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Through the Present – Into the Future of Psychiatry

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“The more deeply we study the nature of time, the better we understand that duration means invention, creation of forms, continuous elaboration of the absolutely new.” Ilia Prigogine

It is said that past is prologue. If so, let us move through the psychiatry’s past, describe the present and see the future.

In my almost 60 years in psychiatry, I have witnessed changes, have participated in them, and have been changed by them.

CONTEMPORARY ROOTS – 1940s AND 1950s

In 1946-47, Philadelphia General Hospital was a premiere center in the United States. Its department of psychiatry consisted of locked units containing 400 patients, with one resident to take care of all of them – me. Chiefs would come in and literally shake their fists at patients. After all, what did we have but hot baths and Phenobarbital to quiet the minds of the most anguished souls on our planet. And then, a new and marvelous instrument arrived – electro-convulsive therapy. It was a blessing and a boon, for it did quiet and save so many from the anguish they were enduring: the oh-so deeply depressed; the manics who were exhausting themselves with anger and elation; even the schizophrenics, who had nothing else. Insulin coma therapy was tried. Here people were taken down to near death (and sometimes death itself) in order to attempt to relieve the scourge of schizophrenia. That was soon dropped. Surgeons found pre-frontal lobotomy, and applied it, in order to relieve the pain, suffering and anguish of mental disturbance. Indeed a procedure of putting a scalpel through the nose, and severing the prefrontal tracts of the brain, was not uncommon. A great cruelty, it may be said, but so was the anguish. Then came the popular play, *One Flew Over The Cuckoo’s Nest*, which portrayed electro-shock therapy (EST) as the ultimate cruelty, and EST almost disappeared from the scene.

The next wave was psychoanalysis. Right after World War II, psychoanalysis arrived on the scene in a flush and flurry. The great teachers who had surrounded Freud, poured into the United States having escaped the Nazi Holocaust. Psychoanalysis was triumphant – eagerly consumed. People were hungry for new knowledge about themselves, about the mind, about society. Woody Allen made a career from his adventures in psychoanalysis. All this was easily understood, for before that science had thought of the mind as a rather flat surface, containing only that which we see, feel, hear, touch, taste. Now Freud had opened a new and vast territory, at first very frightening to science, but now science was eager for exploration.

Psychoanalytic institutes sprung up everywhere. Students were rushing in for training. In some ways it was a halcyon time for study. The inspired fever of the Freudian pioneers was transmitted in terms of study, adventure, discovery. But – as so often happens, the adventuresome, even courageous spirit of the pioneer was absorbed in “establishment,” and then establishment became anti-pioneer. This happened to psychoanalysis at a time when it could have spread its fundamental and very important knowledge of human behavior, and indeed of societal nature. Instead it went into a self-created ghetto, to prevent what Freud had described as “the pure gold of psychoanalysis” being alloyed with lesser metal. Too bad! For the principles of psychoanalysis contain very important insights into how we function at a deeper level – and parallel to that, how society itself functions at a deeper level – and again, the world community. These insights, joined with the ever growing knowledge of the mind, could have led to even greater power in dealing with the problems of the world. But – psychoanalysis was gradually swept aside, to be represented by those who did not fully understand it – and thus defamed. I contend that in terms of the present, it is too bad that we have lost the very fundamental principles of: 1. How resistance (the way we fool ourselves into un-knowing) is present and to be dealt with; 2. How the primitive instincts within us can become refined (sublimated) into creative, even altruistic, energy; 3. Transference – how we transfer patterns learned early in life relating to our original care-givers, onto those in the present (and unconsciously so), directing so many of our attitudes and actions, problems and prejudices, as well as talents.

Next came behavior therapy. Joseph Wolpe was its chief advocate – and very practical it was, taking people and training them to become unafraid of their phobias, deconditioning them – even using mental power to do so, for instead of gradually invading the phobia (physically) they were enabled to do this mentally – step by step – with positive results. Operant conditioning arrived. Here the environment was set up to shape the neurotic personality into new and more acceptable forms. This was portrayed graphically in the movie, *A Clockwork Orange*. Both Operant Conditioning and Behavior Therapy opposed and derogated and defamed psychoanalysis. They were its antagonists and made contributions as did analysis. But what was required was a melding. And this has occurred in the present in terms of the popular Cognitive Behavioral Psychotherapy.

EAST MEETS NEW WEST

All throughout this time, there was a growth (in the 1960's) of a humanistic trend. Abraham Maslow led the way – and we began to think away from what was wrong with a person, and into what was best, highest and finest. And so humanistic psychology arrived upon the scene. At the same time Gurus were being imported from the East, bringing with them a great interest in Eastern psychology, beginning with Alan Watts, and all this combining with humanistic psychology and the spiritual side of things.

Now Carl Gustav Jung, who had been set aside by the interest in Freud and Freudian psychology, became prominent, with his combining East and West in his psychology. Another of Freud's former students, Wilhelm Reich (later to be excommunicated by his colleagues) brought his genius and pioneer studies to bear, followed by his students, leading to the many body therapies that are popular today. And

so we have the beginning of Bioenergetics in which psychology and body therapies combined to bring new advances in the growth of mind and personality.

THE PHARMACEUTICAL AGE AND MANAGED CARE

The next wave was biological psychiatry. In 1960 Thorazine, a true chemical restraint for schizophrenia, was produced, and brought relief from the suffering, the sometimes unbearable suffering that they bore. Thorazine was applied liberally. Schizophrenics were released from years and years and years of residence in state hospitals, only to be encountered as street people a little later. Marsilid was discovered. It was found in the course of treatment of tuberculosis, when it was noticed that those who received it would suddenly feel better – would come out of their depression. And so – it was applied in depression and it was marvelous, except that in a few cases the liver was destroyed in the course of fulminating yellow atrophy. It was dropped, but it was the beginning of the Mono-amine Oxidase (MAO) inhibitors that are still in use.

Soon came another class of drugs, the tricyclic anti-depressants such as Elavil, Norpramine, Vivactil, Sinequan – and all of these gave hope and relief from depression – but they had side effects and were dangerous for those who had suicidal tendencies. Now – psychiatry felt respectable. Psychiatrists were accepted as “real doctors” since they had medication to prescribe. And certainly, psychiatry was now being supported with grants by the government as well as the pharmacological industry. Later the tricyclic anti-depressants were replaced by a new class of drugs which had fewer side effects and had lost their lethal proclivities – the selective serotonin re-uptake inhibitors (SSRI's) such as Prozac, Wellbutrin, Zoloft, Paxil – bringing great relief. In its wake came a class of psychopharmacologists in psychiatry – well-recognized for both expertise and the assistance they gave and give. They were welcome and well-supported by research grants from the federal government and from the pharmaceutical industry.

Parallel to this came the impact of managed care from the insurance industry. At first, insurance validated all kinds of psychiatry including years and years of training in a psychoanalytic training analysis. They were burned and became cautious about dispensation in psychiatry. And so – we began to look around for fast cures, not only because of this event, but also because of the enormity of the medical budget. And so – planning came upon the scene in the form of managed care. Managed care began as a rather small effort, but it grew rapidly because of being funded by the business community which had grown tired of the high cost of medical care. As it grew it spread its tentacles over every aspect of medicine and squeezed the practitioner more and more into the box called profitability. Parallel to this, psychiatry became more and more pharmacological and biological minded. And now it is practiced as a specialty which is largely limited to diagnosis and the administration of drugs – resulting in a large loss of the humanistic and idealistic pursuit with which medicine itself began.

This brings us to the present, with psychiatry being specialized more and more in its chemo-pharmacological base. At the same time the practice of personality investigation and personal growth has been relegated to another class of therapists, including psychologists, social workers, addiction counselors. Thus there is an essential separation between the biological-minded (the psychiatrist) and the psychotherapy minded (all others), with managed care choosing those who are the least trained and yet licensed, for the sake of greater profitability.

COUNTERFORCE

But there is a counterforce. Society itself is protesting as it grows more and more whole, more and more global minded, more and more holistic. Alternative medical care has grown by leaps and bounds, and universities, and even the pharmacological industries have begun to pay attention, because our American public has been willing to dip deeply into its own pocket to support alternative and

complementary medical care. This is so astonishing when we see that the total spent for alternative care is greater than that which insurance pays for classical care. And so this movement has made its appearance in hospitals and universities.

And that is the present state of affairs: Psychotherapy growing but growing in the nature of fast-food delivery – reaching more and more people but with an accompanying neglect of the deeper portions of the personality and mind. As a counter-force, there are new techniques at hand that depend on the new discoveries in energy medicine – and this leads into the future.

ENERGY MEDICINE – THE NEXT FRONTIER

In the late 1960's and in the 1970's, biofeedback (feedback of biological signals to educate how the mind is reflected in physiology) arrived. One of its pioneers, Elmer Green, established the voluntary controls department at Menninger Clinic in Topeka, Kansas. Menninger's was the Harvard of psychiatry at the time. This led to new knowledge – that the mind could control the so-called involuntary nervous system – that which controls the heart, the blood pressure, etc. Continued studies revealed, along with electro-encephalography, the deeper physiological portions of the mind. Meanwhile, physics had come along to re-orient both itself and our entire view of the world. The atom was smashed and quantum physics arrived upon the scene. Now it was revealed that there is an entirely new world, unseen by physicists and by ourselves, a world in which nothing is essentially solid. No longer is the atom the billiard ball, the ultimate indivisible unit, but the atom itself yields to the fact that it is also comprised of waves of energy. $E=MC^2$, meaning that mass dissolves into energy and energy can become condensed into material weight. Along with these come new studies in the power of the mind and the power of magnetism. So far we have relied upon body chemistry. The new studies are quite revealing about the chemical transfers within the body, but even they lead to the holistic view of the universe, which is parallel to the discoveries of modern physics. Candace Pert discovered endorphins, the body's own store of morphine, and then she discovered the analogues of valium and other tranquillizers, body-made. She found them, not only in the brain and nervous system but all over the body, and that these in turn communicate and connect each cell of the body with each other, revealing a holistic community within the body itself. These are discoveries in chemistry. But there are other discoveries in which Jim Oschman shows that the connective tissue which covers every organ, indeed every cell in the body, continues through the cell wall into the cytoplasm and even through the nucleus, undoubtedly ultimately breaking into waves of energy. This connective tissue system provides information flow. Every time the tissue is bent as it inevitably is in movement, there is an information flow called the piezo-electric flow along the connective tissue. This comprises a parallel communication system that acts in tandem with the conventional central and peripheral nervous system, providing faster communication indeed, and certainly more holistic communication. This discovery is rapidly accompanied by others. And so – Professor William Tiller has shown that intention itself can be implanted through meditation into material structure, which he has called an Intention-Imprinted-Electronic-Device (IIED), and that this structure can change the very atmosphere of the room. He has shown that intention, or mind energy, can change the pH of water, can accelerate the development of fruit fly larvae, can change the constituents of a quartz crystal – and that all this mind energy can be studied with extensive and exhaustive research methods, finding all to be consistent with burgeoning knowledge in quantum physics.

As these studies proceed into the energetics of the mind, we enter the domain of thought and above/thought into that of the intuitive mind – the High Mind.

Thus, what I see as the future of psychiatry is the future of the Mind in the larger sense. Psychiatry and the study of the mind will lead to a new orientation in every realm: Physics which will continue to investigate the power of the hidden waves of mind emanation; personality which will be

influenced by the knowledge of telepathy; heart-centered relationships; society which will have found abundance not only in the use of the free energy of space, but also in the use of the high pleasures of realizing the holism of the persons we are, and holism of the society and the universe itself in which we live and of which we are a unit, while at the same time we embrace the totality of the universe in our extended mind-full-ness.

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POINTS FOR THE CLASSROOM (send comments to forum@futuretakes.org):

- *A number of mental disorders are associated with imbalances of neurotransmitters, for example – but are there any disorders that might be less prevalent in some parts of the world than in others – or that might not even be regarded as disorders in some parts of the world (for example, in a society that values different types of behavior)?*
- *Pressman also raises interesting points about healthcare paradigms. For example, a prevailing paradigm in parts of Western culture is the "silver bullet" approach or fast cure. Will there be increasing interest in the more holistic approaches of the East – approaches that target the underlying causes of various disorders and that in some cases require more "down time"?*
- *Will any particular paradigm for purchasing healthcare become more dominant in the future – for example, fee-for-service, managed healthcare plans, or perhaps a new approach?*
- *What is driving the interest in, and self-funding of, alternative and complementary healthcare – quality of life issues, pursuit of longevity, dissatisfaction with mainstream healthcare, interest in Eastern thought and philosophy, etc. – and will this trend continue?*
- *What will be the implications of energy-based medicine (which scientific studies are now validating) on healthcare?*

Share your thoughts with our readers worldwide!