INTRODUCTION TO META-MEDICINE

A non-medical philosophy of health and healing

by Peter Wilberg

**What is Meta-Medicine?**

Meta-Medicine means “beyond medicine” — a fundamentally new philosophy of health and healing. It is new, because instead of providing any form of medical diagnosis and treatment it focuses on the individual’s experience of illness and the meaning it holds for them — something medical practitioners rarely have the time to do. Meta-Medicine is therefore NOT another form of “alternative medicine”, nor does the “meta-medic” offer any form of “complementary” therapy for specific ailments. Instead the purpose of Meta-Medicine is to provide a genuine complement to both orthodox and alternative medicine — helping the individual to discover the meaning of their physical and psychological “dis-ease” rather than looking for the causes and cures of named “diseases”.

**Beyond Orthodox *and* Alternative Medicine**

Both orthodox and alternative forms of medicine are founded on essentially the same medical model of illness — the causal model. In the past illness was interpreted as a punishment for sin. Now it is seen as a “consequence” of faulty genes or faulty lifestyle, lack of exercise or lack of vitamins, bad habits or bad nutrition, negative thinking or toxic chemicals. But whether we interpret illness as having purely medical or purely moral causes, or something in between that we call “lifestyle” — the model is essentially the same. And so is the response — the attempt to find a treatment that eliminates our dis-ease, rather than also finding meaning in it. Our attitudes to illness remain on a par with attitudes to dream life before Freud, when dreams and nightmares were also seen as meaningless mental soup, mere “by products” of the mind, triggered by what one had eaten.

# Illness as a “holistic” healing process

Meta-Medicine is a truly “holistic” approach to health, based on the principle that illness itself can be understood not just as a pathological state of some sort but as a healing process — one that helps to make us whole. Many people who have survived serious life-threatening illnesses tell of how the process they underwent during their illness has changed them. They feel that they have not just “recovered”, returned to how they were before their illness, but that they have got better — in particular that they are more in touch with themselves and better at being themselves — at expressing and embodying who they are. Meta-Medicine understands illness in general as the expression of a healing process of change — not just in our lifestyle or diet, but deep within ourselves.

# Letting it “Get to You”

Even a minor and purely somatic illness such as a cold or flu alters our state of consciousness, affecting our mental functioning and mood. Conversely, alterations in our mental and emotional state have a bodily dimension — altering our physical state and our experience of our bodies. In a culture which defines “health” as the ability to function properly, unexpected alterations in our mental and physical condition are usually interpreted negatively — as shameful impediments to this “normal” functioning or as stigmas betraying serious mental or physical dysfunction. Because of this we do not allow changes in our mental, emotional and bodily experience to alter our self-experience — our sense of who we are. We do not “let it get to us” ie we do not let it get to our *selves.* This in turn stops us from using our minds and bodies to find new ways of expressing and embodying ourselves — to change our way of being who we are. Instead we seek at all costs to “return to normal”, to preserve our existing idea of who we are, of how we should feel and how we should function.

# Mind, Body and Self

It is machines, not human beings, that “function”. Meta— Medicine challenges the definition of health as functionality, a definition which leads to us treating all expressions of dis-ease and all signs of mental or physical dysfunction as a threat to the self, something in need of “treatment”. Instead it sees them as meaningful opportunities to experience ourselves in new ways, to express and embody more of who we are — to heal ourselves by becoming more whole. The problem is that neither medicine nor psychiatry have a place in their body of mental concepts for the self — not as a construct of the mind but as something distinct from either “mind” or “body”, “psyche” or “soma”. Consequently they confuse the self with our mental *idea* of ourselves on the one hand, or with the body and its genetic disposition on the other. The Meta— Medical philosophy is that human beings do not “have” a body or mind at all. Rather it is we “our-selves” who body, and we ourselves who mind. What we (em)body and what we mind is who we are — our inner being. The self is not a “ghost in the machine” of the human bodymind. It is that which we body and that we mind.

**The Ideal of Perfect Immunity**

If the medical definition of health is based on a mechanical metaphor — functionality — then the medical definition of illness is based on military and nationalistic metaphors — illness as invasion or colonisation by “foreign bodies”. The “function” of the immune system is to identify these “non-self” cells or microorganisms and eliminate them. This model of the immune system fits in with the idea of guarding ourselves against any experiences which “threaten” to alter our self-experience, our experience of who we are. The ideal of an invincible immune system represents the idea of an unchangeable ego or “subject” — the “I” of language. For whenever we have a thought or make a statement of the sort “I feel X” or “I did Y” we imply that this “I” remains unaltered by its feelings and actions and the object of those feelings or actions. The subject of the sentence is forever “immune” from its changing verbs and objects. Put another way, “immunity” is “I-mmunity”. Being I-mmune means not allowing something “I” experience to get to me — to change my experience of my-self, this “I”. But being fully open to life means allowing ourselves to fully take in something that is “other” — “not-I” or “not-self” — letting it touch us and transform us. Whether “it” be a piece of music or another person, an external event or an inner question, a new thought or feeling, being open to life means allowing *what* we feel to alter our sense of self — *who* we feel ourselves to be. By contrast, seeking the “magic bullet” that can eliminate illness, is tantamount to seeking immunity from life — inoculating the “I” from our changing experience of self and others.

# The Nature of Self— Experience

Every experience we have in life reveals to us an aspect of something *other* than self (another person for example) and an aspect of ourselves (how and who we feel ourselves to be with that person). All experience in other words, is both experience of others and otherness and of self and selfness. But when the self is not open to others and to “otherness” in general we cannot discover our other selves — other aspects of our being. Not open to life in this way we cannot find ways to live out these aspects, to embody and express them. Our minds being closed to what is “foreign” to our idea of ourselves, our bodies may open themselves to foreign bodies — the “weakening” of the immune system’s “functioning”. Conversely, our bodies being closed to new ways of experiencing ourselves, our minds’ defences may weaken, and we feel ourselves besieged by alien thoughts. That is why when we are physically or psychologically unwell our bodies and minds feel “foreign” to us in some way, plagued by painful physical sensations or disturbing psychological moods, viral infections or virulent thoughts, hallucinatory visions or intrusive inner voices. We “suffer” something we experience as “other” or “foreign”, feeling alienated not only from our minds and bodies, but from our very selves.

# Illness as Spiritual Pregnancy

All forms of medicine are based on particular types of metaphor. Orthodox medicine makes use of military metaphors — “strengthening the body’s defences”, making “war on cancer”, “fighting” infections etc. In general, illness is no longer seen metaphorically as punishment for sin (except in the case of AIDS) but more as a price for sinful habits such as smoking. It is no longer given a religious meaning but is seen instead as senseless suffering — to be vanquished by eliminating its genetic, environmental, nutritional or psychological “causes”. Meta-Medicine proposes a different metaphor, one that helps us to explore the meaning of illness in new and non-moralistic ways — illness as spiritual pregnancy. Illness as a healing process of change or metamorphosis can be compared with the process of fertilisation, gestation, labour and birth. Doctors may treat pregnancy as a condition fraught with risks — like an illness. But they do not even begin to understand illness itself as a form of pregnancy — for if they did they would understand that what we bear within ourselves in this type of pregnancy is not a foreign body but an internalised aspect of our experience — and of our— selves — that we still experience as something “foreign” and threatening. Removing foreign bodies — tumours or infections — may be attacking the “causes” of symptoms, but this abortive intervention does not stop the patient from getting pregnant again — finding new symptoms. And though the pregnant mother also carries a “foreign body” within her, one which may also “cause” discomforts of various sorts, no one would suggest that the “cure” for these discomforts is to eliminate it’s “cause” — to abort the growing fetus.

# To Suffer or to Bear ?

Though the words “to suffer” and “to bear” are often used synonymously in English, we speak of a woman “bearing a child” rather than “suffering a child”, of something “bearing fruit” rather than “suffering fruit”. We also speak of not being able to “bear” something, of finding it “unbearable”. Not being able to bear something does not mean that we do not suffer it, but that in some way we are unable to contain it, to embody and express it adequately. The language of “bearing” bears a different message to the language of “suffering”. It bear witness to a wisdom pregnant in the body of language itself, a wisdom through which we can understand illness not as senseless suffering but as a process that can take us somewhere — bearing us to a new place within ourselves and giving birth to a new sense of self. We embody our sense of self in our whole physical “bearing” — our bodily comportment and countenance. Conversely, a human being’s physical comportment and countenance is not something purely bodily, but an expression of their “inner bearing”, their way of “bearing” or “carrying” themselves. “Bearing” an illness does not mean just suffering it. It means finding an inner bearing through which we can integrate pregnant aspects of our being and allow them to creatively transform our sense of self. Healing is complete when we are able to give birth to this new sense of self, not only reflecting it in new mental attitudes and ideas of ourselves but also embodying it in our whole physical bearing and stance, our whole way of being “some-body”.

# The Embodied Self and the Idealised Self

Alternative medicine and New Age “spirituality” project a highly idealised concept of physical and spiritual health. The ideal human being is seen as positive thinking, radiantly healthy and in tune with “higher” spiritual vibrations. He or she is vegetarian — or at least diet conscious — and of course a non-smoker. Whereas in the past Christianity saw ill-health and suffering as a punishment for sin, now they are seen as a punishment for negative thinking, faulty diet or wrong lifestyle. But when Nietzsche wrote that “God is dead” he was referring to the death of all idealised concepts of “spirit” which lead the individual to counterpose an ideal image of their “higher” self in opposition to a “lower”, “sinful” self — the embodied, fleshly self. Although New Age “health consciousness” thinking seems all about valuing and taking care of our bodies, in essence it reflects a traditional “spiritual” distrust of the flesh. For the body is seen as something in constant need of protection from harmful influences of the material environment on the one hand (toxins, allergens, carcinogens, viruses etc) and harmful “spirits” on the other (negative thinking and “unspiritual” feeling such as anger or rage). What is valued is not the real, living body whose vitality is expressed as much in pain as in pleasure, in hate as in love, in joy as in sadness — and which possesses an inexhaustible capacity for environmental adaptation, self-repair and self-healing — but the “idealised” body which knows only “higher” spiritual feelings, and must be protected from the “lower”. What is valued is not the true “spirit” of the individual — the spirit which forms and permeates the flesh and can only be sensed through it — but only idealisations of this “spiritual self”, divorced from the embodied self. Compared with the idealised “healthy” body and the idealised “spiritual” self, the bodying and embodied self of the individual feels inferior — in constant need of “self-improvement” and “self-realisation”. The myriad therapies and techniques which promise improved health and spiritual enlightenment are there not so much to help the individual feel good in body, mind and spirit — to enjoy the life of feeling — but to feel good — to overcome that basic sense of *badness* in comparison to the idealised self and body.

# Metaphysiology

Meta-Medicine challenges all views of the human body which do not recognise it as an embodied human being — not a living “thing” but a living self. The Meta-Medical philosophy of bodyhood is summed up in a single saying by the German thinker Martin Heidegger: “*We* hear, not the ear”. Put another way: we do not hear because we have ears. We have ears because we are essentially hearing beings — because *we* hear. It is what we ourselves are prepared to hear that determines what our ears, as the bodily organs of our hearing, are tuned to pick up and register. What is true of the ear is true of all our senses, and of functioning in general. We do not breathe and digest because we have lungs and stomachs. We breathe, not the lungs alone. We digest, not the stomach and digestive “system” alone. We do not depart the body at death because it has finally ceased to function. The body ceases to function when we have finally departed it — and not before. When we cease to body ourselves. The body’s physiological activity is therefore essentially nothing bodily — it is a bodily expression of “metaphysiological” activity — the bodying of our inner being.

# The Body of Lived Experience

The body as medical science understands it is the body as it appears from outside. Even internal examinations give only an exterior view of the body — they tell us nothing about the lived body, the body as we experience it from within. Nor does it tell us anything about the body as the body of our lived experience — and as the vehicle with which we process or “metabolise” that experience. As human beings we do not live from bread alone, merely reconstituting our bodies from the nutrients in our food. For our bodies themselves depend and thrive on the nourishment of our lived bodily experience — the nourishment we gain from them through creative activity, sensory stimulation and meaningful interaction with others. We rely on our bodies not just to find energy for living but to digest and metabolise our lived experience. For it is in this way that we reconstitute our sense of self and are able to grow, not just as bodies but spiritually — as embodied human beings.

**The Metabolisation of Lived Experience**

The expression “You are what you eat” applies not just to our physiological metabolism but to our metaphysiology — the metabolisation of our lived, bodily experience. Just as the body’s metabolism extracts energy and warmth (“fire”) from the elements of food, water and oxygen (earth, water and air) so we, as beings, extract meaning from the “earthly” stimulation of the senses, from the fluid “waters” of feeling and from the oxygen of communication — the living breath of speech. Our body’s breathing can as much be stifled by a dead communicative “atmosphere”, devoid of meaningful, living speech as it can be by a lack of oxygen. Our digestion of food can as much be put out by having too much to cope with mentally, or not being able to “stomach” a particular experience, as by eating too much or not being able to digest particular foods. More to the point — these two aspects of digestion are related. Similarly, the water of feeling is as essential to our body’s life as water itself — needed to “metabolise” our lived experience and replenish our sense of self. To repeat, the human body is an embodied human being — an embodied self. Being a body means being *some— body* — embodying ourselves. Ill— health, mental and physical, has to do with aspects of our— selves that we have difficulty experiencing in a living, bodily way — difficulty in *bodying* — and/or with aspects of our lived, bodily experience that we have difficulty *selving* — metabolising in a way that renews and transforms our sense of self. The word “metabolism” derives from the Greek *metaballein* — to change. It is not just our bodies that are constantly changing, old cells dying and being replaced by new ones. We change too, old selves dying and being replaced by new ones. Mostly we are as little conscious of this constant process of self-transformation as we are of our body’s metabolic process.

**Turning Corners in Time**

Suppose we arrive at a T-junction or crossroads where, instead of going straight on across the juncture, we decide or are forced to make a left or right turn. Something both unremarkable and very significant happens. For having made this turning our view changes. Whether we look back behind us or look ahead to where we are going, it is the new road we see, not the one we were on before. Similarly, when we turn a corner in our self-experience, whether through a very subtle change of mood or with a dramatic sense of rebirth and transformation, it is not just our present, but with it our view of our own past and future too. But there is a difference between turning corners in space and turning corners in time. For whereas we are unlikely to forget that a road we are actually walking down was one we only turned into a moment ago, when we turn corners in our self— experience our memories themselves change. We see our own past, no less than our future, from our present viewpoint — the viewpoint of how we experience ourselves now. We forget that we did not always have this viewpoint, that we came to it through turning a corner — through change in our self-experience. The sense of continuity associated with the word “I” is reinforced by this illusion of time as a single life road down which we travel, and down which we have always travelled. That there are many roads and crossroads in our lives, that we have turned many corners in our self-experience, may be intellectually acknowledged, but is rarely recollected in a feeling way — is rarely a lived experience itself. For those for whom it is, the past is not just a set of memories borne by their present self. It is an experiential recollection of past selves, each of which possessed a different bearing and direction in life, a different sense of itself, and a different view of past and future to that of the present self. For most people, the experience of turning a corner in time — but in such a way as still to be able to recollect how they experienced themselves before the turn — comes only as an experience of aging. The aging experience is the recollection of having turned — or being in the process of turning — a corner in our self— experience. It occurs over years or decades rather than weeks or days. In reality, however, we may turn corners in our self— experience far more often than we think. Some people are aware of changes in their self-experience occurring in a single minute or hour. Their self-experience is essentially plural — a “we” rather than an “I”. Others may be conscious that their whole lives are corners turned — roads entered from past lives. And that each element of their present self-experience carries traces, not just of past selves in this life but of these past lives. Or anticipates future selves and future lives — future roads that the self may take.

# The Body’s Recollection of the Whole Self

Our capacity to remember the past and anticipate the future in a living way — not just as a set of remembered or anticipated experiences projected by our present self but as actual or potential transformations in the way we experience ourselves, resides in the body. The embodied self is not the mind’s unchanging “I” but an ever— changing inner “we”. As such it is the physical expression of our spiritual being or “whole self” — the organic psychological unity of our self— experience, transcending time and embracing a multiplicity of different selves — different ways of being who we are. These multiple potentials of being, whose countless possible combinations and permutations can never be fulfilled in any one life, are selectively coded in our body’s genes. But our bodies are not at the mercy of our biological genes. Instead *we* use our body’s genetic potentials to embody and express our own “spiritual genes” — *our* innermost qualities and potentials as human beings.

# Our Spiritual Genes

The body is not a biological machine but a living language of the spirit — of our whole self or inner being. The fact that we each speak a slightly different biological language, with its own alphabet and vocabulary, does not mean that we are the “products” of our genes. Our character and personality are no more the “result” of our genes than what we say is “caused” by the words of our mother tongue. Just as language gives us limitless potentialities for self-expression so too does our genetic alphabet and vocabulary. One person can say with a few words what others cannot say with many. And even those with a marked deficit in their body’s basic genetic alphabet can still put new and surprising words and sentences together. Our lives then are living sentences spoken through the language of our genes. Our genes do not limit what we can “say” with them — the potentials of being that we succeed in embodying through them. What limits us far more than the body and its genetic language is what our minds do with words themselves — the way we use words to separate ourselves from the body of our lived experience and prevent it from enriching our self-experience.

# Turning and Returning to the “Core Self”

Even after our mothers give birth to us from their own bodies, we remain pregnant with our own unborn and unexpressed potentials of being. There is always a gap, in other words, between our whole self on the one hand, and the way we embody and express this self in a given life. Our inner link with our whole selves gives us a sense of an inner or “core self”, within us, one to which we feel a need to return whenever we feel trapped within any particular dimensions of our self-experience. In order to decide which roads to follow, which corners to turn in our lives, we must first re-turn to a place within ourselves that is not on the map at all. Instead it is our own spiritual centre of gravity, keeping our balance and giving us our bearings on the roads of life. The purpose of “re-ligion” has always been to help people re-link with their essential being or “core self”. For through it we not only draw closer to our whole self or Entity but with other beings and with Being — with the spiritual Entirety we call “God”. The core self is not a feature of our personality or a type of energy we feel inside but a link with our own “energy personality essence”. It is not a part of our lived experience — not a feeling — but the silent source of our inner response to lived experience — the source of our feelings. Lived experience is gained through the body’s five senses and represented in language. Contact with the core self is gained through a sixth sense — our felt sense of meaning. This is not meaning as it is represented in words — referring to “things” outside us or in us. It is meaning as it comes to us through our words and through our lived experience, our sense of being addressed and spoken to by other beings. In order to understand another person’s meaning we do not have to first put it into our own words. We sense and understand it wordlessly. Similarly, we do not first have to label and talk about an experience in order to sense its meaning. We need only feel our inner response to the experience. Labelling and talking about feelings is something we do with our minds. Feeling them is something we do with our bodies. Responding to other people’s words and analysing their meaning is something we do with our mind. Responding to this meaning is something we do in silence, from our core self, and communicate by fully feeling the response with our bodies and meaning it.

**Dis-ease and the Human Condition**

Orthodox medicine treats both behavioural and somatic disorders as the expression of organic or mental “illness”. Meta-Medicine sees illness, mental and physical as the expression of a more fundamental type of dis-ease. This dis-ease is not a particular medical condition, but one way of experiencing and responding to a basic tension of the human condition *per se*. This fundamental tension can be described in many ways — as a tension between lived experience and its representation in language, between words and the wordless dimension of experience, between our verbal self and our inner or core self, and thus also between our inner and outer responses to people and events. Just as there is always a gap between our lived experience and the way we represent this experience in words, so there is also a gap between our core self and our verbal self or “ego”. If we are uneasy with this gap we may experience a certain “dis-ease” and try to close the gap with words. But if the gap becomes too great and words fail us, our dis-ease may turn into distress. We may “act out” this distress in impulsive behaviour, or seek to ward it off through compulsive, ritualistic actions. Alternatively, we may use parts of our bodies to somatise it, expressing it through medically recognised symptoms of physiological disorder, with their accompanying physical discomforts and distress. The concept of “psychosomatic” illness may seem to apply here — the idea that illness is the somatic expression of psychological conflicts that the individual is unable to cope with mentally or express verbally. That somatisation results from an incapacity to manage stress or to verbalise inner distress. Meta-Medicine challenges this view of the “psychosomatic”, arguing that difficulties in responding outwardly to events and other people arise when we do not fully acknowledge our own wordless inner responses and feelings — do not allow ourselves to feel these inner responses or respond to our inner feelings. From a Meta-Medical point of view, psychosomatic illness does not result from putting things into our bodies which we could have expressed in words. It is not a failure to express named feelings with the verbal self, but a failure to fully sense and embody unnamed feelings which stem from our core self — the self that responds silently to our lived experience. To *embody* a feeling is neither to name and express it verbally, nor to repress it in silence, nor even to signal it through our body language. It is to let ourselves feel this feeling with our whole bodies rather than localising them in a troublesome part. And to know that our inner responses to others are communicated in silence, whether or not we express them in words or overt body language.

# Meta-Medicine and “Psychology”

The Greek word psyche refers not to the “mind” but the soul. Its original meaning is “life— breath”. When we speak we “ensoul” our out-breath with an extra dimension of vitality — with the life— breath of meaning. Words can be thought of as “bodies of meaning”, ensouled with the life— breath or “psyche” of the speaker as well as uttered with the physical breath. But our fleshly bodies, too, are ensouled and vitalised by this life-breath. They too are a type of “soul-speech” — the fleshly word of the spirit or whole self, uttered and vitalised by the life— breath of meaning. Taken literally, the very word “psychology” refers to this “soul-speech”— the *logos* (speech) of the *psyche* or soul. The Greek word soma on the other hand, referred originally to a dead corpse, a body devoid of psyche. Taken in this sense to “somatise” would be to deprive the body of life-breath, to drain it of vitality and render it lifeless. This is exactly what we do whenever we breathe only with our bodies and not with our souls. Whenever it is not *we* who breathe but only our lungs. It is also what we do whenever we speak without also listening. For it is in listening that we draw the life-breath meaning from the speech of others. And it is in listening to ourselves that we draw vitality from our own bodies as well as inspiration for our own words. One more reason why “healing begins with hearing and being heard.”

# Soul and Spirit

From a Meta-Medical viewpoint all illness is essentially “psycho-somatic”, but this is not because it is “all in the mind” or “caused” by psychological factors. It is psychosomatic because it expresses a mental split between soul and body. This is a split with deep historic roots in both Western and Eastern cultures, but one still reflected in the division between the “psycho-professions” on the one hand (analyst, therapist and counsellor) and the medical and psychiatric professions on the other. Medical psychiatry caricatures the idea of a “physician of the soul “ by denying the soul’s very existence and reducing consciousness to an unexplainable by-product of the brain. Its principle reads: the brain thinks, not a human being. Neither medicine nor psychiatry acknowledge the distinction between mind and body on the one hand, and soul and spirit on the other. To equate the soul with the modern concept of “mind” is like equating words and language with the meanings we communicate through them. Language and mental images provide us with an organised body of symbols which we then ensoul with meaning. Just as it can provide information a computer can be taught to manipulate words, to create sentences that make sense and even to respond to statements like a counsellor. But *it* does not mean anything with the information it gives us or the statements it makes — however meaningful we may find them. Meaning is something essentially to do with spirit and soul rather than mind or body. A “spiritual” being is a being capable of relating to and meaning other beings. The life of soul is the life of meaning that links beings with one another, a life that transcends both the Word and the Flesh. The meaning of a sentence — its soul — lives on after the last word dies on the speaker’s lips. It can be received by another being, who may recast it in other words, with other lips and in other tongues. Similarly, the soul lives on after it utters its last bodily breath and thereby completes its life “sentence”. Body and mind together form a single unitary organism — the body of our lived experience, expressed no less in the language of the flesh than in the ligaments of language. The “spirits” are us — the beings who live this experience. The soul is the life of meaning that pervades our experience. It is the dynamic inner relation between our self-experience and our experience of the world ie. of others and otherness. It is what links them in a constant process of “self-transformaton” — of becoming other whilst remaining the same. The “spirit” on the other hand is our capacity as beings to reach out to and receive other beings on a core level — in their very “isness” or “beingness”. Our capacity, in other words, to *relate* to another being directly and on a core level rather than merely *communicating* with them in one form or another.

# Communication and Relating

Communication is indirect relating through a symbolic medium, verbal or physical. True relating, on the other hand, is direct contact and communication on a “core” level. Only if we are actively relating to another person on this level is our communication meaningful, for only then can we say something to them that “bears back” a message from our spiritual core. Without core-relatedness communication lacks soul and spirit — there is no true soul communication between two spirits. The lack of core relatedness in our culture is a major source of mental illness. It can only be met if we acknowledge each individual’s need, not just for empathy and understanding, guidance and counselling, but for spiritual intimacy and intercourse with others.

# -Medicine and Mental Health

“The sicknesses of the soul are sicknesses of relationship” — Martin Buber. There is a world of difference between attempting to understand mental processes medically and “scientifically”, as processes going on “in” an individual’s body or brain, and understanding them relationally — as processes going on between that individual and other beings. Freud saw neurotic disturbances as a disturbed capacity for healthy ego functioning and ego— relatedness — work, social relating and sexual fulfilment. He regarded this disturbance as rooted in sexual repression and early childhood relationships. Meta-Medicine understands all mental illness, not least psychosis, as the expression of a disturbed capacity for spiritual fulfilment and “core relatedness” — the capacity to relate to others from our spiritual or “core” self. Freud opposed a religious and moral “superego” to an instinctual, bodily unconscious governed by sexual drives. Meta-Medicine understands both spiritual ideals and sexual drives as the expressions of a more basic quest — the quest for spiritual intimacy, spiritual intercourse and spiritual co-creativity with others.

# Spiritual Intimacy

What I call “spiritual intimacy” is a wordless and intimate communion that is not restricted to relationships between lovers, but can just as much be experienced between friends or strangers, between child and child or adult and child, between human beings and animals. It is the intimate inner contact and “in touchness” that both precedes and follows physical touch and intimacy with others, but need not necessarily be expressed through it. Spiritual intimacy opens us up also to spiritual intercourse and procreation. Spiritual intercourse is the capacity to receive and be received by another being — to touch their spiritual or “core” self and be touched in our own. Spiritual pro-creativity is the capacity to penetrate and be penetrated, seed and be seeded, fertilise and be fertilised by others — in other words to receive and be received by others on a core level, to acknowledge what they give to us, what they mean to us, and to nurture and bring to fruition the aspects of ourselves they reflect and give voice to.

# Ego and Self

The basis of spiritual intimacy is what I call “core relatedness”, “core contact” and “core communication”. Mental illness always goes together with the *isolation* of the individual’s core self — with a lack or loss of relatedness to the core selves of others, a deep-seated need for this core contact, and/or a deep-seated fear of the spiritual intimacy it can bring. The loss or lack of core-relatedness is *not* the same as the loss or lack of ego-relatedness — the capacity for ordinary social or sexual “functioning”. Instead the breakdown of ordinary psychological or physical functioning may be precisely what the individual needs to bring them to their own core self, thus giving them the potential — perhaps for the first time — to make contact with others from this self. But Western culture knows no distinction between ego and self, ego-relatedness and core-relatedness. It sees sexual intimacy as the only expression of spiritual intimacy between human beings, and places a strong taboo on spiritual intimacy between those who are not lovers or close relatives. This taboo takes the form of a taboo on being with others in silence — for it is through silence alone we are brought to the threshold of spiritual intimacy with others. This is a threshold that many find intimidating. Counselling and other “talking cures” in which intimate feelings are expressed verbally can be just as much an avoidance of spiritual intimacy as the repression of such feelings — an avoidance of the silent core contact and communication on which all verbal communication rides and on which alone it thrives.

**The Symptoms of Psychiatry**

Medical psychiatry makes no attempt to understand or respond to the spiritual and relational dimensions of mental-emotional suffering, breakdown and “illness”. The latter is the inevitable shadow of a culture that identifies healthy relating only with the capacity for “normal” social functioning based on indirect communication through words. Faced with individuals for whom words or ordinary modes of verbal communication have failed — individuals responding to their own lack or loss of core relatedness — psychiatry is at a loss to see any spiritual meaning in their wordlessness or in their bizarre speech, and lacks any means to respond to it save by diagnosing it in psychiatric terminology and treating it with drugs. The practice of medical psychiatry has an in-built tendency to reproduce and reinforce in patients the very symptoms of mental illness that it catalogues in its diagnostic categories.

• **depression** of vitality and brain function induced by anti— psychotic drugs

• **drug addiction** brought about by medical tranquillisers and anti— depressants

• **depersonalisation** created by reducing the patient to a clinical “case”

• **loss of self-esteem** reinforced by not responding to the patient’s core self

• **loss of meaning** reinforced by “de-meaning” the patient’s symptoms — denying inner meaning to the patient’s voices or hallucinations, bizarre thinking or odd behaviour etc. and reducing them instead to expressions of brain malfunction

• **anxiety and paranoia** generated by the psychiatrist’s fear of spiritual intimacy and incapacity for core-relatedness to the patient

• **mania and delusion —** the attempt to establish omnipotent control over the psyche through external actions governed by a delusory belief system — in this case the belief that depression and psychoses are disorders of the brain

• **relapse and breakdown** induced by breakdown in the system of psychiatric care, its failure to respond properly and in time to the real needs of the individual — in particular their need for core contact rather than therapy or drugs.

# Contact Starvation

A person can be surrounded by people, enjoy no shortage of relationships, have friends and family, colleagues and partners to call on, and yet still suffer from extreme isolation — from a starvation of core contact with others. Physical and mental illnesses are closely connected, and yet on a broad level we can say that physical illness is always connected in one way or another with a failure to inwardly digest our lived experience and metabolise its meaning. Mental illness, on the other hand expresses a basic poverty of lived experience rooted in contact starvation — a lack of core-relatedness to the other people and the world. Deprived of core contact with others at an early age, the self does not feel fed and nourished by its lived experience. Instead of growing naturally from their lived experience, the individual has to artificially manufacture and maintain a false self from it, feeding off their experience and living from it rather than being fed and nourished by it. Lacking a sense of inner contact with others their lived experience is divorced from their self-experience, their experience of others separated from their experience of themselves. The core self is absent from the individual’s lived experience or protected from it, guarded by a care taking self which has learnt to take care of the core self entirely without the nourishment of core contact with others.

**Core Contact and Isolation**

Contact starvation is not merely a result of social isolation. A person’s feeling of social isolation can result from them (a) hiding their core self from others in order to function in the world (b) hiding from the world in order to protect their core self, or (c) using other people and the world to hide *from* their core self. But these are secondary phenomenon. The withdrawal of the individual’s core self from their worldly life and relationships is itself an expression of contact starvation — a failure to stay in contact with their own core self in the absence of direct contact with the core selves of others. Therapy can help people to “get in touch” with their core selves again despite the lack of nourishment from core contact with others. But precisely for this reason it does nothing to address the contact starvation that brought the patient out of contact with themselves in the first place. Only by *not* attempting to counsel or cure, treat or therapise — to **do** or **say** anything “helpful” — can the psychiatrist or therapist, friend or relative learn to just **be** with the patient in patient silence — for however long it takes. This alone meets the patient’s hidden need for silent core contact with others — helping themto re-contact their own core self *through* it, and not *despite* their own contact starvation.