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## *A New Emotion Medicine*

*Doubting everything and believing everything are two equally convenient solutions that guard us from having to think.*

—HENRI POINCARÉ, *OF SCIENCE AND HYPOTHESES*

Every life is unique . . . and every life is difficult. We are often surprised at our own envy toward someone else.

“If only I were beautiful like Marilyn Monroe.”

“If only I were a rock star.”

“If only I lived the adventures of Ernest Hemingway.”

By becoming someone else, we would not have our usual problems—that much is true. But we would have others—theirs!

Marilyn Monroe was perhaps the sexiest, most famous, and most coveted of all women of her generation. Yet, she always felt lonely and she drowned her distress in alcohol. She eventually died of an overdose of barbiturates. Kurt Cobain, the lead singer of the rock band Nirvana, became a superstar over a few years. He killed himself

before he reached 30. Hemingway, whose Nobel Prize and extraordinary life did not save him from a deep existential void, also committed suicide. Neither talent, nor glory, power, money, or the admiration of women and men can make the essence of life fundamentally easier.

There are, however, people who seem to live with harmony. Most often they have the feeling that life is generous. They are able to enjoy the people around them and the little pleasures of every day: meals, sleep, projects, relationships. They do not belong to a cult or a specific religion. They do not live in a particular country. Some are rich, others are not. Some are married, others live alone. Some have special talents, others are quite ordinary. They have all experienced failures, disappointments, dark moments. Nobody escapes from hardships. But on the whole, these people seem better equipped to overcome obstacles. They seem to have a special ability to get through misfortune, to give meaning to their lives, as if they had a closer relationship with themselves, with others, and with what they have chosen to do with their existence.

How does one become so resilient? How can we build a propensity toward happiness? I spent 20 years studying and practicing medicine, mainly in major universities of the United States, Canada, and France, but also with Tibetan doctors and Native American shamans. Over that time, I found certain keys that turned out to be useful for my patients as well as myself. To my surprise, these were not the methods I'd learned at the university. They involved neither drugs nor the usual talk therapies.

### **The Turning Point**

I did not come to this conclusion—and this new style of medicine—easily. I started my career in medicine as a purebred scientist. After graduating from medical school, I left medicine for five years in order to study how neurons arrange themselves in networks to produce

thoughts and emotions. I did a Ph.D. in cognitive neuroscience at Carnegie Mellon University under the supervision of Herbert Simon, Ph.D., one of the handful of psychologists ever awarded a Nobel Prize, and of James McClelland, Ph.D., one of the founders of modern neural network theory. The main result of my thesis was published in the journal *Science*, a prestigious publication in which every scientist hopes to see his work appear one day.

After this training in hard sciences, it was actually difficult for me to return to the clinical world and to complete my residency in psychiatry. Working with patients seemed too “soft,” too vague, almost . . . too easy. Clinical work had very little in common with the hard data and mathematical precision that I had become accustomed to. However, I reassured myself that I was learning how to treat psychiatric patients in one of the most hard-nosed and research-oriented departments of psychiatry in the country. At the University of Pittsburgh, it was said that psychiatry received more federal research funding than any other department in the school of medicine, including the prestigious department of transplant surgery. With a certain hubris, we thought of ourselves as “clinical scientists.”

Shortly after that, I was awarded enough grants from the National Institutes of Health and from private foundations to start my own laboratory. Things could not have looked more promising and my curiosity for new knowledge, and for solid facts, promised to be fed. However, in short order, a few experiences would change my view of medicine completely, and also change the course of my career.

One was a trip to India, for the medical relief group Doctors Without Borders/Médecins Sans Frontières, for whom I worked as a member of the United States board of directors from 1991 to 2000. I was going to India to work with Tibetan refugees in Dharamsala, the home base of the Dalai Lama. There, I observed a traditional Tibetan medicine in which practitioners diagnosed diseases and “imbalances” through lengthy palpation of the pulses of both wrists and inspection

of the tongue and urine. These practitioners treated only with acupuncture, traditional herbs, and the instruction to meditate. They seemed every bit as successful with a variety of patients suffering from chronic illnesses as we were in the West, yet their treatments had remarkably fewer side effects and cost a lot less.

As a psychiatrist, most of my own patients were suffering from chronic diseases. (Depression, anxiety, bipolar disorder, and stress are all chronic conditions.) I started to wonder about whether the contempt for traditional approaches I had been taught throughout my training was based on objective facts or on ignorance. Indeed, if the track record of Western medicine was outstanding for acute conditions such as pneumonia, appendicitis, or bone fractures, it was far from stellar for most chronic conditions, including anxiety and depression.

The other challenge to my own medical arrogance was a more personal experience. During a visit to France a very close childhood friend told me about her recovery from a serious depression. She had refused the medications that her doctor had offered and she had sought the care of a sort of healer. She was treated with “sophrology,” a technique that involves deep relaxation and reexperiencing of old, buried emotions. She had come out of this treatment “better than normal.” Not only was she no longer depressed, she was also freed from the weight of 30 years of unexpressed grief over the loss of her father, who had died when she was 6 years old.

My friend had found a new energy, a new lightness and clarity of purpose that had never been a part of who she was before the treatment. I was happy for her but also shocked and disappointed in myself. In all my years of studying the mind and the brain, in all the training I had received both in scientific psychology and then in psychiatry, I had never witnessed such profound results, nor been shown such treatment methods. In fact, I had been actively discouraged from looking into them—as if they were the purview of charlatans, not worthy of medical doctors and not even worthy of scientific curiosity.

Yet, my friend had achieved far more than I had learned to expect from the techniques I had been taught: psychiatric medications and conventional talk therapy.

If she had come to *me* as her psychiatrist, I would most likely have limited her chances of finding the growth that she had experienced through the unusual treatment she had chosen. If, after all these years of training, I couldn't have helped someone I really cared about, what was all my knowledge really worth? In the months and years that followed, I learned to open my mind—and my heart—to different and often more effective ways of healing others.

The seven natural treatment approaches that I will describe in this book all capitalize on the mind and brain's own healing mechanisms for recovering from depression, anxiety, and stress. All seven methods have been researched and studies documenting their benefits have been published in prestigious scientific journals. Because the mechanisms through which they operate remain poorly understood, these methods have remained largely excluded from the mainstream of medicine and psychiatry. Conventional medicine should, legitimately, seek an understanding of how treatments actually work. However, it is not legitimate to exclude treatments that have been shown to work and to be safe simply because we do not understand *how* they work. Today, the demand is so great for such approaches that it will no longer be possible to set them aside. And there are good reasons for a more open approach.

### **The Sad State of Affairs**

Disorders linked to stress—including depression and anxiety—are widespread in our societies. The numbers are alarming: Clinical studies suggest that 50 to 75 percent of all visits to the doctor are primarily related to stress, and that, in terms of mortality, stress poses a more serious risk factor than tobacco.<sup>1,2</sup> In fact, eight out of ten of

the most commonly used medications in the United States are intended to treat problems directly related to stress: antidepressants, anxiolytics and sleeping pills, antacids for heartburn and ulcers, and medications for high blood pressure.<sup>3</sup> In 1999, three of the top-selling drugs of any sort in the United States were three antidepressants (Prozac, Paxil, and Zoloft).<sup>4</sup> In fact, it is estimated that about one in eight Americans has taken an antidepressant, almost half of them for more than a year.<sup>5</sup>

Even though stress, anxiety, and depression are on the increase, those who suffer from these problems are suspicious of the two traditional pillars of emotional treatment: talk therapy and medications. Already in 1997, a Harvard study showed, a *majority* of Americans suffering from these conditions preferred “alternative and complementary” methods over traditional psychotherapies or drugs.<sup>6</sup>

Psychoanalysis is losing ground. Having dominated psychiatry for 30 years, its credibility is dwindling because its effectiveness hasn't been sufficiently proven.<sup>7</sup> If we live in New York, one of the few remaining bastions of psychoanalysis in the English-speaking world, we may all know someone who greatly benefited from analytic treatment, but we also know a lot of other people who have been going in circles on the analyst's couch for years.

Today, the most common form of psychotherapy is cognitive-behavior therapy. It has a remarkable track record, with a wealth of studies showing its effectiveness in conditions as varied as depression and obsessive-compulsive disorder. Patients who have learned to control their thoughts and to systematically examine their assumptions and beliefs clearly do better than those who haven't. However, many patients feel that the often exclusive focus on present thoughts and behaviors fails to encompass the whole dimension of their lives—including, most importantly, their body.

Other than psychotherapy, there is “biological psychiatry.” This is the modern form of psychiatry that primarily treats patients with

psychotropic medications like Prozac, Zoloft, Paxil, Xanax, lithium, Zyprexa, etcetera. In the trenches of daily medical practice, psychotropic medications dominate the field almost completely. Talk therapy—though proven effective—is used much more rarely. The prescription reflex has become so common that if a patient cries in front of her doctor, she is practically guaranteed to be given a prescription for an antidepressant.

Psychotropic medications can be incredibly useful. They are sometimes so effective that some psychiatrists—such as Peter Kramer in his well-known book *Listening to Prozac*—have described patients whose entire personality was transformed.<sup>8</sup> Like all practitioners of my generation, I myself frequently prescribe psychotropic medications, especially for severe psychiatric problems. I believe that the discovery of successful psychotropic drugs is one of the major events in 20th-century medicine. But, the benefits of psychiatric medications often stop after treatment is discontinued, and a large number of patients relapse.<sup>9</sup> For example, a thorough Harvard study from a group that specialized in drug treatments shows that roughly half of patients who stopped taking an antidepressant relapse within a year.<sup>10</sup> Clearly, anti-anxiety and antidepressant medications do not “cure” in the sense that antibiotics cure infections. As such, medications, even the most useful ones, are far from an ideal solution for emotional health. In their heart of hearts, patients know this, and they often balk at taking a medication for the common problems of life, whether it is a difficult mourning or simply too much stress at work.

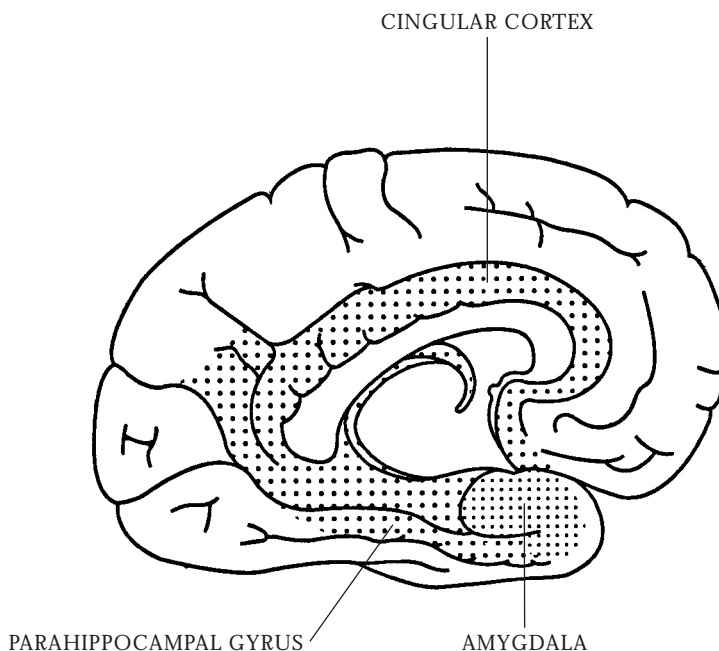
### A Different Approach

Today, new emotional treatments are being propagated all over the world, treatments without conventional talk therapy or Prozac. For 5 years at the University of Pittsburgh’s Shadyside Hospital, we have

been exploring how to relieve depression, anxiety, and stress with an ensemble of natural methods that rely mainly on the natural healing mechanisms of the body rather than on language or drugs.

The main assumptions behind the work we have done can be summarized as follows:

- Inside the brain is an emotional brain, a true “brain within the brain.” This second brain is built differently, it has a different cellular organization, and it even has biochemical properties that are different from the rest of the neocortex, the most “evolved” part



#### THE LIMBIC BRAIN

*At the heart of the human brain is an emotional brain. These so-called “limbic” structures are the same in all mammals and are made of a different neural tissue than that of the cortical “cognitive” brain, which is responsible for language and abstract thinking. Limbic structures are responsible for emotions and the instinctual control of behavior. Deep inside the brain is the amygdala—a group of neurons responsible for the reaction of fear.*

of the brain and the center of language and thought. To some degree, the emotional brain functions independently of this more “advanced” brain. In fact, language and cognition have limited access to the emotional brain.

- The emotional brain controls everything that governs one’s psychological well-being, as well as what governs a large part of the body’s physiology: the working order of the heart, blood pressure, hormones, the digestive system, and even the immune system.
- Emotional disorders result from dysfunctions in the emotional brain. For many people, these dysfunctions originated with painful past experiences that have no relation to the present yet still continue to control their behavior.
- The primary task of treatment is to “reprogram” the emotional brain so that it adapts to the present instead of continuing to react to past experiences. To achieve this goal, it is generally more effective to use methods that act via the *body* and directly influence the emotional brain rather than use approaches that depend entirely on language and reason, to which the emotional brain is not as receptive.
- The emotional brain contains natural mechanisms for self-healing: an “instinct to heal.” This instinct to heal encompasses the emotional brain’s innate abilities to find balance and well-being, comparable to other mechanisms of self-healing in the body, like the scarring of a wound or the elimination of an infection. Methods that act via the body tap into these mechanisms.

The natural methods of treatment I will present in the following pages directly impact the emotional brain, almost entirely short-circuiting language. Although many such methods are being proposed today, in my clinical practice, and in this book, I have selected only those that have received enough scientific attention to make me comfortable in using them with patients and in recommending them to my colleagues. Each of the following chapters presents one of

these approaches, illustrated by the stories of patients whose lives have been transformed by their experience. I also try to show the degree to which each method has been scientifically evaluated. Some of the very recent methods include “eye movement desensitization and reprocessing” (better known as EMDR), or heart rate coherence training, or even the synchronization of chronobiological rhythms with artificial dawn (which should replace your alarm clock). Other approaches, like acupuncture, nutrition, exercise, emotional communication, and cultivating your connection to something larger than yourself, stem from age-old traditions, though new scientific data are giving them a renewed importance.

Whatever their origins may be, everything begins with emotions. We will start by reviewing how the emotional brain works, and how it depends on the body for its healing.