

## TO MY PATIENTS

*As I listen to my patient's their tormented lives, their broken lives, mirroring my own?*

My empathy comes from association and identification with your suffering. And I guess what really connects is my refusal to continue to buy into the time honored split between mind, body and soul. I feel your pain, your suffering your anguish as you struggle through life's complexities as well as your physical pain. I feel because I too suffer, because my life and spirituality is also broken, because I too have been through and endured.

When examining and diagnosing disease it is no longer just a question of identifying that which is physical versus that which is emotional, or mental in nature. It is not just a matter of defining the disease or origin and to identify the pathology and split illness into the usual categories. Of course that is what we were trained to do. But after years and years of following this path of "classical medicine" I have been let down. My very structure of listening had failed me. It failed because I was unable to account for more and more symptoms that were presenting themselves to me, because all classical medicine could do was to place these disorders into a sort of rat-basket of psychosomatic illnesses.

I therefore went back to the basics, questioning the very split between mind and body, and pushing forward this envelope of healing I must continually resist the temptation to split as I am listening to my patient's story because, too many patients fall between the cracks, fall precisely because the medical listener is listening with a prejudiced mind, she or he is listening; each with his own specific categories of classical medical training, so for example, a psychotherapist or psychoanalyst listens and interprets one way, a behavioral psychologist or neurologist listens and interprets another way and a physiologist listens and interprets another way. Thus, depending upon the background of the listener, his training, his medical school, his residency, his culture, his own religious beliefs he will interpret the symptoms of the patient in one way or another. All however seem to further the split by the very classifications they employ, and therefore, in a holistic healing ! approach I must defy these categories as I am listening. It all begins with the listener and it ends with the listener. The interpretation the diagnosis and the treatment stems all from this one single point; the point of listening and interpretation.

In this hermeneutic circle of desire I must resist the temptation to split when listening because, the poverty of our imagination lies in the very splitting into neat categories of mind, body and soul and when, I am successful in resisting the splitting I truly listen with my whole being to my patient's story, allowing the story to go through me as I do when I read a sacred text allowing my unconscious to bubble up with insight and interpretation. In this kind of synthetic approach to listening many patients classically will fall into what might have been considered the old classical objective neurological boxes and others will fall into objective psychological boxes which is fine since I am less concerned about those neat categories where many stories fit; I am talking about those stories that fall between the cracks. More and more patients come to me having being told that their problems are "in the head" or having been told that there problem is "in their brain" and somehow the interpretation, the diagnosis, the naming of the illness is insufficient to satisfy. Yet even those neatly filled categories of classical medicine and psychology do insufficient justice to the patient. I have found that when I reinterpret by listening to the story informing a patient with say multiple sclerosis that there is a problem beyond the mere lesions in the brain that they need to confront then I believe the real process of healing begins. If I just hold onto the basic principle that

in this divine world we live nothing is by chance that every symptom has a meaning and a message for that patient, for him to unravel to decipher, then a whole new approach to their illness begins. In contrast in patients with classical psycho-somatic illnesses, the patient with fibromyalgia or chronic fatigue syndrome where nothing has "shown up" on physical organic testing and I validate their physical symptoms as real without denigrating the psychosomatic import and etiology since, I am not interested in objective analysis of cause but, rather interpretation and invitation to participate in the healing process with my patient, I am finding that those patients defy the conventional wisdom the theory that splits; these patients do well with a holistic approach that refuses the splitting.

And in my own listening process I have to constantly reeducate myself not to listen with the splitting ear that analyses and breaks down into the boxes and even refuse the terminology and the categories of thought that come from terminology and naming. It is only with a new taxonomy in which both the patient and I refuse diagnostic naming and boxes and splitting and hair splitting. It is only in that space where, healing can take place and it is that space that I now invite my patients to participate in a journey in which we examine what would conventionally be called the brain, the mind, the soul at all 3 levels refusing to split between them (which has classically been the perception of the western mind). Rather engage in a journey in which one informs the other and somehow in some mysterious way healing takes place.

Julian Ungar-Sargon, M.D., Ph.D.