

CHAPTER VIII: Q&A

DR. STRAUS: I think you can see that Anne doesn't so much as lecture as engage us in a discussion. And I think it's one you'll take with you--those of you who are fleeing to the hall. And I'll ask Anne, if she would honor us for a few minutes to take some questions from the microphones on the floor and then I'll after that, leave you to ponder the profundity that she's challenged us with. Please.

Questioner: Wonderful talk.

DR. HARRINGTON: Thank you.

Questioner: But I think I'm quite stricken by the fact this very last comment you made which is the two ways of looking at it--and if you look throughout the history of human thought, it's very clear that humans are set up by the nature of our biology to perceive duality in a very easy way.

DR. HARRINGTON: To perceive?

Questioner: To perceive duality.

DR. HARRINGTON: Duality.

Questioner: To perceive the duality of things. We think of two opposites. Two hemispheres, two arms, etc. And my comment is, if we go all the way back to the ancient Chinese and the yin and the yang, and in the end, what they were envisioning was a universe run by two forces that were highly complementary; that apparently were contrasting and diverse, but ultimately for optimal functioning, required the integration of both of them to maintain what the balance is. I mean, in a way, when you bring this comment forth, what you're almost asking, and I think the wisest fashion to proceed, is to hold both sides in mind, and you know, not necessarily go off on, as I understand, go off on one or another.

DR. HARRINGTON: And I think you can get from one to the other.

Questioner: And I thank you for bringing that up.

Questioner: Yes.

Questioner: That was a very eloquent lecture. I'd like to back for a second to your example of the Roseto community where the people from the Italian-American community from Pennsylvania, lived longer, until the '70s when something happened,

and they start losing their longevity. So at this point, I would like to entertain with you, if I may, an alternative, a complementary explanation that I think is a problem. And that is the explanation of a potential cohort effect. So, the people that in the 1970's were living longer are people who were born between 1890 and 1910. So, these were people who most likely were born in Italy, they elected to leave because they were maybe more brave or more desperate. They arrived here, they stayed here, they elected not to go back, otherwise you would have seen in your --. They went back, they faced a pandemic in 1915 that was a huge revolutionary pressure.

DR. HARRINGTON: Are you familiar with the history of Roseto itself then? Because they actually emigrate in the early 19th century.

Questioner: No, but I'm familiar with their history of Italian immigration.

DR. HARRINGTON: Right.

Questioner: I don't want to argue whether it's natural or unnatural that Italians do not live longer. So, the people that were born in 1920 did not have that effect. So, my question is, did the cohort effect play a role. And, if I may, on a more general note, I personally believe that this field would greatly benefit from more self-criticism. You know, in your lecture, there was a lot of good evidence, but there was a lot of positive evidence, and I didn't hear any negative evidence. I don't know if this is because that evidence does not exist and is not published because of negative publication bias, or you just elected not to share that with us.

DR. HARRINGTON: Well, let me clarify that because that's an important point. So thank you. I could have stopped with every one of these studies and presented the kinds of methodological and other kinds of criticism that have been put to them. And virtually all of them have been--and I did say that the research is controversial and I didn't want to make that--that wasn't the point of my talk. The point of my talk was trying to understand in a sense how we have emerged in a field where there's such interest and such high stakes around the very question whether or not there's a spirituality-health link. But to take the case of Roseto, for example, there have been some that have suggested that actually still--well, completely misunderstood what was actually the factor involved in the Rosetan's heart healthiness, and instead they've said it had to do with the fact they drank a lot of red wine. And things--one could--people have been critical of the church

attendance data because they've suggested it's simply correlation--there's a correlation between church attendance and longevity and general health--greater degrees of health. But that could simply mean that people who are already healthy are able to get out of the house more and go to church more often and there's no--but the church attendance is not the cause of the greater healthiness. So, these kinds of things could have been said, but then I would have sort of ended up giving a different kind of talk. But I don't want there to be any misunderstanding. This is a very fraught field. And in some ways, it's such a fraught field, that the fact that there's never been such popular and broad-based excitement about it becomes all the more interesting. A lot of the excitement is built in some sense on relatively thin reeds. And therefore from the point of view of an historian who's interested in the cultural making of scientific phenomena, it becomes even more interesting to me. I hope that's helpful.

DR. STRAUS: Thank you. If we could do this with a brief question.

DR. HARRINGTON: And a brief answer.

DR. STRAUS: We'll take the last one.

Questioner: Okay thank you. Thank you very much. And I will try to be brief. What you're stating which I think is correct, that there's a tremendous amount of interest in this. Personally, as well, in that spirituality helps, like in your one slide. And yet, having been trained as a scientist, I believe in the phrase, that extraordinary claims require extraordinary proof. So, with all of this interest, there are lots, in my opinion, of charlatans in this field, as well. And the question is, what are your thoughts on this, and how do you monitor out the charlatans so they don't mislead people?

DR. HARRINGTON: Well, that's in a sense--I don't want to be glib about it, but that's kind of not--that's a collective job. In a sense, it's a job for public relations, for how the medical profession learns better to engage with the public. Here's a question back. Why--if the medical profession is as skeptical as so many of you about so much of this data, why haven't you been more successful in quelling the appeal and the apparent persuasiveness of the charlatans as you call them? What is it about the way in which you talk or about what you maybe don't understand about your public that makes you less effective communicators? So, I think an answer would be to better understand your public and this comes back to the question about the need to be social scientists and not

just medical scientists, that because the public is not just a set of people who are don't understand and are ignorant and need to be educated, they are a group of people with active needs and agendas and concerns that need to be engaged. So that would be perhaps an answer.