



Soul Down Under:

Schizophrenia, Temenos & Cultural Healing

Opening Address by Maureen B. Roberts, PhD
'Soul Down Under' Conference Convener

On behalf of the Temenos team, welcome to the first Soul Down Under Conference, out of which we hope will emerge the stirrings of a practical vision for genuine reform. From the start, I envisioned that this would be a friendly, non-clinical, non-professional gathering, because I felt that this de-professionalizing and de-sanitizing would itself be an expression of the 'amateur' (i.e. motivated by love, not money) vision to be shared, one which involves the setting up of healing, natural, re-empowering alternatives to hierarchical, often coercive 'mental health' industries, which disempower and often further wound relatives, carers, and patients accused of being 'mentally ill'.

I hope we've mixed together the ingredients for a varied, stimulating, ultimately uplifting program, which nevertheless won't shirk disturbing issues that simply must be aired if we are ever to lay claim to being a compassionate and just culture. Pulling out a splinter, adjusting restored eyesight to bright light, or healing a deep wound can sometimes be uncomfortable, even painful. To be healed, cultures as well as individuals often need to recognize the wound that has long lain deeply embedded within them.

The program we've put together offers a fairly evenly balanced, dual focus reflecting what I suggest are two sides of the same coin: on the one face, the right of any distressed person to live through any crisis which to them may involve valued experiences and insights and lead to a transformational breakthrough, hence the right of all Australians to be told about and have affordable access to safe, humane and non-coercive alternatives to hospitals, drugs and biopsychiatric treatment; on the other face of the coin is the associated need to publicly denounce and legally outlaw the forced psychiatric intervention which prevents folk

undergoing normal problems in living from accessing safe, humane and compassionate avenues of crisis support and natural medicine.

I hope that this will be a mutually respectful and nurturing time of sharing, during which we can perhaps begin to sketch out a practical, compassionate and just vision for genuine reform. Throughout this shared journey, there may well arise conflict, without which personal growth and major cultural shifts can't happen. We're dealing here with highly charged, emotive concerns which for some here have impacted deeply on their own lives, or on the lives of friends, or loved ones. As the great physician of soul Carl Jung said, a state of conflict is a sign of proximity to God. A state of creative tension, in other words, requires an overriding, unseen Third Party to resolve it, something Other which resides simultaneously at the core of each of us and in so doing can bridge the circumferential opposites of rational and irrational, past and present, pragmatic and visionary, emotion and reflection, wounding and healing, individual needs and cultural imperatives.

Most of us have probably come here to share, to listen, to learn, perhaps to contribute, and with our own hopes, questions, wounds, reservations, and personal stories in tow. There won't, of course, be time to share all of our stories, but gods willing, there will be follow-ups to this event at which the sharing of our stories will be a key focus.

As Jung reminds us, all good therapy begins with the personal story, which is the rock against which the person in crisis has been shattered. I dare say we've all been at some point anxious, depressed, suicidal, confused or distraught - all of us, in other words, are or have been 'mentally ill' - which makes the very idea of 'mental illness' somewhat ludicrous. We may as well cut to the chase and say that being human is a form of mental illness. After all, you have only to scan through the burgeoning array of largely concocted mental disorders in the psychiatric 'Bible', the DSMIV, to realise with dismay that we could all be matched up with one 'diagnostic' label or another. If, then, the very notion of biologic mental illness can be seen as a money-making scam, or as a convenient cultural fiction, then so, too, can we view its hypothetical opposite, 'mental health'. Indeed, I've never heard anyone explain what they mean by this nebulous term without implying conformity to cultural norms of behaviour, temperament, belief, relatedness, and value.

To allow biopsychiatrists to declare who is and isn't crazy - on the basis of mere opinion, cultural bias, or a show of hands at psychiatric conventions - is, quite simply, to mistake social control for medicine and the lie of 'shadow projection' for truth. To find mental illness where there is only sadness, abuse, pain, or crisis, adds insult to injury. And to pretend to understand human tribulations by giving them a label and code number is, I suggest, arrogant and deluded. Perhaps, then, it's time we asked ourselves what kind of society we want to live in: one in which human anguish is debased to the status of a faulty gene, disease, or chemical imbalance, or one in which we share the inseparable pain and wonder of a fully human life.

In my own practice, none of the distraught folk I've tried to help see themselves as 'mentally ill' - and neither do I. I invite them, instead, to describe what they're going through. Usually,

they see themselves as unhappy, lonely, bored, confused, or as going through a relational, emotional, or spiritual crisis. So I don't subscribe to the 'mental illness' fiction for the following reasons: firstly, it reduces normal problems in living to discussions of 'medical' illnesses, brain disorders, or chemical imbalances requiring drug-based 'treatment' - in spite of there being no proof that any of these so-called disorders are biomedical problems in the first place. Secondly, it justifies the prescription, or forced administration of dangerous drugs, or chemical straitjackets which pose as benign 'medication' but which work by disabling normal brain functioning. Thirdly, it does not allow for a recognition of the positive potential inherent in a personal crisis as an opportunity for growth, transformation and breakthrough. Finally, it fuels the cultural 'we and mentally ill them' scapegoating syndrome, which absolves the community from any serious cultural criticism, criticism which might help explain why a growing number of people are unhappy, depressed, anxious, traumatised, suicidal or psychotic.

Bearing in mind that there are no laboratory tests to confirm a diagnosis of any so-called mental illness, instead of subscribing to the mental illness 'myth', I'd rather recognize that we're all wounded players in life's tragicomical drama; that suffering, as Buddhism teaches, is part and parcel of being human and that compassion - literally the ability to share one another's pain - is the kindest, most effective response to that pain. As Jung said, we understand nothing psychologically unless we've experienced it. Such is the basis for empathy, without which compassion cannot thrive and heart to heart mutual transformation cannot happen.

I would describe good medicine as the art and science of wholistically healing body and soul. In my view, we are long overdue for a return to the basis of sound medicine: an understanding of and respect for nature and for perennial wisdom, and a focus on healing and re-empowering the sufferer, not on the impersonal 'management' of symptoms, 'consumers' and 'cases', or on social control masquerading as 'community care'. What I see within the mental health industry and within our culture as a whole is what cultures which honour the reality of the sacred call 'loss of soul', itself a kind of illness which I deal with in my own shamanic practice. Where, then, has the soul of Australia migrated to? The title I've given this Conference should hint at its hiding place, for Oz is a land of metaphysical inversions, where trees grow downward, stars spin backward and the seasons are reversed. The call of Spirit doesn't lift us here to mountainous heights, but drags us down under into depression, neurosis and the Underworld land of dreams.

The meanings of 'Soul Down Under', then, resonate on many levels, for Soul Down Under is also the myth of the 'human goddess' Psyche, the Greek word for 'soul', who with great sorrow journeyed alone 'Down' to the realm of Hades in order to retrieve its treasure and be reunited with Divine Love. Psyche, in other words, is a myth which dramatizes depression (literally a 'lowering') not as 'mental illness', but as a natural phase of soul's cyclic 'death-rebirth' spiral, a journey which involves - as a prelude to rebirth - a gravitational sinking to the 'Down Under' realm, that we might reconnect to our ancestral roots, deep pain, instinctual and incubational energies, buried dreams, untapped creative potential and lost inner treasures.

As a physician of soul, I see my own role as that of a mediatrix between the two equally real and important realms of inner vision, dream, myth and imagination - which, incidentally, constitutes the primary reality for the person in psychosis - and the outer, day to day, practical, relational and spiritual needs of the community. For a culture to be healthy, both realms must be honoured, otherwise the society is prone to 'dis-ease', or a dangerous imbalance which forces its disowned shadow side - in our case the unconscious world of spiritual vision, crisis and transformation - to erupt with potentially lethal and disruptive force, driving some into suicide, depression, neurosis and psychosis, and others who deny soul toward the scapegoating and witch-hunting of those who embody the culturally repressed values and spiritual realities which cry out for acceptance through their agonies, ecstasies, wounds, dreams, visions, art and divine madness.

Tragically, I hear no mention of 'soul' in the discourse of bioreductionist psychiatry and therefore question the appropriation of the word 'psychiatry' (literally a 'doctor of the soul') to this profession. I hear instead materialist dogma masquerading as medical knowledge and a rationalization of human rights abuse disguised as a 'duty of care', or as the patient's 'right to treatment'. That said, a denunciation of the harm inflicted by coercive psychiatry is not so much personal criticism as it is a detached evaluation of biologic psychiatry's competence in the field of 'soul medicine'. To use an analogy, the plumbers I know are decent, likable blokes, but I don't call them when I need a haircut, or the trees pruned. Likewise, we would laugh at the absurdity of an electrician who had no understanding of electricity, or who foolishly denied its existence altogether. In other words, to suggest that biopsychiatry - in its futile attempts to reduce soul to discussions of diseased brains - is competent to respond to the needs and dynamics of soul, is equally absurd. Biopsychiatry instead behaves like someone who arrogantly believes that you can understand a butterfly by pinning it to a board.

Training in biologic psychiatry, in other words, doesn't equip, or qualify someone to respond as a therapist (literally 'one who serves the gods') to the complex needs of soul in crisis. To entrust the healing of soul into the hands of those who have no respect for or understanding of what we could call 'soul medicine' is thus a bit like putting a scalpel into the hands of someone with no biomedical training. The outcome of the operation, needless to say, ranges from ineffectual, through to disastrous, even fatal. To be a practitioner of physical medicine, one needs a thorough understanding of body anatomy and physiology. To be a physician of soul, one needs an equally in-depth understanding of the equally important structure and dynamics of the psyche. Indeed, from a wholistic medical perspective, the two exist in an inseparable mirror relationship as twin facets of an underlying unitary reality.

From a soul-centred perspective, the therapist is not a saviour from suffering, nor an agent of social control, but rather a guide, protector, midwife, or catalyst for soul's self-rebirthing rites of passage through darkness, heaviness, trauma, confusion, despair, chaos, death, pain or aloneness. If we are to trust nature and honour soul's death-rebirth cycles, then we must allow one another to go to pieces, to go down, to go mad, to break down, to break up, to grieve, to question. Such are soul's routes to expanded consciousness, wisdom, patience (hence I like the term 'patient'), catharsis and wholesomeness. And instead of meddling,

panicking, straitjacketing and interfering, we would perhaps do better to lay more emphasis on trusting time, nature and one another, by allowing the psyche to 'work out its own salvation.'

People who are 'broken down', or crucified in psychosis are typically in a state of inner turmoil and chaos, during which they come face to face with inner realms of vision and torment, which throughout history have been well-known to many great artists, saints, writers, poets and mystics. In schizophrenia, as a breakdown which in a supportive environment can lead to breakthrough, the unity of the personality is shattered by an eruption of powerful forces from the deepest level of the psyche, the shared 'collective unconscious'. Jung called these overwhelming energies 'archetypes', universal patterns of instinctual thought and behaviour which usually express themselves in common mythic and religious forms. The unconscious is likewise the realm of dreams. Schizophrenia, in which the unconscious erupts into consciousness, can thus be seen as a kind of dreaming awake, during which the dream takes the place of outer reality. The waking dreamer turns totally inward and typically activates an instinct to find, or create a safe, protective space, a *temenos*, in which the personality is free to spontaneously fragment, regress to spiritual infancy and reorganize, or rebirth itself.

To use an analogy, when arriving here, we first milled about chaotically but then spontaneously ordered ourselves, because a pre-existing ordered structure - namely, chairs set out in a neat semi-circle - existed. The *temenos* is similarly an inner image of harmony, usually an ordered space, a mandala-shaped, circular or square womblike or tomb-like structure, inside of which warring opposites - often of Apocalyptic power - are free to collide and eventually, in the right circumstances, make peace. The *temenos* is either built (e.g. a nest, box, coffin, or building blocks), or danced, painted, drawn, or paced out (e.g. running or crawling round in circles, or mapping out a garden space). The fourfold structure is common, e.g. four colours, four kings, sometimes (mainly for women) with a Divine Child to be birthed at the centre of warring opposites, or 'royal' forces.

Almost every day, I am privileged to receive letters, phone calls and e-mails from all over the world, from usually kind, gentle, sensitive, spiritual and intelligent people who have been labelled as schizophrenic or 'bipolar', or from distraught relatives of these traumatised folk who are usually undergoing forced psychiatric treatment. They open their hearts and share their often anguished, brave and heart-wrenching tales, because they see themselves as otherwise having no credible voice in our society. Some despair because they are humiliated, threatened, disempowered, discredited, or betrayed by often well-meaning relatives into the hands of what they experience as the psychiatric torment and abuse of their human rights.

When listening to politicians and others speaking politely and respectably about 'mental health services', 'clients', 'consumers' and reform, I've therefore found myself silently asking, 'For whom do you speak? Whose interests do you serve? Whose views and values do you represent? Whose concerns do you voice? In my experience, none have so far publicly voiced the pleas for justice, respect and freedom from abuse uttered by those who pour out

their hearts to me. I therefore speak for them and for others similarly trapped within the mental health system. The only way I can do that is by allowing them to speak for themselves, so let me take this opportunity to allow a few of these folk to speak, by sharing (with permission) a few excerpts from stories recently shared with me:

Dear Maureen

Since discovering your website - I only wanted homeopathic remedies for schizophrenia and my son - I was lead to you. This is what he wanted - someone to know that what they are doing to him is in effect raping him with their injections - when he becomes acutely psychotic and the police catch him and handcuff him, then take him back to the unit, where he is held down by doctors and security guards and injected. They do offer him tablets, but when he is in that condition he will refuse to let them do ANYTHING to him. He is never at risk to anyone else, only himself. So when he refuses he is not in his right mind anyway. I can't stress enough the horrors of what he has been through from the side-effects of those injections. That's what this is all about. He is over-sensitive to everything, especially when psychotic - he won't even walk on the grass for fear of hurting it. It's a long, long story, but the main thing is that he is THERE - in all the information I've been absorbing from your site.

John is going through heaps of psychic stuff, all mixed in together and even I can see where all the suffering is coming from. He is being punished by a system designed to help the sick. This time he was terrified of seeing his 'doctor' because on the lowest dose of Clozaril, he still gets side effects. So he didn't go and ran away again. So the rest of his life will be lived in refuges. He knows where to go, but how long he'll last we don't know. This is a boy who excelled at school, so was picked on and was doing Computer Engineering at Uni before he "broke down".

He calls from time to time, but we don't know where he is. Even before he left this time, coincidentally, he was thinking that the only 'work' he would be happy doing would be in helping others who do not 'fit' into the system. The not-so-intelligent ones seem not to have a problem with it. This was told to me by his social worker, that John is too intelligent for his own good! He wants to fight somehow for the rights of patients like him, who are too sensitive to any drug at all. He can only manage a cup of tea - and then to have the psychiatrist laugh and say, well, you're on a very low dose - he has never forgotten that laugh. The fear of seeing the psychiatrist - just by itself - brings on psychosis. From all that I have observed since he was 'diagnosed', I have always believed he was going through a spiritual healing, but was very worried, of course, when he would run away from them, at risk of either burning from the Sun, or freezing from the cold. He walked 37 kms to get away one time, barefooted - and then got a pair of thongs from a refuge and a night's sleep, I think, and then walked about another 70kms. All on adrenalin of course, from sheer terror.

Another important point here is that he needs this doctor to sign the form for renewal of his Disability Support Pension. Without that he would have to work for the Dole and he could never face them and all their questions, let alone look for work in his fragile condition. This also gives him the ultimate guilt trip of not being able to do anything. You can certainly

quote my testimony - the more the better. Thanks for your help and I hope this can help someone else in this situation. Yours in hope, Anne Dornay.

Also, last August, the doctors had their usual Friday meeting and decided that because John was not responding to the low dose tablets he was on, they would inject him. Unfortunately, one of the doctors told him he was to be injected after lunch. So John had his lunch, got up and walked away, a very long way. When the doctor rang me the other day to tell me John had not turned up, I told him that I did not consider him to be psychotic at all, but he said 'No, he still talks to his spirit guides', and promptly notified the police. It's also a horrible thing to have a police car pull into your driveway, sometimes taking him away with them - before he started running. The neighbours must think he is a criminal, the number of times it has happened. When they handcuffed him - it was hands behind the back and they threw him to the ground on his face on the concrete. I know this is a lot to wade through, but take whatever you need, Maureen, and thanks for the wonderful job you people are doing for people like us. Anne.

If, then, we don't need more drugs, psychiatrists, hospital beds, Government reports, funding, and pseudo-medical theorizing, what, then, do we need?

I believe that if we became a compassionate network of mutually supporting equals, we would not need a mental health industry. Indeed, the Conference task force is itself a microcosm of what the community can achieve and become. 'Soul Down Under' was organized, run and sponsored solely by concerned volunteers - (some of whom have been through personal hell themselves) - without drug company or Government funding. Out of this Conference, then, a growing community of like-hearted folk can hopefully be distilled.

We stand on the threshold of a major shift in consciousness which is affecting us all. Reflecting that shift, I serve a practical vision for cultural reform and cultural healing. I've named this vision Temenos and I invite those of you who resonate with it to serve and nurture it with me. The work that needs to be done will be based on compassion and respect for spiritual realities, for soul's need to pathologize, and for human rights, not on a desire to discredit, judge, patronize, label, dismiss, drug, belittle, disempower, incarcerate, coerce, or otherwise degrade and harm others. Those who are called to practice in this new field of (what I call) 'soul-centred psychiatry' will be wise, humble, kind and respectful of the inseparable needs of body and soul. They will cheerfully undertake this demanding yet rewarding work, not just to earn a buck - since a lot of of the work will be voluntary until funding comes in - but because they realise that the most important thing in life is compassion. In some ways, our Temenos work will continue where Dr Loren Mosher's and that of other brave, compassionate pioneers - such as the soul-centred psychiatrists John Weir Perry and R. D. Laing - left off.

Importantly, within the organic Temenos network, there will be no huge gap in income and social status between helpers, therapists and those in crisis who are often poor, alone or homeless. Instead, there will be heart to heart mutual support, practical help, friendship and a sharing of resources. Therapists will have a love and understanding of soul based on

experience, woundedness, broad education, imagination and a working knowledge of the psyche. Because it will involve a culture-wide change of heart, this work will be, for all of us, inner as well as outer. It will require a growing focus on individual and cultural soul-searching, as well as an acceptance of our responsibility to care for one another. This then is my dream of a practical ideal which can become a lived reality if enough of us say yes to it - and to one another's uniqueness.

c. 2002 Darknight Publications by Maureen B. Roberts, PhD. Not to be reproduced whole or in part without the author's permission.

