

Religion and Psychiatry

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When Dr. Harding first notified me that the committee on psychiatry and religion had honored me with this wonderful award I experienced an onslaught of feelings, primarily great pleasure and also pride at being in the company of former recipients, all of them thinkers I have much admired. I was particularly delighted to learn that the first recipient of the Oscar Pfister prize was one of my mentors, Jerome Frank, whom I am pleased to inform you is, at the age of 93, as thoughtful, curious, and coherent as ever.

But there were also other feelings—more complicated, quirky, dark, difficult to express. “Religion? Me? There must be some mistake.” Hence, my first words of reply to Dr. Harding were: “Are you sure. You know I regard myself as a practicing atheist?” His immediate response to me was: “We believe that you’ve dedicated yourself to religious questions.” The graciousness of his reply disarmed me and brought to mind many conversations with my former therapist and, later, my dear friend, Rollo May, who insisted on regarding my textbook, *Existential Psychotherapy*, as a religious book. I remember, too, that Lou Salomé referred to Nietzsche as a religious thinker with an antireligion perspective.

My talk today will focus on the issues raised by these dissonant feelings and especially on some of the existential therapeutic issues that, as Dr. Harding points out, are often considered to be religious in nature.

I’ll also sketch out some comparisons between existential psychotherapy and religious consolation. I believe these two approaches have a complex, strained relationship. In a sense, they are cousins with the same ancestors and concerns: they share the common mission of ministering to the intrinsic despair of the human condition. Sometimes they share common methods—the one-to-one relationship, the mode of confession, of inner scrutiny, of forgiveness of others and self. In fact, more and more as I’ve grown older, I consider psychotherapy as a calling, not as a profession. And yet, still, it is true that the core beliefs and basic practical approaches of psychotherapy and religious consolation are often antipodal.

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It is true that throughout history, or at least from the first to the mid-17th century, the thinkers who were most concerned about issues of existence were rooted in the religious wisdom traditions—not necessarily that their insights emanated from fundamental religious beliefs but that the religious institutions provided the sole arena which promoted and supported such intellectual activity. One can delineate both positive and negative aspects to this phenomenon: positive in that religious institutions encouraged and sponsored (indeed, for many centuries, were the sole sponsors of) philosophical inquiry, negative in that religious institutions often restricted what could be thought and which problems could be examined.

Nietzsche said in *Beyond Good and Evil*:

Gradually it has become clear to me what every great philosophy so far has been: namely, the personal confession of its author and a kind of involuntary and unconscious memoir; also that the moral (or immoral) intentions in every philosophy constituted the real germ of life from which the whole plant has grown.

Though such perspectivism runs the risk (which Nietzsche was delighted to take) of denying the possibility of *any* fixed truth, still I take his words seriously and I'll sketch in the origins of my own religious point of view and intellectual positions. My early religious training was a pedagogical disaster—my family's orthodox Jewish synagogue was cloaked in rigid unyielding, authoritarianism which I found highly distasteful. In the long run, that was decisive for me because I lost any possibility of faith early in life. Schopenhauer reminds us that religious faith, if it is to thrive, has to be planted and take root in childhood. In his words, "The capacity for faith is at its strongest in childhood; which is why religions apply themselves before all else to getting those tender years into their possession." Hence, I've never been burdened with early planted faith and have come to believe that faith, like so many other early irrational beliefs and fears, is a burden and an obstruction to self-realization.

Again in Schopenhauer's term, "Religion is truth expressed in allegory and myth and thus made accessible and digestible to mankind at large." But when short-sighted religious teachers either personally mistake the allegory and the metaphor for historical truth or may make a deliberate choice to teach in that fashion and substitute biblical authority for all forms of reason, they run the risk of alienating certain students. I was one of those who were alienated early.

Gradually my understanding of existence led me more and more to a

scientific, materialistic world view. I resonate greatly with the views of Schopenhauer, Voltaire, Nietzsche, Freud. In fact, recently while preparing these remarks I reread Freud's writings on religion (*The Future of an Illusion*) and was at first surprised to see how closely I agreed with him until it occurred to me that these very writings had, no doubt, been instrumental in shaping my own beliefs. I grew to believe that religious and the scientific world view were incompatible—I felt sympathetic to Schopenhauer's metaphor of religion being like a glowworm that was only visible in the darkness. Schopenhauer predicted, incidentally, that once the light of scientific insight dispelled the darkness of ignorance, religions would shrivel. Given the current resurgence of religious belief in the United States, it is curious how far off the mark was this prediction.

I also find myself much in agreement with the views expressed so well in Francis Crick's (the DNA Nobel laureate) recent book (*The Astonishing Hypotheses*). The first lines of his book are: "The astonishing hypotheses is that you, your joys, your sorrows, your memories, your ambitions, and your sense of personal free will are, in fact, no more than the behavior of a vast assembly of nerve cells and their associated molecules." I might add to this list of human experiences that are the result ultimately of electro-chemically powered neuronal behavior such other experiential phenomena as the sense of the Atman, the divine spark, the Buddha nature, the soul, the sacred ground, as well as longings for satori, nirvana, enlightenment, salvation. To my mind, this materialistic, or let's refer to it as a *naturalistic*, view of mind is lamentable, humbling, and distasteful, yet obvious and inescapable. I can tell you that I very much want to contain the divine spark, I crave to be part of the sacred, to exist everlastingly, to rejoin those I've lost—I wish these things very much but I know these wishes do not alter or constitute reality. *I believe that these extraordinary claims require extraordinary evidence*—and I mean by that *evidence beyond pure experience* which as we therapists know is fragile, fallible, rapidly shifting, and vastly influenceable.

The current writers on this topic who seem to express my own position most clearly, who express the scientific position while retaining the sense of awe and mystery inherent in life (much like Santayana and Spinoza's atheism or pantheism), and who retain a true piety toward the universe and respect for others' belief systems are individuals such as Carl Sagan in his book *The Demon Haunted World* and Chet Raymo, the distinguished physicist (and Catholic) in his book *Skeptics and True Believers*.

It's not easy to acknowledge one's lack of belief in this country today—where over 80% of Americans profess on the Gallup poll to

believe in life after death. These figures are, as we know, vastly higher than reported rates from any other nation. Anywhere from 40 to 70% of people in France, Sweden, Denmark, Austria, Great Britain, the Netherlands, Japan, and the Czech Republic believe that there is, alas, *no* life after death. Only 3% of Americans will say they don't believe in God in contrast to 6–7 times that number in European countries. Though it is difficult for me not to feel peripheralized when reading these national polls about religious belief, still I believe that my views differ little from those of the overwhelming majority of the academics and therapists with whom I associate.

My college education was a science-based, premedical curriculum, permitting only a few electives that I invariably devoted to courses in literature. I was a voracious reader of fiction, still am, and in my adolescence was transfixed by those novelists—especially the great Russian and French existential writers—who explored fundamental questions of death, meaning, freedom, and relationship.

In my psychiatric training, the eclecticism of the psychiatric residency curriculum at Johns Hopkins, where I encountered such teachers as John Whitehorn and Jerome Frank, suited me well. I entered into a long personal orthodox Freudian analysis but felt dissatisfied with the rigid and impersonal posture of the analyst. And felt dissatisfied, too, with the then narrow and reductionistic analytic belief system—at times analytic doctrine felt to me uncomfortably similar to a religious fundamentalist venue.

In my 2nd year of training, Rollo May's book *Existence* was published and had an enormous impact upon me, opening up a whole new perspective on viewing and ameliorating despair. My daily discussions with my wife who was writing her doctorate dissertation in comparative literature on Kafka and Camus contributed to my increasing interest in existential writers and while a third year resident I enrolled in my first course in philosophy. From that point on, I have spent considerable time in independent and guided philosophical study, concentrating on those philosophers exploring the human condition—hard to know how to refer to them—no philosopher ever embraced the term, existentialist—perhaps, the older term *Lebensphilosoph* (life philosopher) is best. I've been particularly drawn to the presocratics, the stoics, Lucretius, Schopenhauer, Sartre, Camus, Heidegger, Nietzsche, Corliss Lamont, and Santayana.

But philosophy has always served me more for confirmation than for inspiration. My major teachers were always my patients and for decades I fashioned my clinical work to help me explore relevant philosophic issues. I learned early on that a therapist cannot easily address raw existential issues: such concerns are so drenched in dread that they appear evanes-

cently only to be quickly obscured by the distractions of quotidian life. Consequently, I began to search for and concentrate my clinical practice on those patients who, for one reason or another, were forced to confront fundamental issues of life and death. One of the great advantages of being a member of the Stanford University academic faculty was that I had the resources and freedom to select my patients carefully and without regard to economic remuneration. These were of course in the halcyon pre-managed care days, the days before university hospitals, one after the other, began filing for bankruptcy.

For a number of years I chose to treat patients who were forced on a daily basis to confront finitude—these were individuals with metastatic cancer and I worked with them first in individual therapy and then gradually mustered the courage to treat them in a group setting. Later I concentrated on grief, both spousal and parental, and focused especially on the ways in which grief confronts us not only with loss but with our own mortality.

Eventually I grew to believe that I had something to say about an existential approach to therapy and spent years writing a text on the subject—a text with the arresting, dramatic title of *Existential Psychotherapy*. The term is a vague one and before proceeding farther allow me to offer a fairly uninformative definition of existential psychotherapy.

Existential psychotherapy is a dynamic therapeutic approach which focuses on concerns pertaining to existence.

I warned you the definition would be uninformative. Let me dilate it by clarifying the phrase *dynamic approach*. *Dynamic* has both a lay and a technical definition. The *lay* meaning of *dynamic* (derived from the Greek root, *dunasthi*—to have power or strength) implying forcefulness or vitality (to wit, dynamo, a dynamic football runner or political orator) is obviously not relevant here. Indeed, if that were the meaning of *dynamic*, then where is the therapist who would claim to be other than a dynamic therapist, in other words, a sluggish, or inert therapist?

No, I use “dynamic” in its *technical* sense which retains the idea of force but is rooted in Freud’s model of mental functioning which posits that *forces* in conflict within the individual generate the individual’s thought, emotion, and behavior. Furthermore—and this is a crucial point—*these conflicting forces exist at varying levels of awareness; indeed some are entirely unconscious.*

So, existential psychotherapy is a dynamic therapy which, like the various psychoanalytic therapies, assumes the presence of unconscious forces which influence conscious functioning. However, it parts company

from the various psychoanalytic ideologies when we ask the next question: *what is the nature of the conflicting internal forces?*

The existential psychotherapy approach posits that the inner conflict bedeviling us issues not only from our struggle with suppressed instinctual strivings or internalized significant adults or shards of forgotten traumatic memories, but also *from our confrontation with the "givens" of existence.*

And what are these "givens" of existence? If we permit ourselves to screen out or "bracket" the everyday concerns of life and reflect deeply upon our *situation in the world*, we inevitably arrive at the deep structures of existence (the "ultimate concerns," to use theologian Paul Tillich's salubrious term). Four ultimate concerns, to my view, are highly germane to psychotherapy: death, isolation, meaning in life, and freedom. These four themes form the spine of my textbook and I shall elaborate upon them as I proceed today.

What does Existential therapy look like in practice? To answer that question one must attend to both "content" and "process"—the two major aspects of therapy discourse. "Content" of course is just what it says—the precise words spoken, the substantive issues addressed. "Process" refers to an entirely different and enormously important dimension: *the interpersonal relationship between the patient and therapist.* When we ask about the "process" of an interaction, we mean: what do the words (and the nonverbal behavior as well) tell us about the *nature of the relationship between the parties engaged in the interaction?*

If my own therapy sessions were observed, one might often look in vain for lengthy explicit discussions of death, freedom, meaning, or existential isolation. Such existential *content* may only be salient for some patients (but not all patients) at some stages (but not all stages) of therapy. In fact, the effective therapist should never try to force discussion of any content area: *therapy should not be theory driven but relationship driven.*

But observe these same sessions for some characteristic *process* deriving from an existential orientation and one will discover another story entirely. A heightened sensibility to existential issues deeply *influences the nature of the relationship of the therapist and patient and affects every single therapy session.*

Perhaps I can best elaborate upon that with some comments upon the basic nature of the therapeutic relationship. What's the best term for our relationship with those we treat? Patient/therapist, client/counselor, analysand/analyst, client/facilitator, or the latest—and, by far, the most repulsive—user/provider? The choice is uncomfortable for me because none of these phrases accurately conveys my sense of the therapeutic relationship.

Though I, for convenience, refer to the patient/therapist alliance, inwardly I believe there is something to be said for thinking of patients and therapists as *fellow travelers*, a term which abolishes distinctions between “them” (the afflicted) and “us” (the healers).

Andre Malraux, the French novelist, described a country priest who had taken confession for many decades and summed up what he had learned about human nature in this manner: “First of all, people are much more unhappy than one thinks . . . and there is no such thing as a grown-up person.” Everyone—and that includes therapists as well as patients—is destined to experience not only the exhilaration of life, but also its inevitable darkness: disillusionment, aging, illness, isolation, loss, meaninglessness, painful choices, and death.

No one put things more starkly and more bleakly than Schopenhauer:

In early youth, as we contemplate our coming life, we are like children in a theater before the curtain is raised, sitting there in high spirits and eagerly waiting for the play to begin. It is a blessing that we do not know what is really going to happen. Could we foresee it, there are times when children might seem like condemned prisoners, condemned, not to death, but to life, and as yet all unconscious of what their sentence means.

Though Schopenhauer’s view is colored heavily by his own personal unhappiness, still it is difficult to deny the inbuilt despair in the life of every self-conscious, free-thinking individual. My wife and I have sometimes amused ourselves by planning imaginary dinner parties for groups of people sharing similar propensities—for example, a party for monopolists, or flaming narcissists, or artful passive-aggressives we have known or, conversely, a “happy” party to which we invite only the truly happy people we have encountered. Though we have encountered no problems filling all sorts of other whimsical tables, we’ve *never* been able to populate a full table for our “happy people” party. Each time we identify a few characterologically cheerful people and place them on a waiting list while we continue our search to complete the table, we find that one or another of our happy guests is eventually stricken by some major life adversity—often a severe personal illness or that of a child or spouse.

This tragic but realistic view of life has long influenced my relationship to those who seek my help. During my training I was often exposed to the idea of the “fully analyzed therapist,”—remember that fairy tale? But as I have progressed through life, formed intimate relationships with a good many of my therapist colleagues, met the senior figures in the field, have been called upon to render help to my former therapists and teachers, and have, myself, become a teacher and an elder, I have come to realize the

mythic nature of this idea. *We are all in this together* and there is no therapist and no person immune to the inherent tragedies of existence.

When I speak of the ultimate concerns, of death, meaning, freedom, isolation, I am obviously veering close to the domain which is the stuff of every religious tradition. It is indisputable that religious belief and practice have been ubiquitous throughout the ages—has there ever been a culture discovered without some form of religious observation? Sometimes it is suggested that the omnipresence of religious belief constitutes confirmation or validation of an omnipresent divinity.

As many do, I take the reverse position—in other words, that, throughout history, every being in every culture has had to deal with the ultimate concerns and has sought some way to escape the anxiety inbuilt in the human condition. Every human being experiences the anxiety accompanying thoughts of death, meaninglessness, freedom (that is, the fundamental lack of structure in existence, *das nichts*) and fundamental isolation—and religion emerges as humankind's basic attempt to quell existence anxiety. *Hence the reason that religious belief is ubiquitous is that existence-anxiety is ubiquitous.* Rather than being created by Gods, it seems obvious that we create Gods for our comfort and, as philosophers have pointed out since the beginning of the written word, we create them in our image. As Xenophanes, the pre-Socratic freethinker, wrote 2500 years ago, "*If Lions could think, their Gods would have a mane and roar.*"

Let me turn now to a consideration of some psychotherapeutic as well as religious efforts to assuage existence anxiety. Consider first the ultimate concern of meaninglessness.

We humans appear to be meaning-seeking creatures that have the misfortune to be thrown into a world devoid of intrinsic meaning. One of our major life tasks is to invent a purpose in life sturdy enough to support a life. And then next we have to perform the tricky maneuver of subsequently denying personal authorship of this purpose so as to conclude that we "discovered" it—that it was "out there" waiting for us.

Our ongoing search for a compelling and palpable purpose in life often throws us into a crisis. More individuals seek therapy because of concerns about purpose in life than therapists often realize. Jung, for example, estimated that one third of his patients consulted him for that reason. The complaints take many different forms: for example, "My life has no coherence," "I have no passion for anything," "Why am I living? To what end? Surely life must have some deeper significance." "I feel so empty—watching TV every night makes me feel so pointless, so useless." "Even now at the age of fifty I still don't know what I want to do when I grow up."

I recently read a beautiful book called *The Listener*, the memoirs of Alan Wheelis, the San Francisco psychoanalyst and marvelous lyrical writer. One passage relevant to this discussion has stuck in mind. The author is walking with his dog, Monty:

If then I bend over and pick up a stick, he is instantly before me. The great thing has now happened. He has a mission . . . It never occurs to him to evaluate the mission. His dedication is solely to its fulfillment. He runs or swims any distance, over or through any obstacle, to get that stick.

And, having got it, he brings it back: for his mission is not simply to get it but to return it. Yet, as he approaches me, he moves more slowly. He wants to give it to me and give closure to his task, yet he hates to have done with his mission, to again be in the position of waiting.

For him as for me, it is necessary to be in the service of something beyond the self. Until I am ready he must wait. *He is lucky to have me to throw his stick.* I am waiting for God to throw mine. Have been waiting a long time. Who knows when, if ever, he will again turn his attention to me, and allow me, as I allow Monty, my mood of mission?

Why does that passage stay with me? It's so seductive to think of a preordained concrete assignment for life. Who among us has not had the wish: *if only someone would throw me my stick.* How reassuring to know that somewhere there exists a true, a real, an ordained, preassigned "purpose in life" rather than only the incorporeal, gossamer, invented purpose-in-life which, it seems, to me inevitably follows from the ultimate vision of our solar system lying in ruins.

The problem of meaning in life plagues all self-reflective beings. And, of course, religious revelation which communicates God's ultimate personal purpose for us is, no matter how difficult, no matter how lengthy, *deliciously* welcome. How much more comforting is the religious solution to the problem of meaning than the more rational but bleak message sent us by nature, a message that reminds us of our miniscule place in the cosmos and in the great chain of being? I once saw a memorable and jarring cartoon containing several panels, each depicting some species, for example, an earthworm, a fish, a bird, a snake, a cow. In each panel one of these creatures was depicted as chanting the same refrain: "*Eat, survive, reproduce. Eat, survive, reproduce.*" The last panel depicted a man in Rodin's "thinker" posture and chanting to himself, "*What's it all about? What's it all about?*" All the other life forms seem to get the picture but we humans just cannot get our minds around it and instead demand and then legislate the existence of some higher purpose or mission.

Most clinical and theoretical explorations into sturdy and satisfying

life-purpose projects point to such goals as hedonism, altruism, dedication to a cause, generativity, creativity, self actualization. It seems evident to me that life-purpose projects take on a deeper, more powerful significance if they are self-transcendent, that is, directed to something or someone outside themselves—the love of a cause, the creative process, the love of others or a divine essence.

The precocious success of today's young hi-tech millionaires has often generated a life crisis that is instructive about the limitations of non-self-transcendent life meaning systems. These individuals begin their careers with clear vision—they are intent on making it: earning heaps of money, living the good life, receiving the respect of colleagues, retiring early. And an unprecedented number of young people in their thirties have done exactly that—until of course the end of the good times in the recent market collapse. But then the question arises: "What now? What about the rest of my life—the next forty years?"

Most of the young hi-tech millionaires that I have seen continue doing much of the same: they start new companies, they try to repeat their success. Why? They tell themselves it is to prove it was not a fluke, to prove they can do it alone, without a particular partner or mentor. They raise the bar. To feel that they and their family are secure, they no longer need one or two million in the bank—they need five, ten, even twenty-five million to feel secure. They realize the pointlessness and irrationality in earning more money when they already have more than they can possibly spend but they do not stop. They realize they are taking away time from their families, from things closer to the heart, but they cannot give up playing the game—"the money is just lying out there" they tell me, "all I have to do is pick it up." They have to make deals. One real-estate entrepreneur told me that he felt he would disappear if he stopped. Many fear boredom—even the faintest whiff of boredom sends them right back to the game.

Unlike my approach to other existential ultimate concerns (death, isolation, freedom) I find that, in my clinical practice, purpose in life is best approached obliquely—I agree with Victor Frankl that it is best not to *pursue* purpose explicitly but to allow it to *ensue* from meaningful and authentic engagement, from plunging into an enlarging, fulfilling, self-transcending endeavor. We therapists do most good by identifying and helping to remove the obstacles to such engagement. The explicit pursuit of purpose in life is, as the Buddha taught, not edifying: it is best to immerse oneself into the river of life and let the question drift away. Incidentally, I'll point out in passing that one of the great privileges of our profession as therapists is that it inoculates us against a crisis of purpose-

lessness—that is a complaint I very rarely hear voiced by experienced therapists.

I'll turn now from meaninglessness to another ultimate concerns: *Existential Isolation*. First we need to discriminate between the several uses of isolation in our profession.

There is *Intrapsychic Isolation* which refers to separation from oneself. It's an old concept—think of Binswanger's description of Ellen West where in a discussion of how she no longer knows her own opinion he says: "This is the loneliest state of all, an almost complete separation from one's autonomous organism." Freud described the defense mechanism of isolation as the process of stripping off affect from the memory of some unpleasant event and interrupting its associations so it is isolated from ordinary processes of thought. Many therapists, for example Fritz Perls, often described the therapeutic goal of helping patients reintegrate split-off parts of themselves. Indeed, Perls christened his approach, *Gestalt therapy*, to emphasize his dedication to the aim of "wholeness." (Note the common etymological root of whole, heal, healthy, hale.)

And there is *Interpersonal Isolation* which is commonly experienced as loneliness, a ubiquitous issue in therapy. Loneliness issues from a variety of sources—social, geographic, cultural factors, the breakdown of intimacy sponsoring institutions in our society, lack of social skills, personality styles inimical to intimacy—for example, schizoid, narcissistic, exploitative, judgmental. We therapists are accustomed to working with loneliness and are, I am persuaded, particularly effective treating profound loneliness in a group therapy setting.

Finally, in addition to intrapsychic and interpersonal isolation, there is *Existential Isolation* which cuts even deeper; it is a more basic isolation which is riveted to existence and refers to an *unbridgeable gulf between oneself and others, a separation not only between oneself and others but between self and world*. It is a phenomenon that, in my experience, is felt most keenly by patients facing death for it is at that time that one truly realizes that one was born alone into the world and must exit from the world alone. We may want others to be with us at death, we may die for another or for a cause but no one can, in the slightest degree, have one's solitary death taken from him or her. Though we may wish that others accompany us in death (as did rulers in several cultures of antiquity) still dying remains the loneliest of human experiences. Consider the Everyman drama still performed after seven centuries. Remember that when Everyman was visited by the angel of death, he pleaded for respite or delay. When that was refused he pleaded to be allowed to take companions on

his trip. The angel of death agreed, "Sure, if you can find anyone." And for the remainder of the drama Everyman searched for a travel companion. All his friends and relatives declined with the flimsiest of excuses. A cousin had a cramp in the toe. Finally he turned to allegorical figures—beauty, wisdom, wealth—but even they declined to accompany him. With one exception—and that is the moral of this Christian morality play: in the final denouement Good Deeds accompanied Everyman on his final journey.

Religious consolation and psychotherapy have each developed its methods of quelling the dysphoria of the various forms of isolation. The *Oxford English Dictionary* informs us that one of the roots of the word "religion" is *re-ligare*—to tie or to bind. The Romans used the term *religare* to connote a variety of ties—to family, to ancestors, to the state. That meaning—tying or binding together or let us refer to it as connectivity—vividly illuminates the similar missions of psychotherapy and religion. In fact, *connectivity* is a good common denominator for all the present forns of the contemporary spiritual search.

In any discussion of religion and psychiatry that term "connectivity" has great value. Therapists place nothing above the goal of connecting with patients as deeply and authentically as possible. The professional literature regarding the therapist-patient relationship is replete with discussions of encounter, genuineness, accurate empathy, positive unconditional regard, "I-thou encounter." And group therapists place the highest priority on establishing group cohesiveness. Once the group is cohesive each of the members is more able to examine and strengthen his/her relationship with each other member. In coping with death members of my groups for cancer patients often spoke of the great comfort they experienced from being with others who, by virtue of facing the same situation, provided a deep connection. One of these patients offered a lovely description of "connectivity": "I know we are each ships passing in the dark and each of us is a lonely ship but still it is mighty comforting to see the bobbing lights of the other nearby boats."

In work with the spousally bereaved, I've been struck by the despair emanating from the rupture in connectivity which extends even beyond the experience of loss. Widows and widowers speak of the pain of living an unobserved life—of having no one who knows what time they come home, go to bed, or woke up. And who has not seen individuals continue a highly unsatisfying relationship precisely because they crave a life witness? And how often do we therapists provide help by becoming a patient's life witness?

Religion provides powerful forms of connectivity. A religious person is

offered the consolation of a personal eternally observing deity, who is not only aware of his/her existence but also promises ultimate reunion—with lost loved ones, with the Godhead, with the universal life force. And of course it is readily apparent that organized religion provides connectivity through community: the church provides a stable congregation of like-minded individuals, sponsors enormous numbers of small groups including social groups, special interest groups, bible study, book groups, marriage encounter groups, singles groups. Large numbers of individuals undoubtedly join the religious community for reasons of social connectivity rather than allegiance to the substance of a particular religious doctrine.

Death is the most obvious, intuitively apparent ultimate concern. Though some therapists, whenever possible, avoid the subject in therapy following Adolph Meyer's adage, "Don't scratch where it doesn't itch," most therapists realize that concerns about death are always there, percolating under the surface. Death haunts us as nothing else; we've been preoccupied with its dark presence, often just at the rim of consciousness, since early childhood and we have erected denial-based defenses against death anxiety that play a major role in character formation. Many philosophers have discoursed on the interdependence of life and death: to learn to live well is to learn to die well and, conversely, to learn to die well is to learn to live well.

A confrontation with death often creates a dramatic perspective-altering opportunity. Heidegger spoke of two modes of being. First, an "everyday" mode in which we marvel *at the way things are* in the world. This is a state of forgetfulness of being, of fleeing, of being tranquilized by the cornucopia of objects surrounding us. And, second, an "ontological mode," a state of *mindfulness* of being in which we live authentically and marvel *that things are*, marvel at the very suchness of things. In this state the individual is primed for life-change.

How do we move from the everyday state to the ontological state? Jaspers described the major vehicle as the "boundary experience"—a jolting, irreversible experience which shifts the individual from the everyday mode to a more authentic mode. Of all the possible boundary experiences, confrontation with death is by far the most potent.

Time and again, we see individuals who in a confrontation with death make dramatic life changes. It is a familiar theme in great literature (for example, Scrooge in *The Christmas Carol* and Tolstoy's Pierre in *War and Peace*, or Ivan Ilych). Cancer patients have described the experience of reprioritizing life values and trivializing the trivia in life, of saying "no" to the things that are unimportant, of turning full attention to loving ones

about them, to the rhythms of the earth, changing seasons, to concern about the model of dying they set for others. In a macabre manner, cancer cures psychoneurosis and death bestows an unmistakable bitter-sweet poignancy to life. Still another way to put it is that *though the physicality of death destroys us, the idea of death can save us*.

But I have so often heard patients lament, "What a pity I had to wait for wisdom until now, till my body was riddled with cancer." This statement poses a major challenge for therapists: *how do we find the leverage for such change in the absence of imminent death—in our everyday practice with our everyday patients?* Therapists with a sensibility for existential issues may be able to utilize other less visible, more subtle boundary experiences—for example, life-era markers, retirement, the aging body, children leaving home, the death of the other. Even such a trivial event as a birthday may be an important route into deeper ground. We generally celebrate such days but brief reflection upon the matter raises the question of what the celebration is about—isn't its function really to deny and to neutralize the grim reminder of the inexorable rush of time?

Most religious doctrines, it seems to me, may make use of some of these therapeutic approaches but for the most part the believer is offered powerful consolation through the denial of the finality of death—through the idea of the survival of the soul, through judgment, redemption, and paradise, through reunion with loved ones, and with God, through reincarnation, through merging with the universal life force.

Do I try to impose my views on belief upon my patients? Of course not—my task is to be of help and that means to be as empathic as possible to the patient's belief system.

But even more than empathy is required: it is important that the therapist be well-informed about the patient's religious views—such edification may flow from the patients themselves or from the therapists' independent study. I've sometimes worked with priests or nuns and urged them to look more deeply into their religious beliefs in order to obtain the comfort that should be provided therefrom. Sometimes part of the therapist's task is to lay bare the rationalizations that have permitted individuals to reprioritize and elevate certain religious practices over other more central ones—for example when excessive service to the letter of ritual takes precedence over expression of love, charity, and community.

That's how I respond outwardly to an individual's great reliance on belief in the absence of my own. And my inward, silent response? What is that like? Often I experience sheer amazement at the power and persis-

tence of our need to believe. It does not go away: our need to believe in something beyond biology is so remarkably tenacious that we are everywhere surrounded by not only a variety of religious beliefs with many of them insisting upon the uniqueness of one particular set of beliefs, but we are also surrounded by the presences of less thoughtful and more patently irrational beliefs: past-life channelers, abduction by extraterrestrials, clairvoyance, psychic surgery, ghosts, witches, astrology, TM levitation, astral traveling, dowsers, necromancy, miracles, after-death experiences, I Ching, Feng Shui, Angels, healing crystals, palm reading, astrology, aura reading, psychokinesis, poltergeists, exorcism, Tarot cards, precognition, synchronicity and I'm sure each of you could add to this list. To repeat my earlier statement, *such extraordinary claims demand extraordinary proof* and no such extraordinary proof has ever been posited.

And sometimes I feel a deep sorrow for the underlying fragility of the human condition which begets our gullibility and our powerful need to believe that, like nascent oxygen, must and will instantaneously adhere to *something*. Sometimes I fear the future because of the dangers that irrational belief creates for our species. It is supernatural belief, not absence of belief that may destroy us. We need only look to the past to trace out the huge swaths of destruction that unyielding conviction has caused. Or look to contemporary conflicts in the Middle East or the Indian subcontinent where conflicting and unyielding fundamentalist belief systems threaten millions. I love Nietzsche's aphorism that *it is not the courage of one's convictions that matters but the courage to change one's convictions*.

There are times when I feel (but keep to myself) sorrow as I consider the amount of an individual's life that can be spent in bondage to obsessive-compulsive behavior, and to practices of prolonged meditation or excessive preoccupation with ritualistic practice. What is lost is some part of human freedom, creativity and growth.

In his four noble truths the Buddha taught that life is suffering, that suffering originates from craving and attachment, and that suffering can be eliminated by detachment from craving through meditative practice. Schopenhauer took a similar position—that the will is insatiable and that as soon as one impulse is satisfied we enjoy only a moment of satiation which is instantly replaced by boredom until another desire seizes us.

To me, these views feel unnecessarily pessimistic. I appreciate the suffering in human existence but I never experience that suffering as so overwhelming that it demands the sacrifice of life. I much prefer a Nietzschean life-celebratory, life engagement, amor fati (love your fate) perspective. My work with individuals facing death has taught me that

death anxiety is directly proportional to the amount of each person's "unlived life." Those individuals who feel they have lived their lives richly, have fulfilled their potential and their destiny, experience less panic in face of death. Therapists have much to learn from Nikos Kazantzakis, the author of so many great life-celebratory works of art, for example, *Zorba the Greek* and *The Greek Passion*. Kazantzakis was, like Nietzsche, an antireligion religious man whose grave (placed just outside the city walls of Heraklion on Crete, because of excommunication from the church) bears his chosen epitaph, "I want nothing, I fear nothing, I am free." I love the advice he offers in his major work, *A Modern Sequel to the Odyssey*: "Leave nothing for death but a burned-out castle." It's not a bad guideline for our life—and for our work in therapy.