

Spirit. Psyche. Soma

Annual Shrewsbury Lecture — 1976

Shrewsbury Friends Meeting

Shrewsbury

New Jersey

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INTRODUCTION

The Shrewsbury Lecture is sponsored annually by Shrewsbury Friends Meeting, Shrewsbury, New Jersey on a subject of current interest in religion.

This year's lecture is related to religion and psycho-somatic aspects of disease. It was arranged by Lewis Hoskins of Shrewsbury Meeting.

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SPIRIT, PSYCHE, SOMA

In the best Kierkegaard tradition I approach this subject with much fear and trembling. This is the very frontier of medicine — psychiatry and religion at this time — and I do not feel that what I have to say is by any means an absolute. It will be a look at what we now know which I think is merely scratching the surface of what is to come. I personally feel that my ability to stand here with you today is very much tied to my own spirit and it is tied to my discovery of Quakerism although fortunately my spiritual evolution preceded my arrival in the Society of Friends. I brought with me today as a reference a reprint of an article that was published about six or eight years ago in the Friends Journal, A Psychiatric View of the Mystical. It summarizes my viewpoint at that time on spiritual and mystical development.

In preparing for this talk I might tell you that when I asked how long was to speak, “As long as your conscience will let you,” was the reply. so I have to take off my watch and note the time. I will try to exercise my conscience in this regard. I had planned, by the way, for this speech to be about 30 minutes and I would suggest that at the end of it we have some silence. If you want, after that we can have some discussion and I hope that what I say will be of value. I am going to be autobiographical with you because I believe that may be of the greatest help to you, if you understand what I have been through in this regard and I am not going to give you all of it but I am going to give you what I think is the significant and useful part of it.

My first mystical experience occurred in World War II while I was fighting in Germany and it occurred on a day of intense stress. I was praying fervently. I did not know what had occurred but I knew that an intense feeling of well-being, calmness, and silence had settled over me. I had a feeling as if I had no body boundary. When I had my first contact with the training psychoanalyst in my analytic training, he “assured me” that I was either “hysterical or schizophrenic” at that time. Then he added, “Maybe I (the analyst) just don’t understand it.”

There were several other such episodes occurring outside of severe stress which I wrote about in that article and I do not regard myself as either hysterical or schizophrenic but I regard it as a valuable experience. It is a reinforcing experience. The subsequent experiences have been the same and I believe that when we come to Friends meeting we come in the interest of having such an experience. In my own lifetime I have only had five or six such experiences and most of them have not been under what one would call stress. It is of interest that out of adversity comes our strength. Much of my strength came from that experience of being shot and being rehabilitated and having to face the stress of recovery and eventually getting up and going on and trying to find out how that adversity could be used.

I want to be more didactic and in preparation for this it would be well to know the official definitions of the words spirit, psyche and soma. We are actually talking about the spiritual leading but it is very much involved with psychomatic problems and the dictionary definition of spirit is the principle of conscious life, the vital principle in man animating the body or mediating between the body and the soul. That last word, “soul” is defined as the principal of life, feeling,

thought and action in many. It's regarded as a distinct entity, separate from the body; it is a spiritual part of man as distinct from the physical part. There were many definitions for soul and as I looked down them the fourth one also struck me as important in regard to what we are discussing. The fourth definition was "the emotional part of man's nature, the seat of feelings or sentiments." Psyche had two definitions. One was "the personification of the soul" and in the original Greek this personification of the soul very interestingly was expressed in the name psyche as being the form of a beautiful girl. In mythology psyche was loved by Eros and this has some pertinence to us today. The second definition of psyche was the human soul, spirit or mind. It became obvious as I read these definitions that the interlocking creates a good deal of confusion in between. Now soma was much clearer — the body of an organism as contrasted with its individual germ cells. In other words, when we talk about our soma we are talking about that collection of billions and billions of cells which our body represents — all originating from one original cell. (All programmed to eventually self-destruct).

In putting this material together, I found that the literature every week is filled with relevant experiences and research and I am going to try to summarize those most recent developments. One of the strong points would be C. J. Jung who was always interested in the spirit and, as many of you know, he was the son of a Calvinist minister. He and Freud split on that varied attitude about the importance of the spirit in psychology. It is not well known but I have been told this by people who were there that at the time of the split that Jung and Freud had been engaging in a mutual psychoanalysis, each analyzing one another for six hours a week. This had been going on for about three months at the end of which time they agreed to disagree and separate permanently. It strikes me as having some ramifications of currently popular re-evaluation counseling. Some of the material that Jung emphasized was that in each person there is a collective unconscious which is an accumulation of all of the experience of the past. He believed that there was also a cultural unconscious in each group. I personally believe that there is validity in this view and that this collective unconscious and cultural unconscious which each of us have, helps to set our own spirit and our direction during our $600,000 \pm$ hours of existence.

There is a young physician who is doing cancer therapy with drugs and X-ray. He had an experience which Jung would empathize with. He was suffering from a severe depression himself and was engaging in some biofeedback and transcendental meditation. His name is Carl Simonson and his interest had led him into the treating of cancer victims through conventional medical means. While he was doing his transcendental meditation and experimenting with biofeedback, he had an experience which I suspect was mystical in its origin but in it he had two feelings, one of which was that he was all evil and the other was that he was all good, and was capable, if he utilized his good side of being very helpful to people. He embarked on his career which was already launched in treating cancer and he was quite conservative. He approaches cancer with the conventional radiotherapy and chemicals. But as he thought about the technique he decided about three years ago to separate his patients into one group which was treated conventionally and one group which was treated conventionally plus "spiritually." One might say, "Well, how could you treat a cancer patient spiritually?" What he did was he asked his patients if they were willing to try a spiritual treatment along with the conventional. He asked his patients if they to do

the following: All of his patients knew that they had cancer and they were asked to visualize their cancer as a collection of wildly growing but weak cells who were being attacked by an army of white cells (which is true). and to meditate on this for many minutes each day in conjunction with their chemo- or radio-therapy. He also stated that he felt as many physicians, myself included, feel, that cancer is a disease which we all have, probably at least once a month. But our immune system successfully attacks and suppresses it when a wild cancerous cell appears in our soma. The immune system immediately attacks it with chemicals and other white cells and overwhelms it. But his patients, over the last three years, who have been treated with this are quite interesting.

Let me say that I do not feel that there is enough follow-up at this time to state it is unequivocally, scientifically important, but it is exciting. He had one patient, who is a 61 year old man who weighed 98 pounds. He had a five-year history of throat cancer and Simonson said. "I taught him to relax and mentally picture his disease. Then I had him visualize an army of white blood cells coming and attacking and overcoming the cancer cells. Within two weeks the cancer had noticeably diminished and he was rapidly gaining weight." The physician found this somewhat frightening because it was such a violation of what he had expected. It was a total turnaround and he had had other forms of treatment. He said. "I wasn't sure what was going on and I didn't know what I would do if things went sour." But they did not go sour. The man had a complete remission. "He is alive and well and we are now close friends and it has been about three years since this occurred," Simonson says. He goes on with some other case histories which are similar to this and there was one patient who totally did not respond to the treatment. I will mention that in a moment, Simonson himself states he visualized the cancer cell as a weak and vacillating cell. Often the fears of the psyche are a mechanism. The fact is that all of us have had cancer many times without knowing it and our white cells in the immune mechanism have defeated these weaker cancer cells routinely. His patient who did not go into remission states that he did not follow Simonson's advice, and did not tell the physician. But he refused to accept the suggestion about visualizing his cancer as being under attack. His policy, which he had had all along, was that the cancer was a large rat that was eating eggs, which were the white cells. He did not respond. I think it is of interest what this man was doing and he feels that the result is too early to be definitive, but he now has a fairly large collection of remissions and this report I am giving you was written about eighteen months ago (Fall 1974).

Now this was some of what I thought was important in regard to looking at the spiritual side. I also want to cite George Fox who had a grasp of it. What we are talking about is not truly new but the weight that we have given it is more serious and we are more aware of it than we would have been 30 years ago. Fox reported as follows: "I was under great temptation sometimes and my inward sufferings were heavy but I could find none to open my condition to but the Lord alone, unto whom I cried night and day and I went back to. And there the Lord showed me that the natures of those things which were hurtful without were within. In the hearts and minds of wicked men the natures of these I saw within, though people had been looking without and I tried to avoid saying, 'Why should I be saying I was never addicted to commit those evils', and the Lord answered that as an equal I should have a sense of all conditions. How else should I

speak to all conditions. And in this I saw the infinite love of God. I saw also that there was an ocean of darkness and of death but an infinite ocean of light and of love which flowed over the ocean of darkness. And in that also I found the infinite love of God and I had great opening.” I believe that Fox is talking about the spiritual evolution when he talks about the ocean of light and love overflowing the ocean of darkness and death. 250 years later Freud would call it Eros and Thanatos. I also believe that today in psychological terms we talk about this as that part of ourselves which is the ID where all of those both crazy and socially acceptable impulses reside. Sometimes we are called upon to exercise them either inappropriately or appropriately. I say that appropriately, the only time that I have been able to exercise my wild ID impulses with social approval was when I was in the war and at that time the government had given me a permit to kill and loot and rob and behave in a generally anti-social way under the guise of the war — thereby supposedly furthering U.S. Government policy. As I look back on it, it was a very chaotic period as are all wars. And indeed, I regard war as outbreak of national psychoses. Of course ID behavior is routinely acceptable in marriages, dining, sleeping, and other every-day biologic activities.

Adversity teaches us to pay attention to what are ordinarily the well accepted pleasures of living and which we would otherwise unthinkingly take in stride. Personally I have found that when I have been injured or in some way life-threatened I suddenly find that I enjoy much more the taking of a breath and the exhaling, the perception of life and darkness. As I was driving here today I thought about the trees, the flowers, and the grass. It is a magnificently beautiful day and we should enjoy it as much as we can. There is the sunshine, and there are children and there are other people and we should enjoy ourselves. In fact, I believe one of the most difficult things to convince people of is that they should “Love thyself and enjoy thyself!” We should be aware of the guidelines of freedom in the society. Freedom does have more rules than tyranny which has none. These guidelines (rules) facilitate pleasure.

One of the things that George Fox was talking about was hope. In order for anyone to function in a mentally healthy way he has to have hope, he has to have a sense of self-worth. Without this hope, one develops a feeling of pessimism and cynicism about not only the present but the future. I have found that my patients who have had critical organic ailments have usually fallen into such a state before the onset of such difficulties. And I do not believe that anyone develops a serious illness such as a cancer or high blood pressure and so on in response to stress or as a solution in a willing sense any more than they get a cold because of difficulties at the office and they sense this as a solution. This is all on an unconscious level. The diseases that appear today in an organic sense, the ones that are most common that are tied to this interlock between the psyche, the soma and the spirit are usually identified as stress diseases. Physicians feel more comfortable with that identification because they feel they have a better understanding of the soma and of the psyche without the spirit. These diseases in our society are identified as high blood pressure, ulcers, heart attacks, strokes, and also may include neurosis and psychosis. They all are a manifestation of this body, mind, spirit interlock. Cancer, which may be part of this, is a one-way decision once the spirit, psyche and soma have chosen it.

In the March 1976 New England Journal of Medicine, there was a very interesting report of a 39 year old very healthy male educator who was admitted to the hospital because he had had cardiac arrest. He had the good fortune to be married to a nurse and at the time he developed the cardiac arrest he was rough-housing with his two teenage daughters in the living room. His wife, seeing what had happened, had applied cardiopulmonary resuscitation technique. An ambulance had been called and he was fully revived at the hospital. But they then did some research on him and discovered that when he was discussing with the psychiatrist his feeling about his wife and children, especially his daughters, the cardiac irregularities had appeared in the cardiogram. They found that he was denying any kind of incestuous feeling toward his daughters who at this time had become very attractive young ladies. Psychiatrically it was believed that his arrest phenomenon developed out of this denial mechanism. He was treated psychiatrically at the hospital in an intense but somewhat brief manner and was discharged on medication. As of the publication of the article he was apparently sound and in good health. But this is an example of the ability of the mind to bring on cardiac arrest. Had he not been at home with a woman who knew how to revive him he would have been part of our statistics — a fatal heart attack in a young man — and this mechanism would not have been elicited.

Two physicians on the West coast, Holmes and Rahe had evolved a stress scale with 43 stress points to it. Most of us accept stress as part of our life. Having to give a speech would be stress and having to listen to one would be stress! But if you move geographically that is believed to be a greater stress, depending of course, upon the speech. If you lose your job that is a stress, a significant one. If a child is born, that is a stress. Moral conflict is a stress. Christmas is a major stress and so is New Year's — even more than Easter and Thanksgiving. The start of a school year is considered to be a stress. Examination periods and times when passing or failing occurs are stress points. If a person flunks an examination that is a stress. Also, of course, a major stress is a marriage, separation or divorce. Or a remarriage. And of course, a death of a mother or a father or a spouse or a sibling or a close friend. These are all stresses. And they have found that if a certain number of stresses occur simultaneously the likelihood of a heart attack coming at that time goes up markedly, or a stroke or the appearance of some organic disease. There have been a fair number of studies on these linkages and I would like to cite a few of these for your education and information. A physician in Rochester has been studying identical twins, one of whom developed leukemia and the other did not. The series is small but it was found in the leukemic trend that all of them had had a serious psychological upset, a few weeks prior to the onset of the leukemic diagnosis. Some physicians published in the medical literature prior to Nixon's resignation that if he did resign he would develop blood clotting phenomena of the legs due to his prior history of it as secondary to the stress of the process. Also he would be threatened with dying from it. You may or may not remember, that this same stress phenomenon operated in the death of Senator Joseph McCarthy, after his censure in the Senate. He died not too long after that from a fulminating liver infection.

Thirdly, I want to point out that physicians have been studying air traffic controllers. And there are two categories of air traffic controllers. The second class licensees in this group do not have the same front line experience as the first class licensees. They found a much lower stress

level in the second class group of the diseases of high blood pressure, ulcers and diabetes and of course, the secondary phenomena of these diseases which are heart attacks and strokes. Two physicians who wrote a book recently about Type A and Type B persons and heart attacks. One of these physicians had had two heart attacks and he was a Type A person. These are Friedman and Rosen. The Type A person is the aggressive, time urgent, competitive, highly successful individual in our society. And this personality pattern is considered highly desirable in men and in part, I am sure, is responsible for the heart attack epidemic in men that occurs between the ages of thirty-five and sixty. It accounts for so many young widows in our society. For some reason, physicians are considered to have more stress than the average person so that at Johns Hopkins University one of their graduates, Caroline Thomas, had been studying all of their medical students for the past 30 years as they graduate and go on. She has now accumulated a good many statistics on physicians. She finds that those physicians who have died of heart attacks were identified on the psychological study done at the time they were students as "high gear" people. Also they have a good sample of suicides amongst their graduates and have found that they "were not close to their parents in childhood." Some other studies on suicide that were done in Norway and in Sweden are quite interesting, because Norway and Sweden have the same genetic group in each country but the cultures are slightly different. The Swedish suicide rate is much higher than the Norwegian and the major cultural difference is that independence is much more encouraged in Norwegian children whereas maternal dependence and family relationship is much tighter in Sweden. This may be another background factor. An interesting thing about Sweden is that with its medical care system the Swedes have one of the longest life expectancies in the world. I believe that probably in Sweden if you do want to leave, the doctors are so effective that the only way you can get out is to commit suicide. We are now being confronted with that in this country. When you are ready to die you can be attached to a machine and you will not be able to leave.

The physicians who developed cancer seem to be very low gear people and seem to deny being susceptible to stress and apparently the stress, when it did manifest itself came in this form. Hans Selye, who lives in Canada, has been one of the pioneers in this area. He showed very clearly that the body and the mind are interlocked and traced the brain pathways to directly over the pituitary gland in the hypothalamus and in the pituitary. He showed how these nuclei stimulate the release of pituitary hormones and affect the adrenals, the thyroids, and other glands with a secondary effect on our behavior. There is a couple in Philadelphia, the Bahnsons, who have been working on the relationship between stress and disease and they have found that if a person has a psychogenic depression it increases their susceptibility to disease. Their chemical study of the immune system shows a decrease in the immune system operations with depression. In other words, if you become depressed psychically, your immune system also becomes depressed and therefore you become more prone to infection, colds and so on.

The last study I want to cite is the recent study on mice and in this study they had mice who were subjected to anxiety phenomena by continuously shaking them. This was a cancer-prone strain of mice. One hundred mice were divided into two groups and one was shaken and one was not. The anxiety subjected (shaken) group developed cancer much more frequently than the other group. This form of cancer is probably transmitted virally. The question is, how does this apply

to humans. In humans we have positive or negative thoughts. I personally believe that if you have a positive mental set you are not as likely to develop disease. Also, if you develop a disease and you have a positive mental set you are more likely to recover. I would even add that if your physician has a negative mental set you are less likely to recover and if he has a positive mental set you are more likely to recover. Most patients sense this.

This is a medical frontier and I can only take you across it in a hypothetical way. But I do believe that there is a spiritual linking of the body and the mind. Probably one of the most crucial aspects, is the rule of hope that the spirit gives. This enables the mind and the body to go on. If we do not have hope we collapse and of course hope is tied with love. Love from other people, love of ourselves and giving love to other people. I, myself, maintain my own hope on some of the following premises:

There is a plan — Life is meaningful including the stress of life. And for me, my own suffering, and struggle has been positive. And, providing the adversity is not too much for us, adversity and the overcoming of it enriches life. It is often a blessing in disguise. Psycho-somatic disease may be a healthy protest against a sickness in the society, that is in the individual, or in the family or in the society at large. The most recent evidence is the drug outbreak that coincided with the Vietnam war. The drug epidemic was actually a protest by young people, not on a conscious level, against war involvement. It was tied to a loss of hope and increased sense of despair in contemplating the future — with increased cynicism. But this healthy protest may take the form of neurosis or psychosis, ulcers or high blood pressure and it can be fatal if it is not understood, controlled, and healthier protest routes found.

We function best on honesty, openness, trust, and integrity. If we do not have these, if we do not practice this with ourselves, we become ill and we make those around us ill. We may inherit the ills of other people who violate these principles. It falls on us either to suffer with them or to undo them and turn them around. Many of those who protested the Vietnam war by drug usage died. If they understood better what was occurring, they would not have chosen that route. There is a human awareness that occurs in each one of us as a much larger organism, as a much larger sense of direction than just our own. This larger organism is groups of human beings. This is such a group but there are larger groups, nations and the world and we all have a sense of where that direction is and the positiveness of it and when it is off course or on course. Further, I believe that our individual behavior, each one of us, you and me, influences that course and if we are conscientious and patient, it will benefit all. It does take time — often a long time. As friends, in the sense of Quakers and non-Quakers, we must integrate this knowledge and this awareness for our survival and our evolution, not just for ourselves but for those who come after us. There's a purpose for those coming behind us and we are part of the builders of that road just as those who went before us were builders for us. To the question, Is there hope? Is there a plan? I answer a firm yes! There is both! The spirit if we permit it to operate, tells us this. Knowledge and truth point the way.

And I would like to close with a quote from Whittier. “And from the silence multiplied by these still forms on either side, the world that time and sense has known falls off and leaves us God alone.”

Questions and Discussion

Question: Why do we have drug epidemics?

Answer: There were certainly other factors operating if you study the drug epidemics in the United States. They very closely parallel our war involvement. There was one which followed the first World War, one which followed World War II, a very slight one. There was an element of non-despair about World War II. It was an ethical operation.

Despair and cynicism are crucial factors. There has always been an endemic serious drug problem in the black American population. They also have the highest level of despair about their future. This especially affects young people who must live into the future. When this feeling of despair spread, in association with recent American wars, the drug problem spread with it.

Following World War I there was a slight increase in the drug problem. There was a similar slight increase after World War II. However, the increase with the Korean war was more pronounced and with the Vietnamese war the despair level mounted and spread to the white middle-class with a corresponding drug epidemic.

In other words, drug addiction in the population at large is directly related to the despair/cynicism level. And this level is controlled by the functional levels of the society and by the politicians who are running it — who set the tone for social integrity.

There was an epidemic after the Korean war, and of course a major epidemic with the Vietnamese war. But there have been complications because chemically the drugs available have been multiplying and whereas after 1918 the chief drugs available were morphine and heroin, now we have available barbiturates, amphetamines, LSD, and a concentrate of marijuana and opium, etc. And these are some of the complications that come from chemical advance, so that the inevitable abuse (anti-war) movement is greatly magnified by the counter culture movement,

Question: What is the psychiatric interpretation of miracles?

Answer: The psychiatric interpretation of miracles is that most miracles are the resolution of hysterical phenomena and the cures are very much related to the same type of psychiatric cures that occur with hypnosis, amytal or pentothal interviews. Unfortunately, not all such resolutions can be accounted for. There is a very large group for which do not have an answer psychiatrically. Presumably, some day, we may. Hopefully it will lead to better understanding to understanding the spirit. I believe they are possibly ultimately to understand.

Question: What is the role of spirit and psychiatry in cancer remission?

Answer: I might say that I think this is an important factor, but I also want to tell you that I can recall reading years ago in the New England Journal of Medicine a report of many cases of spontaneous remission of cancer where they did not know why or how. Any disease that is capable of a spontaneous remission eventually medicine can find a way of making that routinely possible.

Question: Do you believe there is a purpose to our survival?

Answer: In regard to survival, one of the difficult things is that we are all mortal. I rail once in a while inside myself about having to die. I do not like the idea, but I know I am going to have to die one of these days and I do feel that the way the Divine Energy has structured life, we are very much like wheat. All of us are aware of this analogy — there is a time when we are small and just a seed and we grow. Then we flower and we are harvested and the harvest of our personality goes into the feeding and development of the culture. Eventually we wither and the next generation replaces us. In regard to survival, our responsibility is to get as much yield out of ourselves as we can, not only for selfish purposes but to help those who follow us to have as strong a footing and as clear a road as they can in the culture. And as we forge into the future, it is clear life has a positive goal — though that goal is not clear.

Question: What is positive in adversity?

Answer: You are going to be subjected to adversity as we all are. We have a choice. We can either go under with it or we can struggle against it and I think that usually in the choice you are much better off struggling against it. At the time I was wounded and afterwards, I realized from talking with fellow combatants who were wounded that I could retire to Mexico on my government pension and live very comfortably for the rest of my life without working. This struck me as being anti-life. I would rather not do that type of thing.

I would rather work and struggle and live in this society and try to get as much out of my mind and body as I can. I remember once I went back for a disability evaluation and I went in to see the doctor and he said, “Well, Nicklin, what’s wrong with you?” And I said to him, “Nothing is wrong with me.” He said, “Nothing is wrong with you?” And I said, “No, nothing is wrong with me.”

And he said, “I have three volumes of medical records here that are your records for while you were in the hospital and all these operations and so on,” he said. “Those are your records, aren’t they?” I said, “Well, they probably are. I was there.” He said, “Do you realize I see people all day long with flat feet, aching backs, and if I gave you a zero rating it would wreck our system? I’m going to give you the minimum I can without wrecking the system and don’t ever come back again.” That was in 1955 and I have never been back since. That is an interesting comment on our society.

Question: Can you give an example of how the mind affects the body?

Answer: I would like to make a comment about how the mind affects the body with an experience I had earlier, some experiences are kind of sketchy. A friend of mine on duty in the hospital was going to be away and he wanted to know if I would take his place. And he said, "If they need you for anything they will call you," and sure enough the call came and they said a woman should be seen on a certain ward. I went there and asked about her. They said, "Well, she's dead." I said, "When did she die?" They said, "A few minutes before you got there," and they had already removed the body from the ward. And I said, "Tell me about it." Well, she was 70 some years of age and she was from another hospital. She had been doing very well. She was full of energy and ambition and on this particular noon they brought the food around to her and she was sitting up in bed reading a book. She had been walking back and forth in the ward all morning and they said here is your noon meal. She said, "I'm not going to eat it because I'm dying." And they said, "You're not dying." and she shook her fist with anger and she said, "I want you to know that I am dying and don't tell me I'm not. Take that food away!" The nurse walked out into the corridor came back in five minutes, and she was dead. And when you have things like that happen, sometimes you begin to realize the power of human will and decision. She decided apparently that it was time to die and she did.

Question: What of spiritual perception? Of dangerous customs?

Answer: The Society of Friends is devoted to mystical insight and knowledge and because of this they have been on the forefront and running ahead of science. For instance, they adopted testimony against tobacco about 1820 which is 125 years before it was known definitely that tobacco, cancer and heart attacks and strokes were all interlocked. At the same time Friends developed a testimony against alcohol. I think it even preceded the testimony on tobacco. It was about 1780 that that testimony began to appear. Because of the nature of Friends, we often have these insights and they become incorporated into our discipline many decades before the culture gets around to them. And I would urge Friends not to ignore that and say: because my spirit is so good I can smoke or I can drink or I can overeat. etc. All of those things that we know about I would urge you to pay attention to and enhance and take care of your spirit by nurturing your body in the proper way from where we are in that knowledge, and insight. In coming to you and your having me here, this is a venture of love. While I cannot hug each of you individually. I would like to and you certainly all have my love and my best wishes for you and my gratitude in your having me come and be here to convey these ideas.

Question: Are there guidelines for mental health?

Answer: I think we have to consider a query on this because I believe that we are not at this time in a state of sufficient awareness, that in mental health we have the same prob-

lems that occur in physical health with bacteria. There are bacteria which we need for our survival such as the bacteria in yogurt. I guess you know that yogurt bacteria is essential for the population of the intestine and if you take an antibiotic and kill all the bacteria in the intestines, you will not survive unless you have yogurt or its equivalent to repopulate the intestines. But also, of course, there are bad bacteria like the pneumo-coccus and the streptococcus.

In the realm of ideas and the mass media of communication, we can increase the sickness in society or decrease it and at this time we are just coming into an awareness that the provocation of violence through the mass media promotes violence in the society. There are now studies of this. An Adelphi University anthropologist named Carpenter went around the country following a movie which showed how to rob a small store with a three-man team. He studied the incidence of such reported robberies before the movie was shown in small towns and after. There was a marked increase in the incidence of such robberies. Friends do have an obligation to communicate in their own families and to the society that there is such a thing as mental health sanitation control and that we should pay attention to what we communicate to our children through mass media and to one another, etc. There are some things which must not be said, or properly said. The ideas of drugs, violence, integrity, which really should be controlled and I do not think we are at a point yet where we can legislate this adequately because it is not well enough understood. But I believe in the next ten years you will see legislation evolving on this.

Question: Do we contribute to our own problems?

Answer: In other words, i.e., I see the enemy and he is me?

Questioner: Yes.

Dr. Nicklin: One terrible conclusion I have reached in the last year is that the tobacco business is actually so involved with the government that the government cannot at this time effectively control it. Their investment in it is too high and this may also apply to the alcohol business. One of the things about that is that it is said that every tenth drinker is an alcoholic. I believe that is true. But in the remaining nine drinkers at least one of those is an incubating alcoholic. So that every fifth drinker is either alcoholic or will become one.

Question: Is disease always bad?

Answer: Not always, a disease may be a healthy response to a sick situation.

Question: Is competition a factor in our problems?

Answer: I believe that competition is the source of a major part of the mental illness in our society. The society is so rooted in competition at this time that it permeates all aspects.

It certainly permeates Friends (Quakers). Friends are a very competitive group of people. You can validate that by the success level within a group of Friends. It is peculiar because they are competitive in a non-competitive way. Usually within their meetings the competition is somewhat dampened by the very nature of Quakerism but when they are out in the outside world functioning, they are usually running very hard. When we look at the origins of neurosis and psychosis in our society, much of it is rooted in feelings of competition and failure. Since the American society was geared to the frontier and aggressiveness, competition is part of our cultural heritage. That has now become at times a disadvantage. We are going to have to modify that very carefully and extensively if we are going to have better mental health and have world culture survive.

With this I close. Goodbye. Good luck. God be with thy spirit.

Fifth month 23, 1976

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