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ABSTRACT

title: The Relationship of the Human Organism with its Environment

Author: Robert James Shantz

Abstract: The human organism and its environment are in an interdependent relationship, out of which arise bodily disease symptoms. The symptoms are expressions of the state of the relationship and are guides to an appropriate healing process.



THE RELATIONSHIP OF THE HUMAN
ORGANISM WITH ITS ENVIRONMENT

By

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THESIS

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PREFACE

This thesis attempts to show that thought and action are in a "gestalt circle." It is impossible to say where one begins and the other ends, although out of my experiences, I have tended to interpret action as preceding thought. The first chapter contains aspects of my personal story and creed and as such illustrates the gestalt circle operating in the formation of this thesis. "It is the subjective context in which [my] theory is held." (M. Novack, Ascent of the Mountain, Flight of the Dove). It is, thus, an appropriate prelude to the "gestaltkreis" theory presented in chapters two and three. These later chapters rely on the writings of Gotthard Booth for their form and explicit content. After having read all three chapters the reader will realize that I am present implicitly, in each line of the entire text.

Gotthard Booth worked as a medical doctor and psychoanalyst in the United States, from approximately 1939 until his death in 1975. He received his medical education and training in Germany. Throughout his life, he studied a wide range of disciplines (as the bibliography suggests) from physics to religion to biology; the fruits of these scholarly endeavours

enriched his medical practice and theory. His emphasis was always on the human body, because it spoke for him an unequivocal language. This did not mean he was preoccupied with physical variables, but rather, that he was attentive to the body as a meaningful entity in its "unity" with the mind. He was, therefore, critical of modern medicine's separation of the "physical" from the "psychological" aspects of man. For Booth, the body is an expression of the soul of the individual; it is the temple of the spirit. Only in empathizing with this reverent approach to the body can one appreciate his theories.

In chapter one I refer to my experiences as a hospital chaplain at the Kitchener-Waterloo Hospital. Chaplain Ken Beal, in his role as my supervisor, through example, instruction and respect for my individuality, helped me to empathize with Booth's respect for the body.

Dr. Aarne Siirala introduced me to Gotthard Booth, and in many ways the introduction still continues. Dr. Siirala's sensitivity to my purposes and goals concerning this thesis and his creative assistance will not be quickly forgotten.

The text which follows could not have been written without, what I trust to be, my interdependent relationship with these two men.

Chapter One: Personal Experiences of and Reflections on
The Tension Between Symbiotic and Independent
Trends in Our Heritage

My arrival on the holistic health scene was preceded by more experiential than academic travels. This may sound strange coming from one who is usually labelled an academic, who moves in academic circles. In so far as I have a disposition towards enjoying ideas, I am an intellectual. This enjoyment only occurs, however, when ideas well up from my environmental matrix; when ideas are inseparable from the emotions and will; when past experiences are not negated by ideas; thoughts, which give satisfaction are not separate from me. They never could exist on their own. They move with me and I with them. Together we arrived at holistic health.

I was born into a Mennonite family and community. Having forty-seven aunts and uncles, several great aunts and uncles and a seemingly infinite number of first, second, and third cousins, I was able to see a great deal of my dominant and recessive genetic inheritance, reflected in these relatives. The size of my nose, the colour of my hair, my emotional disposition, my aggressive-dependent nature I, at an early age, saw expressed in others who came before me and after me. When I considered what I was, or am, or could be, it was always in reference to these people, who are me and who are themselves.

My impression is that in the Mennonite community religion was not seen as a separate (abstracted) entity. "Belief in God" and "church attendance" were part and parcel of Mennonite existence. One did not speak too much of love; the word was not used carelessly (but also perhaps not enough). It was not referred to as an autonomous force or power; love did not make the world go around. Of course, healthy spiritual and psychological attitudes were not, necessarily, the norm. It does suggest that the Mennonite community found its resources not outside itself, i.e., in "God" or "love," but through their identity characterized by God in the community, and man in the family.

During my seminary education, I was exposed to the possibility of there not being a God with an individual identity. By in large this idea was readily accepted by me, in fact, it soon came to make perfect sense, since it was already part of me. However, when my secular God, the medical doctor, fell from omnipotence I was panic-stricken. Who will heal me? The anxiety and panic I felt created a very claustrophobic atmosphere. I was trapped with myself. Who would make my world larger? Who would heal me? Who would save me? This rush of emotions was not experienced in my years at seminary when I was required to formalize, intellectually, my theological position of God with man. Obviously my relation with my Mennonite God, was quite different from that with my technological God, my physician.

It seems to be an incontrovertible fact that I am in some way responsible for dealing with my "ontological boredom" and its resulting "angst." The surgeon, the priest, the Divine, and my family are not solely in control; I too am somehow involved. How do I create with God, unless there is a mutual flow of influence? How do I assist the physician in my healing unless my body, mind, and spirit are in a relationship which I can influence, without years spent at medical school? If I am here and everything else is there, then I can easily understand the horrifying question: "Is that all there is?" On the other hand, if I am involved with what is out there, if I can be involved in the creation of my environment, if I can assist God or the surgeon, then there are many exciting and fascinating things to be done. Together, I and my environment can be healing and creative.

I have a need to move gracefully with my world - the dancer. To resonate and augment or diminish in the resonating is absolutely important. The dancer is not separated from his scene; they need to touch each other. The dancer is not apart from his movements, even his finished or anticipated movements. New, and remembered, ideas and emotions may alter the tempo and even disturb the rhythm, but they are by necessity approached from the movement.

I arrived at a felt understanding of holistic health when it dawned on me that my bodily response is part of the dance. My depression and ulcer, your arthritis and aggressiveness, I realized, are part of the resonating pulse; they are not foreign or hostile or unchoreographed. As I visited with patients in the hospital and heeded very general, and yet uncompromisingly specific, directions to follow my "emotions", my body, my total personality, not just my abstracted notions, I became aware, later, that I was being asked to dance with the patients, each in our own scenes, creating a larger drama. I did this with some failure, some success. I talked some and read some about disease, but mostly I struggled at living with my unabstracted self. Your death was in too many ways my death; your movement and your scene were uncomfortably familiar. To allow myself to flow gracefully with you was painful, awkward. However, in the dance, in the relationship we were at least more alive - and sometimes comforted and a few times healed. We danced with your treatments, your nurses, your doctor, your family, with each other, with ourselves. We danced with your cancer, depression, death. They were waiting for partners.

The notion of illness is a tremendous abstraction, as is that of health. But like concepts such as matter/energy and decision-making they have an essential helpfulness. However, we must remember that no such thing as illness "exists", nor matter, nor free will. Nothing is on its own. Matter is unfounded without energy; free-will unless pitted against determinism is meaningless; responsibility can never be located with one individual; illness only makes sense if one thinks of a more abundant life; and health is not without illness.

As the discussion inspired by the matter/energy considerations is invaluable, so is reflection on the phenomenon of "movement." Seeing movement as a central, essential characteristic of life, of "creation", is a key to understanding the etiology of disease.

Is there anything which does not move? No. Then if all is moving, we can easily fall into the trap of seeing relative motionless as being an absolute state. The universe is expanding or contracting, the planets circle the sun, one nation is replaced by another, a community adapts or dies, my thoughts are continually reforming, my liver is constantly being repaired. This activity is the most unacknowledged, and yet fully experienced fact of life, especially in the Western world.

Movement does not necessarily imply a direction, a heading toward something, a need for a goal, but this does not mean then that movement must be meaningless. Like free-will and determinism, biological movement is going somewhere and nowhere; the distinctions are outmoded. A male and female bird have a goal of copulating, making a nest, laying and hatching eggs, feeding young and teaching their offspring to fly. Clearly, this is goal-oriented activity, and yet, from the larger (or smaller!) perspective their movement is part and parcel of all other activity. One would be hard pressed to state the goal of the total action scene. Perhaps all that can be said is the observed fact that activity inspires activity: perhaps this is the goal of movement: more movement.

Movement, and illness is "movement", is valueless: it simply and finally just is. Every aspect of life is susceptible to moralizing criticism, giving value and weight to what is neutral and unburdened. This is especially true today with the human potential movement (!) in which growth has been selected, i.e., abstracted, from other types of movement, as containing the greatest positive potential for individual and society. Death becomes its opposite. However, if growth and death were seen as being inseparable (and they surely are), as "unabstractable," then

it would be difficult to assign a good or bad value set to either. Of course, ultimately, movement is connected with life and perhaps life has value as my Christian tradition affirms. But a strong caution is advised here, for who is to say what is alive and what is not? If all is alive, then all has value, and value becomes meaningless. Let Creation just be!

The movement we refer to as "growth" is an aspect of the larger biological scene. The science of biology has given names to other recognized behaviour: symbiosis, reproduction, death, birth, decay, etc. All are part and parcel of the ebb and flow of what biologists refer to as the organic and inorganic. Together, these movements (and others not affirmed by our ideologies - e.g., parapsychological activity) constitute full life. In their various combinations they are community, ritual, breathing, photosynthesizing, digesting, excreting, reflecting. They are matter, they are energy. And so, they are body and mind, flesh and spirit - full life, abundant life.

Not one of these activities alone is sufficient for graceful movement. If one is emphasized disproportionately over the others, the movement is shaken, the dance must fight for rhythm. Contemporary man in his pursuit of objectivity has over-emphasized the activity of conscious reflection. It, like "growth," has been singled-out for our attention. Of course,

other activities (such as the manifestation of bodily symptoms) continue unrecognized and therefore are less fully appreciated. By separating consciousness as a single process, we by implication suggest its opposite: the unconscious. A strange situation arises in that activity "apart from" conscious reflection is known and defined by "what it is not." To separate activities, to abstract them is "unreal"; it is meaningless to refer to either conscious or unconscious activity. But perhaps this is unavoidable, and so we state, as a reminder and a guide, the interdependency formula: the unconscious is dependent upon and contributing to the conscious and vice versa, which is simply a different way of saying that biological activities are inter-related and mutually dependent.

Given the current cultural bias which values conscious awareness over unconscious activity, it is perhaps wise to set them both in a biological mould. In doing this, we re-emphasize the significant role of matter: that energy (mind: conscious and unconscious dynamics) cannot 'exist' without it; they are interdependent. Biological terminology is also a source of meaningful models, such as "symbiosis", "genetic inheritance", and "environmental matrix" for our various and complex movements.

Chapter Two: Disease is a Window on the Dynamics of the
Organism's Involvement with the Environment

This chapter is devoted to a description of the relationship of the human organism with its environment. By examining the cluster of symptoms we call Parkinsonism, we can pursue our intention; thus the disease may be seen as a window on the relationship.

Parkinsonism has been chosen for several reasons. Booth has written two straightforward papers on it with reference to his theories of illness; one disease had to be chosen because of limited time and space; Parkinsonism is rare enough, as Booth has noted, so as not to freeze most readers into empathetic anxiety. Also, focusing on a particular disease will help prevent undue speculative generalizing about the human experience of illness. Sir William Osler has stated that "to study the phenomenon of disease without books is to sail an unchartered sea, while to study books without patients is not to go to sea at all."

In one of his first papers ('Psychodynamics in Parkinsonism' 1947), Gotthard Booth made apparent the in-depth study he had made of Parkinsonism in both Germany and the U.S.A. Later in a paper devoted to outlining a concept of psychosomatic illness ('Basic Concepts of Psychosomatic Medicine' 1953) Booth used Parkinsonism as the exemplary situation. It is this later paper on which I will rely. For a more detailed account of the disease itself and Booth's background research, the reader should refer to

the first paper and its bibliography. This chapter's purpose is not an examination of the validity or error of Booth's observations, but to describe them in light of the specific model of subject/object interaction on which his observations are based.

As this is not a detailed investigation of Parkinsonism per se, but rather a use of Parkinsonism's symptoms as a guide in our following discussion, a very brief description of the disease, by Booth will be sufficient for our defined needs and goals:

... his [the patient's] posture and extremities become bent. Hands and feet are in constant tremor which stops only during sleep or while some willful action takes place. The longer the disease lasts the fewer actions are possible. Eventually the patient becomes completely paralyzed. The anatomical study of the brain reveals that certain areas of the brain have degenerated.' 1

These symptoms clearly suggest a horrendous existence. The onset of Parkinsonism is unusually surprising because prior to the first symptoms the person is a "a particularly normal individual in his physical and psychological aspects." What a "particularly normal individual" means for Booth, is one who stands out from the others around him, not because he is the exception to the rule, but one who embodies the desirable goals and aspirations of his society. The individual has not been excessively ill or encumbered by restrictions on his mobility. Modern medical research has revealed that in Parkinsonism certain

"areas of the brain" degenerate. But "judged from the point of view that disease is the result of some abnormality, there is no explanation, either physical or psychological why this particular patient contracted Parkinsonism." That is, the question why the brain degenerates in such a way as to result in these symptoms remains unanswered. "From the traditional point of view Parkinsonism appeared to be a tragic accident."²

Our purpose here is not to criticize the type of medical reasoning which assigned Parkinsonism's etiology to the "accidental" category. Rather I will describe Booth's way of dealing with Parkinsonism which will give an alternative account of why the patient manifested this peculiar and particular set of symptoms. It should be noted that Booth was a medical doctor and therefore trained in the medical application of the scientific method. He appreciated the advances made possible through scientific experimentation such as those of Victor von Weiszaecker's described below. The new medical techniques, apparatus and drugs which have evolved, Booth used in his medical practise, but never as an end in themselves. For example, he maintained that surgery itself never cured a person of cancer; if healing occurred and surgery was involved, it was part of a "larger" therapeutic experience.

Gestaltkreis

Booth's work as a physician was based on a theory formulated in 1931 by a German medical doctor and university professor, Victor von Weizsaecker in a book entitled Gestaltkreis (Gestalt Circle) or as Booth translated the title, The Circle Of Form Genesis. Booth stated in his autobiographical work, Physician Between Spirit and Flesh, " ... I find that I owe to my year with him [von Weizsaecker] all the decisive insights which directed my work as a physician."³ A brief outline of the Gestaltkreis theory is given below; it is obviously essential to begin with this theory to understand Booth's writings. Because Gestaltkreis has not been translated into English, Booth's published review of the book⁴ and his discussion of it in "The Role of Form in Psychodynamics,"⁵ are our main sources. I will now describe the theory from three artificially separated points of view: (1) the relationship of subject and object (2) the significance of decision (3) the role and nature of the unconscious.

The Relationship of Subject and Object

In 1921 von Weizsaecker began a series of experiments on perception and movement. In a typical experiment, ("Barany's chair") the subject (seated in the chair) is rotated, or the scenic screen around him is turned or both are moved in the same

direction and speed. It was found that perception of motion by the subject was eliminated in the latter case when both subject and screen (object) were rotated as described. The perceived elimination of movement (an equilibrium having been achieved) can be explained by introducing into the theory, the subject in terms of his biological identity. "Equilibrium mean the conservation of the biological identity of the organism in his environment." That is, equilibrium is maintained by substituting the perception of motion for self-motion, or vice-versa. These relationships are mirrored by "clinical observations of affect being acted out in motor attacks, motor impulses being experienced as emotions." Perception and motion become one but are separated momentarily, by the subject for the sake of conscious reflection. What conscious awareness does not encompass, since it can only grasp perception or motion, but not both at the same time, is that "specific forms of biologic acts are described as based on a circular process in which simultaneously the organism acts upon environment, the environment upon the organism." ⁷ The circle is closed; no beginning or end can be determined. Coherence is more characteristic of the relationship of the organism with its environment than distinction. Each biological act is unique (and thus everyone's story is different) as each subject coheres with its object of perception.

The subject is predictable only within certain limits because life's basic quality is creativity which is made possible by the uniqueness of each biological act.⁸ The subject must not be split from the object, although this seems to be a necessity of the conscious mind, for the sake of supposed understanding. Substituting a simple model for a complex one puts limits on creativity, on the uniqueness of biological forms. In the division one can look for subject and/or object but not their synthesis. Thus, for example, explaining a biological act as mechanical, empowered by an outside force (eg., God, Life-Force) is the opposite of the approach which must be taken. "We can ... know life only to the extent to which we participate in it." This means that the understanding of biological acts, i.e., the organism's involvement in the ebb and flow of life, comes "only through the (living) organs, their construction, function, rules, conditions."⁹

The Significance of Decisions

Gestaltkreis theory states that life is a sequence of unique biological acts not determined by "the causal processes of material conditions" but by the decisions of the subject. The causal processes act as "restrictions of individual cognition and will." This aspect of the theory can be illustrated by analogy. The electronics of a television set make possible the

formation of a picture on its screen. The image results from the physical characteristics of the television but is "steered" and selected by the broadcasters and viewing public. The subject's individual cognition and will are primary in determining the biological act and in responding to those acts. (CF: the situation of equilibrium described above.) Experience is ordered by the subject; the arising coincidences in day-to-day existences are ordered in biological forms - The Circle of Form Genesis.

The things planned and things coincidental are given a more or less meaningful order by the subject. But the decision-making process of the subject fully involves the object. "All perception involves an act of the object. The act of the object may be a biological action in case the object is a living organism."¹⁰ In a slow-motion study of combat between a cobra and a mongoose, it was observed that the animals did not respond to each other's advances or retreats in turn, i.e., successively; rather, they moved simultaneously according to a pattern, anticipating each other's moves. The outcome of the fight could be described as a cooperative effort of winner and loser - "analogous to the unconscious dynamics in human beings. Here we are used to consider the masochist as much involved in his defeat as the sadist in his victory."¹¹

The Role And Nature Of The Unconscious

The decision-making subject relies not only on conscious deliberation which deals with perception or motion, but also on unconscious dynamics which operate on the coherence of perception and motion. The physical organism transcends its conscious reflections (the ego) as it creatively utilizes biological forms in the circle of interdependency with its environment. This can be illustrated by example.

In the biological activity of sex the ego of both male and female is transcended by the spontaneity of mutual attraction and by the union of the male and female symbolized by the "fitting" of the secondary sexual organs, the genitals, and the literal union of the primary sexual organs, the sperm and egg cells. The essence of sexuality is striving for completeness: "two half-sets of chromosomes to unite into one whole, and latent potentialities of the parents to unite into manifest character traits of the child." In this interweaving (as also happens in the relation of individual with family and society) individual personalities are involved in biological (CF: unconscious) activities which include both conscious and unconscious deliberation. ¹²

Booth's Emphasis on Biography

Following the Gestaltkreis theory, Booth was convinced that his patient was in an interdependent relationship with his or her environment. It was therefore necessary to know the nature of that relationship. "The biography of people, must be studied, not for what went wrong, but with an impartial interest in what specifically happened to them." ¹³ This general rule of Booth's has several significant implications which are directly related to his reliance on von Weizsaecker's work.

One's biography, or story, is based on information regarding one's physical and social history. In other words, it is an account of one's comings and goings in the various biological configurations and happenings of life - family, growth, sex, vocation, etc. The biological (conscious and unconscious) involvement with life can thus be reviewed in a biography.

The person's history is examined "not for what went wrong" but for what simply happened. To look for "what went wrong" implies that a doctor be interested primarily in one's disease history, and secondarily in the other events of one's life. In the movement of life, in the constant formation of biological forms, rising out of subject and object interaction, it is difficult (to say the least) to assign a beginning and ending to a particular disease; all of one's actions arise from one's

relation with the environment and therefore all actions describe that relationship. To look only for what went wrong may very well miss many significant features. (Of course regarding things as wrong or right depends on definition and bias and these too must be examined.) One could never even list, much less examine, all of what happened in a person's life. Reduction, in this sense, is necessary and unavoidable. However, Booth, feels that looking only for "what went wrong" makes a complex situation too simplistically approached.

The person's biography is examined for "what specifically happened to them." Three general points should be noted here. First, the physician is looking not only for a general pattern in one's movements, but also the details of that pattern. (This requires a relationship with the patient which would allow such information to be revealed.) Everyone's story is unique; to look at only the general pattern would not respect the individual's interdependency with his or her environment.

Second, one's experiences arise out of the movement in an "environmental matrix." Many of the events happen to us it seems, and are called coincidences, since we did not seem to be involved in their arising. For example, who "chooses" whether he or she will be born into a rural or urban community? (It must be noted, however, that for Booth not all coincidences are so indirectly

related to decision-making and responsibility; many coincidences can be shown to have an understandable history which is related to the subject. The physician therefore searches for the historical connections.)¹⁴ These events in themselves are studied for the values, the opportunities, the demands and so on which they bring to the individual.

Third, the response the subject makes, his conscious and unconscious decisions in face of what "specifically" happens to him, are also studied. The experience of an event is coloured by the reaction to it; what is joy for one may be tragedy for another.

The Parkinson Biography

Genetic Inheritance

The Parkinsonian "inherited a constitutional disposition toward action." In his earlier paper Booth referred to this disposition as an "aggressive motor drive,"¹⁵ which is pursued in active careers and hobbies such as farming, engineering, guitar playing, boxing, wrestling, etc. It is in these specific actions that each patient's story stands out from the general pattern. From this genetic inheritance one is "free to choose" several options. Two of these options obviously are to struggle against

this propensity to action (but only after one is consciously aware of it) or simply to invest the inheritance, so to speak, and utilize it as a "God-given advantage" over less active others. The Parkinsonian has decided upon the latter, unconsciously.

It is obvious that both body and mind make the decision for action. Both body and mind are influenced by the inherited genetic structure. This mutual influence is an illustration of Booth's conviction that it is impossible to determine where body ends and mind begins.¹⁶ Body and mind are transcended in decision and action as the couple is in its union of egg and sperm cell, as the individual is in his family.

The Significance of the Family

The individual with Parkinson's disease shows not only a preference for using his muscles but for "enterprise in general." Out of the inherited blend of aggression and motor action the patient worked more strenuously than his brothers or sisters. And, understandably, he identified himself with the domineering parent.

The family is a genetic extension of the individual, and thus the individual can be better known and understood by seeing him as he is manifested (or is not) in his family relatives.¹⁷ Booth is critical of existentialism in its dictum that existence precedes being and each individual must "create his own rational

existence in the face of a world governed by irrational, unrelated powers." ¹⁸ To so emphasize the individual is a "misleading abstraction" as it forgets that the individual extends into his family and his family is found in him.

Throughout evolution, individual organisms are found as parts of specific systems of communication with relevant parts of the animate and inanimate environment. In such structural context the boundaries of physical individuals are of no, or of only secondary, significance. ¹⁹

Thus for Booth, the family, as a biological communicating unit, is of crucial importance for a fuller understanding of the individual.

Coincidences Are Given A Pattern

The foundation of the Parkinsonian's story is set in his or her genetic inheritance, as can be seen in the relationships he established with the family. Given this beginning, "other influences in the life of the later Parkinsonian seem to be external accidents ... " ²⁰ For example the domineering parent, the one with whom the person identified, "happened to be a moralist." Also, he had a competitive disadvantage in his relationships with his brothers and sisters: "the last one of a great number of siblings, an ugly duckling among good-looking ones." And his parents in their relation with society, suffered "economic setbacks at a critical point of his development."

The person's response to these factors, the manner in which he chooses to deal with them, is as an enterprising aggressive individual, frustrated by sibling competitiveness and the parent's economic failure, all of which are amplified by his identifying with the domineering parent. This response accounts for a person who "is bound to succeed because he is anxious to improve his performance and positions."²¹ And, given the fact that the domineering parent happened to be a moralist, he is especially honest, not wanting to gain by unethical practices; thus he is seen as "having an angelic character." It now is more understandable that we are surprised by the "tragic accident" of this person developing Parkinsonism. He is a model citizen of North American society: hard-working, enterprising, and ethical. Why should this deserving individual be treated so unfairly?

It is important to note the pattern Booth has developed in giving this biography. He began with the individual and the genetic inheritance, then moved to a description of the family relationship and now has introduced society with his reference to economic set-backs, and "angelic character" relative to the community. The nature of the genetic inheritance is one key to explaining the person's movements in his environmental matrix. But his responses to this genetic factor would have been unlike those described above, given, for example, a different family

situation, or other different environmental possibilities.²²

All the factors are interdependent; one alone is a "meaningless abstraction" relative to the person's story.

It is important to note also, that Booth, as a physician, always begins with his patient, as an individual, one with a unique story to tell. He does not begin with an exterior causal factor (e.g., diet, bacteria, parental image). This is not to say that these are excluded from the understanding of the disease process, but Booth does not begin with them. In the "Circle of Form Genesis", for example, he begins with the patient's response to the environment, thus respecting the responsibility of the patient.

It is more important to know the person who has a disease, than to know the disease he has.²³ To study the disease apart from the person is to assume that the particular cluster of symptoms are an entity unto themselves. Booth observes in several papers that medical science has been preoccupied with a very physical view of the world in which man is a machine and disease causes the body mechanism to break down. Bacteria, physical injuries, etc. are seen as enemies of man, which attack his body, "no different in character from the demons of old." The various diseases are given "individual characters" with wills of their own. For example, cancer is seen as being something

which can be aroused by an external stimulus; it is seen as being "mad" because of the irrational behaviour of the cancerous cells; and it has other mysterious properties, as yet undiscovered, which allow it to rage beyond man's control: "the cancer epidemic." Thus a patient with a malignant tumour is seen as "having" cancer and it is this growth which must be fought: "Cancer Can Be Beaten." The goal is a complete irradiation of not only cancer but all disease.²⁴ Booth refers to this as naive utopianism.

Attributing individual, self-contained will to an element in the environment (subject or object) does not follow the Gestaltkreis model of subject/object interdependency. The patient and his environment are as inseparable as is the grin of the cat from the cat.²⁵

The Critical Point

The Parkinsonian individual continues his enterprising and "healthy" (i.e., lack of symptoms) existence until his "quasi-religious concern with success meets with defeat."²⁶ Booth refers to the aggressive, competitive approach as quasi-religious because it is the individual's central, his only known method (choreography) of moving towards the environment. Because of genetic and social ingredients he has decided on success as the most important ingredient of his existence. Therefore the occasion of defeat is critical, because his movement with the world loses its resonance.

The critical point in the biography of each Parkinsonian varies as do their stories. Several may even have had very similar threats to their success before, but somehow managed to overcome and still retain their aggressive motor approach. However, when "external difficulties" have become too great, or "inner difficulties" have become too great, or "inner vitality has been reduced by age or conflict" then the defined success is no longer attainable. In their eyes, their enterprising moral approach has failed.

It is at this time that the symptoms begin to appear. Muscles become tense, hands and legs begin to tremble; the whole body becomes rigid. When the patient is commanded, or physically forced to be calm, the shaking increases, but when he is emotionally aroused or is sleeping the movements become normal. His angelic character changes to one which is demanding and often without sympathy for those who care for him when the symptoms have forced him to a bed-ridden state.

Symptoms As A Window On The Relationship

The timing of the appearance of the symptoms strongly suggests that the human organism and its environment are in a very significant relationship. They obviously influence each other. But what can be gained for the organism by the onset of these

physical changes? Booth reminds us here of the social and communicative character of life. Social organization and self-expression are as important biological acts as that of self-preservation. It has been demonstrated that infants given the proper physical nourishment but deprived of social contact, literally withered and died. Fighting between rival animal species is often ceremonial; the death of the vanquished is not necessarily the goal of the victor. The striving for food and offspring has been shown to be a need for the specified performances of eating and mating; self-preservation includes these social needs. These various expressions of the species are as necessary for life as are the physical requirements of food and shelter.²⁷ The Parkinsonian symptoms can be better understood if necessity of communication is kept in mind.

Without realistic satisfaction of his defined needs, he turns to symbolic satisfaction in the form of the symptoms. In his time of health, the patient, out of his inherited disposition wants to act, and to be enterprising; this is freedom for him, freedom to satisfy his genetic demands. When the demands are thwarted and there seems to be no way of keeping up the old aggressive approach, he reverts to the symptoms which enable him to keep to his quasi-religious approach, thus satisfying his biological predisposition. The shaking fulfills the need for muscular action; the refusal to obey commands keeps him in the dominant position; not attempting the suggestions bespeaks to

his anxiety about failure - fear that he may not be able to control the tremours, which obviously he can in his sleep; his rigid body reflects the unbending moralistic approach; and his reasonable disposition is replaced by his need to dominate as he insists that he be given as much help as he gave others. The activity he is forced into is a "caricature of his original personality"; ²⁸ his basic relationship to the environment has not changed.

In health he decided to be enterprising, moral and domineering, but the decision for the "diseased activity" seems to be an unconscious one. Of course, both the conscious and unconscious choices directly cohere with his genetic disposition, family and social situation and the critical failure. The symptoms are an alternative response arising from the body - mind - environment constellation.

Chapter Three: Disease and Health Arise from the Mutual
Influence of Organism and Environment

In this chapter the disease and healing processes are described in light of the preceding description of the Gestaltkreis model and Parkinsonian patient.

The Disease Process

In a paper entitled "Physical Health and Its Vicissitudes",²⁹ Booth lists five main points concerning health and illness. We shall expand on each.

1.) "Physical health depends on satisfactory interaction between subject and environment."

The manifestation of the Parkinsonian symptoms at the time of the patient's frustration with lack of success in his world illustrates this point. As in the act of consciousness separating perception and motion, Booth is forced, in making this statement, to speak of "physical health" as if it were separate not only from "psychological health" but also from illness. But it is obvious that the physical symptoms are directly involved with environmental variables (eg. the family situation.) In this context it is therefore meaningless to speak of the physical as if it were an entity unto itself.

The great difficulty of scientific research is that one cannot analyze concrete nature without abstracting, but that one must constantly keep in mind that the abstractions of science are entities which are truly in nature, though they have no meaning in isolation from nature.³⁰

We are surrounded by unavoidable abstractions: "illness," "health," "sex," "love," "death," "aggression," "therapy," "religion."

Booth says that these concepts are used "carelessly," meaning that they have been given autonomous power of their own, eg. the sex drive, the healthy individual, the art of loving, etc. Giving sex such autonomy is like stating that the decisions which result in the journeys of an automobile between the homes of a male and female teenager, rests with the automobile! Likewise, if illness is seen as a destructive force, we fight a shadowy illusion; to defeat illness would demand waging war on ourselves and our environment for the illness is part of us.³¹

An abstraction such as "physical health" has no meaning in "isolation from nature." Nature is described by Booth as the biological web of events, the environmental matrix in which we are inextricably involved. Our physical health (absence of acutely negative physical symptoms), then, is not a result of some power of good over the evil illness, (CF: the body defence system against infectious bacteria) but is a sign of "satisfactory interaction" of our movements and the events in "the web" - a resonance so to speak. Thus "there is no health in us"³² as there is no "illness" in us - for we are health, we are illness; "our symptoms" are one of our many identities as we are participants in the biological web. (This strongly suggests we treat the person and not the symptom.

2.) "The satisfaction of the subject is primarily dependent on the demands of his dominant biological system."

For the Parkinsonian this satisfaction means socially recognized success as a result of his moral and enterprising activity. His genetic inheritance is a key factor in the values and goals, personal and social which are deemed most crucial. The satisfaction of the subject, the physical health of the organism, depends on the satisfaction of these values and goals. This is in direct contradiction to a mechanistic view of the body, where, like a machine, the body will keep operating as long as proper maintenance is provided. Rather, organisms need to interact in the biological web according to their respective predispositions.

Finitude means not only that every organism is born with a limited life span, but also that life is maintained only as long as it serves the biological and psychological ends of the organism. End, finis, telos, not only mean conclusion, but also purpose. 33

3.) "Frustration of the dominant system leads to disease of its executive organ."

At the time the dominant system of the Parkinsonian (the aggressive motor activity) fails to achieve the defined goal (social success) the muscles (the executive organ in this case, because they enable activity) of the hands and feet begin to tremble. There is no such thing as a sick body and healthy

mind, or healthy body and a troubled mind. There are only healthy or sick personalities. The body organs in their functioning, here manifesting symptoms, are part of the dynamics of one's personality.³⁴ As stated above, the body - mind dichotomy is transcended in the decisions of the subject.

Frustration of the dominant system leads to disease, it does not "cause" it. A simplistic cause and effect scheme is always avoided by Booth. Disease is not an effect but a condition of the state of the relationship between the organism and its environment.

4.) "Frustration may be caused either by the environment or by the declining vitality of the subject and often by the two factors coming together."

The person's way of being in the world, his conscious and unconscious "raison d'etre" is challenged by the appropriate crisis; the Parkinsonian meets with defeat. The dominant biological function, the demands of which must be satisfied for meaningful living, is frustrated. Since no alternatives are known to the individual this leading biological approach does not tolerate frustration.³⁵ Therefore much energy is used up in defending this way of moving in the environmental matrix.³⁶ If the person's capacity for asserting what he understands to be his true self is

weakened by age or continuous conflict, he is then prone to expressions of dis-ease with the environment.

If the environmental situation is perceived by even a young, strong and optimistic individual as far too threatening, as impossible to deal with, then, also, a strong risk of disease arises. (This is alluded to in Booth's first paper on Parkinson's disease when he refers to the disease in younger persons.) Of course, if declining vitality of the patient and a threatening situation coincide there is an even stronger chance of disease. The timing of events in the biological web is of critical importance. ³⁷

5.) "The disease process satisfies the dominant system on a regressed, symbolic level within the body of the subject."

The body, as is the case with other biological units, reveals through its unconscious dynamics, its healthy and unhealthy functioning. "Our expressive gestures, the colour of our skin, and the behaviour of our heart and our bowels, of our lungs and genitals, unequivocally spell out our existential situation." ³⁸

A key term in the quote is unequivocally - the body does not express equivocal indications about its state of affairs. Booth is fond of quoting Ludwig Klages, founder of scientific graphology: "The body is the expression of the soul, the soul is the meaning of the body."

The body speaks a language through its organs, with a syntax which is fixed in the different forms of the organs. "Each organ not only supports the life of the body but also serves a specific relationship between body and environment." ³⁹ The different noses of the bulldog and anteater are dramatic examples of this. These organs indicate where and how the total organism fits into the biological web of nature; they are in this sense symbolic of its way of moving in that web, as a letter of the alphabet is a symbol of a certain set of sounds. In health, the organism moves gracefully amongst the environmental objects and situations. A physical symptom indicated that the organism is not fitting into the web, that its movements have lost their resonance. "In the state of illness the person is alienated from the object of the affected function." The Parkinsonian is alienated from success - the object of the enterprising motor activity.

This does not mean that disease is "unnatural." in health the organism communicates its situation through realistic fulfilment of its purpose. In disease the organism is still communicating. "Illness differs from health only with respect to the form in which the individual relates to his specific environment." In health the organism's actions satisfy the need for its specific kind of interaction with its environment.

In disease "the symptoms of illness serve only as self-expression" - ⁴⁰
the tremors of the muscles are an obvious example.

Booth relates that, when he started his investigation of Parkinsonism, he was amazed that his patients suffered their symptoms so "patiently." He said he would have killed himself or at least fallen into despair were he in the same state of affairs. This patient living with the symptoms was a first indication that the afflicted individual was somehow having very deep needs satisfied. If realistic demands of the dominant biological system are not met, then the demands are met symbolically. ⁴¹

Perhaps now Booth's definition of disease is more fully understandable: "Disease is a condition in which the expression of the strongest biological motivation of the individual regresses from interaction with the environment to bodily symptoms which symbolically express this motivation." ⁴²

The Healing Process

The relationship of the human organism to its environment can be described, from another perspective but still in terms of disease, that is the treatment of disease. Booth states that "healing means that the organism is given a satisfactory relationship with its environment in all spheres of existence."⁴³ For Booth, this concept of healing is central to the concerns of religion and therefore reference will be made to the connection of healing and religion.

Booth defines religion as "the form in which a given society has organized its relationship with the natural environment." Religion is thus not a separate entity in life but is the form of the dynamics of life. Religious devotion is an affirmation of the basic values implied in those dynamics, e.g., the value of the communal nature of life in Christianity is affirmed in the Eucharist. Booth sees the basic *raison d'etre* of the various world religions in their reference to transcendence and immanence as an attempt by the respective societies to show the limits of individualism - and the value of the Gestaltkreis.⁴⁴

The references below are to Christianity and the basic values it represents. The reader should be aware that Booth

appreciated other religions as well. A good example of his use of Hinduism is found in his paper "The Meaning of Sex."

Sacrifice

"People with a natural balance in their functions and with a wide range of relationship toward the environment are likely to be more healthy than one-sided characters." ⁴⁵ This is demonstrated by the Parkinson patient, who opted for developing one side of himself - the aggressive, enterprising and moral qualities. When a critical situation arises and his dominant approach is unable to handle it, there is no "back-up" function to turn to. For example, his more accepting and relaxed side is undeveloped; it has not matured because it has not been used. To retain his integrity, i.e., follow the approach he believed was appropriate, the Parkinsonian is forced to revert to symbolic satisfaction of his needs and values, but in so doing he sacrifices the organ - the muscles - of his dominant approach. (Paradoxically, the strongest function becomes diseased.) Disease then, represents a sacrifice at an unconscious level in an effort to maintain a "satisfactory relationship" with the environment.

Because sacrifice is involved with disease, it, like disease, cannot be avoided. "This experience that sacrifice is inescapable agrees with the importance attached to

sacrifices in many if not all religions." ⁴⁷ The sacrificial aspect of religion is an attempt to make voluntary (conscious), "the compulsive [unconscious] sacrifices of disease." Religion is in this sense the pursuit of health. Voluntary sacrifice means re-directing one's energy to enable the development of more than one's dominant function, in an attempt to achieve a satisfactory relationship in the biological web, in all spheres of existence." Booth refers to two basic therapeutic approaches. In the case of the Parkinsonian one option would be to attempt to modify "the critical situation" to alleviate the pressure of demands on the aggressive motor function. This would leave the Parkinsonian's basic relationship with the world unchanged and thus susceptible to the same symptoms in the future. The other approach involves voluntary sacrifice, as the patient is encouraged, at the first sign of the symptoms, to begin to favour his non-dominant aspect at the expense of his dominate side. That is, he is shown the value of altering his basic relationship with the environment, as alteration which would develop the other aspects of his personality; ⁴⁸ in contemporary jargon this is known as the desirability of becoming a more "whole" person. ⁴⁹

Beginning With Illness

The decision the diseased person makes must be respected for, as demonstrated in the case of the Parkinsonian, he is following the path he firmly believes to lead to the life of integrity. "Death from disease is equivalent to a hero's death, because the sick [one] dies in the process of actualizing his deepest involvement in the world."⁵⁰ Thus, the manifestation of symptoms should not be a guilt producing process. Disease is simply another form of expression of the Gestaltkreis, and, in this sense, it is neither bad nor good but simply is. The phrase "And there is no health in us" from the Anglican Common Prayer Book, "is a radical description of the human situation from the point of view of Christian theology." It strongly suggests that one accept disease and begin with it in therapy, rather than assume the diseased individual is fallen from a previously healthy state (for health too is a non-permanent entity). The healthful situation of a satisfactory relationship with the environment in all spheres of existence simply does not manifest itself in any permanent form because of the constant flow of influence in the environmental matrix. This is Booth's "Theology of the Cross" - in the therapeutic process one always moves from illness to health, from death to life.⁵¹

Healing And Symbiosis

In the Gestaltkreis model mutual influence is more characteristic than the independent existence of the subject and its object. The Parkinsonian does not become ill independently of his life situation, but rather, he manifests symptoms when he becomes aware of the threat to his meaningful relationships with his world. Illness grows out of disturbed relationships with objects in the environmental matrix. "The organism does not start with primary narcissism and [then] is forced by the need for survival to adapt itself secondarily to the vicissitudes of an unrelated environment." Life is symbiotic. The search for satisfying relationships is the purpose of our desires and instincts as they respond to "the interests which the world offers;" "they express the constructive effort of the organism toward the world ... in which satisfactory patterns of perception (gestalten) are reached." ⁵²

The search for satisfying relationships is a search for appropriate objects in the environmental matrix. Satisfaction must be found there. For Booth, the Spirit is present when the organisms in the biological web are communicating with each other, fulfilling each other's purposes. ⁵³ There is hope for this fulfillment because of the diversity and complexity of the biological forms. "The richness of the world makes the full unfolding of the personality possible." ⁵⁴

A significant aspect of the richness of the world is meaningful interaction with other human beings. This is expressed by Christ: "Where two or three are gathered in my name, there am I in the midst of them." (Matthew 18:20). For healing to occur, voluntary sacrifice of one's dominant function is required. This is difficult for the individual to achieve alone. Because "our conscious minds are so preoccupied with objective demands of human existence it is hard to realize fully the subjective character of one's own hierarchy of values."⁵⁵

It is thus necessary for the physician (or any person willing to enter into a relationship with the diseased person) not to deal with symptoms per se but with the individual personality (i.e, body and mind). "Whoever wants to help the healing [process] should be aware of entering into the individual world of the patient."⁵⁶ In this way, through the help of the healer, the patient may become aware of the possibility of, and the nature of, the voluntary sacrifice for his particular situation. The healer thus truly assists the diseased and in turn is reminded of the limits of individuality - together they are a beautifully choreographed relationship.

FOOTNOTES

- 1
Gotthard Booth, "Basic Concepts of Psychosomatic Medicine," Pastoral Psychology (January 1951), p. 15.
- 2
Ibid.
- 3
Gotthard Booth, Physician Between Spirit And Flesh, unpublished manuscript, p. 12
- 4
Victor Von Weizsaecker: Der Gestaltkreis, Book Review, Psychosomatic Medicine, Vol. WI (1949), pp. 129-130.
- 5
Gotthard Booth, "The Role of Physical Form In Psychodynamics," Psychoanalysis And The Psychoanalytic Review, Vol. 47 (1960), pp. 51-62.
- 6
Von Weizsaecker followed Freud's findings that bodily expressions are meaningful. Whereas Freud concentrated on verbal accounts to understand that meaning, von Weizsaecker focused on the body itself through experimentation and clinical observation. Von Weizsaecker was the first German professor of medicine (neurology) to incorporate Freud's teachings into his professional work.
- 7
Gestaltkries, Book Review, p. 129.
- 8
Booth relies on A.N. Whitehead's "creative advance of nature" - for a discussion of his use of it see his paper "Values in Nature and Psychotherapy," Archives of General Psychiatry, Vol. 8 (1963), p. 39f.
- 9
Booth, Physician Between Spirit And Flesh, p. 17.
- 10
Gotthard Booth, "An Observation on PSI Function in Plants," Proceedings of the First International Conference of Parapsychological Studies, Parapsychology Foundation, Inc., 1955, p. 12.

11

Ibid.

12

For further discussion and examples of "completeness" see Booth's article "The Meaning Of Sex", Pastoral Psychology, (September 1952), pp. 14-36.

13

Booth, "Basic Concepts of Psychosomatic Medicine," p. 15

14

The "understandable history" is discussed in Booth's paper, "Parapsychological Dimensions in Medicine," Proceedings of the First International Conference of Parapsychological Studies, Parapsychology Foundation, Inc., 1955, pp. 41-44.

15

Gotthard Booth, "Psychodynamics in Parkinsonism," Psychosomatic Medicine, Vol. X (1948), p. 3.

16

Booth, "Basic Concepts of Psychosomatic Medicine," p. 12.

17

Booth, "Values in Nature and Psychotherapy," p. 38f.

18

Ibid.

19

Ibid, p. 38

20

Booth, "Basic Concepts of Psychosomatic Medicine," p.15.

21

Ibid.

22

For example, arthritis can also develop from the predisposition to motor aggression. See Booth's paper "Personality and Chronic Arthritis," The Journal of Nervous and Mental Disease, Vol. 85 (1937), pp. 637-662.

23

A note of thanks must be given to Dr. Aarne Siirala, my thesis supervisor, and Ken Beal, chaplain at the Kitchener-Waterloo Hospital, for their assistance in my experiential verification of this therapeutic truism.

24

Gotthard Booth, "The Voice of the Body," Introduction to: The Voice of Illness, by Aarne Siirala, Fortress Press, Philadelphia, 1964. Footnote reference from: Reprinted: Religion and Medicine, Ed. D. Belgum, Iowa University Press, 1967, pp. 99-100.

25

Caroll Lewis, Alice in Wonderland.

26

Booth, "Basic Concepts of Psychosomatic Medicine," p. 16.

27

Booth, "Voice of the Body," p. 101 - see also "Values in Nature and Psychotherapy," p. 41.

28

Booth, "Voice of the Body," p. 198.

29

Gotthard Booth, "Physical Health and Its Vicissitudes," unpublished manuscript, p. 8.

30

Booth, "Values in Nature and Psychotherapy, p. 39.

31

Gotthard Booth, "Disease as a Message," Journal of Religion and Health, Vol. 1 (1962), p. 311.

32

Anglican Common Prayer Book

33

Booth, "Physical Health and Its Vicissitudes," p. 8

34

Booth, "Basic Concepts of Psychosomatic Medicine," p. 15.

35

Booth, "Physical Health and Its Vicissitudes," p. 5.

36

Ibid., p. 6. "Conscious thinking cannot correct the deeply unconscious biological bias. Actually, the more threatened a person feels, the more anxiously he clings to his most developed survival function. As is so often the case, a poet achieved and expressed this insight long before the scientists. When, just 350 years ago, John Donne lived through a serious illness, he wrote in his Devotion Upon Emergent Occasions: "I have done nothing willfully, perversely upon myself ... and yet I am my own executioner."

37

Gotthard Booth, "The Auspicious Moment in Somatic Medicine," American Journal of Psychiatry, Vol. 29 (1969), pp. 84-88.

38

Booth, "Voice of the Body," p. 96.

39

Ibid., p. 97.

40

Ibid, pp. 100-103.

41

Booth, "Physical Health and Vicissitudes," pp. 3-4.

42

Ibid, p. 4.

43

Gotthard Booth, "Healing the Sick," Pastoral Psychology, Vol. 13 (June 1962), p. 13.

44

For Booth's discussion of religion see his papers "Basic Concepts of Psychosomatic Medicine" and "Biological Types and Forms of Religion."

45

Gotthard Booth, "Disease and Guilt," unpublished manuscript, p. 4.

46

For a discussion of sacrifice see Booth's paper "Voice of the Body."

47

Booth, "Disease and Guilt," p. 4.

48

"Communion and unction are sacraments in which the consciousness of the sick and isolated individual is drawn back into the experience of his basic humanity and common relatedness to God. In this way he may become able to use those sides of his personality which he had neglected because they did not serve the purposes of his ego. He may gather strength for recovery for a new life, or he may at least become reconciled."
Booth, "Basic Concepts of Psychosomatic Medicine," p. 19.

49

Ibid, p. 18.

50

Booth, "Physical Health and Its Vicissitudes," p. 5.

51

Booth, "Disease as a Message," p. 309.

52

Gotthard Booth, "Biological Types and Forms of Religion," unpublished manuscript. p. 2.

53

This is discussed in Booth's "Physician Between Spirit and Flesh."

54

Booth, "Biological Types and Forms of Religion,"
p. 3.

55

Booth, "Disease as a Message," p. 315.

56

Booth, "Healing the Sick," p. 13.

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