

Building A New Explanation

Opinion

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The bottom line of what I have to say is quite simple- life is more than avoiding nightmares. Life is about living the daydream. We will build a new explanation. It may prove to be complete rubbish- but it will be food for thought.

Ever since I started in psychiatry some fifty years ago, I have been fascinated by three aspects: dreams, daydreams and belief. Dreams and daydreams are both neglected subjects. We have never tried to integrate and explain elements that probably fill half of our lives. No one seems to know what the dreams and daydreams are doing. As for belief: so often, we believe that we can control psychotic thoughts. The patient's psychosis leads him to believe his thoughts are controlled. Which belief is "right?" Our belief that we can eliminate his thoughts or his? Why must they clash? But they do, and as with all crusading believers, we are arrogant. We cause damage and claim it for the "good."

Subjective Reality

I will not attempt to define reality. Reality is very subjective. It is what you make of it; often, it is a belief. Our professional reality as therapists and doctors has as little foundation as our patients' delusions, and both are rigidly held and circuitous. Our profession is a series of beliefs.; we healers have had some very bizarre chameleon-like beliefs, in which we believed until discarded. Suffice to say that if you were to practice psychiatry today as practised in the previous century, you'd go to prison for a long time. I can imagine your jaw-dropping. It is no longer accepted practice to lobotomize or give Electric Convulsive Therapy (ECT) to homosexuals. In the 60's it was. Nor is it a good idea to put people with schizophrenia into insulin-induced comas. For a few decades, it was acceptable. God alone knows what the next generation will say about ours. Would chemical straight-jackets and Ritalin appear in our list of horrors? I think that they would.

The other thing we have in common with our patients and their delusions is we, too, are firmly attached to our perceived 'therapeutic reality'; we treat according to our belief system. Like all true believers, we are prepared to fight any non-believers, including our patients and

claiming it is for their good. We often behave with zeal comparable to the hyper-energized missionaries of yore in deepest Africa.

Having shocked you once, let me do it again. There is one vital difference between our belief system and that of our patients. The patients do not have a vested interest in their delusional belief system. We professionals most certainly do. With absolutely no compunction or regret, I firmly claim psychiatry sold its soul to the pharmaceutical companies. The research used to justify medications is regularly challenged. At best, the funding of research is suspect. We have become medication orientated in search of the "golden bullet." We haven't found the bullet, but we do know where the gold is. There is far more to psychiatry than looking for molecular receptors and, in doing so, finding different ways to poison our patients. We then forgive ourselves because our intentions are pure.

Meanwhile, we zonk patients back into the stone age with chemical straight-jackets and awful side effects. There is more to humanity than receptors in the brain. To do research on receptors and extrapolate is as significant and obsessively ritualistic as earth, wind, fire, and water once were. The research is about as valuable as burning down a library and assaying the carbon content. I pinched that idea from Kurt Vonnegut, Jr.

I would not say my stances are anti-psychiatry, but they are hypercritical, and I am far from convinced that what we are doing is right. Previous generations of psychiatrists have perpetrated a very sordid series of misdeeds throughout modern history, which we cannot explain away. Our helping hand to the Nazis and Soviets cannot and should never be forgotten or brushed aside. I fear we have provided the next generation with another batch of reasons to question themselves and ourselves.

Now for an Important Fact - Another Cornerstone of my Thinking

Half of the time, we humans are not aware of what we are doing. I'm going to surprise you even further. When we believe we know what we are doing, we are not fully aware of what we are doing. Now, that is one hell of a complicated sentence. To put it simply, I will be referring to



Automatic Everything. I contend that even when we are fully aware of what we are doing, we are not fully aware. On effort, we can become aware, but we do not make that effort most of the time.

We have three automatic pilots working in tandem in the Automatic Everything. They automatically control the way we feel, the way we think and the way we act. The belief system is firmly hidden and well disguised in Automatic Everything. We are not overtly aware of the three components of Automatic Everything (Automatic Thinking, Automatic Feeling and Automatic Behaviour). There is a good reason why this is so; our evolution has benefited no end. But, Automatic Everything can and often does go wrong. When it does, it is hard to detect.

Of course, the way we feel, the way we think, and the way we act are, in part, a reaction to what is going on around us. They are products of what we have experienced in the past. To make things more complicated, the way we feel, think, and act is mutually linked and influences each other.

After fifty years in psychiatry, I firmly believe the present is a flimsy interface separating our past experiences and future expectations and is interpreted based on acquired beliefs and expectations. Dreams are integral in integrating our past; daydreams can be either a safety valve or the beginnings of hopes and plans.

Let me tell you a joke about daydreams.

A lady imagines she is being chased through a green pasture by an Adonis. With every step, a piece of her attire disappears. Distraught she is, but a step away and naked, she trips. She looks up at him. "What are you to do with me?"

"Lady, it's your daydream. You tell me!"

Therapy is a Geography Lesson, Not a History Lesson

I place a great emphasis on the importance of prevention. Prevention is not a sexy flavour-of-the-month subject, but it works. I suggest that much can be done online. One of my basic suppositions is that

you can show people how to change by themselves. I know that is a big statement, but I believe I can back it up. Therapy is not a history lesson of why the problem is there. It is a geography lesson showing you how to avoid the problem. I think people can make their maps and guide themselves, once they know-how. Treatment is a learning and correctional experience. So why not adapt all the teaching skills out there on the web? I built the website www.myselfhealth.org/bod to show it can be done. Look at the site, but it is only a demo site, as you will see.

I have learned three more important facts. I believe they are essential in order to understand the picture, as I see it. After fifty years in the profession, and as a graduate of the 1960's "new-left," I realize I am getting old. I cling to ideas I know have failed - not only in Psychiatry. These ideals shape today's Psychiatry. Take anything you need, anything you want from my generation - but not as a belief system. Think out of the box. I know some people who think out of the box by smashing it to smithereens.

Good, Evil and Belief

We must accept that both good and evil exist, and there is a reason that we believe in religion. Both are important in understanding psychiatric practice as I see it. We must realize these two aspects. The acceptance of something more significant than the individual is an essential part of therapy. Most of the time, we are trying to sort out how we can exist as part of and yet, be separate from everything around us. We develop belief systems - we need belief systems. They are an essential part of our Automatic Everything. As is the sense of good and bad - evil exists. I know that will raise a lot of hackles. I did not arrive at this conclusion from a religious point of view. I distrust all the religious in every religion. I believe that good and bad exists, and the end-point of good therapy is to realize it and discern. Then do what is good for you.

As a corollary of accepting good and evil, we can eventually recognize that we cannot cure everything, but we can treat everything. To be even more provocative: I maintain that we cannot prevent; we will not heal. We can only treat and never cure that which we did not prevent. We must accept our limitations. We are only human.

