

Medicine and the Spiritual Self: Reflections

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Curriculum Vitae

Trevor graduated from the University of the Witwatersrand with MBBCh in 1969. After internship in Johannesburg Hospital, he was in Family Practice from 1971-1977. He then became MO - CMR (Infectious Diseases) Hospital from 1978-9 and part-time MO for SANCA (Jhb Society, of which he became Vice Chairman) and Phoenix House (1978-82). After a period as Senior Medical Officer at Edenvale Hospital (1980-82) he went back into Private Family Practice in 1982, and was appointed as an honorary lecturer at Wits (Dept Family Medicine) in 1988. For the past few years, Trevor has taken an interest in Hypnotherapy, completed a course in Clinical Hypnosis, and uses these skills in his practice. In 1991 he was elected as an accredited member of the S A Society of Clinical Hypnosis, as well as an elected affiliate member of the Psychological Association of SA. In 1992, he became an executive committee member of the SA Society of Clinical Hypnosis, and has published several articles since 1989.

Summary

Despite the explosion of scientific knowledge, our patients are no more fulfilled than before and they are just as vulnerable as ever. He explains how incomplete the Newtonian Objectivity model, the Einsteinian Subjectivity model as well as the Quantum Uncertainty model is. Therefore a new model is suggested with which doctors could appreciate the influence of spirituality on health and disease. The fact that the modality of Medical Hypnoanalysis is transcultural, allowing the patient to follow his own beliefs according to his own cultural experiences, makes it very attractive for the author to use in his own practice.

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In a previous discussion of a Family Practice Model (Letters, SA Fam Pract, May 1990)¹, I proposed a model diagram unifying Newtonian Objectivity, Einsteinian Subjectivity and Quantum Uncertainty, reproduced below. After more than twenty years in practice and with three years experience in using the modality of Medical Hypnoanalysis, I now realise just how incomplete this model is. Furthermore, despite the explosion and application of scientific knowledge, many of our patients are

no more fulfilled than before, they are as vulnerable as ever. (See Fig 1)

I well remember Professor Israelstam telling our first year Organic Chemistry class to always question 'How, Why, What, Where and When' in the true manner of a scientist. However, by the very nature of our culture, teaching methods and our individual frantic efforts to keep up with the progress in superspecialised fields of research, we have been channelled onto a narrow Newtonian road. This road often falsely implies that the 'What' of a disease also explains the 'Why'. This is such an insidious process that the majority accept the Newtonian Objective model and never perceive its narrow limits and glaring incompleteness.

More experienced and perhaps wiser members of the healing professions venture into Einsteinian Subjectivity but very few perceive the Quantum Uncertainty of subconscious influence. Those that do fall into restricted groups of the profession, largely Psychiatry and Psychology. Extremely few consider the spiritual self and its influence on health. Most consider it irrelevant to their professional sphere of interest. Some, vaguely aware of its importance but uncertain as to how to deal with it, pass the buck: 'not my responsibility' or 'no time for long discussions with a waiting room full of patients'. Other reasons may be one's personal beliefs or the rationalisation that one has enough to worry about, stepping through the minefield of pathological biochemistry.

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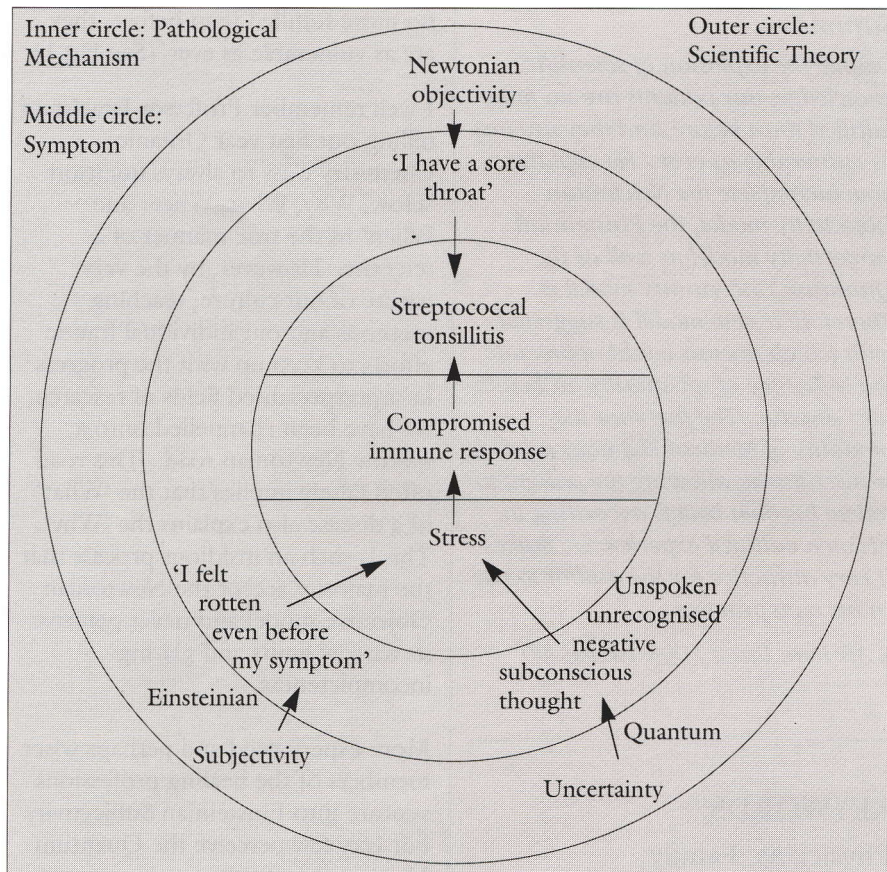


Figure 1.

A typical example of this channelling is a recent publication concerning obesity and a drug advocated for its treatment.

The role of serotonin in obesity is discussed and the pharmacological action of the drug is discussed in detail – stimulating the release of serotonin and inhibiting its uptake in the presynaptic junction. Nowhere is it mentioned that serotonin is a most important neurotransmitter involved in mood disorders, nor that the majority of obese patients do not like themselves, nor is there any mention

of a psychological cause of the obesity. The entire publication is objective in a purely Newtonian manner. This of course may allow a doctor to ignore the real issues and never have to think any further. Some may find this insulting to one's intelligence but most will oblige – it is easier to prescribe than to get involved with poorly understood issues. For many patients, this approach may be successful in the short term, but inner peace cannot be artificially maintained – in the long term, a crisis will likely precipitate a recurrence. Is this cost-effective in

terms of money, time and emotion? For many patients the answer is yes. For a significant number, the answer is ... no.

Healing does not rest solely on the block of granite which Westernised First World Medicine believes itself to be. There are also the cornerstones of Mind and Spiritual Belief. To ignore any one of the three may invite incomplete healing, merely maintaining the status quo and postponing matters until the next crisis.

There is little doubt that those patients who make their doctor's waiting room their second lounge, have unresolved psychological problems and/or an ailing spiritual self. I have yet to see a patient with thyrotoxicosis without pre-existing Anxiety, Fear or Guilt; this latter trio so aptly named the 'Unholy Trinity'. The same can be said for essential hypertension, recurrent ovarian cysts, migraine and so on. It is my belief that the auto-immune diseases are the physical manifestation of subconscious pain related to the Unholy Trinity. Questioning colleagues about their experience with coronary artery disease, ovarian cysts, breast cysts, eczema and so forth one hears figures of up to eighty per cent where pre-existing psychological problems were evident in some way.

We know that stress may severely compromise the immune response. We also know that hypnotic trance and the use of imagery can reverse that situation – sometimes

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dramatically. There are two cases the author is aware of in this country in which relaxation, imagery and positive suggestion in trance has reversed osteomyelitis. One case involved a young boy with osteomyelitis of the calcaneum for

Very few doctors ever consider the spiritual self and its influence on health

which radical surgery was planned. Direct suggestion in trance resulted in the complete resolution of the infection with restoration of normal bone architecture on follow-up X-rays.² I similarly treated a patient with osteomyelitis of the tibia: within twenty four hours of the first session, sinuses which had produced pus for nearly two years were dry. This patient also avoided surgery. Dr D Ewin, a surgeon and the present President of the American Society of Clinical Hypnosis has documented the use of the same simple techniques to great effect in acute burns – including full thickness burns, as well as in more mundane cases of verrucae vulgari.^{3,4} My own experience in the management of migraine reveals the eradication of and continued freedom from migraine in the majority of cases. Such patients seeking treatment very often open their history with: 'I suffer from migraine'. Listening with 'three ears',⁵ 'suffering' indicates a need for punishment – there is likely to have been an earlier event involving guilt. The startling reversal of congenital

ichthyosis using direct suggestion hypnosis in a young boy was presented to the Royal College of Medicine.⁶ The literature abounds with reports of similar success in a variety of diseases.

The British Medical Journal, via a recent Editorial, formally recognises that the emotional and cognitive development of an infant may be compromised by maternal depression.⁷ In this article Murray and Cooper refer to no less than twenty nine papers – all of which are apparently objective in a Newtonian sense. However, the objectivity is limited to Post Natal studies, as if a child comes to life with feelings and emotions only *after* birth. This is an incorrect premise and ignores the fact that a fetus is just as influenced by maternal and paternal factors in utero. As far back as 1880 Breur was the first to recognise repressed

Easier to prescribe than to get involved

trauma as the cause of symptoms – and the emphasis in hypnosis changed from direct suggestion to symptom removal. Long experience by many workers in the field, particularly the American Academy of Medical Hypnoanalysts revealed the valuable tool of hypnotic regression in order to gain access to subconscious memories where understanding and a more complete picture is realised. Indeed, the child is affected not only at emotional and

cognitive level, but also at behavioural and spiritual levels as well – long before birth!^{8,9,10,11,12}

We have known for many years of the hypothalamic-pituitary-end organ axis. More recently we have come to

Anxiety, Fear and Guilt – the Unholy Trinity

appreciate the full significance of the extended cascade to include the cortico-limbic, immune and the autonomic nervous systems. The significance of a *thought*, an *emotion*, in the aetiology of disease is becoming evident.^{13,14} The burgeoning interest in psychoneuroimmunology and now immunogenetics is encouraging. One hopes that all biochemical/-neurotransmitter secrets will be discovered and put to effective use in time to come. However it is disheartening that the perceptions from this purely Newtonian approach ignore important factors. While every disease may have a final common pathophysiological pathway, it is now appropriate to consider the following:

1. Neurotransmitter dysfunction may in many cases be the result of a *thought*, an emotion, or a firmly imprinted belief rather than the empirical result of a genetic code. More evidence is accumulating that it is these phenomena which result in the opening of the genetic code gate. Gene expression is controlled by the

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presence of specific activator 'pegs'. When the gene is turned on, RNA blueprint copies are made.¹⁵ It may be a subconscious thought which triggers the peg for either a positive or negative cascade in the cortico-limbic-hypothalamic-pituitary-end organ, immune and autonomic systems.¹⁶ Ritzman describes a case history in which a diabetic required less and less insulin as her anxiety was cured by Medical Hypnoanalysis until the diabetes itself resolved.¹⁷

2. Whatever future chemicals are developed and used to inhibit or stimulate this cascade, it is important to question whether the torpedo has already been fired. What we do when prescribing a tranquilliser is to suppress an emotion – the original problem remains and is not available to the conscious mind.

All too often we see patients survive one crisis only to succumb to another ... and yet another. It is an interesting exercise to take a really

The significance of a thought, and of an emotion in the etiology of a disease

good history and note the correlation of disease to emotional crises, whether the latter is admitted or denied. I know of one patient who had the following fatal cascade: a ruptured berry aneurysm which was successfully clipped; a ruptured appendicitis with peritonitis followed

by acute lymphoblastic leukemia from which she succumbed. This all took place within a year. Another example, from her adult lifetime: gastrectomy for a gastric ulcer, severe pneumonia, myocardial infarction and a cerebrovascular accident – each one associated with a crisis in her marriage or nuclear family.

Much of the practice of Medicine today is therefore crisis management: we have taken the wrong road in terms of preventive medicine. And it is clear that we cannot divorce ourselves from psychology and spirituality.

When the mind has concluded that there is no hope, when there is no conscious nor subconscious meaning to life, when all purpose is lost, when survival is no longer an issue – the physical body will conform to that belief in whatever way is appropriate or convenient. It is not unlike plugging a leak in a dyke with a finger while knowing full well that there are a dozen other potential leaks nearby but just out of reach. Today, in many cases, those potential leaks are not out of reach!

One of the methods that may be used is the modality of Medical Hypnoanalysis,²⁰ which preceded work by Janov,¹⁸ Grof¹⁹ and others, and does not rely on the use of any drugs as Grof did in his early studies. It is not a new psychological theory – rather it uses existing psychological therapeutic techniques. It is a structured, short term method of identifying the original threatening events that were associated with

powerful emotional imprints – the original thoughts and emotions which form the basis of learned subconscious responses to future events in life. The process is

A child is affected at emotional, cognitive, behavioural and spiritual levels long before birth

undertaken in hypnotic trance and is aimed at conscious realisation of these events and feelings, removing the inappropriate negative beliefs that resulted, replacing them with positive beliefs and rehabilitating the patient towards a new and healthier response to stressors.

In the Newtonian objective world each of us lives out his life in what we perceive as the concrete reality. The fact is that our reactions to life's events are based on firmly imprinted beliefs established very early in life – they begin during intrauterine life, during the birth experience and immediate postnatal period. A hyperventilator is 'merely' going through the actions of the being born child with a compulsion to breathe in the presence of a dire threat to survival. As Ritzman has said, the problem that modern Medicine faces is that it is still back in the Newtonian-Cartesian world view¹¹ – a philosophy from which the science of physics escaped with Einstein and Planck.

A pregnant mother may for any number of reasons be anxious, fearful

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or feel guilt or shame. She may not have wanted to be pregnant at the time due to problems with her partner. There may be financial problems. She may be ill. She may just be aware that she is not ready for a pregnancy. Whatever it is, we are today aware that from at least early in the second trimester, the fetus is aware of maternal feelings and is influenced by her.²¹ In the absence of consistent maternal love, the fetus becomes confused as to its purpose and meaning. Often the fetus feels responsibility for the mother's predicament, initiating guilt. There is a sense of profound loneliness ... of rejection. Anxiety as to future survival – both physical and emotional – ensues. There is a sense of helplessness and hopelessness.²² A sense of profound wrongness pervades. All meaning and purpose is lost as is the vital connection between itself, mother, the family and the universe at large.

The Birth Experience is almost universal in its terror – this is the perception of the child: the opinion of mother and obstetrician matters little.^{17,19} The 'easiest' of deliveries can be experienced by the child as a catastrophic threat to survival. Hypoxia and its consequent acidosis results in a chemically induced apprehension. There is a feeling of suffocation. There is extreme pressure on chest and vault with pain and a fear of impending death. In my opinion, the Fight or Flight reaction is hereby established. There is a helplessness with anger as a result. Any further delay in the second stage results in hopelessness

and a surrender to the inevitability of death. Delivery by elective Caesarean Section may also be traumatic if only by exposure to a colder environment and the fact of precipitous separation from the safe confines of the uterus.

With survival of this terrifying experience the alleviating and reassuring factor is maternal bonding: Love. Should this be a poor quality, delayed or absent, the child's doubts are confirmed. Removal from

Neurotransmitter dysfunction may be the result of a thought, an emotion or a belief

mother, for example to an incubator, intensifies the loneliness resulting in separation anxiety. Any respiratory distress – including suctioning – aggravates and intensifies fear. These very brief and incomplete descriptions are consistent findings every day in a hypnoanalyst's rooms.

Experience in this field has led me to learn that these events underly many problems we see in our rooms and that there is a distinction between physical and spiritual threat to survival. Those patients who have difficulty in accepting their spiritual meaningfulness, inherent spiritual energy and their rightful place in this Universe are the ones whose prognosis is the poorest. Most of the failures encountered in therapy are those who lack this aspect of existence and who cannot be convinced of its validity. The usual reason for this is a rigidly resistant

Ego State which has experienced overwhelming threat, in particular guilt, and thereafter, as a 'protective' measure, continues to resist conscious recognition of the causative trauma.¹⁰

The Spiritual Self is beyond the probing fingers of Newtonian Objectivity or Einsteinian Subjectivity – indeed, it is beyond Quantum Uncertainty. Science, in this aspect, is limited. However, consider that Time, Space, All Energy and All Matter were created in a single cataclysmic release of energy some fifteen billion years ago. The Big Bang Theory of the astrophysicists^{23,24} or Biblical Genesis – whichever you wish to accept or deny. Prior to that there was ... nothing. Everything we can measure resulted from this creation or release of Energy. Every subnuclear particle, all forces, every star ... rock ... every living entity.²⁵ We are all a part of this vast energy force – it is undeniable. We all interact with it, knowingly or not. Indeed, there is a state of interchange within this pool – after all, one's own body by the age of seven has not a single atom with which one was born. There is a dynamic change which occurs and through all of these changes one thing remains constant ... one's spirit.²⁶ Every culture throughout history has its basis in this perception of spirituality.

One may speculate, in examining and stripping the human body right down to atomic level and *beyond*, in what one finds. An atom is but a system of balanced charges and forces

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– primordial energy: a system which collectively produces, and I believe is produced by, thought. To be grand ... Divine Thought ... a spiritual belonging. That stirring from deep inside when one looks up at a sky full of stars on a dark desert night. The same yearning for an unknown home we shared with ‘ET’ when the latter’s endeavours evoked tears from every pair of eyes across the globe in a powerful display not only of directing skills, but also of a strong, undeniable identification with this spiritual consciousness. Rejection of this in the objective macrocosm must result in a breakdown of order in the instruments of that energy ... mind and body.

In a pure physical sense, a completely isolated system has a tendency to pass from order to disorder – this is described as the entropy of the system. The larger its entropy, the greater its state of disorder. In its physical interaction with its environment, such a system causes the release of heat. Heat increases entropy.²³ Now, when a memory is consolidated, when a thought is conceived ... a tiny amount of energy in the form of heat is released in the activation of a neurone via neurotransmitters. As heat increases, entropy and conflicting perceptions of reality and imprinted memories result in the release of more energy with the increased activity of the brain ... disorder increases. All living matter, by temporarily maintaining its own order, increases its environmental system’s entropy.²⁴ Ultimately an homogenous inactive universal state must result – an all encompassing black hole.²⁵

This raises the question that if the universal entropy is arrowed towards ultimate chaos and maximum disorder as the physicists tell us is so, are we ourselves on a path of inevitable and ultimate disorder? This is a frightening thought – but it is only frightening when one is bound by the objectivity of Newtonian science, by the

Is the practice of medicine today only crisis management?

uncertainty of Heisenberg’s Principle, by the uncertainty of what occurs in a Black Hole, where even Quantum Mechanics becomes nonsensical. As it does when physicists, in mathematical models, get to within one second to the minus thirtieth power after the Big Bang.^{25,27}

Present knowledge limits our perception of the Universe to that of an isolated system. However, Stephen Hawking, acknowledged as the greatest mind since Einstein, believes that to preserve the Theory of Quantum Mechanics, the energy trapped in a black hole ‘goes off into another Universe’. Accident or design?²⁸

It is our narrow perspectives which threaten us, our own reactions to events which allow us to fear the future. The fear which began in the birth experience, compounding the doubts of our spiritual reality first perceived in utero. If we aspire to the best ideal – truly Preventive Medicine – then we must consider

the emotions and thoughts that result in the many diseases we are already aware of.

To conserve energy, to reduce the rate of our progressive disorder, should one not be paying more attention to the original thoughts and imprints? Promoting order at this point would encourage healing at all levels. To do this is beyond Newtonian and Einsteinian physics, it is beyond our concepts of Quantum Physics – it is in the realm of our spirituality: a fact known to and used by our distant ancestors.

There is in Man an inherent desire for truth – all learning and scientific endeavour originates here. There is also in Man a quality which sets him apart from the animals: an aspiration towards spirituality.²⁹ The driving force is Love, a seeking of fusion with the source of our existence and thereby, ultimate meaning. The Spirit provides the power, the Mind directs it.

Astrophysicists have long sought a ‘Grand Unified Field Theory’, which would unite Newtonian, Einsteinian and Quantum Mechanics Theory. Applying this concept to the Human Sciences, a more complete diagram is therefore presented below (Figure 2). Some readers may well feel uncomfortable with this concept – that, as a creation of God we are indeed a Part of God – this may be construed as blasphemous, and this point is of great importance. Such a conclusion is the result of didactic religious instruction to impressionable – hypnotically

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suggestible – children, which encourages guilt. The guilt imposed by the Ten Commandments has been perpetuated by Judeo-Christian culture. They are still given Divine Status, despite the teachings of Christ and his disciples. I refer to St Paul's letters in Galatians and the words of Christ himself when confronted after working on the Sabbath: "There is only one commandment: love thy God with all thy heart, with all thy mind, with all thy soul". A large part of Christ's mission on earth was to deflect the power of guilt as imposed by the Ten Commandments. As we are a creation of God, or a Universal energy or whatever you want to call it, it must follow that to love God is to say 'I love me'. Love your neighbour *as* yourself. This is not blasphemous nor is it self-centred. It is essential to being. Patients who have deep seated, often hidden, guilt cannot say this with comfort ... because there has been instilled in us the faulty idea of Divine Punishment to come.¹¹ The degree of this fear held in the subconscious is proportional to the power of the guilt in any individual and this destructive, poorly understood emotion exists because God is presented as a punishing being. This is an incorrect, faulty idea. Even those patients with Antisocial Personality Disorder have the origin of their condition in an event associated with overwhelming and intolerable guilt.¹⁰ If guilt could be resolved, the sufferer is opened to a quality of life previously unimagined – this quality includes his *physical* well-being.

In my own practice I use the modality of Medical Hypnoanalysis where appropriate. To me one of its great attractions is that it is totally transcultural. I do not prescribe to my patients what their beliefs should be – that is a journey they follow themselves according to their own experience, culture and aspirations during the course of their realisations in therapy.

One hopes this diagram will stimulate clearer thinking and more open minds as we care for our patients. It requires self-evaluation, vision and more responsibility, but that is the stuff which good healers are made of.

If this direction is not pursued, should we not ask of ourselves –
 Why is it not?
 Who is obstructing it?
 What can alter the status quo of current thinking?
 Where does one begin?

The answer lies in each of *us*.
 When? ... Now, of course!

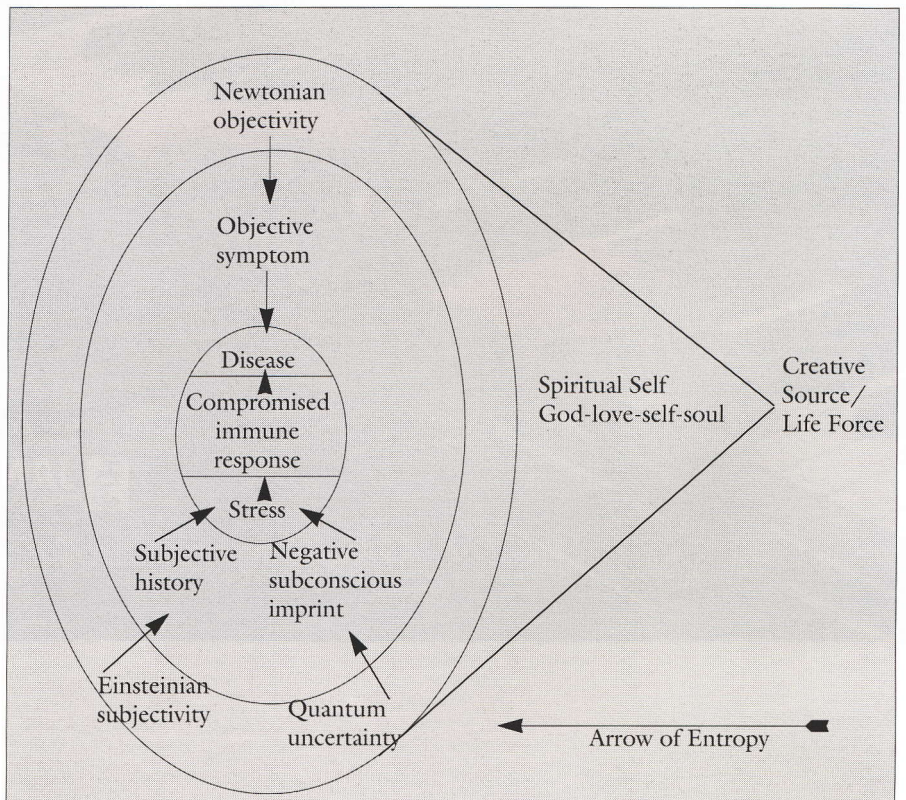


Figure 2.

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