

Andrew Rossabi

## Interview with Morton Schatzman

Concluded

*A lot of these techniques were described in Alex Comfort's book The Anxiety Makers. Doctors seem to have a lot to answer for. Nowadays, of course, doctors don't claim masturbation drives you crazy, they say it's OK but not 'in excess'.*

That's true. They don't any longer say it is the cause of mental illness but say it can be a symptom of mental illness. It's in the same general category as bed-wetting, nose-picking, and so on.

*Psychiatry seems increasingly to be fulfilling the sinister role predicted for it by science fiction writers, acting as custodian of the political and moral status quo. I am thinking of aversion therapy in the treatment of homosexuals, and the sensory deprivation tortures practised in Belfast internment camps.*

I think medical practice, particularly psychiatric practice, has always reflected widespread ideologies. Psychiatry, and in particular psychoanalysis, has challenged and repudiated those ideologies but they have also acquiesced in and embodied them. I think it would be interesting to convene a conference to subject medical practices - with or without psychiatry - to discussion and criticism. A lot of procedures that go on ought to be looked at: for instance the way in which the woman and her husband are isolated from each other at childbirth. At medical school we were taught that 'pregnancy is a disease'.

*At the Charing Cross and some of the more enlightened hospitals, however, they do let the husbands be present.*

At the delivery, but not to sleep in. One can regard certain things as owing to a sort of medical imperialism. For instance, take a normal event like masturbation or wet dreams or pregnancy. Call it a disease, and then bring to bear the medical system to treat it. A baby's greeting in this world is to be turned upside down and slapped. I don't know how much of that ritual is necessary medically; while the baby is held upside down, the umbilical cord is cut immediately with scissors and tied with thread - I don't know what people did in cultures that didn't have scissors and thread. This seems to me possibly an unpleasant form of entree into the world.

Peter Lomas, an English physician and psychoanalyst, recently has written an article in which he notes how hospital procedures pare down the woman-hood of women in the perinatal period. He notes that medical staff shave the woman's pubic hair at delivery, isolate her from sleeping side by side with her newborn baby and with her husband after delivery, and generally infantilize her before, during, and after delivery. The prohibition against sexual intercourse in late pregnancy and in the post-partum period is another example. He suggests much of what is done in the name of medical necessity has the result of

preventing the mother from regarding herself as a mature human being. He wonders if male envy of women's creativity in giving birth might be at the root of it. It's an interesting hypothesis, though hard to prove.

I'd like to see some discussion about this, and about what could be done to make certain major events in life, now under medical authority, such as birth and death, at least more pleasant. What happens to people who are dying, particularly if from a disease that doctors don't know how to cure, is often unpleasant. A cancer patient, for instance, dies alone. Often doctors and nurses don't want to talk to him. They can't tell him the truth and he knows they can't. He feels uncomfortable and they feel uncomfortable. Everyone deals with the situation by not going near him. The doctors feel impotent because they don't know how to deal with the disease medically. Often, the family of the patient lie to the patient and to each other about what their state of knowledge is. Tolstoy's *The Death of Ivan Ilyitch* gives an excellent account of what goes on *today* around the dying person.

*As a matter of fact, I've had some experience of cancer wards recently - as a visitor, not a patient. The whole process of mystification, the withholding of knowledge and information, the doctors' and nurses' smug condescending assumption that a layman is incapable of penetrating the arcana of medical theory and practice, all this makes for a highly paranoid situation. The word cancer, of course, is never mentioned. 90% of patients don't even know they've got cancer - they think they have cysts or something. They don't even know what's being done to them either. Radiation, for example, they think that's some form of heat treatment. There is a conspiracy of silence; the mystification is total. Not only birth and death, but life too - the whole technique is one of language. Sex is*

*a medical word. It's got a cutting edge, echoes of exorcism. Masturbation is a medical word. Penis is a medical word. Vagina is a medical word. Impotence and ejaculatio praecox are medical words.*

I should like to see hospitals turned into places where people could be seen as voyagers on journeys or transitions in their lives, from one state to another. Often an event like a heart attack brings about a revolution in an individual's style of life. It has been my and many people's clinical experience that if someone has an acute heart attack it seems to be the end-point of a depression, an irritability, a dissatisfaction with life that has been boiling up for six months or a couple of years before that event occurs. Often after the heart attack an individual's style of life changes, so that a heart attack and possibly many other diseases can be regarded as the body's way of expressing its dissatisfaction with the status quo. I'm not saying that it is necessarily so in all cases, but a major illness often appears to function in that way: it brings about a change in an individual's style of life, as well as in his relations with the people closest to him and with his work: I do not know if that is the *intention* of the illness but it seems to be its *function*.

Hospitals could provide more pleasant ambiances than they now do, for instance architecturally. Just as mental patients do better if they are treated not as if they were ill, but as if they were going through a major change in their lives, in the same way, staff in medical wards might, as well as giving people medical treatment - they of course need that - regard patients as people who are going through a transition from one phase of life to another, certainly in respect of death.

*I'd go along with that. Many illnesses seem much more than mere coincidence. Hospitals, whether general or psychiatric, tend to accentuate the split between mind and body, whether regarding individuals as lumps of flesh, bone and tissue or as brains with faulty chemistry.*

*Something has gone wrong with the machine. The patient's feelings, however, about his or her illness are completely ignored. There are no specialists in emotion nowadays, least of all doctors or psychiatrists. Have you read, for instance, any of those medical books about how to tell a patient that he is dying?*

Oh yes. There has been some interesting work done with LSD in this regard. Eric Kast, an anaesthesiologist in Chicago, intuited that the pain cancer patients felt might be made worse by their knowledge, or their knowledge without acknowledgement if you like, of the disease that was occasioning the pain; and possibly, that if their attitude towards the disease was changed, they might need less analgesics. The aim was to try to diminish the dosage of analgesics the patient needed. He gave some cancer patients LSD and found they were able to talk about their diseases and their deaths with an effect he said he found unusual in his experience - they were able to adopt a detached attitude, a calmness and equanimity that he found remarkable. One report I read had a nurse speak of her life as being simply one episode in a whole incarnational history that seemed reminiscent of the themes of Eastern religions, although she had no direct experience of eastern religion beforehand. He found people needed far fewer analgesics during the weeks following the LSD experience. That study has not been repeated, as far as I know, as it ought to have been.

*Can we talk about the use of LSD in psychotherapy? For instance, its value as a means of recovering lost childhood memories, or uncovering early repressed experience? People often use the word regression in this connection.*

The concept of regression needs re-evaluation. What is called regression is often, in fact, a return or a recession back to a time before repression. 'Regression' can be seen to be a confused attempt to undo repressions that one was induced or

persuaded to bring on oneself early in life. Some people, in order to make themselves whole again, may need to go back to a time even before they were born, before they were incarnated. There are many interesting reports of cases of people who have done that, with or without LSD, in or out of psychotherapy. It seems to me this is another project that urgently needs to be explored. The religious historian, Mircea Eliade has indicated that other cultures than ours have used a method of psychotherapy that involved a return to eternal time, a time that pre-exists and underlies all the time that we now use, historical time, a return to the amorphous and chaotic state that existed before the universe came into being, and which in some sense exists all the time for people who experience it.

There are heavy injunctions in this society against an attempt to enter that. People who get into this state are accused of wanting to be dependent on other people, wanting to be infantile. Now somebody in this state may have a physical need to be taken care of but he may wish no more than you or I do to *have* to be taken care of. It is as if he was putting his body in the care of someone while he was working on his mind, like a deep-sea diver who has people above water to monitor his oxygen and other physical needs.

*This presupposes a very close relationship between the 'patient' and the therapist. Many people might think such a dependence dangerous. One has Burroughs-like visions of the degree of control a malevolent therapist could exert. This of course applies to the whole analyst-analysand relationship in general. I was reading Brother Animal, the story of Freud and Tausk. Freud seems to have been a very authoritarian, patriarchal figure, wielding immense influence over those closest to him. Being rejected by Freud was like a sentence of excommunication. It seems to have driven Tausk to suicide.*

Many people around Freud projected on to him their own wishes to be taken care of and formed towards him what might be called primitive transferences. Tausk was one of them. In any relationship where one individual entrusts either his body or his mind to another human being, there is room for abuse. The analysts have powerful techniques at their disposal, using just words and air, no drugs, to influence an individual.

One can't talk about drugs apart from the social context. One can only discuss the so-called psychedelic drugs in the context of the social setting in which they are administered. One can administer a drug in a medical atmosphere - clinical, white coats, laboratories, measurements, tests and so on - often in this case the subject feels ill or develops a strange bodily feeling that he construes as evidence of sickness. And whether a person has a 'hallucinogenic' or 'psychedelic' experience depends to the greatest extent on what the person with whom he takes the drug expects him to have.

*Yes, but it would seem that the act of regression, of return to the innermost source of one's being, can bring about another process, that of psychic disintegration. Can the therapists guarantee that the subject will ever return whole again after the experience?*

There is no guarantee, no more guarantee than that anyone will get back from the moon.

*On the subject of the moon a lot of people who are called paranoid claim to be in contact with other planets and universes.*

People who say so are also reflecting in their cosmologies their differences with and distance from their families of origin. One can adopt, in relation to certain people who are diagnosed as paranoid or schizophrenic, the position that they are undergoing shamanic experiences and are seeing into the nature of Reality more clearly than most. I think that what often happens is that they are confusing their own childhood programming with their visions of the cosmos. At least it seems to me there are striking correspondences between what I know of their families and what appears to be the so-called psychosis. Whether what they see has any further validity, whether it is a vision of Reality, I am not prepared to say.

Certainly many people who are regarded as paranoid are correctly seeing that they have been and are being persecuted. There are some interesting connections between paranoia and persecution; as in Russia now, where people who have what the authorities consider 'reformist ideas' are labelled paranoid; anybody who feels persecuted in that kind of debate they say must be paranoid, so that 'reformist ideas' are considered a symptom of mental illness in Russia. We have not got to that state here yet - I mean in relation to macro-political dissent - but in many families if an individual feels persecuted by his self-defined 'normal' parents, then they feel there must be something the matter with him.

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