

**HEALING THE SOUL:
WHY MEDICATION FOR ANXIETY AND DEPRESSION ISN'T ENOUGH**

I have of late -- but wherefore I know not -- lost all my mirth, forgone all custom of exercises; and indeed it goes so heavily with my disposition that this goodly frame, the earth, seems to me a sterile promontory; this most excellent canopy, the air, look you, this brave o'erhanging firmament, this majestical roof fretted with golden fire, why, it appears no other thing to me than a foul and pestilential congregation of vapours.

Good afternoon. I'm Elio Frattaroli and that was Hamlet speaking Shakespeare's most famous description of depression.

I'll get back to Hamlet in a minute, but first I want to say how pleased and honored I am to be here today to help support the North Carolina Psychoanalytic Foundation. I also want to thank Heather Craige for inviting me and for all the hard work she has put in to make this event happen. And I want to thank Lucy Daniels for all she has done and continues to do to support psychoanalysis. As I'm sure you know, many people these days are quite skeptical about psychoanalysis. It takes a long time, it focuses on our innermost feelings and values and it aims at a kind of deep healing that not only helps us feel better but helps us become better people. So no wonder it's unpopular. It goes against the grain of American culture. Between managed care and the pharmaceutical industry and the general trend of our modern techno-digital age, there's a constant pressure in our society to stay on the surface and go for the quick fix.

This seems to be especially a problem for Americans. We've been brought up to believe we should be happy all the time, and we don't believe in being uncomfortable if we can avoid it. When we feel disturbing emotions like anxiety or depression we consider it abnormal and our first reaction is to look for a quick fix to get rid of the pain. The last thing we are inclined to do is to stop and pay attention to what's going on under the surface, within ourselves, that may be disturbing us. That's why we have such a huge problem with addictions in our society. That's why we have a psychiatric drug culture. And that's why we so desperately need what psychoanalysis has to offer: consciousness, self-awareness. Where we've been trying to get rid of painful feelings, what we need is to get in touch with them. Where we've been seeking a fix for the brain, what we need is healing for the soul.

Being a psychiatrist as well as a psychoanalyst, I am saddened by the role psychiatry has played in depreciating psychoanalysis and promoting a mindless one-sided pursuit of the quick fix. I know that in my own work with patients, I deal every day with the tension between their need for a quick fix

and their need for a deeper healing, and I've found that it is entirely possible to respect both sides. When patients feel overwhelmed by anxiety or depression I do prescribe medication to relieve their suffering, but at the same time, I understand anxiety and depression as symptoms of an underlying emotional conflict, and I don't want to treat the symptom as if it were the disease. So I will prescribe medication only in the context of a psychoanalytic psychotherapy that tries to address the underlying problem. I figure that any GP can spend ten minutes with a patient and prescribe Prozac; a psychiatrist should be able to offer something more -not just medicating the brain but healing the soul, harmonizing the needs of body, brain, mind and spirit as we can feel them in our conflicting emotions. When I lecture to psychiatrists about this, I like to remind them that the very word "psychiatry" means "healing the soul."

Unfortunately, most psychiatrists today have lost all sense of that meaning. They deny the existence of the soul and think of their task not as healing-making whole the divided self-but simply as adjusting brain chemistry. They're not worried about resolving the patient's underlying emotional problem because they don't believe there is any underlying problem. Following psychiatry's so-called medical model, they think of anxiety and depression simply as chemical imbalances in the brain so they believe that getting rid of the symptom is the same as curing the disease.

Now admittedly there is some appeal to this way of thinking because it means that when we feel anxious or depressed or guilty or ashamed about something, there's really nothing to be anxious or depressed or guilty or ashamed about. Any bad feelings we might have are just chemical imbalances that we can easily be medicated away. On the other hand, there's something very scary and depressing about this way of thinking because it means that when we feel emotional pain it has no meaning or purpose.

Deep down, I think we all know that isn't true. Psychiatry may have forgotten what "healing the soul" means, but it's a need we've all experienced. We've all at one time or another felt an inner yearning or dissatisfaction, a sense that we need something more fulfilling in our lives. This kind of yearning grows out of suffering, and is connected with painful feelings of anxiety, depression, shame, or guilt. We're not at peace with ourselves; something feels out of balance in our lives. We may be tempted to try to stay on the surface and not feel this pain, but we understand that the pain has meaning. It's a kind of inner voice trying to get our attention,

telling us that our soul needs healing.

I began my talk today with Hamlet because his depression is a familiar example of this kind of suffering. And because I think it's interesting that over the last four centuries, so many millions of people have been able to identify with Hamlet's suffering, and no one has ever thought that they were identifying with a chemical imbalance. It is obvious that Hamlet's suffering has meaning. He has something very real to be depressed about. Just to remind you, Hamlet's mother married his uncle right after the uncle murdered her husband, his own brother, Hamlet's father. The father's ghost appears to tell Hamlet about the murder and exhorts him to take revenge against the uncle. Hamlet knows the ghost is real because other people can see it too. But, though he thoroughly hates his uncle, he finds himself unable to act against him. He is paralyzed by depressive ruminations and doubts. He also feels betrayed and disgusted by his mother for letting his uncle win her affection, and these feelings turn into disgust with the woman he himself loves, Ophelia, for letting Hamlet win *her* affection.

I remind you of this disturbing story behind Hamlet's depression in order to highlight just how mindless current thinking about depression has become. If Hamlet came into a psychiatrist's office today as a patient, most psychiatrists wouldn't bother to learn as much about his story as I have just told you. They would simply assume that Hamlet's suffering was chemical and would prescribe a pill like Prozac that is designed to take the suffering away. They would not ask Hamlet how he felt about his father or mother, or about his life, because they would consider these feelings irrelevant to understanding and treating his depression. It's a shocking thing to have to say it, but psychiatrists today no longer consider it important to understand the inner life of the emotions. They think of disturbing emotions like anxiety and depression merely as glitches in the brain, random acts of biological fate without any particular personal meaning. So they are no longer interested in listening to their patients' stories or trying to understand what their painful feelings are about. They only want to get enough information to make a diagnosis and prescribe the right pill to make the painful feelings go away.

However popular this approach may be, I believe it is seriously misguided. Disturbing emotions are not something we should be trying to get rid of. They're something we should be paying attention to and trying to learn from. Anxiety and depression are emotional warning signals, messages from the

unconscious that point to something out of balance in our lives. When we feel anxiety we are anxious *about* something. When we feel depressed we are depressed *about* something. So when we try to medicate away our anxiety and depression as if they were meaningless chemical imbalances, it's really a form of denial, like Hamlet trying to put on a happy face because his mother and his uncle tell him he has nothing to feel depressed about.

If you think about what it means to live in a world that thinks the solution to Hamlet's problem is to put him on Prozac, it becomes clear that this kind of denial—treating human suffering as a chemical problem rather than an emotional problem—is dehumanizing to us as individuals and destructive to us as a culture. What first brought this home to me in a very personal and powerful way was an issue of *Newsweek* that appeared in the last week of March 1990, with a picture of a Prozac capsule on its cover— just where the picture of a person should be, I remember thinking at the time. But it wasn't just the cover of that issue that grabbed my attention. It was also the brief note, buried in its obituary section, announcing the death of my mentor, Bruno Bettelheim. I had worked for Bettelheim in the early 1970s, as a teacher at his residential treatment center for emotionally disturbed children. It was there that I first learned about healing the soul and it was Bettelheim who inspired me to want to become a psychiatrist.

So the ironic coincidence of these two events—Prozac's flashy arrival on the cultural scene together with Bettelheim's scarcely noticed departure— brought home to me how much psychiatry and society were in trouble. It told me how easily the things I cared most about as a psychiatrist and as a person could be lost and forgotten in our cultural frenzy for the quick fix.

This wasn't an entirely new idea of course. I knew that psychiatry had been getting increasingly dehumanized and dehumanizing for years before Prozac was invented. As far back as 1984, psychoanalyst Robert Stoller wrote an editorial in the *American Journal of Psychiatry* warning about this trend. "We psychiatrists pay a high and unacknowledged price these days for our great advances," Stoller wrote.

More and more we ignore the clinical skills that detect, at all levels of awareness, what another person feels. The shift is clearly marked in our practice, research, teaching, literature, and ideal for professional identity. Brain replaces mind, miraculously erasing the great philosophic problem. ...Sensitivity to proper drug levels ...has pushed aside sensitivity to emotional nuances. ...Many psychiatrists cannot decipher the subtle, pervasive, nonverbal communications that are the way humans express their interior. These colleagues were not trained to do so, were not in

their training exposed to teachers who could do so, and do not feel that doing so is important. They don't know what they are missing.

This trend that Stoller was warning about in 1984, and that Newsweek was glorifying in 1990, then brought us *Listening to Prozac* in 1993 and has been getting progressively worse since then. To the point that we now have thousands and thousands of our preschool children taking Prozac and other antidepressants despite the fact that we have literally no idea what long term effects these drugs might be having on their growing brains. To me, this is the most disturbing evidence of how dangerously unbalanced psychiatry has become since it gave up listening to what people feel and started trying to be more scientific. Because I'm convinced that the only reason so many psychiatrists would be willing to take the incalculable risk of putting very young children on high-powered mind-and-brain-altering drugs that have never even been tested in children, is that they no longer know how to do anything else for them. Because they no longer know how to do anything else for anybody. Psychiatrists today are all about pills and have never learned how to understand people.

Of course there are still a few old-timers left, psychoanalytic psychiatrists like Don Rosenblitt who is doing wonderful work with children right here in Cary at the Lucy Daniels Center for Early Childhood. I had a chance to visit the Center this morning and to sit in on a case conference with Don and his staff and I can tell you that the work they are doing there is absolutely incredible. It's the very best that psychoanalysis has to offer.

We need a lot more of that kind of work. Because I believe psychoanalysis can play a crucially important role in restoring the proper balance both in psychiatry and in our culture. But for that to happen we need to have a clear understanding of how we let things get so out of balance. It's really a problem of values. In psychiatry we have the dehumanizing values of the medical model, dominated by the kind of pseudoscientific attitude that Stoller described, taking seriously only what can be seen and measured—the physical and the external, brain and behavior—while ignoring everything that comes from within: the emotional and the spiritual, the inner life of the soul. But the problem goes far beyond psychiatry. You can look at every level of society and see the same dehumanizing trend: an overvaluing of the physical and the external and an avoidance of the inner life. In our pursuit of material possessions, physical appearances, creature comforts and addictive pleasures, we've been culturally conditioned to live on the surface, using the physical and the external as quick fixes to distract us from our deeper emotional and spiritual needs. Taking pills to get rid of disturbing

emotions is only one of many ways we do that. As the poet Wordsworth put it almost 200 years ago, "the world is too much with us. Late and soon, getting and spending, we lay waste our powers." Quick fixes, getting and spending, consumerism, business...busy-ness...action, addiction. The life of our culture is way out of balance: far too much action, far too little reflection, doing rather than feeling, fixing rather than healing.

After the attacks of September 11, I think we became much more aware of this imbalance; aware of the tension, and also the choice, between doing and feeling. Despite the urging of public officials, for instance, we had less interest in the superficial routines of "business as usual" and became more attuned to our feelings, our inner values, and to the needs and concerns of our fellow human beings. For a while at least. Global awareness can be tiring and there was always a big part of us that agreed with our public officials and would rather be shopping. In that way, we're all a bit like Dickens's Scrooge or Disney's Pinocchio, tempted to ignore the inner voice of the soul in our pursuit of external tokens of happiness.

In other words, the imbalance between doing and feeling isn't just a societal problem that influences us from outside. It's also an internal problem that is inherent in human nature: an inner conflict within each one of us between competing needs and values. Freud described it as a conflict between the id and the ego or, better translated, between the *It* and the *I*. Another way that I like to think about it is as a conflict between the needs of the brain and the needs of the soul, the need to be unconscious versus the need to become conscious. Being unconscious means not having to pay attention, being programmed by the automatic reactions of the brain. Being conscious means paying full attention, living from the center of our being, the soul. Living unconsciously, we tend to operate according to the superficial values of materialism: the hedonistic, competitive pursuit of possessions and commodities; treating other people as possessions and commodities. Living consciously, we tend to act according to the spiritual values of love and compassion, respecting other people as fellow human beings.

Most of the time we are a whole lot less than fully conscious, as in the situation where we are driving from one familiar place to another without ever really noticing how we are getting there. We live a surprising amount of our lives like that. We're on automatic pilot, moving by habit through our daily routine. We're reactive rather than reflective, "being lived" by our brains, not living from our souls. To some degree this is natural and inevitable. Our

personality is wired into the brain as a kind of complex web of neurological reflexes—habitual automatic patterns of reacting to people, to the world, and to our own emotions. The good news is that these habitual personality patterns provide a sense of stability and identity. The bad news is that they add up to a very superficial way of life. When we're being lived by our brains we tend to pursue the quick fix, following the path of least resistance, trying to minimize uncomfortable feelings. As Freud put it, we are driven by an unconscious compulsion to seek comfort and pleasure by getting rid of disruption and pain. In this mode of unconsciousness, we react to anything unfamiliar as a threat to our stability, including anything unfamiliar in other people. And we are compulsively competitive, seeking to get rid of whatever/whoever makes us feel like losers and to possess whatever/whoever makes us feel like winners.

Deep down, when we stop and reflect, we may feel the emptiness of this way of life and feel the need for something more, but if we paid attention to those feelings we would have to change, and change is difficult and destabilizing, so it's easier not to pay attention unless something jolts us into waking up. Very often, that jolt comes from the breakdown of mental illness. The symptoms of mental illness can serve as a wake-up call, forcing us to pay attention to the deeper needs of the soul. That's why one of the guiding principles of psychoanalysis, and one of the most important lessons I learned from Bruno Bettelheim, is to "respect the symptom." What looks on the surface like a disease or breakdown is at a deeper level the beginning of a healing process, an opportunity for consciousness.

To illustrate what I mean by this, I want to tell you briefly about two patients I worked with and then tie that in with something I think we all experienced after September 11.

Anne was a teenager whom I first met when she was hospitalized after a suicide attempt. Meeting with her for psychotherapy sessions every day in the hospital I learned a lot about her life and her family, but none of what she told me gave me much of a feeling for what she was depressed about or why she had tried to kill herself. She seemed far away and emotionally disconnected, as if she was going through the motions of psychotherapy mostly to please me, rather than talking about anything that felt really important to her. After several meetings, I told her I was getting the sense that she was disconnected, and asked her if that was actually the way she felt. She said that feeling disconnected was pretty much the story of her life, that she felt

she always had to wear a mask for other people, to be whatever they expected her to be, to the point that she wasn't even sure there was a real person under the mask. Now hearing just this much, you can probably understand how Anne's depression was a good thing for her. Although it was painful, it was a very real experience for her of her own feelings. It wasn't just a mask she was wearing to fit what somebody else expected. In fact, it was exactly the opposite of what her parents expected. They were horrified that their daughter was depressed and had to be hospitalized. They saw this as a sign of weakness—of giving up—and urged her to be strong and get herself together to get back to school. Anne understood that this would be the worst thing she could do, that it would force her to put the mask back on, which is exactly what made her depressed in the first place. But for a long time she couldn't say this to her parents. She still felt very badly about disappointing them and didn't know what to say to them. Fortunately, her depression spoke for her. However much her parents pushed her, she was simply too depressed and suicidal to leave the hospital, and she remained that way for many weeks; until finally, in a family therapy session, she got angry and told her parents off. "You say I'm not being strong," she told them, "but to me, what I'm doing is a lot tougher than what you want me to do. I'm trying to face the fact that something has felt wrong in my life for a long time. It just doesn't make sense to try to force myself back into a life that wasn't working to begin with. Why do you think I tried to kill myself? It was because I couldn't stand my life!"

Anne's depression didn't suddenly disappear after that, but she did feel tremendously better because she was finally able to stand up for what she really felt without having to wear the mask. And interestingly enough, her parents respected her for it. Over the next few weeks her depression gradually dissolved and she was able to leave the hospital and go back to school. She had another year of outpatient psychotherapy with me and went on to make a good, fulfilling, life for herself.

Three years after I had last seen Anne, I got a call from her father, Joe. He told me that Anne was doing wonderfully, but that he now needed my help with a problem of his own. He had been having trouble at work for the last few months, but that morning something had snapped. He woke up feeling worse than he had ever felt in his life. The effort it took just to force himself out the front door had left him shaking, in a cold sweat. He could not bring himself to get into the car and drive to work. In fact, he felt as if he

might never be able to return to work again.

And then it suddenly struck him that maybe his situation was not so different from Anne's. He said that, although he had thought I was giving him a bunch of bull at the time, he'd never forgotten something I had said in a family meeting: that sometimes having a breakdown is the best thing that can happen to you if it helps you recognize that your life is on the wrong course. This had turned out to be true for Anne, and now Joe was thinking it might be true for him. He said that Anne had actually been encouraging him to call me recently because he had been drinking too much and she said that must mean there was some problem he wasn't dealing with. That morning, when he couldn't leave the house, Joe realized what the problem was. He hated his work. He had always hated it. And then he had a moment of clarity when he understood that all those lectures he had given Anne about needing to be strong were really for himself, a way of trying to fight his own temptation to give up.

To make a long story short, Joe was suffering from a depression severe enough that he needed medication as well as psychotherapy and had to take disability leave from his job. And in fact it wasn't until he finally decided to quit the job and change careers that he fully recovered from his depression. Essentially, he realized that he had been leading his life trying to please his own parents, never following what he felt in his heart and gut. So he had picked a career that his parents approved of but that he never would have chosen for himself. Year after year, he had kept going in this career, knowing that something felt wrong but never taking the bad feeling seriously until it became so unbearable that he broke down and simply couldn't keep going any more.

So Joe's problem really was very much like Anne's, and was typical of the kind of imbalance between doing and feeling that I've been talking about. They were both trying to live on the surface, to keep functioning and to keep up appearances, while ignoring the feelings of emptiness and anxiety inside. Only after they broke down from the weight of trying to maintain this imbalance did they begin to take their painful feelings seriously. And in that way, their breakdown became the beginning of a healing process.

Of course this kind of breakdown doesn't just happen out of the blue. For both Anne and Joe, there were important stressful events that triggered their breakdowns, aggravating their inner pain to the point that it made the imbalance between doing and feeling unbearable. That's similar to what happened to all of us in the breakdown we experienced a year and a half ago,

on September 11th, as we watched the World Trade Center and the Pentagon exploding in flames. I think it's worth remembering what we went through at that time, because I believe that a lasting solution to the world crisis lies in the same place as a lasting solution to a personal crisis. It lies within ourselves. And the way to find the solution is just the way Anne and Joe found it, by taking our painful feelings seriously and allowing ourselves to feel them fully, so that we can learn what they are trying to tell us about the imbalance in our lives.

The most common reaction we had initially on September 11 was to feel shocked, stunned, so horrified by the destruction that it didn't seem real and even our feelings of horror didn't feel quite real. Of course, for those at or near ground zero and for those who lost family and friends, the reaction was much more visceral and immediate. But most of us, watching on TV, experienced a state of temporary disconnectedness, a sense of numbness, unreality, and immobilization, not unlike a mental illness. We had to stop, to withdraw inward, completely preoccupied with trying to absorb what was happening, unable to continue with the routine of our daily lives.

It isn't hard to see how this temporary breakdown was a fundamentally healing response. We *needed* to stop, to disconnect, to become preoccupied, because we needed time and space to process what had happened so that we could begin to *feel* it.

When the World Trade Center collapsed, we were jolted from unconsciousness into consciousness, from doing into feeling. The world of business as usual stopped. TV commercials, sitcoms and soap operas stopped; football, baseball and Nascar stopped. The Stock Market stopped. Before September 11, all those things seemed to matter. Afterwards we realized instinctively that they didn't. Being disconnected from commercial TV, spectator sports and big business didn't feel like much of a loss. Being disconnected from ourselves and from other people did. As we began to recover from our initial state of shock, we realized with great immediacy that what really matters is the preciousness of each individual human life, how we deal with human suffering, being able to connect with people, being part of a family and of a larger community, not only of Americans but of people in all countries, people of all religions. That new awareness felt healing, and it was. But it was only a beginning.

We were not able to hold on to that blessed feeling of connectedness because, in order to feel it, we also had to open ourselves to pain. We had

to allow the collapse of the World Trade Center to take with it our sense of invulnerability, our privileged insularity from the world of suffering and fear. We had to feel our own suffering and fear. We had to break down. Emotionally, that was just too difficult a place to live. Americans—American men especially—don't like to break down, and we definitely don't like to feel vulnerable and afraid. It's so much easier to feel angry and vengeful, especially when that's the righteous and patriotic way to feel.

So we bombed the hell out of Afghanistan and generally did what people do after an overwhelming trauma. We refocused our attention on external distractions—on war, baseball, and business as usual—to protect ourselves from feeling more pain than we could bear.

Which leaves us now with the same crisis, and the same choice, we had before September 11—unconsciousness or consciousness, doing or feeling—only now having had a vivid reminder of what really matters. We can continue to follow the path of least resistance—the path of unconsciousness—using a war against Iraq as a quick fix for the national ego, trying to forget our vulnerability and lose ourselves again in the comforting routine of “business as usual.” Or we can *remember* that our vulnerability makes us human, and is what allows us to feel connected with each other. We can remember that the one who dies with the most toys doesn't really win anything, that quick fixes don't last, that business as usual feeds the body and comforts the brain but doesn't satisfy the needs of the soul.

Of course we're not going to solve the world's problems simply by feeling them. We do need to take action. Just as Anne did eventually need to get back to school and Joe did need to change careers. But to be effective—to be healing—our action must be informed by feeling, not action taken as a quick fix to avoid feeling. At this point in history, I don't think there's anything more dangerous to us as individuals, as a culture, or as a world community than the pursuit of the quick fix, nor is there anything more important than paying attention to what we really feel.

Well at this point, what I really feel is that I should come down off my soapbox and come back to the topic of this lecture: the crisis in psychiatry and what psychoanalysis has to offer: why medication for anxiety and depression isn't enough.

As I said earlier, it's a matter of values. The conflict between doing and feeling, between the needs of the brain and the needs of the soul, presents psychiatry with a choice between two models of treatment that are informed by

very different values: On the one hand there is the Medical Model that is currently in vogue, which focuses exclusively on the needs of the brain, trying to get rid of disruptive emotions; On the other hand is what I call the Psychotherapeutic Model—based on psychoanalysis— which treats the needs of the brain in the larger context of the needs of the soul, focusing on the experiencing of painful emotions as a path to consciousness and a place where the needs of the brain and the needs of the soul come together.

To give you a better sense of what's at stake in this choice, let me read you a short piece that I wrote several years ago titled: ***Psychiatry at the Center of Our Cultural Crisis: the Case of Tony Soprano***

"...I believe that our choice between two models of psychiatry is really a choice between two competing sets of moral values that will ultimately determine the kind of society we live in....

This choice is the underlying theme of the recent smash television hit, the *Sopranos*, which—judging from its immense popularity and the extravagant critical acclaim it has inspired—seems to have struck a deeply resonant chord in our cultural consciousness. The hero, Mafia boss Tony Soprano, is a modern American Everyman, suffering from a modern American problem. He needs Prozac! The plot revolves around Tony's symptoms of anxiety and depression, and the fact that he has to see a psychiatrist. Every episode poses implicit questions about Tony's predicament that are at the same time larger questions to us about our cultural predicament: What do Tony's anxiety and depression mean? What does he want from the psychiatrist? What should the psychiatrist be doing for him? Does he suffer from a chemical imbalance for which the psychiatrist should give him Prozac so that he can function more effectively as a Mafioso? Or are anxiety and depression exactly what he should be feeling as symptoms of his inability to be at peace with his being a Mafioso. Tony's psychiatrist can't seem to decide. On the one hand, she treats his symptoms with Prozac. On the other hand, she tells him that his symptoms reflect his feeling trapped by a sense of loyalty to parents (and the "Family"), whom he has always secretly feared and viewed as destructive.

Ultimately, the point of the series—and the reason for its popularity—is that Tony's dilemma is our dilemma. He is torn between his deeper spiritual values—his desire to be a good person—and the values of power, wealth, sex, fine living, and family loyalty that define modern American society as much as they do Tony's Mafia. "

So the image of Tony Soprano in therapy is the perfect metaphor for our

struggle to find the balance between doing and feeling in our culture. But again I do want to emphasize that this struggle is not limited to our particular culture. The imbalance between doing and feeling is really a universal problem, a problem of human nature. That's another reason why I began tonite with Hamlet, who I think most people would agree represents something universal in human experience and who definitely has a problem with the balance between doing and feeling.

Hamlet was raised to be a man of action, a swordsman, a warrior like his father who spent his entire life waging war and who appears in the opening scene of the play as a ghost wearing battle armor. The ghost stands for culturally sanctioned values of war: conquest, domination, retaliation, revenge – “business as usual” in Hamlet’s Denmark, much like “business as usual” in Tony Soprano’s mafia. The pressure Hamlet feels from the ghost to avenge his father’s murder by killing his uncle reflects in part these warlike cultural values that equate violence with manliness. And it also reflects Hamlet’s own inner tendency toward violent vengefulness, the part of him that was like his father, and driven to embrace his father’s values – the part of him that was capable of impulsively killing Polonius and feeling no remorse afterwards.

In this context, Hamlet’s depression begins to look not like an illness but like a sign of health. By interfering with his vengeful impulse to carry out the ghost’s command, Hamlet’s depression gives him time to reflect and to recognize his own unique individuality. It expresses the part of him that wants to say “no” to business as usual, that values feeling over doing, reflection over revenge, love over hate. In his depression Hamlet begins to get in touch with a core self that is different from his father, that resists being taken over by his father’s values and that feels oppressed by those values, both in the state of Denmark and in his own inner state.

In his book, *Noonday Demon*, Andrew Solomon pictures depression metaphorically as a tree being oppressed by a suffocating vine. To the afflicted person, depression can certainly feel that way: like an alien growth attacking and smothering the vital self. But if we think about the example of Hamlet, or Tony Soprano, we can see both the tree and the vine as parts of the self, with the depression being a product of the imbalance between them.

In fact, Hamlet’s depression is more like the vital tree than the smothering vine, and could even be seen as an attempt to correct the imbalance between them. By immobilizing him, it shifts his inner balance away from

action toward reflection, and so opens up the possibility of new growth. The tragedy is that, in the end, his depression fails in this healing function. When he discovers that Rosenkranz and Guildenstern are conspiring to have him murdered, Hamlet is jolted out of his depression, he is remobilized, and he then proceeds very quickly to take his revenge at the cost of his own life.

The picture I have just painted of Hamlet's depression crystallizes a number of themes I have talked about today. Depression is not a disease, but a symptom of an underlying emotional conflict. It is a reaction to an imbalance between doing and feeling, and it embodies an unconscious impulse toward healing. These ideas belong to what I am calling the Psychotherapeutic Model of psychiatry, and they challenge the assumptions of the so-called Medical Model—which views depression as a physical disease, a chemical imbalance, a pathological disposition based on a genetic defect. I say the "so-called" medical model, because this chemical-imbalance-genetic-defect view of depression is not really medical in the truest sense of the term.

In fact, the oldest tradition of medical thinking is that *the symptom is not the disease but part of the healing process*. Hippocrates taught that disease was a disharmony of conflicting humors, and that symptoms were the organism's attempt to establish a new harmony. Freud had the same basic idea. He viewed mental illness as an inner emotional conflict and a symptom as an unconscious attempt to resolve the conflict, a "compromise" between a disruptive unconscious emotion trying to become conscious and our need to maintain stability by keeping the emotion repressed. For Hamlet, the disruptive unconscious emotion would have been anger at his father, and the stabilizing repressive force was loyalty to his father. So Hamlet's depression was a kind of anger-trying-to-happen that was unconsciously opposing his father's values but left him consciously hating himself. Had he been able to consciously feel his anger at his father—as would happen in successful psychotherapy—Hamlet would have been able to reject his father's values and choose his own path in life.

To think of Hamlet's depression in these terms, as a healing symptom rather than a destructive disease, representing the best that is in him rather than the worst, certainly does turn current psychiatric thinking on its head. Among other things, it suggests a whole new way of thinking about the genetics of mental illness. Most psychiatrists and medical scientists assume that if a psychiatric symptom has a genetic basis, as depression does, then the symptom must be a genetic defect, an evolutionary mistake. But if the symptom is

actually part of the healing process, then it would make more sense to think of it as a genetic adaptation, an evolutionary success. The only reason to think of a symptom like depression as a genetic defect is that it's so painful, and we'd rather not feel pain, so it's more comforting to think of the pain as something abnormal, a genetic mistake, than as something hardwired into human nature.

And yet, we have all experienced how painful symptoms can serve an adaptive healing function. Fainting, cough and fever, for instance. Fainting solves the problem of insufficient blood flow to the brain, forcing the light-headed person into a horizontal position where blood can get to the brain more easily. Coughing aids recovery from upper respiratory infections by clearing the bronchial passages of noxious phlegm. Fever facilitates the action of the immune system and helps the body fight infection.

Pain itself is perhaps the most obvious example of the healing function of symptoms. Pain facilitates healing by signaling us that something is wrong, and making it less likely that we will continue to do certain things (like throw a baseball with a broken arm) that might aggravate the problem. If I come to the emergency room with a red, blistering hand, for instance, and complain of physical pain, the doctor will assume that my pain is a natural, *adaptive* response to the burn I suffered. He may want to alleviate the pain, but he would never think that the pain itself was the primary problem. Unfortunately, if I come to the same emergency room, now gaunt and sleepless, complaining of emotional pain, the doctor will not think for a minute that my pain might be an adaptive response to some psychic burn I have suffered, still less that it could be genetically programmed to alert me to a sickness or disharmony of my soul. Instead, he will assume that my pain is an *abnormal chemical event*, a genetic error called depression.

The logic of the theory of evolution tells us that genetic errors are maladaptive and so tend to die out gradually over time. By this logic it seems highly implausible that symptoms like depression and anxiety could be as widespread as they are—even increasing in prevalence—unless they were adaptive and had survival value for the species. Even schizophrenia, whose sufferers are far less likely to have children than the general population, nevertheless shows no indication of diminishing in frequency, as we would ultimately expect it to if it were a maladaptive genetic defect. The truth is, we have no scientific evidence that *any* psychiatric symptom is a genetic defect rather than—like fever, cough, fainting, and physical pain—part of a

natural healing process. *The most plausible assumption is that depression, anxiety, and other psychiatric symptoms have been hardwired into the genes in exactly the same way fever and cough have been, through a slow evolutionary process that is ultimately beneficial for the survival of the species.*

Which brings me back to my earlier discussion about the world crisis and our general cultural imbalance between doing and feeling. I believe that this imbalance represents a serious threat to the survival of the species, and that the evolutionary advantage of depression, anxiety and other psychiatric symptoms is that they function to correct this imbalance. They interfere with doing—make us hesitate to act—and force us to pay more attention to what we are feeling.

The Medical Model fails to appreciate this. It actually reinforces our individual and cultural imbalance by treating symptoms and painful emotions as unnecessary disruptions that should be fixed quickly with medication so we can return to business as usual. The Psychotherapeutic Model sees more clearly. It understands symptoms and painful emotions as warning signals, alerting us that something is out of balance in our lives. It understands that when medication is needed, it's best use is not for the purpose of getting rid of painful emotions, but rather to relieve distress enough that it becomes easier to pay attention to our painful emotions and to learn what they have to teach us about ourselves.

So that pretty much sums up what I have to say today and reflects the way I've been thinking recently about the crisis in psychiatry and in our culture. It was actually my own personal reaction to September 11 that gave me the idea to describe the crisis in terms of an imbalance between doing and feeling. But I've been thinking about this crisis for many years and I first started writing about it in 1990, immediately after that infamous issue of *Newsweek* came out. So I thought I would conclude by reading something I wrote at that time, because it looks at the crisis from a different perspective and says what I have to say as well as I ever hope to say it. The piece is called *The Swimming Pool and the Quest*.

How did psychiatry end up with two such radically different approaches to treating people and their illnesses? Because the psychiatrists who follow either approach start from radically different philosophical beliefs and values. *The end is in the beginning*, and what ends in the psychiatrist's choice of treatment begins in his choice of philosophy.

Not that psychiatrists are generally aware of how their treatment decisions reflect their philosophy. In fact, most psychiatrists will tell you they simply use whatever treatment "works best." they like to think of their treatment approach as strictly pragmatic, and would rather leave philosophy out of it. But philosophy is not like an American Express card. It is impossible to leave home without it. There is philosophy implicit in everything we do, though it remains, for the most part, outside of our awareness what looks on the surface like a pragmatic choice of the treatment that work best is, at a deeper level, a choice of philosophy. What works best toward what end? What we think works best depends on what we are trying to accomplish, which in turn depends on what we think is worth accomplishing, which depends ultimately on our all too often unconscious philosophy of life.

I learned this lesson the hard way one Sunday afternoon about fifteen years ago, when I tried to pick the method that would work best for teaching my son how to ride a two-wheeler. It was a beautiful crisp fall day and the last thing on my mind was philosophy. Standing there behind Gregory, my hands on the back of his bicycle seat, I could almost hear the theme song from the old television shows *father knows best* playing in the background.

"Okay, start pedaling and don't look back," I said optimistically. Famous last words. The bike kept tilting and Gregory kept looking back, complaining loudly that I wasn't holding it steady enough. I snapped back at him that I couldn't keep the bike straight if he wouldn't look ahead and pedal harder.

"But what if you let go and I fall?" he pleaded.

"I won't let go until I know you won't fall."

"But how will you be able to tell?"

"Just turn around and pedal!"

Before long, I had a backache, Gregory had a headache, and we decided to pack it in and try again the next day. We slouched back to the house, Gregory grumbling reproachfully that he would never be able to ride without training wheels and I cursing robert young (the dad in the tv show) under my breath.

Next evening when I returned home from work I was surprised to see Gregory happily pedaling his two-wheeler up and down the driveway. "Look, dad, no training wheels!" He explained that Evan, an older boy who lived next door, had taught him how to ride the bike.

"How did he do that?" I protested, aware that I ought to be sounding

more pleased.

"Simple! He told me that to ride a two-wheeler, the first thing you have to do is fall down a lot of times."

I knew immediately that there was something important in this little episode, but it was not until the third or fourth time I told the story that it dawned on me it was really a story about unconscious philosophy. *Those who are unaware that they have a philosophy are condemned to act it out on their children.* Gregory and I had come to grief over an unexamined and misguided philosophical assumption. When I stopped to ask myself why I had failed and Evan had succeeded, I recognized that my teaching had been guided by my anxiety - and by Gregory's - that he would fall down. Our goal (implicit in this shared anxiety) had been not simply that he learn how to ride a two-wheeler, but that he do so without ever falling down. *The end is in the beginning.* We had failed because we started from the assumption that falling down would be bad. Evan had succeeded because his philosophy involved the opposite assumption, that falling down would be good.

Perhaps most people would not ordinarily consider the assumptions "falling down is bad" and "falling down is good" to be philosophy, but in fact they are the central tenets of the two major philosophies of life and - not coincidentally - also the basic premises of the two major models of psychiatry.

The first philosophy, according to which falling down is bad, I call the swimming-pool philosophy. Paul Stookey, of the folk group Peter, Paul and Mary, captured the essence of it when he said, "you know what swimming is to me? it's staying alive when you're in the water." but what really brought the meaning of this philosophy home to me was a comment made by a classmate and close friend of mine one grey December afternoon many years ago, as we stood together at the edge of our college swimming pool, contemplating the twenty-five-yard lap lanes that stretched out before us.

"You know," Ron said, "life is a lot like swimming laps. You put your head down, you dive in, and you go back and forth and back and forth and back and forth. Every once in a while you bump into someone, and you say 'excuse me.' then you put your head down again and go back and forth and back and forth and back and forth."

According to the swimming-pool philosophy, *the purpose of life is to stay afloat*, to function smoothly, maintaining the equilibrium of the status quo.

Bumping into other swimmers is to be avoided as much as possible. In other words, falling down is bad.

The second philosophy, according to which falling down is good, I call the quest philosophy. Also known as the perennial philosophy, it is symbolized by the arthurian myth of the quest for the grail. The quest is an adventurous seeking of a higher or better state. According to the quest philosophy, the purpose of life is to pursue this higher state - enlightenment, wisdom, self-actualization - by progressing through a series of difficult, dangerous trials. The successful mastery of each trial brings the seeker to the next level in his or her gradual ascent toward the ultimate goal, which, though it may be unattainable, is inherently worth pursuing. But the process of undergoing a trial inevitably involves some error. You can't find your way to a higher level without learning from your missteps. Falling down is therefore good.

From a child falling down while learning to ride a bicycle to a patient having a "breakdown" while learning to navigate the life cycle is but a short metaphorical step.

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Just as a father who believes that falling down is bad will try too hard to control his son's equilibrium on a bicycle, and thereby interfere with the boy's learning, so a psychiatrist who believes that symptoms are bad will try too hard to control his patient's chemical and emotional balance, and thereby interfere with the patient's growth. As Alfred Flarsheim put it, "In order to operate without trying to control a patient we must have confidence in his potential for spontaneous maturation and development." Medical Model psychiatrists try to take control with medication because they do not have this confidence. They are aiming not to facilitate maturation and development, but simply to return the patient to his previous level of functioning. They view the patient as someone having trouble swimming laps, not as someone facing an important trial in his quest. You bump into somebody, you say excuse me, then you put your head down again and get back into the swim.

Psychotherapeutic Model psychiatrists, on the other hand, start from the assumption that symptoms are the very embodiment of the patient's potential for spontaneous maturation and development. Their goal is to facilitate the

maturational process that is already inherent in the symptom. They view disequilibrium, whether manifest in obvious symptoms or not, as a natural and inevitable result of the inner conflict that is intrinsic to human nature. Developing a symptom is a necessary step toward integrating that conflict, a way of focusing the disequilibrium and calling our attention to it, and thereby initiating or furthering a psychotherapeutic process. Seen from this point of view, symptoms are the place where growth happens, human nature's way of waking us up and stopping the world so that we can get out of the pool and climb into the quest. Disequilibrium, falling down, and bumping into people are good. Indeed, from this psychotherapeutic perspective, they are not merely good but essential to a fully human existence.

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Elio Frattaroli, M.D.
One Bala Ave. #210
Bala Cynwyd, PA 19004-3207
610-667-2247
www.healingthesoul.net