

this did not diminish my enthusiasm. I was able to learn something about my theory, after all, and even though the theory was wrong, it was good to know this with high certainty. I always had many questions about how things work and how people behave, and my new understanding—that science provides the tools and opportunities to examine anything I found interesting—lured me into the study of how people behave.

With these new tools, I focused much of my initial efforts on understanding how we experience pain. For obvious reasons I was most concerned with such situations as the bath treatment, in which pain must be delivered to a patient over a long period of time. Was it possible to reduce the overall agony of such pain? Over the next few years I was able to carry out a set of laboratory experiments on myself, my friends, and volunteers—using physical pain induced by heat, cold water, pressure, loud sounds, and even the psychological pain of losing money in the stock market—to probe for the answers.

By the time I had finished, I realized that the nurses in the burn unit were kind and generous individuals (well, there was one exception) with a lot of experience in soaking and removing bandages, but they still didn't have the right theory about what would minimize their patients' pain. How could they be so wrong, I wondered, considering their vast experience? Since I knew these nurses personally, I knew that their behavior was not due to maliciousness, stupidity, or neglect. Rather, they were most likely the victims of inherent biases in their perceptions of their patients' pain—biases that apparently were not altered even by their vast experience.

For these reasons, I was particularly excited when I returned to the burn department one morning and presented