



JOAN BORYSENKO:

Putting the Soul Back in Medicine



Once upon a time, when the rays of the morning sun rose over peoples who were still hunters and gatherers, the clock of the bodymind was regulated by the magnetic forces of nature. By sun and moon, by cycles and seasons, by feasting and fasting.

The wise ones, known as healers or shamans, believed that illness was a result of being out of tune with the natural cycles. The disharmony, and the dis-ease which resulted from it, had different types of cures. There were powerful herbs which could rebalance the flow of energy which, in turn, determined physical function. Some cultures developed a large pharmacopia of active agents. Others, such as some of the Native American cultures, employed only a few plants. The shaman or medicine person dreamed which herb to use and invoked the specific healing quality required through prayer and ritual.

But the shamans were much more than intuitive pharmacologists. They were also intuitive psychologists. The patient was questioned about their life, their role in the tribe, their relationships and their dreams. Turbulent emotions could cause turbulence in the bodymind. The cure in this case was to correct the source of the emotional disbalance. In cases where the patient

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had been traumatized by grief, accident, heartbreak or abuse, it was not the energy body or the emotional body that required healing, but the soul.

Soul retrieval was a common medical treatment in which the shaman entered a state of non-ordinary reality similar to what people describe during near-death experiences and mystical visions. In this state, the shaman tracked parts of the patient's soul that had been split off and lost as a result of trauma. The retrieved soul parts were then blown back into the patient's body through the heart and the top of the head and oftentimes a physical and emotional cure was achieved. Our modern psychology and psychiatry, in contrast, has a much poorer track record with post-traumatic stress disorder and the cure of dissociative disorders resulting from childhood physical abuse, sexual abuse or unusual trauma.

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pathophysiology, diagnosis and treatment, but we have lost the emotional and spiritual components that can make healing a sacred art as well as a more effective science. Nearly two millenia ago, coincident with the spread of the Catholic Church to Europe, tremendous sociological and religious upheavals occurred which resulted in the stamping out of shamanic cultures. This in tum had a far-reaching effect on the development of medicine. Illness was viewed as evidence of sin, an idea that is poignantly considered in the old testament Book of Job. After all, if illness and misfortune are the result of offending God, then all you have to do is to be is very, very good and then you'll be safe. Or if you are beyond reproach, then all you have to do is get rid of the bad guys who are offending God. Enter the Crusades and the Inquisition.

During the middle ages the Black Death killed one third of the population of Europe. A search for the sinners who must surely have caused it gave rise to a bloody chapter in the history of religious persecution. Entire villages of Jews were

murdered and several million women were condemned as witches in the hope of defeating the plague. But when the plague continued to spread, religion ultimately lost its authority over illness and the age of science began. For an excellent review I heartily recommend *Sacred Eyes*, by psychologist and minister Robert Keck.

By the sixteenth century, modern science was being birthed by the famous triad of scientific reductionists—Francis Bacon, Renee Descartes and Isaac Newton—who succeeded in reducing nature to a machine devoid of soul or guiding intelligence. To their credit, they exorcised the toxic notion of disease as punishment by a peevish deity. But they also threw the baby out with the bathwater. Bacon’s stated purpose was to subjugate nature altogether by desouling it. To take her by force and to “torture and vex” her into revealing her secrets so that mankind would have dominion over the earth—over life and death itself.

This is the thinking that underlies the rape and plunder of natural resources, the dehumanization of third world cultures, and the de-souling of modern medicine. It presumes a lack of organizing intelligence in the universe and since life is therefore not sacred, resources become expendable in the name of progress. Soul loss ultimately leads to amoral behavior-acts performed with oblivion to their eventual consequences. Were we, like our native predecessors, conditioned to assess the consequences of our health-care system seven generations into the future we would have to ask some very penetrating questions. Is it appropriate that the majority of monies spent on the medical care of any one individual are spent in the last few months of their life? Would they be better spent in prevention programs, or in early childhood education programs, or in parenting programs that would aid emotional wellbeing and therefore cut down on illness and suffering?

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And what is a soul approach to an individual patient? Once again, it has to do with a macroscopic view that investigates the illness as part of a life, rather than as an isolated symptom. The physician who practices fragmented medicine and cures a

symptom may actually compound the patient's problems. For example, a diuretic may decrease Mrs. Jones blood pressure, but if it is high because of an alcoholic husband, poor self-esteem and ruinous health habits has her physician healed her with a prescription or has he colluded to help her maintain a sick status quo? To be a healer, a physician needs to have a larger vision of the human being than is taught in most medical schools which pander to molecules while denigrating the emotional and spiritual aspects of life.

Part of the problem in medicine's loss of soul is that death is seen as unnatural, as the enemy, so that disproportionate resources are put into discouraging death as opposed to encouraging life. Let me tell you a story. My mother died in a Boston teaching hospital about five years ago, and overall, she had a

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wonderful quality of care. But on the last day of her life, as her heart and lungs and kidneys failed, she developed internal bleeding and was whisked off to nuclear medicine so that the source of the bleed could be determined.

Why? Was it going to make a clinical difference? Four hours passed, and the family, which was gathered around her empty bed to say goodbye, started to get impatient and scared. Since I had worked in that hospital for a decade, they dispatched me to rescue her. I knew it wouldn't be easy. When I got down to nuclear medicine, she was still waiting on the gurney that had brought her down four hours before. I demanded her immediate release and the doctor was equally adamant about getting a diagnosis. My mother broke the stalemate by virtually resurrecting from near-death to give the doctor a dose of common sense, "A diagnosis. Is that all you need? I'm dying. That's your diagnosis." And with that, the doctor gave in.

Fortunately, we had time to say goodbye back in her room before she slipped into a last morphine-assisted sleep. My son Justin, who was twenty at the time, and I were at her bedside at about three in the morning. I was meditating when I had a vivid vision that seemed far more real than waking life. In the vision I was a pregnant mother giving birth and I was also the baby

being born. As the baby, I was being propelled down a long, dark tunnel. And then I came out into the presence of the ineffable light that so many of my patients who have had near-death experiences describe. The light is omniscient, incomprehensibly loving, infinitely wise and perfectly forgiving. It feels like home. In the presence of the light, my relationship with my mother, which had been a difficult one, seemed perfect. I saw the lessons we had learned from one another and felt immense gratitude toward her. She had birthed me into this world, and I felt as though I had birthed her soul back out again.

When I opened my eyes, Justin had a look of total awe on his face. He asked me if I could see the light in the room. When I said that I could, for indeed the whole room was glowing, Justin said, “Grandma is holding open the door to eternity to give us a glimpse.” Justin felt that he had received a priceless gift, because he knew with certainty that we are not our bodies. We inhabit our bodies, but our souls are immortal. He wept as he told me that he would never be afraid of death again. The only type of death that is really worth fearing, after all, is a living death in which we fail to become ourselves because we get stuck in some one else’s definition of who we should be.

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Albert Camus wrote, “There is but one freedom, to put oneself right with death. After that everything is possible.” When people visit their doctor, they might not be thinking in terms of their immortal souls, but most are looking for emotional and spiritual healing. They want to know they are worthy and lovable. They want to confess, to complain, to be forgiven, to make meaning of their lives. Clearly, this can’t always be done in an eight-minute office visit. But compassion can be communicated, and when appropriate the patient can be referred to a therapist or clergy person who can help them with the big questions that illness puts to us. “Who am I?”, “What is the purpose of my life?” and “How can I profit from this illness as an opportunity to find greater freedom and happiness?”

Consumers are patently dissatisfied with a mechanistic medicine that denies its own soul and theirs. It's time we heed the symptoms indicating that our medical system is dangerously out of balance. Modern technology is marvelous and lifesaving, and if we can integrate it with the deep wisdom of the past then we can birth a medicine that exalts and nurtures life rather than one that is predicated on the fear of death.