he uh, he was a big man physically, and in as far as his ideas and his ambitions were. He went into the army, was assigned to the Army Air Force, created rehabilitation programs for wounded veterans, and at the end of the war decided that this is something that they don't do at all in civilian medicine, to rehabilitate people.

There were some people who were doing this kind of work...but he decided to make this his field. Came to New York, offered himself to Columbia where they turned him down, and so went down to NYU where they were glad to accept him and he started the program there and built the Institute of Rehabilitation Medicine - it was the first of the newer buildings of the NYU Medical Center. It was followed by a new medical school building and then the new University Hospital. He was a fund raiser par excellence. He was a man who hob-nobbed with senators and so on, I mean that kind of guy. And therefore he was able to create a magnificent program!

As I said he was always on the look out for young people who were interested because you know rehabilitation medicine is not *surgery*, its not *neurology*, its not *neurosurgery*, it's not *orthopedic surgery* - all of these, you know, big medical specialties! Um, but again you see for me - someone whose level of self esteem was, at a very deep level was not, was not so good - this was...this deal was O.K.

**PS:** You mentioned that you don't remember how you met or how you first encountered him? Did you look him up because you were interested in his area or did he look you up, or...

**JS:** I'm trying to remember. It had to have been through some friend or acquaintance. It was very accidental. I didn't look him up and he didn't look me up. But once we *met*, then he turned on the charm, you see, "Here's a young doctor, and, looks fairly intelligent" (laughs), and so he turned on the charm and I decided sure, yeah.

**PS:** Was he of your generation or was he considerably older?

**JS:** One generation older. He was born in 1902, or '03. I was born in '23.

**PS:** And then...

**JS:** OK! And then in the program I trained there with...went, as clinical director went up to the New York State Rehabilitation Hospital in Haverstraw after I was finished with my training. Then one day got a call from Howard Rusk: "We need you down here. We need someone to take over the Out-Patient Department." The people (laughs) who were doing it were getting into some kind of trouble - and it wasn't medically, it was personal - then, so anyway I accepted the job and I came back to New York City and took over as head of the Out-Patient Department.

And ~~in~~ <sup>in</sup> Patient Service where you dealt primarily with stroke, with spinal cord injury, neurological diseases of all kinds, multiple sclerosis and so on and so forth, the chances are I never would have done what I did eventually! Out-patient Department meant that I was going to be seeing lots of people with low back pain.

And I can tell you that the prospect did not please me at all! Because low back pain always had a terrible reputation. It always was the kind of thing that isn't just - well my experience then bore this out. I didn't really understand what I was looking at. I made the conventional diagnoses and I prescribed the conventional treatment, but I was extremely unhappy. Because my results were poor and I really didn't have confidence in what I was saying. And so, I began to take a closer look and I soon realized that what was causing the pain had nothing to do with strength or posture or a bunch of other things.

PS: You said you began to take a closer look...

JS: ...what does that mean?

PS: Yeah. And how did that happen?

JS: You're seeing these now week in and week out. You don't like your results. So you start, you know, when you examine the patient you start doing little things. You start palpating all over the place and see if you can find things that you didn't find before. You start listening more closely to your patients. I made - you do a so-called review of symptoms - you find out what other symptoms they may have. You find out what other problems, medical things, they may have had in the past and I, I realized that the large majorities of these patients had histories of stomach upset, or tension or migraine headaches or colon symptoms or urinary tract symptoms or hay fever.

I said to myself "Now a lot of these are - as far as I'm concerned - are brought on by psychological factors, tension factors" and so I said, "I wonder...is it possible that this thing could be somehow, somehow related to those? Or is it possible to be serving the same purpose? And as time went on I found certain physical features on examination to be *absolutely consistent from one patient to the next*.

PS: For example...

JS: Well, its very - you should know the answered to this...being a former patient. I found for example that on palpation of the musculature in fact that both upper trapezius muscles - the lumbar paraspinal muscles and the lateral gluteal muscles --upper buttock muscles - were invariably tender to pressure. These are what some people call trigger points. And I began to - it didn't make any difference where the patient's pain was in his back, these three sets of muscles were always painful on examination! That immediately tells me that we're probably dealing with something that originates in the central nervous system...*the brain!*

And so, I took my courage in my hands and uh I started to say to these patients, "You know, I think this thing is probably due to tension. Oh yes, there's something going on in the muscles, that's very obvious, but I think its probably due to tension. It's not because you're muscles are deficient or your posture is

poor, anything of that sort." And to my great astonishment I found that some of the patients got better! The ones, incidentally - and this is of course a very, very important point - which to this day is, is crucial in everyday practice. The ones who got better are the ones who accepted the diagnosis!

In those days I sent everyone for physical therapy. I had been doing that as the standard treatment also injecting some of them. So I continued to send patients to physical therapy. Now I would say to the therapist, "I want you to do things to stimulate the circulation of the blood in these areas, but I also want you to absolutely make sure that the patient knows that this is a tension induced process. I don't want you to say anything about posture, about deficiencies or the spine or the muscles or anything of that sort. I want you to emphasize the tension factor and the fact that you are - what you are doing is designed to increase local circulation."

PS: Would they do that without...

JS: Oh yeh. Oh yes. I had no problem whatsoever. And they were - the therapists were wonderful, they were great allies in this! And it was with great sadness a number of years later that I decided not to do that. I'll get into the reasons for that later on. At any rate the therapists of course would report back the same thing: "Mr. Jones is getting better very quickly. Mrs. Smith is not doing very well".

And I would talk to Jones and Smith and then I would find out that Jones thought the diagnosis was great and Mrs. Smith thought it was crazy. (Pause) Now at that stage of the game I was making the diagnosis in patients with uncomplicated pain in the back. I realized it could also be in the neck and shoulders. When I say uncomplicated I mean there was no radiation of the pain into the arms or legs.

PS: What period are we speaking of...

JS: The late '70's, early '80's. But about the time of the early 80's I began to be very suspicious that even those cases that were being - where the pain was being attributed to a herniated disc, in which case the patient would have symptoms in the leg, or attributed to a pinched nerve in their neck...

PS: Attributed by whom?

JS: By all the doctors who saw these patients: orthopedists, neurologists, neurosurgeons...chiropractors. I'm afraid we have to include those in the picture because they are a real factor in all this. For very specific anatomical reasons I began to doubt that the disc was the culprit. And again I took my courage in my hands and I began to tell *these* people as well, "Your pain is not coming from a herniated disc, it's coming from circulatory disturbance involving the sciatic nerve. Just as the circulatory disturbance could cause pain in the muscles, this is a circulatory disturbance involving the sciatic nerve."

PS: Why did it take you to take your courage in your hands to do this?

**JS:** Just imagine! The whole world then - *and still today* - I mean a blow has been struck just within the last two, three months which we'll talk about. I don't know if you saw the article in The New York Times on July 14th relating to all of this - the whole world is saying, "If you have a herniated disc and you've got pain in your leg, *that's it! The one is causing the other!*" Despite the fact that they had taught us at Columbia many, many years ago to remember the Latin admonition, to be careful: "Post hoc, ergo propter hoc." Which means: "After this, therefore because of this" What they taught us was: that may not be so. Be very careful how you relate things. You've got to *prove* that what happens here is really due to this. You mustn't just accept that because of the temporal relationship between the two, "After, therefore because" Well, again, I began to have the same experience: the ones who accepted this got better! And these were people - actually this was true whether or not their back or legs were involved.

But one of the things of course that was characteristic of some of this population is that they would never get better. They would keep having recurrences, some of the would have multiple surgeries - if they didn't have surgeries they kept having problems. They'd have an attack and they might be in pain for two or three months and it would go away. Six months later they'd have another attack. And as time went on they became progressively more disabled, progressively less willing to engage in physical activity. The athletes among them were devastated. They could no longer play tennis, they could no longer jog and so on. I would find that once we made the right diagnosis, the patient accepted it, they would get better.

**PS:** Did you notice a difference between those who accepted it and those who didn't accept it?

**JS:** Actually...not really. I think intellectual level, educational level don't necessarily establish it. It has more to do I suppose with one's emotional state than anything else. But it's complicated. Because you see if you are very powerfully impressed by your orthopedic surgeon or your neurosurgeon, neurologist, then it's going to be very, very difficult for you to accept the word of a physiatrist. If you are heavily defended psychologically and the idea of having a physical disorder that's related to emotional things then it may be almost impossible to accept the diagnosis. So it's hard for me to tell you, to draw clear lines on what - who fell into what category.

**PS:** Is it a cultural thing in any way? Are there groups that tend to accept it more than others?

**JS:** Well, yeh. The flower children. The people who are interested in Eastern religion, the people who are interested in holistic medicine, yes, much more. But again they're on the fringes aren't they? Everybody looks at them as being a little, you know...fey. Remember that the philosophy in medicine has been - and this has become more and more powerful in recent years than it was even fifty, sixty, seventy years ago - the philosophy is derived from the concepts of Rene Descartes--that things of the mind should be kept separate from things of the body: *The Mind is Separate From The Body! What goes on in the body has nothing to do with the mind and vice versa.* This has resulted in a very mechanical approach to medical problems and a repudiation of the psychosomatic process. As far as mainstream medicine is concerned the brain cannot induce physical

change--and my work makes it very clear that it does. So you see why I am viewed as a heretic.

PS: Did your medical education speak to this one way or another?

JS: No

PS: Was there any discussion of mind/body relationship

JS: No.

PS: psychosomatic medicine, etc?

JS: Virtually not. So little that it certainly made no impression on me.

PS: Is that different today?

JS: No. In fact, schools like Harvard that have attempted to improve - let's put it that way - improve the sort of doctor/patient relationship and trained their doctors to be broader and not just laboratory technicians - still haven't quite got the right idea. What they do is talk about *talking to the patient* and *getting to know the patient and his family* and so on.

But no one has yet - in the main stream of medicine - practically no one has said yet, "Wait a minute! The problem is not *being a nice guy*, and not *being pleasant to your patient* or *sitting down and talking to him*, the problem is to recognize that you're dealing with a disorder that has its roots in the *emotions*! In other words, psychosomatic. That word isn't even *understood* in medicine. *Do you know* that the psychiatrists' book which lists all of the psychiatric disorders, DSM [Diagnostic and Statistical Manual of Mental Disorders] - *does not list* ... Most of mainstream psychiatry has, like their brothers in the physical disciplines of medicine (orthopedics, neurology, etc.) repudiated the possibility that psychosomatic processes occur. They also play down the role of emotions in the so-called affective disorders like anxiety and depression, preferring to attribute the disorders to chemical imbalances--hence the widespread use of drugs - Prozac, for example - or treat them

On the other hand, analytically trained psychiatrists accept the fact that psychosomatic processes exist and are very active in their treatment.

Mainstream psychiatry has decided that there is no such connection either. The most that they will say is that the person has symptoms that may be related in some fashion to the mind. They will talk about somatic...a sort of... but they're perfectly willing to accept the idea that things are the result of chemical imbalances and things of that sort. I mean they accept the idea for affective disorders, for purely psychological disorders. They certainly are willing to believe that about something physical that's going on. People who were trained *analytically* in psychiatry however are different. They *do* recognize that there are things going on in the body that are directly related to what's going on in the emotions. But they're in the minority. And in fact they are not strong enough to have included them in their diagnostic manual of psychosomatic disorders!

But its very interesting, even among people who believe there's a connection, they don't really understand how it works. One of the things that I'm doing in my new book is defining very clearly the different kinds of processes than can occur based upon the different situations. For example...

**PS:** I want to go back for a second, before we get to that. When you made these observations and your experience bore them out that the root of many of these disorders was emotional or psychological and yet you had no training or background in this. What was that like?

**JS:** Well you see I had no...that's right. I had no training but I can read! (both laugh). And I could talk! And I began to read and I began to talk and I must be very, very frank and honest with you, I began to learn about my own psyche. In 1978 I began to work with an analyst. And learned a lot! I of course had been extremely psychosomatic my entire life. Had migraine headaches which I mentioned. Um. No I didn't mention it, I didn't tell you how I...

**PS:** You mentioned it in your book but you haven't mentioned it in this conversation.

**JS:** No, no. When I was just starting in practice in Fishkill I was...I had started getting them in medical school. And then I continued to get them. They were bad, but they never knocked me out. They were just very, very unpleasant. One day I was talking to someone - I don't remember who mentioned they had read somewhere in a journal that migraine might be caused by repressed anger. Imagine!. So the next time I got my warning lights, which - classical migraine always started out with a visual phenomenon. Did you know that?

**PS:** Yes. Well not always, but...

**JS:** ...most, almost always. In fact if you don't have it you better doubt the diagnosis. It may be another type of headache. Anyway, I got my warning and I was sitting in my office one morning and I thought "Well OK now what am I angry about? Remember repressed anger...but anyway...and I came up with absolutely nothing... but neither did I get the headache! And to this *day* I will get the visual phenomenon but I have *never* had another headache. What had I done? In retrospect I didn't even connect these two until I was well into this work. What had I done? I had merely *acknowledged the fact* that something that was going on *physically* was the result of something that was going on *emotionally*. *And that is the true...that's the heart of this matter!* Now I'm saying even people who are interested in this area and are willing to, don't know.

There's a book that you may not know about that was published in 1991 by a historian of Toronto name of Edward Shorter and the name of the book is "From Paralysis to Fatigue: A history of Psychosomatic Medicine In The Modern Era" And what this man did - wonderful job of research - was to go back and read everything about the kinds of symptoms that people would have in the Nineteenth Century and the early part of the Twentieth Century. So-called hysterical symptoms were in vogue and he wrote about all of that in great detail. And then he brings it right up to today and he says that this is what we've got now.

But when you read what Shorter defines as psychosomatic, it is clear that he has derived his ideas from the medical literature--and that they are incorrect. He thinks that psychosomatic means an exaggeration of a structurally induced symptom, like pain. That is not correct. The pain is the result of an emotionally induced process affecting the muscles and nerves and sometimes tendons.

Here I have had now this twenty-one year experience with a classical psychosomatic disorder. I've been able to study its physical manifestations, to study the emotional stuff behind it about which I learn more and more every day, and fortunately have found that there is a way of aborting this...in most cases ridiculously simple. In some cases much more complicated requiring psychotherapy but even in those there is a way of combating this and reversing this and stopping this - of, quote, "curing it".

PS: Are there other practitioners, doctors and so forth who do understand this?

JS: A handful.

PS: Do you care to mention who they are?

JS: Well, actually you know (laughs) one is a young rheumatologist that I cured. And when it was time for her to return to the practice of medicine - she had been totally unable to do so because of her problem - she said, "Why I obviously can't go back to practice the way I did before." And I say handful, I mean *handful*! There's a young attending physician who just completed his training recently down at NYU who's working with me, thank God. Because, you know, I'm mortal and he's in his late twenties. But he really has the message and he really is going to be able to carry the torch. There are one or two other doctors who have expressed some interest...some others who have spent some time with me.

PS: Why do you think it's so difficult for individual doctors and for the medical profession in general...

JS: You've been trained to view the body as a *machine*, and you are the engineer to that machine. If no one has exposed you to the idea that the emotions can have an enormous impact on the way that machine functions, that's it! If you were brought Catholic you're going to be a Catholic! If you were brought up a Jew you're going to be a Jew! If you were brought up to be a *mechanical doctor* you're going to be a *mechanical doctor*. And that is the problem!

And, you want to know something that's ironic? What has intensified this is the success of laboratory medicine, the success of medical research. Because, you know, what they are saying is, "Look! If you can't demonstrate this in a laboratory this doesn't exist!" In other words this romance with the laboratory that medicine has had, which is intensified every day, drives them further and further away from being able to appreciate the existence of the emotional/physical axis. This is the craziest part of this. But I'm always thinking along these lines because of my writing and I ...

PS: You're not working in a laboratory, but you have observations and you have data that you record and you've done surveys and so forth so you have a body, presumably, of data..

**JS:** And you know, you'll never believe what I'm going to tell you: they won't publish it!

**PS:** But you have published in medical journals.

**JS:** Well, yes, but more recently they won't publish it. I did a study in 1987-- a follow-up survey on a hundred and nine patients - all of whom had documented herniated discs. They had CT scans or MRI's. It wasn't just a guess, you could see it! They all had this syndrome that I work with, they all went through my program. When they were interviewed from one to three years later eighty-eight percent of them were perfectly normal. And have been since they went through the program. Eleven percent were improved, and only two patients of the hundred and nine were unchanged. I sent this paper to five different journals, nobody would publish it!

**PS:** And the reasons?

**JS:** "Sorry, we have a lot of papers presented to us we can't." "Sorry this is not exactly the kind of thing we're interested publishing", which is ridiculous. In one case, "You shouldn't use a telephone interview", I mean the most asinine reasons.

**PS:** Are there not any journals that deal in this medicine?

**JS:** But you see that actually, yeh I was just about to say recently I did, I recently did a Medline survey on psychosomatic medicine and got some papers. There aren't too many. Yes there are one or two journals that might be - you know, who's going to see them. You're talking to the convinced. The whole idea here is to reach family practitioners to reach the orthopedists, to reach the neurologists and so on, to reach the people who are going to see these people and ~~their~~<sup>they're</sup> not gonna read The Journal of Psychotherapy and Psychosomatics, that's the name of the journal that publishes many, many of the papers that are reviewed.

There are some people, the thing is not quite as grim as it might be. Its pretty bad, but there are some people - laymen, intelligent laymen - people who've been in my program that are doing some things. There's a man from California who actually - unbeknownst to me - organized a program out there - he's a very powerful guy - organized a program in California using doctors that they trained and so on, and they've been treating worker's compensation cases using the basic principles - they don't do exactly what I do. But apparently they've been quite successful.

He's trying to do something similar to what Dean Ornish did. We're going to do it here. I'm going to be the principal investigator, but he's raising all the money and getting all the research together and writing the research protocol. Fine. It'd be impossible for me to do it. I'm only one person. And I'm not a youngster anymore, not that I don't have the energy, but there are other things that I like to do. You know. I must write this book!

Speaking of the book I have to tell you the ramifications of this. Its very clear that this back pain syndrome is only one disorder of many, many, many. It has

become clear to me that in Western society it is universal for people to have physical symptoms and physical disorders that are related to the emotions. This is the thing that makes this such an *incredible medical tragedy*! You know 200 years from now - it probably will be at least that long - the medical historians are going to look back and say, "How in the world could they have been so blind! How could they have missed this! Its so obvious! So I - although its, you know, not going to make any great impression on medicine, I really feel these concepts have to be written down now and I have worked out the psychology.

You asked me if I had any training before. I don't really care now, because I really think, I know, that I know some things about this that the psychologists don't know, that psychiatrists don't know. When you've had a cohort, when you've worked with a cohort of ten thousand or so patients which is what I have in the last twenty-one years and you've talked...

PS: I didn't realize it was that many...

JS: Oh yeh. Well you see for many, many years now I've done nothing else and I've seen on the average of five or six hundred new patients every year. Add 'em up.

PS: And how does it work?

JS: It's incredible! Absolutely incredible! Let me tell you what, what I do now. I examine the patient, establish physically that they have this. Then I sit down with them and, fifteen or twenty minutes, we talk about the major features of this. OK.

PS: This being TMS, Tension Myositis Syndrome.

JS: Yeh. Most of them have, have already read one of the books [Mind Over Back Pain, Healing Back Pain]. And they know about the physiology, we spend very little time on that. The important thing is to talk about their psychology. And I identify, and its really interesting. I've become very expert at doing this. In fifteen or twenty minutes I can identify for them the things about their personalities and/or their lives that I think are responsible for this. And what's happened then - it's very interesting - I've come to believe that the personality factors are much more important than any circumstantial thing or situation thing in the person's life. I indicate to them how that causes them to generate anger internally. How the mind *fears* anger and therefore *represses* it and how the mind will create physical symptomatology as a distraction because it is afraid that this anger is going to come to consciousness and it doesn't want that under any circumstances.

PS: Wouldn't you think that the unconscious mind would then find a way to fight against this conscious revelation?

JS: Yes...yes...yes. As a matter of fact that's interesting that you put it that way because I'm ~~proposing~~ <sup>playing</sup> around with titles for the new book and one title, one possible title could be Mind In Conflict, and another one that I just thought up yesterday or the day before, The Divided Mind. Both of these, yes, characterize what goes on. Absolutely. But we win that battle. That's the incredible thing about this!

Unless the emotional basis for the anger and therefore the pain is powerful enough, we win it hands down almost immediately. When its powerful, we don't. That's when my psychologists come into the picture.

PS: Can you describe specifically how it works?

JS: Yes. Once we've established what the factors are - personality factors - and I will tell you right now its very simple: *Perfectionism* and *Goodism*, the need to be *perfect* and the need to be *good* are powerful factors in all this. And why, why do we generate anger because of those? Because the unconscious mind is *not* good, is *not* perfect, is in fact very *imperfect* a very uh, irrational, illogical, childish, dependent entity. But is *there* in everyone of us. That's where the division comes in. On the one hand we have this highly adult, and often ~~terrifying~~ <sup>tyrannical</sup> part of the psyche which says, "This is what you must do!" And on the other hand we have this poor creepy crawly infant down there that says, "Leave me alone don't fa-- don't do this to me!" and it gets furious! So the anger is there, the *pain* is created as a *diversion*, or the ulcer, or the migraine headache, take your pick. I say to the patient, "You now know that there's nothing wrong with your back, really. You now know that what's going on in there is completely harmless. Don't be misled by the excruciating spasm your brain has engineered. It doesn't mean you have a disease. And the other thing I want you to do is *know* about the anger and *know* why its there. And if you do those two things, your pain will go away." *And it does!* In 90 percent of the cases without psychotherapy.

PS: Well you have the unconscious mind - I'm getting this from having read your book and from having heard you speak - do you imagine a scenario in which the unconscious mind says to itself uh, "There are things that I don't think the conscious mind would be comfortable with and therefore I'm going to create a distraction and give this person a whopping pain!" I mean do you have any sense of how that works...of the psychological process? How the psychological process becomes physical?

JS: (groans) Ha-ha! Now of course you have asked a very important question, but on the other hand one that I don't intend to answer. I can not answer. But I am pleased to say that no one else can either. In other words, when they ask me, "How does this come about in the brain?" what I do is turn around and to them and say, "How does the brain produce language?" *It does!* And I say, "well it does!" In other words, until <sup>we</sup> know more about how brain functions--in a book I have over there which is just out...Its called Descartes' Error. Its by a famous neurologist, who also happens to be a friend of mine, Antonio Damasio from the University of Iowa and its about how the brain works. And of course, why this is great from my point of view, is of course what I've been saying: Descartes' been dead wrong - the mind and the body are, are intimately connected and I don't know what Tony has written there - I will know as soon as I've read it...There is a doctor out in California, Dr. Gerald M. Edleman - a Nobel Prize winner based on his work in immunology - Dr. Edleman has written four books, three of them highly technical, and one more for the laity, on how the brain, how the mind works, how the brain works, how the brain evolved and so on.

People are beginning to study this, but we have not the foggiest notion at this point how it works, OK? And then I say to the patient in the lecture, "Don't ask me that question; I can't answer it. But neither can anyone else answer it - how

the brain works." I can tell you where, that's easy. I can tell you the hypothalamus is involved...this is all going to be in my new book...that the autonomic system is involved...And it's, it's easy to see how these can be stimulated. But I can't tell you exactly ~~you~~ how this connection between the emotions...its easy to imagine however that it happens. Because after all *emotional phenomenon are brain phenomenon and any brain phenomenon can influence any other brain phenomenon*. What's the big deal? The big deal is only man's scientific prejudice. (Pause.) Which there shouldn't be. See, the physicists are way ahead of us in this regard. The physicists are prepared to throw out everything they've ever believed up until that moment if somebody comes forth with some new...

PS: Well some yes, and some no.

JS: Right. Many. Of course. But certainly much more than we are. They have a tradition for accepting new ideas and for realizing how little they know .

PS: You said that when you went into the Air Force that you felt right away that you weren't physically brave and that this was not an area that you...

JS: or psychologically brave...

PS: However you've talked about taking your courage up in your hands and it seems to me that your work has involved a lot of courage.

JS: Well, you see, my life was at stake in the other thing, my life is not so far (laughs) at stake in this...thing...

PS: Well your professional life has been at stake hasn't it in some way?

JS: Well, yes of course. And, but, you know, like so many other people - and I'm interested that this is a historical document - like so many other people I could do no other. When you, when you find yourself in possession of something that's as important as this, who cares? Now I won't say who cares, as a matter of fact, ha, its interesting. I spent yesterday in my session with my analyst yesterday afternoon telling him how furious I was that I had not been recognized . *And I am furious*. Its there all the time!

*[Over this last part the sound of horns from outside blare continually for some time, seeming to express the anger. We talk above it.]* I'm in a rage! My own department at NYU does not invite me to present at one of the monthly meetings of the faculty, to present my work! *My own department!*

PS: Humh! That's hard.

JS: Its very hard. But as I said, what else can one do. Now, on the other hand when I get a letter from a woman in Palo Alto, California, who tells me for that for ten years she has been totally disabled, she's an attorney a bright woman, with a family, two kids and so on, she's been unable to function. She read my book and in a few days her pain that she had lived with and struggled with for years and years has gone and she's gonna resume her life. This of course...when I think about these things - and of course there are thousands of patients that we

worked with here in New York - well then I say, well too bad. But I have my satisfactions.

**PS:** This has been terrific. I think we should - unless you want to continue at the moment - I think this might be a good place to stop.

**JS:** You've got all you need?

*(session #1 ends)*

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(Session #2 of two - December 7, 1994)

**Peter Simon :** This is the second interview with Dr. John Sarno. It's December 7th, 1994. Dr. Sarno is being interviewed by Peter Simon in his office at The Rusk Institute of Rehabilitation Medicine in New York City. (Pre-recorded)

**PS:** You said you were psychosomatic all your life and I'm wondering whether in some deep way in your very early experience you, your body, must have understood this process.

**John Sarno:** My body?

**PS:** Well, that includes your mind...

**JS:** I think that the fact that I have been aware of having psychosomatic symptoms for many many years was certainly a help in my coming to recognize *this*. In the very early days -- I think I mentioned previously that I realized that so many of the patients' had histories of tension headache and migraine headache and stomach things and colitis and a whole bunch of other things which I had known for years were psychosomatic, you know -- never mind what medicine thinks about them because as you know medicine, conventional medicine, is essentially back in the middle ages as far as that's concerned.

**PS:** Are <sup>you</sup> saying from your own experience?

**JS:** My own experience. Well also from my experience as a family practitioner. So it was both. I knew that these disorders were all psychosomatic and therefore I began to *entertain* the idea that the back pain problem might be psychosomatic as well. And as soon as I *did*, then I began to see *results*.

I didn't have things as a child. No. My first psychosomatic thing occurred when I was in the air force and I began to have giant hives and of course the doctor said it must be food allergy, that's what they attributed. My face would blow up and I'd wake up in the morning with swelling of my lips and so on. It was really quite ridiculous. Naturally I had no reason to suspect that the doctor was wrong so I followed his instructions. But I only realized in retrospect what this meant. Within a month or two after this started we were all sent back to the units from which we came; they decided they had enough people in the Army Air Force so we were all sent back and I realized in retrospect that I probably was unconsciously very frightened about the fact that I had gotten to a, a very dangerous kind of situation.

Its very interesting because I did my original flight training in a small air plane and I enjoyed it very much and I wasn't aware of being very apprehensive at all but I guess unconsciously I must have realized that this was uh, now, now we, we, we went down to San Antonio, Texas, for classification, its getting, and so on (laughs). And it's while we were down there, I realized in retrospect, that this

was obviously psychosomatic but not until many years later. Well then after that I began to - in medical school I had some allergic symp--, you know hay fever things and I immediately came to the conclusion that they fell into the same category. So I realized before I had any training - and there's practically no training in school about psychosomatic things - that this was something for which I had a propensity. And then later on I would get gastrointestinal things and ~~and~~ I got migraine headaches. They were beauties. That started when I was in medical school , so all of this started in my early adulthood .

**PS:** Which is often when back pain starts with people?

**JS:** Yes. Yes that's right. That's an interesting thing to think about -- one is theorizing about the nature of the psychosomatic process, that in most people these -- one doesn't begin to have psychosomatic symptomatology until the late teens or early twenties. And that applies to all of them .

**PS:** What was it like when you were a kid , I want to get some flavor of your, when you were growing up; what it was like and what your experiences were like. Were you the serious, focused student all through your boyhood or did you get into trouble or...

**JS:** I didn't have to. Well first of all there was a bit of the Little Lord Fauntleroy about me because that's what my parents demanded. And I realize in retrospect that this had a life long impact on me.

**PS:** What form did that take?

**JS:** Oh well, you know, when we were visiting relatives I would sit - my brother would be forced to do it ~~too~~<sup>for</sup> but he was a little more rebellious than I was (he was about a year younger) - but we would sit quietly with our hands folded and our mouths shut because children were to be seen and not heard. That we heard over and over again. I was overprotected. Both my brother and I were overprotected by my mother who was very neurotic and very scared of everything including the fact that we'd get - but despite that I loved sports and was very good at practically anything thing I did.

**PS:** What sports were particularly...

**JS:** Oh well, you know, touch football, baseball, basketball. We used to play hockey on roller skates. During the summer we did a lot of other things you know at camp. Back in those days you did all sorts of things right on the street in front of your house. That was your playground. There were no cars , no cars were parked there.

**PS:** Did you play stickball like they did in the Bronx?

**JS:** Williamsburg was a working class neighborhood. We played stickball. The boys played stickball and the young men played nothing. Tennis was a sissy game. When my father and his friends would don their white flannel ducks and walk down the street on the way to McCarren Park they would be ridiculed.

Remember that I mentioned the elevating influence of the minister and his wife. I would not be surprised, but I don't know, if they had something to do with this movement away from the mores and culture of the Italian ghetto in which they lived. I paid homage to this man and his wife in the first interview. I think people who attended his church saw themselves as something special and had ambitions that far exceeded those of the rest of the community. My father's family probably represented the best example of this. His brother Modesto went to college, his sister went to medical school.\*All three of us were influenced by this man and his wife. The other members of my father's family had no such influence. I see that I have not given enough credit to Dr. Antonio Mangano and Mabel Farnham Mangano. She looked a little like Eleanor Roosevelt and certainly had the same high principles as that great lady.

PS: What did your mother do. Is she still alive?

JS: Just died, just this year, just a few months ago. Just a few months ago. Uh what did she do? What do you mean: she was a housewife.

PS: OK that's what I meant.

JS: Yeh. Oh yes. And my father was a printer.

PS: A printer? He had a printing business?

JS: He didn't have his own business, he worked for someone. He was a pressman. Very skilled. He did color, printing. No he never, never had enough get up and go to uh ...the situation with regard to him which I think also was a factor in my psychological development is that he believed that the raising of children was a woman's job and he *had very little to do with us* except as a disciplinarian, uh which is *bad, bad* business. You know, he wasn't the kind of father who did things with his boys. He had two boys. He did his own thing. On the weekends he was a tennis player. It was very unusual for somebody in Brooklyn at that time you know but he played his tennis with his buddies...

PS: Was this a social thing?

JS: Oh no mostly his tennis playing was serious, I mean they did it to play and not to ~~not to~~ socialize. But that lack of a role model and that lack of someone who sort of, you know, taught you what it was like to be a *man* I think was very uh (pause) very bad. (short laugh).

PS: Was he a strict disciplinarian? You said that was his role, or that's the part he played.

JS: Yeh. I mean the point is he didn't have very much to do. It's just that he was always in the wings you know and uh because we were - well, we were fine! You asked if I was a good student. I didn't have to work very hard. I mean I skipped two years in grade school. That's the way they did things in those days. The early grades, like I did seven and eight in one year, something of that sort. I graduated high school when I was *sixteen*. But I never had to work hard and you know everything came very easily. I didn't really start to work hard until I spent a year at Horace Mann after I graduated high school (because my parents felt I was too

\* CORRECTION: his sister went to boarding school (Martha Taylor Saano, 2014)

young to go off to college) and then I worked! For the first time in my life I worked (laughs) - that was probably the premier boys school in the city at that time, Horace Mann School for Boys, um incidentally Jack Kerouac was in my class.

PS: I thought he grew up in New England.

JS: He did but he spent a year there the way I did. I was on a scholarship; he was on a football scholarship. He was pretty good.

PS: You knew him then?

JS: No, not really. We were in the same classes but he hobnobbed ~~he hobnobbed~~ with some of the rich boys in the class and you know he'd go out to their palatial estates in Long Island, stuff like that (laughs) He was good at that.

PS: Economically where did you feel you were as you were growing up.

JS: We always, we always knew that we couldn't have anything we wanted. I never had a two wheeler. I never had a bicycle and so on. We knew that things were tight, and of course, during the depression they were quite tight, but we never felt deprived. We always, ah things were pretty good.

PS: What was it like during the depression? What are your memories.

JS: Well you see, lets see, I was - when it really hit what, '30 - I was seven, but we really weren't aware. I remember when the bank thing happened my mother running down to the bank and not getting there in time (laughs). But we were never aware of being deprived in any way. We always ate well and slept well. In fact we were privileged in one sense because through the church my mother found out about this camp (we were Baptists you know) up in Westchester. It was a camp intended for New York City and I guess some in the Bronx and even Yonkers um Sunday school kids and it was a *wonderful place* run by the Baptist Home Mission Society or some, the official Baptist organization...

PS: What was the name of it?

JS: The name of it? Do I remember, yes! Old Oak Farm! And it was gorgeous - in Golden's Bridge close to ~~Somers~~ I guess up there, you know that country up there, Westchester County, close to ~~Somers~~. Beautiful country, and we went there every summer for years and years and years. And so I never, never spent the summers in the city. My mother started out by working in the kitchen and worked her way up to being the dietitian.

Somers

PS: So she would work there while you were there.

JS: Yeah. But you know she liked it too.

PS: Would your father come up and visit?

JS: He would, oh yeah, he would come up and visit on weekends. She loved it too because, she got away from him (laughs). They never - well its very interesting, I mean in retrospect she was - you know he was kind of a martinet and I think

he always treated her poorly in the sense that he put her down, and demeaned her and so on and that was sort of ...

**PS:**...classic?

**JS:** Yes. Yeh, yeh, this is a classical view of a European, yeh, yeh absolutely, without any question. In fact the whole business of his failure to spend time with us was also cultural I'm sure. I'm sure his father never spent any time with him! In fact he said in Italy before he left and they came when he was about six, he remembers a little bit, and uh both there and here his father never worked, he had all these sons and so on, and they worked and provided money. His father...

**PS:** You said before that he was sort of a gentleman farmer. How did he get by? Did he have a lot of money?

**JS:** He had a lot of sons! No. No. Oh he may have worked in his early years but as soon as he had sons, as soon as he had people who could do the work on the farm and the little cantina that they had there then he didn't work any more. He never worked when he came to this country. He died before I was born. He died in the flu epidemic in the 1918, 1919. I remember my grandmother but never met him.

**PS:** Your parents met, how?

**JS:** In the church. They met in the mission church in Brooklyn, Baptist and my father, one of his brothers and a sister also broke away from the Catholic thing and began to attend this church. And the church continued to exert an important influence on their lives. They sang in the choir and they sang with the people's Chorus of New York. My father was a tenor soloist.

My mother's father was a Protestant in Italy. Oh, he was just a, just a perverse kind of guy and uh (laughs) he also, he also was terribly nasty to his wife, my grandmother and you know, same thing, he must have been a very neurotic guy, but you know these, these people would get ideas in their head and they would hold on to them like iron and he decided the Catholic church was terrible. He rebelled. I know nothing about his antecedents. My mother's side of the family go back to Albania. On her mother and father's side both. They were both from the same community. This was intermarriage with in the same community. And that was characteristic of these people apparently. They were viciously inbred, so I mean...

**PS** How did you hear the story of the migration.

**JS:** I learned it from a physician who was a member of that ethnic group that I met. He's American I think; he was educated and he knew the history of these people. He wasn't a relative he was just someone that I met who actually was in this field of rehabilitation medicine. And we met somewhere and got to talking somehow and then I realized our ancestors -- and then he told me the story about this.

**PS:** He was speaking of that general wave of migration, he wasn't speaking of your grandparents.

**JS:** No. Heavens no. It was a general wave and what they did was to settled in various places in the Italian peninsula. So you find groups of these up north and groups of them all the way down. My mother's family just continued on down until they got to southern Italy .

**PS:** Have you ever looked up your roots at all.

**JS:** My father's yeah. But I've never gotten any kind of an indication of where to start looking for my mothers, and that's too bad. Yes I actually I visited the little town my father was born in (laughs) - you really want to know - ~~Avalino~~, <sup>Aveellino</sup>, Province of ~~Avalino~~ <sup>Aveellino</sup> which is about, maybe 30 , 40 miles East of Naples. A little town, a little village was called Manocalzati. (laughs).

My mother's parents were born in Italy and emigrated to this country. My mother's oldest brother was born in Italy. Then (I think she was next in line) she and two other brothers were born here. When they first came they lived in Beacon, New York. There were a few others, not a whole community as a matter of fact -- or they all came together, I don't know. But one of her shirttail cousins with the same name became Beacon's most prominent physician, Antonio Astone, widely known as Tony. Astone, that was her maiden name. And he had the same name and there were a whole bunch of other Astones up there. They must have been cousins because they weren't first cousins, they were more distantly related, but they had the same name. And they're still some Astones up there I guess.

**PS:** You mentioned you went back up there and started...

**JS:** In 1951 I went up there and went into family practice and in '55 I started the group.

**PS:** Between '51 and '55 you said it was kind of a lonely struggle.

**JS:** Oh yes! It was very difficult. In fact (laughs) medically it was terrible because there weren't family practice residencies back in those days, so you just sort of jumped in and since I was always very cautious - it was a very simple kind of practice. I get anything complicated I'd send it off to the specialists in Poughkeepsie.

**PS:** You talked about how this older doctor - that you learned a lot from his experience - the shirttail cousin. Was he a mentor in some way?

**JS:** Oh not at all. No no no no. In fact he didn't set any kind of standard for me. In fact he represented a bit of a problem for me because he liked to do surgery. He was sort of a self styled surgeon and he ~~inveighed~~ <sup>convinced</sup> me into doing anesthesia for him and that was ridiculous! Because again no experience no training in anesthesia, and we used the very simple, primitive - sometimes even ether, but mostly we used intravenous penothal, which is still used. But it was scary as the dickens , and I did it for a while and then I said absolutely not! Ha! I'm not going to do this any more! It was frightening.

**PS:** But you also learned like crazy, thrown in like that .

**JS:** Sure.

**PS:** But you weren't intimidated having in the same community this very successful doctor...

**JS:** Quite the contrary. Well we really weren't in the same community. It's interesting: you practiced in Beacon, you were a Beacon doctor; you practiced in Fishkill, you were a Fishkill doctor. And I was in Fishkill.

**PS:** And how did it occur to you to start this medical group?

**JS:** Well because it was obvious that working by myself was ridiculous. It was a number of things. I didn't know anything. I brought in some internists. First of all this gave me some security to have doctors with me who trained in other fields. Secondly, I looked upon it as kind of a medical social advance. Back in those days groups were almost, were looked down upon by the AMA. So they were kind of socialist. Ridiculous; they weren't in any sense. And I liked the idea of starting something that represented the forefront of medical practice. It was one of the first...

**PS:** Did you have a kind of political basis for that as well? I'm not sure that's the right question.

**JS:** I know what you mean. Not really except that my father was a Roosevelt Democrat, I have to say that about him! You know he gets black marks for a lot of the things he did, but he was bright and he read - not a lot - but he read enough and he had good logic and good sense. He was a working man so you know working man - union man - yeah, un-huh, sure. So I sort of had that background and I liked it.

And I used to um - well as a matter of fact - I don't know whether I mentioned this to you the first time around but I had a distinction of having been cited by the House un-American Activities Committee. Because when I was in medical school I attended a meeting once in Harlem. It happened that the Assistant Secretary for what was then Health Education and Welfare - it had a different name then - Oscar Ewing was the Secretary - but the Assistant Secretary was one of the speakers. However one of the other speakers was a known Communist. And we had a crackpot at medical school at that time and what he did would be go around reporting people who did various things. So he reported me and the other two or three guys who went to the lecture and he promptly got this thing from the House un-American Affairs Committee. Nothing came of it. I wrote an irate letter and that's the last I heard of it. But I wear that as a badge of honor! (laughs).

**PS:** When you started the medical group, it was partly...?

**JS:** It was partly social/political, partly just protection for myself. Not only protection but to make a more interesting practice.

**PS:** And it did that?

**JS:** Oh very much! The Mid-Hudson Medical Group has continued to expand. I guess they have about 20 to 25 doctors now and they're in three locations in Dutchess County: the original one in Fishkill and I think one is in Hopewell Junction and the other is in Poughkeepsie. It's gone very nicely. It's still going.

**PS:** I wondered about religion in your life as you grew up. Because it sort of comes up. I don't want to put words in your mouth, but what was...your family went to church and was part of a church community? It was important?

**JS:** The pastor of this church was a remarkable man who had been born in Italy but came to this country as an orphan - as a very young boy - and got into the hands of some wonderful people apparently, went to college, went to graduate school, he had a Doctor of Divinity from Colegate Rochester and he decided to devote his life to this mission work so he comes down to Brooklyn, married to this Boston Brahmin

**PS:** There must be a good story there..

**JS:** Oh there is! Yeah. And he was just an incredible guy. He was one of the people who had a very important impact on my life. So we went to church, we were regular church goers. I was Baptized at the age of twelve or thirteen. I really didn't understand the whole business but you know, I went along with it. When I went off to college I tended not to go to church, you know this happens with so many. I wasn't feeling rebellious, I just wasn't, I didn't have any urge. But soon after I got there - I had a very good voice and I studied voice and I got a job as a baritone soloist in one of the local churches so I went to church every Sunday. I had to be there; it was part of my work. (Both laugh).

I took the whole thing seriously enough even when I wasn't going to church to consider the possibility of studying for the ministry. And my best friend at college did. But its interesting. It was a family thing and a cultural thing, an emotional thing to some extent but it has never lasted, I mean I've never been a church goer.

**PS:** At the point when you were considering or contemplating going into the ministry and making that your life's work, this was in college? You must have considered this pretty seriously.

**JS:** No.

**PS:** Let me put it another way, its a serious thing to consider.

**JS:** Yeah. Right. Yes. Yeah. (pause) I have a feeling that it reflects something that's going on psychologically. I remember during the war we were never exposed to any danger but when I would write to my parents I would make references to God and so on and so forth. I think it was - well, that was after college and between college and medical school so - yeah that's interesting.

**PS:** In a sense from your background that would have been a fairly easy path to follow?

**JS:** Yeah. I really do believe that the influence of the things that I learned - you know it's one thing to get involved in the sort of supernatural aspects of religion - I have to say that we were well schooled in the teachings of Christ and so on and then, and to this day, his teaching, his philosophy have remained as very, very powerful influence in my life.

**PS:** And other special influences in your life?

**JS:** I think they were subtle. Aside from the minister and his wife, my biochem professor Lemuel Fish Smith, Mr. Blake, my English prof at Horace Mann and our glee club director. He made Shakespeare come alive.

And then there was Henry William Reinshagen; he was a role model. He was a gentleman right down to his toes. He taught history at Newtown High School but one had the impression that he and his sisters who ran the camp had independent means for he used to drive a Packard. They were all very dignified and he took a special interest in the boys and used to lecture us about personal hygiene, how to conduct oneself in as variety of circumstances, etc.

It was clear that I intended to be well educated and that I could not stand being in the lower echelons of society. I hated Williamsburg because it was low brow, though that's where the church was located. I would walk there for my piano lessons (that's where the teacher lived) and hated it. My teacher was upward mobile too, so I was glad of my destination.

**PS:** So when you were growing up your family would go to church...

**JS:**...every Sunday

**PS:** Were there other activities you were involved in because you talk about the minister and you talked last time about how he influenced the value and so forth of the community ...was this just by his sermons or did you have other experiences with him?

**JS:** Mostly by his sermons. And you know the very ~~the~~ close knit relationship between all of the people in that church. My brother married a daughter of one of the stalwarts of the church. She was a member of the Calabrese clan. Her mother was a close friend of my mother, so it was all very family.

There really wasn't much occasion for other things. There might have <sup>been</sup> one meeting in the middle of the week but parents never went to them.

**PS:** Were holidays a big event in your family?

**JS:** Oh yeah!. But again mostly tied to the church. Christmas, Christmas pageant Stuff like that.

**PS:** What was Christmas like in your house?

**JS:** It was rather subdued. My father had some brothers. See, we lived in Greenpoint. You know the geography? And he had two or ~~three~~ <sup>three</sup> brothers in Williamsburg which is where the church was and that was a ten minute ride

on the trolley. So, you know, very close. But he still loved to go to visit some of his brothers and there they'd have a real lively rowdy time. I mean in the sense of a lot of noise, nobody ever got drunk or anything like that but there was good food and good wine and so on, he loved to do that, I remember that!

PS: Did you go to Sunday school, did you study?

JS: Yeah. Sunday school and then the church service.

PS: Do you remember anything that made a particular impact on you in that period, from that source?

JS: Only what I mentioned before, and that is when I was being Baptized I wondered what in the world this was supposed to do. What was going to happen to you by being dunked under the water by the minister. A-ha-ha. But for the rest I just enjoyed.

PS: So you were questioning?

JS: (laughs) Yeah.

PS: Were you interested in science and math and things like that.

JS: Well, I have to say in high school everything I did was sort of wishy-washy, I mean I did the work and so on but I didn't have any real interests. When I got to Horace Mann I got stimulated by some of the people and a number of things were of interest to me. I was never interested in math. But I got interested in History and English at Horace Mann. When I got to college I took biochemistry. I found that very, very interesting. But there again it depended a lot on the professor that you had and the professor who taught that was wonderful. He was a great great teacher.

PS: What was Kalamazoo like when you were there?

JS: Kalamazoo was a great little school. And a nice little town. And yet it was fairly substantial. It had Upjohn there and a few other fairly good sized businesses, the college was 600 people. Magnificent, beautiful little campus, dormitories you know - the girls dorm and the boys dorm. The girls dorm closed at seven o'clock during the week and that was it.

PS: With the boys outside...

JS: With the boys outside. Beautiful chapel. It was a great experience and of course I started to sing in earnest. I had started organized singing at Horace Mann in the sense that they had a glee club, a small chorus and a quartet and I was in all of them. I was good! And..

PS: How did you discover...

JS: ...my singing? Why singing, well that's another thing I have to give to my father. My father was good enough to have been a pro but he had no get up and go, no stick-to-it-iveness or anything like that. But he had a *magnificent tenor voice!*

When he hit some of those notes he was almost as good a Caruso! And I mean that, seriously!

**PS:** Under what circumstance did you first hear him sing?

**JS:** Well, he sang in church, he would sing in concerts. My parents met in church. They both sang. They both had beautiful voices. They sang in the choir, and they sang with the People's Chorus of New York. My father was a tenor soloist. So, you know, we came by it quite naturally.

And you know that in college I was one of the stars of the campus, because very soon after I got there my singing teacher realized (laughs) that I had a good voice and she started to go gung ho with me.

**PS:** It must have been satisfying for you!

**JS:** Tremendous! I sang with the college choir. And (laughs) I belonged to a dance band where I would plunk the piano. I was a terrible piano player, but I was good enough to do that and then sing the vocals on Saturday nights to earn some additional money.

**PS:** So you would sing on Saturday night and Sunday as well.

**JS:** Sunday morning I would sing in church. (laughs)

**PS:** I'm trying to get a better picture of your mother. Were you close as you grew up? You were certainly more than you were with your father.

**JS:** Yeah. Unfortunately what comes across with her she was very loving and very protective - well, as I said overprotective. But she was also very much tied up in her own problems. She tended to get migraine headaches if any thing scary - if my father didn't get back from a fishing trip exactly on time she would develop a migraine headache. But I realize in looking back now that she probably was in a rage with him almost constantly right from the beginning. But never, never could express it.

We now know that repressed anger is what leads to psychosomatic symptomatology and that characterized her. So I'm afraid that, you know, she was a good mother, caring and so on but, but um looking back you don't really get a good feeling.

**PS:** Do you think there might be an inherited element to your migraine headaches?

**JS:** Migraine is not inherited, but psychological traits and learned behaviors - as from a very neurotic mother - are transmitted.

Maybe the best was when we were away during the summer, but of course then you had very little to do with her - almost never saw her. But of the few times when you did see her it was obvious that she was enjoying herself - even when she worked. Working in the kitchen was no big deal, there were five or six women like her, and Dora the great, magnificent cook who used to - as a matter of fact

during the winter she used to cook for the headmaster of the Horace Mann School for Boys. She was terrific! And we had the best food at that camp. I mean we...

**PS:** Did your mother cook at home?

**JS:** Oh yeah. She was a good cook. She was a very good cook. And she got it from her mother. Her mother was just around the corner! And she was very, very close and depended on her mother.

My mother's mother was a skinny little lady who did not know how to be warm, though she clearly liked having my brother and I around. She was tyrannized by a husband who must have been on the edge of mental illness. From what I could gather he might be considered what is known in psych parlance today as borderline psychotic. He may even have abused her physically.

**PS:** You said her parents came to Beacon.

**JS:** Yeah but they soon moved to uh...I don't know how old she was when they moved to Brooklyn. And that's how they got into this church and that's how she met my father.

**PS:** What caused them to move from Beacon to Brooklyn?

**JS:** Probably economic things. A job.

**PS:** What did her parents do.

**JS:** My mother's mother was a housewife. Her father had very very low level jobs - a watchman and stuff like that .

**PS:** All those people worked...

**JS:** They were all working people. Its interesting that most of my grandmother's relatives on that side were very successful people. Like the ones in Beacon there, the doctor, other people had businesses , they all had very high incomes - most of them, not all of them, most of them. But he was this, this curmudgeon who had a chip on his shoulders against the whole world and so on.

**PS:** You said he was very strict.

**JS:** Oh yeah. Yeah.

**PS:** What was this chip from do you think?

**JS:** Who *knows*?

**PS:** There were cousins and people in Beacon who were better off?

**JS:** Yeah, my mother's distant relations in Beacon.

**PS:** Did you know them.

JS: Yeah.

PS: You must have had tons of cousins. On both sides.

JS: Sure. Oh yes. On both sides. Tons no. Not tons of cousins. I mean my mother's...First of all her older brother was married and divorced. He then lived with his mother and was a bone of contention between his mother and his father.

PS: How many siblings?

JS: Three siblings. Three boys. And one was older and two were younger than she was. Now the two younger ones - one of them had one boy but he had a *disastrous* marriage and that boy had trouble throughout his life and ended up as a suicide when he was about sixty. Wasn't too long ago. Sad. He lived here in New York. And the other one had a very nice family. My mother's youngest brother had a nice family: a boy and two girls. Some tragedy there. One the girls - at about the age of twenty-five, not married too long with a very young child - got some sort of a damned infectious thing and died. The boy apparently had diphtheria when he was young and it left him slightly, with cognitive difficulty, intellectual problem. He was able to lead an essentially normal life and - [loud banging from outside] they're fixing the window there - My uncle's oldest daughter, she's had a very good life, she had three boys and they've all done very nicely, they're down in Atlanta, Georgia.

PS: I see the name of another Sarno on a lot of your papers. I presume this is your wife?

JS: That's right.

PS: When did she come into your life.

JS: We met here at Rusk. She came into my life. This is my second marriage. Yes met her here and the other marriage broke up and we were married in 1967. She's the head of the Speech Pathology Service here and has been for years and years. As a matter of fact she joined Howard Rusk when she was fresh out of school years and years ago and he was just starting the program.

PS: So she knew him before you knew him!

JS: Oh, way before! It was interesting, you see, her father was the art director of The New York Times. His name was Lamarque. And so he knew the people at The New York Times and when his daughter graduated from school and she had this degree in speech pathology he went to Dr. Rusk and Dr. Rusk said "by all means !" and he brought her on board and of course she's been one of his stars ever since. She's got hundreds of publications (laughs) and uh

PS: She's still on the staff here?

JS: Oh yes! Her title is...well first of all like me she's full Professor of Clinical Rehabilitation Medicine and she's the head of the Speech Pathology Service.

PS: So you met here.

JS: Yeah. We got married in '67.

PS: Do you collaborate?

JS: We collaborated a lot more in the early days, because when I first started practice here and I had a general rehab practice and I was very much interested in stroke...In fact, of all the things that produce brain damage, stroke is statistically the most common one. And of course the largest number of her...and her greatest interest has been...also in the speech problems associated with brain damage, you see, and stroke. So we did a book together. As a matter of fact we are right now doing an updated version of the same book on stroke. Its called Stroke: The Condition and The Patient. It was first published by McGraw Hill , oh heavens, years ago, the early '70's.

And we're doing now a new one. We've gotten ourselves another collaborator, neurologist , because I couldn't be bothered trying to go into literature and do all that stuff. But we're - I've been rewriting it right now, so in a sense we're still collaborating. And I contributed...she edited probably the best known text book in the field of what's known as "acquired aphasia" - in other words aphasia that you get as a result of some kind of brain damage, as opposed to congenital . And I wrote a chapter for that book for her. So yeah we've had a lot of fun.

PS: Do you have children from your first marriage?

JS: Yeah.

PS: And from your second marriage ?

JS: One. Twenty-one year old.

PS: And your first marriage...when did you get married then?

JS: When? '51 and that ended in '65.

PS: And you had...

JS: Three children. They're all out on the West coast. A boy and two girls. Oh, the boy is in the, in the money business (laughs), vice-president of one of the firms out in the Seattle-Tacoma area . The girls have had checkered careers. They do all kinds of things. One of them is kind of a flower girl, she plays the viola and the guitar and she sings and she composes and she grows organic foods with her husband who's from Ecuador so she's fairly, she's all over the place. She's now in Washington. The younger one is in California and she also has had a checkered career, been married as couple of times, not married right now.

PS: And your twenty-one year old?

JS: Oh she's one of those whose had a tough time finding herself , she started college and stopped, and she's now just working. I think she'll get there, eventually. She's very bright and very talented but ...

PS: ...a late bloomer?

JS: Yeah.

PS: In a sense you found your original work, your connection with original work fairly well along in your career. I mean your work with back pain and all the rest of it...this is your area...

JS: That's right, oh yes. This came along fairly late - in the early '70s.

PS: You talked in the last conversation about the fact that you didn't specialize, how difficult that was. Part of your self must have been looking for something to make a connection with, professionally or creatively.

JS: Yeah. You know, its very interesting. I think, I said when last we talked about this that I suspected that the real problem at the beginning had to do with self esteem. I never saw myself, I never saw myself going for...like one of my classmates who got a...who went and specialized in neurology and then he specialized in ophthalmology, you know he became a double specialist and so on. That seemed quite natural for him to do. I never saw myself as doing something like that. I didn't go for a, a really good internship. I took a terrible one and then...

PS: Because you didn't feel...

JS: Again, it was self esteem.

PS: What did it have to do with self esteem?

JS: I didn't realize what I should be doing. You know, maybe more than self esteem, maybe it was approaching life in a sort of -- like I went to school because you just go to school and that's what you do and that was my attitude all the way through medical school even. I never really thought about what I was going to do afterwards and you just sort of did what came naturally. But whereas some of my classmates, they would go for a residency at Massachusetts General Hospital in Boston...well I didn't think that way about myself, I wasn't good enough for that. See, I was only good enough for a poor lowly internship in a public health service hospital. See what I mean? So that's really a reflection of one's self esteem!

PS: Do you think this really had to do with what we might call your humble beginnings, what you grew up with, what your parents did and so forth?

JS: Yes. Probably. And probably had to do with my size, which I realize now in retrospect has always been a problem. Um yeah, humble beginnings, um .. and...

PS: But that didn't stop you in sports and so forth or academically or in music or...

JS: No. No. No. No. That's right. That's right. Its a weird kind of thing. (pause) But I just didn't (pause) again those were all play and even the music and so

forth that was all play, and college was play, even the courses in college were all play. This was all...this wasn't real life. When I got down to real life, then I didn't make choices you see that would say, "Hey, I deserve to have one of the best internships in the country and I deserve to go on to graduate study." That didn't come until later. And that's what made me break away from Fishkill and the family practice and go back and say finally now I'm going to go back and specialize.

PS: How did that come about?

JS: See, you're talking about late bloomers. This is really late blooming! I came back to New York, I was 37...

PS: What was happening in your life that you? How did that come about?

JS: Well. I decided that just taking care of kids in the group up there and not even being able to take care of them the way a real pediatrician could...and in fact I came back and started a pediatric residency, and I did that for a year and decided that really wasn't for me and then I came down here and I completed - I'd done a few months - and completed the residency here in rehabilitation medicine, but *here even here, here again, you see* rehabilitation medicine... You have to know that rehabilitation does not enjoy the same reputation as neurology and so again my choice of that reflects something of the same thing.

PS: But with Howard Rusk as this great champion didn't that make it...

JS: Well of course, obviously. Everybody liked to ride on Howard Rusk's coattails. We all did that.

PS: How did you meet? You were trying to remember last time.

JS: Howard Rusk? (pause) I think a friend of mine had met him and he was also studying medicine and he arranged a meeting. I think I was in my internship at the time. He knew that Howard Rusk was always looking around for young people to come into the field. And indeed I did, after meeting Dr. Rusk.

PS: You had an interview...

JS: Yeah.

PS: Do you remember the first time you walked in and saw him?

JS: No. No I don't.

PS: You were telling me last time how the world viewed Howard Rusk. Was he a complicated man to deal with in your experience?

JS: Not complicated at all to deal with! He was very straightforward. He was commanding. He was about six feet two or three inches tall um charming and you know and he...

PS: He must have been quite dazzling...

**JS:** Oh, he was! And what he tended to do was gather people around him and...Its amazing, because he got so many different kinds of people around him and many of them have done great things. He had this tremendous capacity for people of all kinds and at all levels. He had friends in the Senate and he was able to get large amounts of money because he befriended this woman Mary Switzer (?) in Washington who had something to do with vocational rehabilitation and...

**PS:** Would you say that he was a mentor?

**JS:** Not really. No, not really. No. He was a facilitator. He was very good at taking people on and then giving them their heads. And sometimes they didn't do anything and sometimes they did great things. I mean this is the way it was with Martha, my wife. That's the way it was with me.

**PS:** He would go on his instincts of talented young people and then he would let them go and give them support?

**JS:** Yup.

**PS:** When did he die?

**JS:** I think he was 88. He was born the same year as my father so he died maybe six, seven years ago.

**PS:** How did he respond to your work?

**JS:** Well! First of all I don't think he ever gave it much thought. He had a guy who worked with him, Jack Taylor, who really was the guy who wrote all his articles for The New York Times and wrote anything he ever had published under his name. Nothing ever came out under Jack Taylor's name. And Jack Taylor was an extremely bright, extremely perceptive person and - well, Rusk had a text book of rehabilitation medicine. Again, Jack Taylor organized it, got all the doctors to write the chapters and so on. And so it was really Jack Taylor (and Rusk behind giving his blessing) who realized the significance of my work, so that in the last text book that Howard Rusk edited on rehabilitation medicine, I wrote the chapter on back pain. That'll give you...

**PS:** How did Jack Taylor and Dr. Rusk meet?

**JS:** Jack Taylor met Dr. Rusk in the army. Dr. Rusk appreciated his worth and made him a member of his team. I think Jack was from the midwest somewhere, probably trained in English Lit or something of that sort. He also had great presence and was quite comfortable dealing with bigwigs in Washington. The success of the program derived in large part from Dr. Rusk's ability to make friends in high places and others with lots of money.

**PS:** Jack Taylor was not frustrated by having someone else's name on his work? Or would he take Dr. Rusk's ideas and write them and then Dr. Rusk would edit them...

JS: Yeah. Isn't that what you call an amanuensis. That's what he was. He was Howard Rusk's amanuensis. (laughs) He was a great guy!

PS: Did he have an office here?

JS: Yeah, sure. You know, Dr. Rusk had this big, palatial office and Jack Taylor was in this little cubby hole down the hall. But Jack Taylor was the force, the power behind the throne. I mean he made the decisions about money, about this and that and the other thing. When I came here it was Jack Taylor who decided what my salary would be. Ha-ha-ha-ha.

PS: Would one go through Jack Taylor to get to Howard Rusk?

JS: No, no, no. But on the other hand. Oh you would deal with Howard Rusk but then if there were details, Jack Taylor would take care of them.

PS: Did you ever have the satisfaction that Dr. Rusk understood what you had accomplished here? That he appreciated it? Or wasn't he that kind of man?

JS: (Pause.) You know, I'm hesitating because I'm not sure that he really ever gave an enormous amount of thought to anything that anybody did here. He knew that he had all this talent, he would pat them on the head and so on and encourage them, but you really never got the feeling that he really knew all about what you were doing. He was just too big.

PS: Was that frustrating?

JS: No. No, no. No. No. We loved him! Everybody who ever worked for him or with him has had the same feeling for him! That he was just a great guy!

PS: How did he get into rehabilitation medicine, did that come from the army?

JS: That's right. It was the war experience. The air force assigned him to - even trained as an internist and practiced in St. ~~Louis~~ - assigned him to this task of organizing...  
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PS: He came from St. Louis?

JS: Yes. He came from farm people out there and he went to medical school and out there,...No I don't remember where he went to medical school. At any rate he went back out there and he practiced internal medicine and the war came along and he was taken in and you know such a guy with presence, so it wasn't long before he had himself up in higher circles and they assigned him the task of rehabilitating these guys coming back you know, amputees and stuff like that. Well, he looked around and found a few people, a few doctors that had some background in this and Jack Taylor and then he organized a *wonderful* program. But he always had...

PS: Was this in Washington?

JS: I don't remember. I don't remember exactly where.

**PS:** Did you ever see or hear of a film that John Huston made when he was in the army called "Let There Be Light"? It's an army film on the treatment of soldiers emotionally damaged in the war. I think you would be fascinated by it. Its a wonderful film.

**JS:** I'd love to see it.

**PS:** You could get it. You have to be a doctor to get it. I think you go through the Veterans Administration.

**JS:** Really.

**PS:** I got it when I was working on a film for the Eastern Pennsylvania Psychiatric Institute. I had read about it in a book. It gives me goose bumps because John Huston also narrated it. The first thing you see is the porthole of a ship and some wounded men looking out, and you hear John Houston's voice say, "The guns are silent now, and the oceans of the world are filled with ships carrying the wounded home."

**JS:** Wow.

**PS:** It's an unusual kind of documentary on a unit that treated psychoneurotic soldiers. Its a beautiful movie. I think you would be interested. It deals with the treatment of physical symptoms caused by the stress of combat.

**JS:** What was its purpose?

**PS:** Its purpose I think was to gain understanding for men who were emotionally damaged in the war and for doctors to gain an understanding of their treatment. It's a hopeful - an inspiring - view of their treatment. I don't know who ordered it and how it came about.

**JS:** Well you know a film like that would never be made today because of what's happened to medicine. Back in those days medicine was still very psychologically oriented and Freud was - his reputation was at his height....

**PS:** Its interesting that you use...I mean it struck me when you talked about "getting the message out" and a young doctor who's interested in this area of work "carrying the torch" and so forth. One almost gets the sense of a religious mission.

**JS:** Well, yeah, you have to. I've often said that I have a very missionary feeling about this work because look, here we are, we're the beleaguered Christians in the midst of these lions...(laughs) these people who employ lions to eat them. I mean that's, that's, that's the way it is. This is totally outside of the mainstream and...

**PS:** I'm interested in how you fit in. In a sense you feel like an outsider with respect to the medical establishment, and - in a sense - you square off against

that or rail against it. Do you think that if you had a different way of approaching the question of...Why wouldn't you make it a top priority to set up a an objective study of your work if that would create something that the medical establishment would be more responsive to?

**JS:** Well you see if I were 30 or 40 instead of the age that I am I'm sure I would try to do something like that . As a matter of fact ...

**PS:** You said there's someone in California...

**JS:** There's a layman, an independently wealth guy who I treated many years ago and who has been, he says, trying to employ these principles with the big workers' compensation population. They have this - I don't know whether anything is going to come of this but this is what he's trying to do - to set up a study sort of like that cardiologist out in California, Dean Ornish, did. What he wants to do is to duplicate what Dean Ornish did and demonstrate...he's getting people on board that are good at designing studies and so on. Yeah, that's something that I probably should have done.

**PS:** Is there part of your personality that held back from doing more of this, or from playing the game, whether its political...

**JS:** No actually, no actually. No. But the problem was that I am, you know, a purist as you probably realize, and that the practical - as I saw it - the practical means of conducting such a study were just were not at hand.

**PS:** You mean the money?

**JS:** No. I mean the fact that if you try to do a controlled study where you have two different conditions of treatment for the same disorder...The reason I've said this is impossible to do is because the outcome...If someone who is treated according to my protocol...it depends on the patient and the patient's understanding and accepting of the diagnosis. We know very well that nine out of ten people will not accept the diagnosis of a psychosomatic process. Even if you never use that term. If you just tell them that this is coming from something going on in your emotions they just won't buy it, so I'm licked before I start.

**PS:** But you've had much success with doing precisely this.

**JS:** Well, my success has been, well is because...I only take patients that I think are going to be open to the diagnosis. Oh yes. And I've done that since 1987. Prior to that yes, I was successful and probably if I got in there and slogged and so on I still could convince a lot of those people and bring them around. But nevertheless if you're trying to do a controlled study you're bound to come up on the short end, see, because if the patient doesn't accept the diagnosis - boom - he doesn't get better.

**PS:** Of the people who come to you who in your opinion have TMS, what percentage do you accept for treatment and what percentage do you not accept for treatment?

**JS:** I accept about four out of ten, for treatment. Better than ninety percent of the people I accept for treatment are cured.

**PS:** Really?

**JS:** Yes.

**PS:** And what becomes of the ones who don't accept the diagnosis?

**JS:** I give them an opportunity, you see, that's why it's wonderful to have the book. And I say, "You don't know anything about what I do; that's clear from our discussion. And it's important that you do. So if you're interested in pursuing this with me I suggest that you get the book and read it and then call me back." Well I will tell you that about one in ten of those call back.

**PS:** And of those one in ten?

**JS:** Ah! They do very well.

**PS:** They do?

**JS:** Yeah. Well my success rate now, as I think I told you, is way, way up there. It's in the high 90's I'm sure.

**PS:** Mightn't there be a biochemical basis for resistance to a psychosomatic diagnosis and therefore an avenue for treating the sixty percent who don't accept the diagnosis? Is this a possibility of interest to you?

**JS:** The resistance to psychosomatic medicine is cultural, psychological, philosophical--never biochemical.

**PS:** Why couldn't the study be designed...

**JS:** The study can be designed in a way. In other words, in talking to these people now they said now we'll make that part of the study - whether somebody accepts the diagnosis or not. Well sure, yeah there are probably all kinds of ways...but you see the problem is all of this takes a lot of hard work and organization and so on and so forth and I've decided the hell with it. You know life's too short and I put in so many hours here seeing patients so many and I feel that it's much more important - you know, I don't give a damn whether they accept it or not because it's - from the practical point of view - they are not going to accept it no matter what you do! From the practical point of view orthopedists are not going to stop making the diagnosis they're making, chiropractors are not going to stop doing what they're doing, neurosurgeons are not gonna...it doesn't make any difference how good my study is.

**PS:** You don't know that. I mean over time, that's not a reason for not...I mean you might prefer to treat people rather than organize a study but you don't know what effect a long-term study would have on you?

**JS:** No I don't, but I suspect. Knowing what the situation is now and knowing the enormous commitment to the status quo in medicine is now to making the

diagnoses that they're making and doing the things they're doing - it's - I mean it's unreasonable to expect that there's going to be any striking change.

This is going to be a long, slow evolutionary process. One of the first steps - but again it has nothing to do with my work...What they're doing is finding out - there's going to be released tomorrow I understand - somebody from CBS called me up to ask me questions yesterday - there's going to be released some guidelines by some federal agency for how to deal with acute back pain, back pain that has not yet become chronic. Its very good because they're saying "Don't do..." - and there's about ten things that people ordinarily do. "Do this."

These are guidelines for physicians: "Don't do this and this and this because its not necessary. Do this!" Some of those I still don't agree with. One of the things they say is go to a chiropractor. Jesus. I mean of all things. You know when I first started out in medicine a doctor would no more say go to a chiropractor than he would say go to your corner butcher.

PS: (laughs)

JS: It was absolutely, you know, forbidden. But anyway this is a step in the right direction but not because they recognize that this is a psychosomatic disorder, because they recognize that they've been doing the wrong thing for years and years and years. So some of the more enlightened...The way it looks to me is that this leap...why even Dean Ornish doesn't say a damn thing about psychosomatic...Dean Ornish...everybody thinks that Dean Ornish was successful because of diet and exercise. They play down - he plays down himself - the psychological. He doesn't even call it that. He says "oh well we just sat down with these patients and we talked to them about their *lives*." *Talked to them about their lives!* So, to expect the medical profession after this entrenched long history of denying psychosomatic...The fact that (I told you) it doesn't even exist in their lexicon of psychological disorders. The diagnostic manual or whatever the devil they call it. There is no diagnosis for psychosomatic disorder.

So I just think I'll go along. If they design a study and I can participate, I certainly will do it.

PS: You teach at NYU don't you?

JS: I should teach. I am not allowed to teach. I told you that.

PS: I didn't get a clear...

JS: Oh! I'm not allowed to teach.

PS: Why not?

JS: Because I'm a heretic. Because all the other doctors in this department...

PS: But you are a professor at NYU.

**JS:** Oh sure, but that doesn't mean anything. I got the professorship a long, long time ago. But ever since I've been doing this work. No, I don't lecture to residents, I don't teach anyone.

**PS:** And how is it decided that you don't do that?

**JS:** Well because the man who is in charge of the educational program for this department believes that back pain is due to herniated discs and to stresses and strains and a thousand other things. He disagrees with me. He's in charge of the education, so I don't teach.

**PS:** Are there opportunities to teach elsewhere?

**JS:** No one asks me. *Occasionally*, I get invited to do a grand rounds with a psychiatric service. Even that falls flat because half the jokers sitting in the audience are the new breed of biological psychologists. They're pill pushers. So...

**PS:** Professionally how do you see yourself? How would you describe how you fit in the profession.

**JS:** The profession of medicine in general or rehabilitation medicine...

**PS:** Both.

**JS:** I'm just a maverick. I mean that's probably the best word I can think of. I'm John in the wilderness.

**PS:** So you would like to be teaching.

**JS:** Oh, of course! I'm a good teacher.

**PS:** Yeah, I know you are.

**JS:** (laughs)

**PS:** But aren't there other people in our time in this country at medical schools and universities or health institutions who are picking up...I mean there must be some colleagues...

**JS:** Yes. There must be but I don't hear from them. They don't write to me and say come on out and lecture us and so on. Let me tell you something absolutely fascinating, and yet, I don't know, probable nothing will come of it. I saw this week a young man who's on the faculty, on the staff at Rockefeller Institute. He calls himself a biologist. We're talking about his coming to see me cause he's got back problems. A good candidate. And out of the blue he said, "We know about you at Rockefeller Institute. As a matter of fact we've been thinking of asking you to come and talk. (long pause)

**PS:** And...?

**JS:** That's the last I heard of it. I don't know what if anything will come of it.

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People shy away. I was talking to someone from National Institutes of Health - this was at a meeting last October - and she got very interested, said I'd hear from her. I never did.

**PS:** In the National Institutes of Health there is a new consciousness, awareness or commitment ...(laughs) You're making a face.

**JS:** Surely. I am. I commented on this to you. They have established something on alternative medicine and they've given them two million dollars or something like that which is absolutely ridiculous, ludicrous! *[taps desk for emphasis]* Alternative medicine is not the answer! As a matter of fact...

**PS:** Would they consider what you do alternative medicine?

**JS:** Yeah they might. But I won't let them. This is medicine! This is scientific medicine! This is not alternative medicine. Alternative medicine for the most part is quackery. The only reason *[taps desk for emphasis while saying this]* why they're doing this is because they recognize that millions and millions of people go for alternative treatments. But the article in The New England Journal of Medicine that pointed this up a couple of years ago doesn't say...well they give the reasons, they think... The reason's perfectly obvious. People go to all of these, these alternative healers because conventional medicine doesn't help them. And so what medicine should be doing is *not* figuring out what's good about alternative medicine cause there's virtually nothing good about it, most of it is quackery! What they should be saying is "Hey, what are we doing wrong? Why are these people going to these people? It's because we're not doing our job!"

My response to that...and I wrote a letter to the Times when this was announced, but it never got published of course...My response to that was: we don't need a ridiculous office of alternative medicine at the NIH, what we need is for every one of the institutes of the NIH to be studying *[taps desk]* psychosomatic illness. To be studying the potential role of the emotions in producing all of these things. That's what we need! Forget it! This is twenty-first century stuff. Look I've gotten-- I can't *stand* not being recognized! I hate it! I get symptoms because of it, OK?

**PS:** You have two books that I see in the books stores...

**JS:** All right! And I'm working on a book now and whether it sells a lot or not it's going to set out my theories very clearly and for the academic community.

**PS:** To fantasize for a moment, how would you like to be recognized?

**JS:** If just one or two academic institutions, uh "we recognize the validity of what you're doing. We realize that this is probably, after Freud's work, probably the most important thing that's come about in this area for a long..." Because it is! Do you realize that I've demonstrated, first of all, the existence of psychosomatic process. But then even better I've demonstrated clearly that it can be stopped in the great majority of people through a learning experience. That's revolutionary! And the, and the potential for using that in all of these other disorders that are like TMS - the stomach ulcers and the migraine headaches and all the rest of these things - is enormous. We could probably halve (and I'm not being

grandiose) we could probably halve the cost of medicine in the United States if these principles were put to work.

**PS:** Wouldn't the insurance companies be very interested in this? Even in just your treatment versus the cost of neurosurgeons, chiropractors, etc?

**JS:** Theoretically, they should be very interested but, in fact, they are not about to contradict all their experts in orthopedics, neurology, neurosurgery. I have had insurance executives as patients. Nothing ever happens.

**PS:** Are there foundations that are interested in cutting medical costs in half and so forth?

**JS:** Yes but , they say "Who is this, guy? He's a quack. We never heard of him. Who is he? How do we know that he's right when everybody else says that he's wrong?"

**PS:** But there are many people who have had - myself included - who've had experience with you who don't have that opinion...

**JS:** But you're not calling the shots at these foundations.

**PS:** Have you ever applied to any of these people for any kind of...

**JS:** No. Actually, you know, applying for funds in these things...My wife has found out - because she started this National Aphasia Association - has been trying to get money to support it. She can't. I mean its incredible.

I have had as patients a former Secretary of State, and the wife of another Secretary of State. I've had some very very influential people. Why didn't *they* - and they were successfully treated - why didn't they do something. Why didn't they use their influence to get something started that...to approach a foundation? I mean with the kind of...

**PS:** What do you think the answer to that is?

**JS:** That this is still - even for those people who profit from it , who <sup>personally</sup> ~~personally~~ profited from it - still outside of the mainstream. And they're perfectly willing to take advantage of it but they're not about to...of course I've never asked them...but I'm sure...nothing would happen. It's, you know, it has to be viewed in a historical perspective. The world of medicine is simply not ready for this and most laymen are therefore are not ready for it.

**PS:** Do you think in time ...

**JS:** I wonder. I think its *got* to because in time everything of truth eventually comes to the surface. So it has to eventually. But I don't think you and I are going to be around to see it. (laughs)

**PS:** Thank you very much.

(second session ends)

Following are some of the topics, dates, institutions, places, books, people and medical conditions referred to in the interviews.

Some topics discussed in the interviews:

Personal History

Medical Education in the 40's and today

Psychosomatic medicine

Attitude of medical mainstream toward psychosomatic medicine  
past and present

Howard Rusk and the Rusk Institute of Rehabilitation Medicine

Impact of technological and biochemistry on medical practice

Dates/Periods referred to (chronologically):

Greek and Roman Antiquities

1500 Religiously persecuted Albanians migrated to Italy

1902, '03 Howard Rusk born.

1905, '06 JS' father emigrated to Brooklyn.

1918, '19 - Flu epidemic in which maternal grandfather died.

1923 JS: born.

1943 JS: enlisted in air force.

1944, October, landed in Normandy.

1945 January 1, got into action in Germany.

1945 April, May. WWII ended.

1946 May. Got back to New York after army.

1946 July 1. Started Medical School at Columbia.

1951 JS: moved to Beacon, NY area from NYC.

1951 Married to first wife.

1951-55 Struggled alone in family practice.

1955 Organized a medical group in Beacon, N. Y.

1960 Decided to come back to New York City to specialize.

1960-61 Did a year of pediatrics at Columbia.

1961 Resumed training in Howard Rusk's program.

1965 First marriage ended. Appointed Director of Outpatient Department, Rusk Institute of Rehabilitation Medicine.

1967 Married to second wife.

1973 Started his treatment program at Rusk.

1978 - Began working with a psychoanalyst.

1987 - JS: did follow-up study of patients.

1987 Started only taking patients for program who accepted the diagnosis.

1989 (at 1987) Howard Rusk died on November 4, 1989

Current - Writing 3rd book. Rewriting stroke book with wife.

[Two hundred years in the future.]

Institutions (roughly in order mentioned in text):

The First Italian Baptist Church, Brooklyn - JS' family attended

Baptist Home Mission Society (?)

Colgate College, Rochester - Attended by minister

Newtown High School, Queens, N. Y. - JS attended  
 Horace Mann High School for Boys - JS attended  
 Old Oak Farm Camp, ~~Goldens Bridge~~ NY  
 Kalamazoo College, Michigan - JS attended  
 Reed College, Oregon  
 Harvard

Goldens Bridge

Long Island College of Medicine - JS accepted at but stayed in Army.  
 Columbia College of Physicians and Surgeons Medical School - JS:  
 attended from July 1, 1946.

A marine hospital on Staten Island - where JS did a rotating internship.  
 New York University

Rusk Institute of Rehabilitation Medicine, JS head of Out-patient  
 Dept. after Haverstraw; currently runs his program  
 there.

Mid-Hudson Medical Group - started by JS in 1955 in Beacon, NY;  
 American Medical Association  
 Army Air Force

New York State Rehabilitation Hospital, Haverstraw, N. Y. where JS  
 served as clinical director after training with Howard Rusk

House un-American Activities Committee

Speech Pathology Service, at Rusk

The New York Times

CBS

Rockefeller Institute

National Institutes of Health

### Places mentioned in interviews:

#### New York City

Manhattan (Medical School, Rusk, lives in, various other.)  
 Queens, New York (High School)  
 Staten Island, New York (Residency)  
 Brooklyn, NY - Greenpoint Section (Grew up in.)  
 Brooklyn, NY - Williamsburg Section (Father had relatives in)

#### New York State

Beacon, NY (Dutchess County) (Mother's family from; relatives in.)  
 Fishkill, NY (Dutchess County) ( had family practice in, started medical group  
 in.)  
 Golden's Bridge, NY (Went to summer camp it.)  
 Somers, NY  
 Haverstraw, NY (Served as Director of NY State Rehabilitation Hospital.)

#### USA

Alabama (Army)  
 Atlanta, Georgia (relatives in)  
 California (Various)  
 Kalamazoo, Michigan (College)  
 San Antonio, Texas (Army)

Seattle-Tacoma, WA. (relatives in)  
St. Louis (Howard Rusk from)

**Albania** (Where mother's relatives originally from)

**Germany** (Served in army field hospital)

**Italy**

Aveellino ~~Avalino~~ Province ~~Avalino~~ **Aveellino**  
Manocalzati ( Small town in ~~Avalino~~ Province East of Naples where father's family from.)

**Symptoms, conditions, specialties:**

**Symptoms referred to:** Hives; pain in lower back, arms, legs  
shoulders, neck; migraine headaches; tension headaches;  
stomach upset.

**Conditions dealt with by Rusk In-Patient service:** stroke,  
Spinal cord injury, neurological diseases, multiple sclerosis.

**Conditions dealt with by Rusk Out-Patient service:** low back  
pain, pain in neck, shoulders, arms & legs, stomach upset.

**Medical specialties:** physiatrist, neurologist, neurosurgeon,  
orthopedic surgeon, psychoanalyst, psychologist,  
physical therapist.

**Medical terms and concepts:** Tension Myositis Syndrome (TMS), \* / herniated  
mind-body, psychosomatic, CT, MRI, Medline, palpate , ~~herniated~~ disc.

**Some people mentioned in the interview:**

**Astone, Antonio** ("Tony"), pp7, 26

**Damasio, Antonio**, p18

**Edleman, Gerald M.**, p19

**Mangano, Antonio**, pp3, 23

**Ornish, Dean**, p40

**Rusk, Howard**, pp, 9, 34, 36-38

**Shorter, Edward**, p15

**Taylor, Jack**, pp3, 37

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*Peter Angelo Simon, the interviewer, is a writer and photographer who lives in New York City.*

# # #

\*AS of January 2014, the disorder identified by Dr. Sarno as Tension Myositis Syndrome is now properly referred to as Tension Myoneural Syndrome. Dr Sarno states, "[I changed the name] because the nerve manifestations are more important than the muscle manifestations. A nerve involvement will produce more pathology than a muscle involvement. I wanted the name of the disorder to reflect my knowledge of the pathology." [Taken from Martha Sarno's notes]