THE PURSUIT OF ONE’S OWN HEALING*

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The pursuit of psychiatrists’ own healing proceeds along both vocational and avocational pathways. The professional work, which involves helping mentally disturbed and demoralized persons and restoring their peace of mind is a creative process. And the psychiatrist is constantly healing himself by his ministration to others.¹

It has been suggested that psychiatrists choose that specialty in order to solve their own emotional problems.²⁻³ Whether or not one agrees with this position, psychiatrists do serve as models for their patients, and therefore, it is imperative that their own emotional houses be in order.⁴ Some hold the view that intensive psychotherapy or personal analysis should be required of all individuals who are training to become psychiatrists or psychotherapists.⁵⁻⁶ However, others maintain that while “the personal psychotherapeutic experience is, with but few exceptions, essential for the psychotherapeutic practitioner,”⁷ it should be highly recommended but not required.⁷

While the creative aspects of psychiatric work and one’s own psychotherapeutic treatment are both invaluable, the other side of the equation, involving avocational pursuits, is just as important in the psychiatrist’s own healing process. These avocational pursuits have to do with creativity also, but it is of a different and nonvocational type. This side of life involves procreation (family life), recreation, and artistic creation. Often the equation gets out of balance with an excessive emphasis on the work side, and one loses touch with the playful, carefree, and artistically creative characteristics of one’s personality.

The psychiatrist’s professional ancestor, the shaman, was able to combine the vocational and avocational pathways to self-healing, which probably explains why he was considered “the great master of ecstasy.”⁸ There is much to learn about healing journeys by examining those historical roots and noting parallels between ancient shamanism and modern psychiatry.

Shamans differ from medicine men as much, but not in exactly the same ways, as psychiatrists differ from practitioners of other medical specialties. Medicine men, more or less, choose their profession and then use suggestion and power to heal and cure others,⁹ whereas shamans are called and enter the field under an inner compulsion to do so. They are seized, oppressed,


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and tormented by "evil" spirits, and there is no way out except to become a shaman. Both the medicine man and shaman can cure physical maladies, but the shaman alone is "the great specialist in the human soul" who is able to cure psychological disorders. The shaman's healing abilities stem primarily from his self-healing techniques. The shaman cures his own emotional disturbance (usually a deep and severe depression) by going into a trance and freeing himself from it by creative artistic productions (like dancing, painting, or poetry), which he shares with his community. The shaman's initiation period, when he struggles with the spirits and then creatively portrays them is similar to the psychiatrist's psychoanalysis when he confronts his unconscious and uses free association, dream material, and artistic productions to work through his own inner conflicts.

Another similarity between psychiatric training and the shamanic initiation ceremony, which involves a symbolic death and rebirth, is the change in roles from a body to a soul doctor. Usually the first year of psychiatric residency training, with its identity crisis and severe depression that follows, forces many residents into some form of psychotherapeutic treatment. Nevertheless, far too often those who start psychotherapy stop shortly after their training is completed (except those who enter psychoanalytic institutes). There seems to be an expectation that one should be able to cope, without help and support from others, with the problems and frustrations of a psychiatric practice. But this situation is ironic since the practice of psychiatry involves many acute and chronic stresses. In fact, Freud called psychoanalysis (and this could apply to psychiatry as well) one of the three "impossible professions," the other two being education and government. He said they were alike because one can be sure beforehand of achieving unsatisfactory results. In addition "disappointment, disillusionment, and isolation" are vocational hazards of our work. Shamanism, like psychiatry, involves the sufferings of a "sickness vocation," experiencing "the psychic isolation" and struggling against evil spirits in search of the patient's lost soul. It was then, as it is now, potentially dangerous and exhausting work.

Under the stresses of this vocation, the focus and vision of life often becomes narrowed, and many begin to experience a gnawing sense of dissatisfaction and impatience. There is a feeling of being "boxed in" and doubts about choice of profession and/or life style arise. The psychiatrist himself feels increasingly melancholic and at times even suicidal. It is as if he is stuck in an endless rut — in "the grip of convention ... in the grooves of habit" and operating on what has been called the "trivial plane." There is a tendency to rationalize and deny what is happening, but eventually the problems take hold and overwork, fatigue, anxiety, isolation, depression, and despondency become obvious to family, friends, colleagues, and patients. Professional help is crucial, and the psychiatrist should of course facilitate and support colleagues seeking psychological help and view this with positive regard.

It would seem clear that there is a continuing need for emotional check-ups, psychotherapy, or psychoanalytic treatment, but most psychiatrists downplay the necessity for psychological help after the training therapy or analysis has been completed. Is it not about time that emotional check-ups and psychotherapy for psychiatrists be openly encouraged and made readily available? To do so is to "practice what we preach" and publicly demonstrate confidence in one's own profession. In addition this could serve as a model of preventive medicine for other helping professions.

The assault upon the forces leading to decreased well-being is often inadequate in breadth. While psychotherapy is limited in its pertinence, it can act as a catalyst in resolving conflicts and freeing energies for change and growth in new and vital areas. Health and well-being need to be actively pursued. Psychiatrists know their psychic enemies but too often ignore their psychic friends. Their own depression and ill-being and proximity to and focus upon pathology tend to pull them under. This pull can be fought by energizing the natural forces within toward health and wholeness. There is no one way: this is each person's journey. However, knowing of other journeys can be helpful in expanding awareness of the nature of the journey itself and of the possibilities for one's own.

Drawing and painting have been central in my own healing process. Whenever I became very depressed I tend to draw or paint, and this invariably helps to resolve my melancholic state. A friend recommended a book entitled Shamanism — the Beginnings of Art, and in it I found that "again and again the shaman had to free himself from a deep depression by a creative act," and "by action he has to bind the disintegrating elements of his psyche into a unity by means of a synthesis — a mysterious psychic activity." This was my first encounter with shamanism and the ancient heritage of the psychiatrist's profession, but the shamanic journey has become an important one for me.

The shaman's psychic rebirth is through overcoming his depressive illness by winning the battle against evil spirits. His self-imposed trances with resultant artistic productions are outward manifestations of a constant and continual inner process of creative renewal. The death-rebirth motif is one of the oldest themes for creative change, and it is important for the psychiatrist to realize that his depressions can represent something that is struggling to die within him. The result can be positive if one participates in the painful process of allowing these negative parts of one's ego and oneself to die. In this way one would be committing "ecocide" (symbolic suicide), and the resulting temporary disintegration and ego-death often leads to a creative reintegration and the person is "twice born" and feels whole. Once rediscovers of the inner creative self begins (which can include a spiritual reawakening) it is possible to achieve that vital balance between vocational and avocational pursuits.

Obviously each person must allow his own avocational pursuits to emerge
and evolve. The following is a very incomplete list of avocational activities for utilizing leisure time creatively: keeping a journal and taking note of one's dreams, being with nature, deliberately setting aside time to be with one's family, engaging in artistic productions (drawing, painting, sculpting, singing, dancing, poetry, other forms of writing, music making, etc.), hobbies and sports, experiencing meditation and one's own spirituality, going on retreats, attending new educational activities, and traveling to and living in varied and different cultures.

The pursuit of one's own healing has to do with developing the ability to let go of old patterns, being open and receptive, and risking the emotionally painful process of change. It also involves realizing that just as nightly dreams regenerate the psyche, fulfilling daydreams and carrying out creative ideas and avocational pursuits can lead to meaningful changes in personality and ways of living. Greenson has written about the need for a good personal life and the necessity to stop being rational, analytical, and correct and to be able to be irrational, foolish, and wrong for a change. He also wrote about having the freedom to be carefree and to be able to play, which can serve to stimulate life forces within and aid in recontacting personal creative centers.

And as Menninger has stated, "Healing is more than repairing, more than not destroying, it is creating. It is an article of faith with us and one without which we doctors cannot work or live, to believe that things can be improved, that the patient can be helped, and that we ourselves can always be better than we are. We must improve ourselves to improve those who seek our help. This aspiration is in itself creative."1

In conclusion, the shamanic model of continually dying and being creatively reborn points the way for the psychiatrist to allow negative parts of his ego and himself to die and to be artistically and spiritually reborn through growth and transformation. Like the shaman, the psychiatrist by self-healing, is more effectively able to heal others and bring calm and confidence to himself, his family, and his community.

References


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