

PSYCHE AND SOMA:
A JUNGIAN VIEW ON PSYCHOLOGICAL HEALING
AND A RESPONSE TO PROZAC

RUNNING HEAD: Psyche, Soma, Jung and Prozac

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Introduction

Before I get into my talk I feel the need to state that I am not here to sell my services or try and convince you to send clients my way. As you know psychiatrists have one corner of the therapy market all sewed up thanks to Medicare. Otherwise, commercial values have taken over the world of therapy as it has become dominated by managed health care agencies and insurance companies, each of which encourages brief therapy [3-6 sessions] and medication. Of course, pharmaceutical companies play a major role in defining the status quo.

These organizations also treat therapists as numbers, as if to say that one therapist is as good as the next. Rather than choosing therapists on the basis of character, or integrity, they are selected on the basis of symptom specialization and the therapist's networking acumen. Cost effectiveness also seems to be a ruling ethic. In addition to encouraging brief therapy and medication, managed health care organizations tend to pay therapists relatively low rates. But they are in the driver's seat as they manage, as one agency executive put it to me, the front end marketing! Otherwise therapists of all stripes, some of whom are educated while others are not very much, market their wares in a variety of ways, often making dubious claims. It is an appalling situation for anyone concerned with truth and the psychological well being of our community.

I am not here making a sales pitch. This gives me the freedom to speak to you more clearly about what is on my mind and heart. My talk is rather, one might say, a subjective response to the circumstances that I face on a daily basis in my practice. And the circumstances are, quite frankly, that I can't make anywhere near even a modest living working as a Jungian psychologist.

I would also like to make this disclaimer. There is nothing personal about what I am about to say. I don't know most of you at all, and those of you that I do know I consider as friends. I also know that success in your profession requires considerable hard work and self sacrifice. So if I say something that you find offensive, please don't take it personally and try to see it in perspective. I feel the need to proceed in a pretty direct way in order to get my point across. Please bear with me even if, at times, what I say makes you feel uncomfortable. I am asking you to try and keep an open heart and to cajole the resisting voice in your mind to keep quiet. I am hoping here to initiate a dialogue with you. In order for that to truly take place, legitimate concerns and points of view simply have to be placed on the table. They cannot be suppressed or repressed. Friends can do that with each other.

The facts are, however, that I lose clients all the time to medical doctors who prescribe Prozac or another antidepressant, or who do a kind of psychological counseling often, in my mind, ill-advisedly. The circumstances are such that I am prevented from doing

what years of education and experience have prepared me to do. One of my clients, a middle aged woman from a middle-class neighborhood in Victoria, recently told me that while she was having coffee with five of her friends, one by one, all five of them announced that they were on Prozac. She was at another gathering, which included seven people with multiple sclerosis and seven others, twelve were on Prozac.

About a year ago, a young man that came to see me five or six time was prescribed Prozac by his doctor. He said that he never felt better and left therapy. I phoned his doctor to discuss the matter. Of course, he would never consider phoning me to consult with me. He informed me that he was “an open kind of guy,” but concluded that he did right to prescribe Prozac as the patient was now feeling well and that the young man will learn to cope as new neuronal tracts in the brain are formed. Eventually he will be able to come off the medication, he argued, whole and well. Of course, I don't agree with that, a point I will get into later. But this doctor who, I assume, has virtually no training or education in psychology let alone depth-psychology, summarily dismissed me and my concerns.

In fact, as you probably know, the doctor in question has the weight of the mental health establishment on his side. National Institute of Mental Health [NIMH] studies have concluded that prescribing antidepressants, along with cognitive-behavioral therapy, is the preferred treatment modality for depression, superior to either prescribing an antidepressant alone or therapy alone. According to a recent article in Harper's

magazine, by the late 1980's in the United States, of the sixteen million patients who visit doctors for depression, seventy percent ended up in drug therapy. The treatment of choice used to be what is referred to as "talk-therapy or insight-therapy" of some form. Now it involves prescribing antidepressants. I am sure the situation is not much different up here in Canada.

It is a Brave New World, a civilization with a declining culture. Imagine reducing the human psyche, the individual with potential for extraordinary spiritual and cultural attainment, to serotonin and norepinephrine levels. It is like reducing a glorious sunset to sub-atomic waves and particles! Imagine doing that the next time you realize how happy you are being alive and well on this beautiful island.

Pharmaceutical Companies and Marketing Practices

Of course medical practitioners would not be influenced by the pharmaceutical companies, would they? Or could this be related to the reason why doctors often feel that their own authority is being eroded? According to the Federal Drug Administration [FDA] in the United States, the pharmaceutical industry spends more than ten billion US dollars in promotional expenditures annually. In Canada it would probably be roughly 10% of that, about 1 billion Canadian dollars. Meanwhile, the global market for antidepressants is expected to exceed six billion U.S. dollars by 1998. This includes a global market for fluoxetine [Prozac, et al] that surpassed two billion U.S. dollars [2.7 billion Canadian dollars] in 1995.

Pharmaceutical companies take a bottom line marketing approach. Do you know how it works? At the earlier stages of product [drug] market development the industry and/or company's interest is on expanding what is referred to as primary demand, e.g. for antidepressants in general, or even for drug therapy in general. The next step is for each company to develop selective demand for one drug being superior to another for X and Y conditions. Increasing both primary and selective demand can go on at the same time.

What is happening is that pharmaceutical companies are particularly interested in increasing primary demand for drugs and drug therapy at the expense of other kinds of therapy. They execute their marketing plans using, what marketing jargon refers to as, push-pull promotional campaigns. Consumers are pulled in through advertising that manipulates their attitudes towards taking medications, for example anti-depressants. "Why feel sad?" the advertisements say, or "you don't need to feel gloomy anymore!" At the same time pharmaceutical companies push the use of medications, especially their individual brands, through detailing pharmacists and doctors along with distributing free samples. In the United States they also own some large managed health care operations [H M O's] and have a direct influence on how therapy is done.

The upshot is that there is an increasing emphasis on brief therapy [3-6 sessions] and medication. Insurance companies, it goes without saying, are in cahoots in their drive

for cost effectiveness. What do you think of such a scene, of a mental health care system driven by these considerations, or even influenced by them?

A Brave New World

I have no hesitation to state categorically that psychotropic medications are being prescribed far too liberally. Although I take Prozac as an example because of its popularity, I am referring to psychotropic medications in general. A 1994 Quebec study, for instance, revealed that seniors are being “drugged silly” at least according to a recent newspaper heading. What is most alarming is that we are just at the beginning of this tendency. As you know, drugs are being increasingly refined to more effectively deal with so-called psychological abnormalities.

Moreover, there are prominent spokespeople for the use of drugs to enhance so-called personality “deficiencies” in normal people. We are already witnessing a significant trend towards the development of what might be called technologically enhanced human beings. Just consider such phenomena as artificial parts, eugenics, sex selection, the use of steroids and cosmetic surgery, in addition to the use of psychotropic medications themselves.

It is a Brave New World. You know that it is the title of a book by Aldous Huxley regarding the world that he foresaw developing in the future. It was published in 1946. One of the conditioning slogans of this utopian society is “never put off ‘til tomorrow the

fun you can have today.” In this community of the future, people were appropriately given doses of soma drugs to keep them happy. Well, today people have their drug of choice don't they?-whether it be legal pharmaceutical drugs or illicit drugs of one form or another or alcohol. Meanwhile, our consumer society is, above all, one of instant gratification and the “quick-fix.” From what many of you yourselves tell me, one of the reasons why so many antidepressants are being prescribed is because the “quick-fix” is what people want. But I say to you, you are the doctor! You still have the authority to lead people and influence them. You can change people's minds.

The problem is that drugs put one in a solipsistic bubble and one reacts to life and the world based on a bio-chemically induced state dependent condition of mind. This means that, when medicated, one does not respond authentically to the conditions of life and the surrounding world. Instead, one responds to events in one's life in what might be called an illusory isolation. Even without drugs, for more and more people, contemporary North American life feels increasingly purposeless, without Eros or genuine connectedness.

In one case I know about, Prozac put a middle class woman in such an artificially contented state that she did not bother herself about family budgetary concerns. It did not concern her that her refrigerator was falling apart while three new computer systems were being purchased by her children. When she came off Prozac, she said “I've got to spend time to repair things now that just got out of hand.”

But, I hear your objection. What I say is only antidotal. You have other stories. By prescribing medication, you allow people to get along in a frenzied, stressful world. You allow them to cope in a way in which they would not otherwise be capable. That may very well be and I am not disputing that. Sometimes antidepressant medication is appropriate and an aid to healing. But I propose to you that, in many cases, there are other better solutions that ultimately involve coming to terms with such a world, and perhaps, even affecting it in some subtle way. The way of Jungian therapy, the way I work, is based on the opposite assumptions to those underlying the medical model. Rather than trying to relieve suffering through the use of medications--and the medical model seems to be driven by this objective--there is recognition of the need to accept it. As we say in popular jargon, "no pain, no gain."

Suffering and Healing

I am going to examine the psychological significance of suffering in a minute but, first, allow me to make a brief preamble on the meaning involved in the words we speak and write. Post-modern theory has reduced words to being mere signs or codes, without any depth of meaning. The word for a dog, for example, according to this way of thinking could be something else. It is the same kind of thinking that believes that toying with psychological symptoms either through the use of medication or conditioning is good therapy. I think differently. Words for me resonate with culture and meaning. And a Jungian approach to therapy in one way has as much to do with culture and spiritual reality as anything.

Words are not arbitrary but come with a long history that, when studied, can reveal their deeper meaning. Thus, an examination of the etymological root meaning of the English word “suffering” reveals its significance. The prefix “su” means “under” while the suffix “ferre” means “to bear” or “to carry.” Suffering, in other words, is the result of carrying or bearing one’s load from below, that is to say with one’s whole being.

Real cure, psychologically, involves accepting and suffering the conditions of one’s life, and through that finding meaning and one’s place in the world. By truly accepting one’s lot and the common lot of the time period, by facing it, there can be a gain in consciousness. Fully accepting one’s personal share of the common world suffering gives meaning to life and, in the process, one may in however a small way participate in its transformation. This is the real cure for neurosis.

Suffering and accepting one’s fate go hand in hand. This seems to be the natural condition of life and, according to major religious traditions everywhere, apparently divinely ordained. In Christian iconography there is Christ transfixed to the cross suffering the reality of space-time existence. In Buddhism, all life is sorrowful. For the Jewish people, the Diaspora and separation from God has brought untold suffering, a reality which is an integral part of Judaism. In Hinduism, all life is suffering, although a return to the earlier scriptures, the Vedas and Upanishads, suggests that it is ultimately based on bliss. Cure for neurosis does not come by denying one’s reality, but living it to the full, and that can take people closer to the source. To believe that healing is the

result of fixing up our symptoms flies in the face of our own spiritual and religious traditions, let alone Jungian depth-psychology.

Prescribing medications is a way of denying reality and reversing fate rather than accepting it. I am reminded here of a Superman movie I recently saw. In it, our man of steel found both his and his alter ego Clark Kent's secret love, Lois Lane, dead. He can't accept that and reverses fate so that Lois Lane lives again. The beautiful innocent maiden lives again and a huge dam which had broken apart is again all of a piece. According to ancient myth, however, a real hero or heroine doesn't tinker with fate, but goes into death and returns with his or her beloved after many trials and sufferings. What Superman did is hubris, which was considered to be the gravest of sins by the ancient Greeks. You will forgive my analogy, but it is like the good, hardworking doctor cum Clark Kent with Superman fantasies prescribing medication to make everybody happy. In the process the forces that threaten the ego become all dammed up. I mean this quite literally.

Recently a woman in her late middle age came to see me. She had decided to come off her antidepressant which she had been on for the past several years. But in the second session, she said "oh myall these emotions are bubbling up and I don't know how to deal with them." In the third session she said "I can't deal with them, and I am too old to try to learn how." I haven't seen her since. Presumably, her doctor put her

back on Prozac. Another woman told me that it took her four years of sleepless nights to get off her prescriptions.

Contemporary Cause and Effect Therapies

We live in a Brave New World. It is not just reflected by the excessive use of medications, but because of ninety-nine percent of therapies that are practiced today. Let us briefly examine them to see why. B. F. Skinner, one of the fathers of Behavioral Therapy, which is very influential in North America today, wrote a book called Walden II: Beyond Freedom and Human Dignity. Here he reveals the basic assumption behind Behavioral therapy. His main thesis is that freedom is an illusion and that we are all conditioned by our environment. He, therefore, proposes a society where not only behaviors but underlying motives are conditioned, creating a harmonious and what you might call “politically correct” environment. This, of course, is outright totalitarian thinking, which is helping to create a sterile and boring world beyond belief.

Most therapies in North America today are Cognitive-Behavioral. This means that in addition to a behavioral component to therapy, there is a cognitive component. Change peoples core beliefs, therapists say, and both emotional expression and behavior is changed. The reasoning goes that self-destructive behavior can be changed through the judicious use of reason, perhaps interlaced with social interest, or some measure of hedonism, or whatever agenda seems to impress the practitioner. Inasmuch as this is

another form of conditioning, it also has totalitarian overtones. It is mental health for the sake of adaptation. But, adaptation to what, I ask? The answer is to a declining culture. It involves conditioning people based on the values and opinions of therapists which, today, are generally very narrow. Most therapies of this sort are based on so-called human needs, on ego desires that simply encourage narcissism and little else.

In fact, depending on how broad and open it is, reason can help one to go beyond living an impulsively neurotic life. Whatever its value however, in our complex world of today, reason no longer suffices. At any rate, even in the best of circumstances, its use is based on a causal picture of the world just like contemporary medical science incidentally.

In this worldview nature is viewed as being deterministic, that is to say, based on cause and effect. Problems are dealt with by treating the cause in order to remedy the effect. Thus, with the medical model, one treats the symptoms of depression through Prozac [cause] in order for the patient to feel better [effect]. It is a model based on biochemical or physical determinism. Likewise Behavioral Therapy is based on behavioral determinism while Cognitive-Behavioral therapy is based on the determinism of ideas and thoughts.. One changes motives, thoughts and behavior through conditioning [cause] in order to produce constructive behavior [effect]. Likewise, although more

subtle, the use of externally imposed images in therapy is based on cause and effect thinking.

An Alternative: Acausal Therapy and Common Sense

Now let us look at the alternative. The foundation for all materialistic scientific thinking is physics which with the advent of Quantum theory and Relativity theory, the most contemporary view, is not deterministic. You may remember Robert Oppenheimer, who was a physicist with the Manhattan Project involving the atomic bomb. He is a thoughtful man and has this to say: "I would like to say something about what physics has to give back to common sense that seems to have been lost from it because, it seems to me that, psychology, by modeling itself after a [causal, that is to say deterministic] physics which is not there anymore, which has [become] quite outdated [is terribly misdirected]. He goes on to say that it does not allow for true individuality and that it is based on an "extremely rigid picture that leaves out a great deal of common sense."

Isn't that something? According to Oppenheimer, a deterministic worldview leaves out common sense! Wow! People always accuse Jung and his approach to psychology as being "too mystical" and "irrelevant." But, in fact he brings common sense to psychology. The reason why it is left out of therapies based on determinism is that when there are outside impositions on the feelings of the heart or on the expression of

life, one loses spontaneity and authenticity. This is even the case when the impositions are self-directed due to too much identification with intellectual values and ideals.

According to the findings of contemporary physics, the physical world is not fundamentally deterministic. Each atom is unique and has free will. Subatomic particles only show a probability of existing from one moment to the next, while new particles are acausally created at each and every moment. In other words, at every moment there is the potential for a new creation even at the physical level of being. In addition, the world of matter appears to consist of a unitary field of a dynamic web of interrelated parts. These parts interrelate over vast distances of space and what happens at point A also takes place acausally at point B simultaneously, possibly thousands of miles apart.

The obvious conclusion is that working with causal factors only, either biochemically or psychologically, means that one is one-sidedly working on the surface, leaving the core untouched. The core, on its part, has no influence on the symptoms. In other words, there may be the illusion of some kind of psychological cure, but it is only an illusion. What may look effective is simply a denial and repressive. Here is an image to ponder: while things may look "ok" on the surface there are underground trains and subway cars that move along apparently all right, but at a certain point they explode simultaneously,

everywhere. That is what happens with the creation of an illusory reality. There seems to be an effective cure or way of doing things. But there are then explosions, you know, like at Jonestown, Waco, Texas, and more recently Ottawa and Littleton, Colorado!

Jung has given us a theory that is the psychological equivalent to that of contemporary physics. His is the only psychology that I know of that conceptually points to the existence of a unitary world. In fact, it goes beyond a view of a strictly unitary physical world and consists of a “one world” that includes both spirit and matter and all grades of life in between. In essence, his approach to therapy really relies principally in penetrating to the acausal source of the psychological illness, to the Self or one’s innermost being, center and wholeness. It involves attaining what Jung refers to as the transcendent function which allows for reconciling the complexity of psychological opposites. By attaining to the whole there is healing of the part.

In practical terms this includes going beyond the symptoms and presenting problems and becoming involved in an interpersonal subjective field between the client and therapist. Whether acknowledged or not, healing always involves the personality of the healer and his or her connection to the “divine physician” or the Self. It includes the consideration of not only the client’s conscious concerns but the unconscious, particularly through dreams of both the client and therapist. This is what brings common sense into therapy. The goal of Jungian therapy is not to change anybody. It

is to assist people to find themselves and consequently to attain relative freedom. It

is not in order to give people solutions, but tools to help them work incessantly on problems that destiny asks them to answer.

The Healing Process and Antidepressants

A genuine Jungian therapy is closer to the Shamanic healing tradition of the native people. Here is a little native-like object I recently found (Exhibit). It is of a Shamanic healer. Note particularly the Shaman's stare of death. Notice also the rectangular formation at the top of the head. This emphasizes connection to spiritual energy from a transcendental source. See then the frog here on the, back. Its snakelike tongue ascends up over the shoulder and dips down to encircle the heart area, and then ascends to the Shaman's mouth. In the native Zuni tradition the toad and frog are connected to death. It says that humans evolved from toads by cutting off their tails and cutting the webs of the hands and feet. In the Native tradition frogs are also connected to rain and fertility. They also symbolize the uterus. In European fairy tales, when embraced, the frog turns into a handsome prince who marries the princess, suggesting a connection to the heart. From a biological point of view, frogs represent what might be called the reptilian mind, the part of the brain that grows out of the brain stem and spinal cord.

Overall the image speaks of death and spiritual transformation and regeneration that stems from a deep instinctual base that embraces the feeling "heart" while being

connected to transcendental spiritual energy. The frog and snake-like tongue emphasize the most primitive layers of the psyche, the brain stem and the reptilian mind, beyond either the limbic system and the emotional mind or the neo-cortex and the thinking mind. This aspect of the mind functions automatically and autonomously. Here, the image says, is connection to the source of healing. I have no doubt that when one's consciousness touches that layer of the psyche there is a concomitant biochemical change.

Healing and the Effect of Antidepressants

As a matter of fact, the popular tricyclic group of anti-depressants generally has the effect of increasing the norepinephrine and serotonin levels in the nerve synapses, while the MAO inhibitor type of anti-depressants prolongs the effects of norepinephrine and serotonin activity. A major natural producer of serotonin, meanwhile, is the Raphe system of the lower brainstem, which is directly connected to slow-wave [delta-wave] deep sleep. REM sleep takes over when the serotonin attains a certain level. In itself it is related to norepinephrine levels, elevated levels decreasing REM and diminished levels increasing REM and connection to dreams.

What is important for this discussion is that popular antidepressants apparently penetrate to the source of the creative healing process. As I indicated earlier, healing seems to be connected to the brainstem and reptilian mind and can be reflected in

dreams. Dream activity is directly related to both serotonin levels and norepinephrine levels. So, the evidence seems to suggest, is dream content. Anti-depressants, for example, affect both dream activity and dream content one way or the other. But the fact that anti-depressants do not deal with the whole person, including the inter-subjective environment, means that one is put into a kind of illusory state of mind. In the process, the natural creative healing mechanism is not stimulated and is blocked. In fact, depression is often a sure sign that individuals so afflicted need to find a creative and meaningful new direction to their lives. Indeed, it can be an indication that that is the deepest yearning of their being.

Depression and related pathologies such as chronic fatigue may well be the psychological disease of our time. Major Canadian insurance companies estimate that insurance claims for 80% of all mental disorders are depression related. Between 1994 and 1995 such claims increased roughly 10%. What this seems to suggest is that our way of life itself is increasingly experienced as alienating and meaningless. The excessive dispensing of antidepressants, in my mind, does not help the situation. It encourages denial and is itself symptomatic of our unwillingness to deal with the everyday inhuman hi-tech reality that we are in the process of creating.

Healing and the Aesclepean Tradition.

There is a Western healing tradition that dates back some three thousand years to the cult of Aesclepius in ancient Greece which takes an essentially Shamanic view of

healing. Healing in this case was not only of a spiritual nature but included the body.

Aesclepius was a “Divine Physician” and a wounded healer. His father was the god Apollo who is reported to have said that “He who wounds, heals.” In other words, God wounds and God heals, or in Jungian language, the Self wounds and the Self heals. The priests of the cult of Aesclepius were known as therapeutes. They performed rituals that allowed the affected person to get in touch with the Self and be healed. Healing often came by way of a dream of a snake or of the “Divine Healer,” Aesclepius, himself. People have similar dreams today. It is no different. It may, for instance, be a dream of Jung or a therapist or a snake.

Modern medicine and pharmacy still has the snake as a sign of recognition. I won't say symbol because that would mean people really understood and practiced medicine and pharmacy as if they were instruments of the Divine. Still there does seem to be some latent connection to an older tradition. Your tradition and the one I represent in fact parted company with Hippocrates around four hundred BCE and the advent of scientific medicine. There was, at that time, a move away from working holistically, where wholeness consisted of both spirit and body, to working directly on the body itself as an entity apart. Although only a fool would deny that there hasn't been a gain in specificity and rigor, it has led to treating people's psyches through medications without relationship to the whole person, except perhaps intellectually or through emotional empathy.

Psyche-Soma Connection and Transformation

The use of medications to affect the psyche, of course, assumes a psyche-body connection, if not a spirit-body connection. If medications don't speak to the latter possibility, the claims regarding creativity and spirituality made by people who take illicit drugs sure does. All we need to do is turn this schema upside down. Research in a discipline called psychobiology indicates that the mind, too, can influence the body to the cellular level. By mind I mean, thoughts, feelings and images. There is a two way street from the mind through the nerves to the cells and genes. There is, in addition, growing evidence that a transcendent phenomenon, the spirit, can influence the cells even more powerfully than the mind. The spirit, in this case, can be described as pure consciousness that comes with the power of transformation.

Some researchers liken the transduction from the mind to the cells and vice-versa as information exchange. Others assume it is energy exchange. I would rather explain it as an exchange of the intelligence of biochemical and genetic nature that comes with force or energy. At any rate there is according to this research, evidence for and scientific logic regarding the reality of the impact of the mind and a transcendent spiritual reality on the cells.

Psychobiological research also recognizes the phenomenon of what it refers to as state dependent memory, learning and behavior [SDMLB]. This means that our memory, learning and behavior are, at least partially, dependent on our physical and biochemical

condition. Thus, athletes who take steroids become more aggressive, mean and sexual. Without steroids, they revert back to their more normal condition and can remember their previous state of mind only in an abstract way. A woman suffering from P.M.S. does poorly on tasks involving spatial relationships and feels that she is "losing her mind." During and immediately after menstruating she excels in spatial tasks, an ability that coincides with a relatively low estrogen level. In this case, one can say that there is an acausal and a causal connection between her moods, her emotional state of mind, her ability to perform spatial tasks and her biochemical condition, according to the way one looks at it. Inasmuch as a woman's mood is caused by her biochemical condition, it is causal. Inasmuch as the monthly biological change reflects an integral and essential aspect of being a woman, it is acausal and "just so."

So what happens when you give people medications, let us say Prozac or Ritlin? Do you believe, as some contend, that new neural pathways are formed and will persist after the medication is withdrawn? According to this [SDMLB] theory, even if there are new pathways, accessible memory, learning and behavior is state dependent. This suggests that one needs the medication to be in the biochemically appropriate condition to fully access the coping memory, learning and behavior. Moreover, there is other research that indicates that neural pathways can dissolve and be replaced over a three week period with new learning. Then, there is all that repressed unconscious material that begins to emerge, and the "reality" that was neglected and denied when on the

medication. Even if the neural pathways were completely accessible, you can be absolutely certain that they would be very different from the ones that would develop were people willing and encouraged to accept their fate and the condition of their lives, their portion of our common suffering. This, it seems to me, is what nature really intends.

A Proposal

Jung, himself, was a medical doctor, a psychiatrist. But it became readily apparent that his own profession could not accept him and his ideas. Now I think we can understand why. The question I want to leave with you is whether or not you think that it is now possible to begin to make a bridge between the two worldviews that I have been discussing which, as I indicated, were sundered apart some 2, 500 years ago. I personally think it is, although the medical profession's ethic and standard of care, which is biased towards dispensing psychotropic medication, is a decided obstacle.

From my point of view, in addition to medical diagnosis, it would involve psychological evaluation and assessment of the patient that would not only take into consideration wide-ranging cultural and spiritual factors, but monitoring the unconscious on an ongoing basis. All this requires a special education and time, not brief therapy. There may be times, for some patients, when medication is called for and times when it is not at all appropriate. For some, even if they are suffering and in pain, it may never be appropriate.

What do you propose? Can we dialogue? Can we sit down together with our ancestors and share a peace pipe? Can we bring that wily old serpent back into the conversation?

EXHIBIT

