Hebraic Medicine

Gerald Epstein

The search for a conceptual framework that unifies mind and body has drawn many people to non-Western medical systems—to Chinese medicine, for example, or India's Ayurvedic medicine. In this article, Gerald Epstein, a psychiatrist and psychosomatic physician, contends that the West has such a unifying system, one found in the Bible—Hebraic medicine. Epstein describes that system here. He gives examples of how it informs his practice, and it should, he argues, guide medical practice as a whole.—HD

In the mid-nineteen-seventies, after a career as a traditional Freudian-trained psychoanalyst, I became interested in the use of imagery for the treatment of emotional and psychosomatic disorders. It soon became clear to me that the use of words, which are the vehicle for the psychoanalytic process, and the use of images, which are the vehicle for the experiential-phenomenological form of treatment I was evolving—did not mix. The word is linear, and the image is non-linear, or, as I came to see it, non-logical. Words operate in a strict causal, syllogistic-like fashion: A leads to B leads to C. Images happen all at once. These mutually exclusive views of the healing process, the therapeutic relationship, and everything that comes under the rubric of “psychology”—they are, in fact, mutually exclusive views of the world—forced me to re-examine my position as a physician and a psychotherapist and, by what could be called a Jungian “synchronicity,” my identity as a Jew.

In work on my own deepest images as they emerged from my thirteen-year study of the imagery process, I discovered that they disclosed strong Hebraic roots, though my religious upbringing was indifferent at best. This discovery led me to investigate the Old Testament, and my studies revealed that the inner imagery of consciousness clearly functions there as a tool for healing. Although the ancient Hebraic medicine were prohibited from the use of “images,” or idols, they learned, are alive with experiences that not only the poetic realms but also prophetic and didactic realms. The Hebraic physicians, in the Near East, the two great monotheistic traditions, Judaism, both of which “images,” has been a cornerstone of treatment of medical and mental illness, from the time of the Bible to present. The rise of Hebraic medicine in the beginning of the Chinese medicine, the importance of esoteric practices in significant treatment of illness, and the rise of the Western medical tradition, called “Hebraic medicine,” evolved as a branch of the medical tradition, focusing on the divine role of the physician, the role of the patient, and the role of the community in the healing process.

Studying these traditions, I was struck by the idea of a new view of human consciousness. The Hebraic traditions, in particular, have a rich history of exploring the nature of consciousness and the relationship between the body and the mind. The Hebraic tradition, in particular, has a long history of exploring the nature of consciousness and the relationship between the body and the mind. They are deeply connected, and the Hebraic tradition offers a unique perspective on this relationship.

In his book, "Hebraic Medicine," Gerald Epstein argues that the Hebraic tradition offers a unique perspective on the relationship between the body and the mind. He presents a case study of a patient who was treated using imagery techniques, and he describes how this approach led to a significant improvement in the patient's mental health. Epstein's work is a valuable contribution to the field of psychotherapy, and it is a valuable resource for anyone interested in the relationship between the body and the mind.
brews were prohibited from fashioning external "images," or idols, the prophetic books, I learned, are alive with splendid visionary experiences that not only limn the spiritual and noetic realms but also provide living symbols for healing the diseases of body and mind. Paradoxically, the Near East, which gave birth to the two great monotheistic religions, Islam and Judaism, both of which forbid the "making of images," has been a world center for imaginal treatment of medical and psychological disease, from the time of ancient Egypt to the present. The rise of Hellenistic rationalism in the beginning of the Christian era had the effect of making the work of the imagination an important part of esoteric Christianity and a significant treatment method of the then mainstream medicine. Within the Jewish tradition, it emerged as a branch of the mystical Kabballah, called "throne mysticism"; in Islam it evolved as the devotional way of the Sufis.

Studying these traditions opened an entirely new view of human consciousness and its hidden potentials for self-healing. My clinical experiences confirmed their practical applications. What remained, for me, was to explore the ancient Hebraic tradition in the light of consciousness and self-healing, as I had studied in the med ecines of Greece, Egypt, India, North America, and the Far East. Was there such a thing as Hebraic medicine? Every religious tradition other than Judaism seemed to have a medicine—Ayurvedic, Tibetan, anthroposophical, shamanistic. No wonder there were so many "Jewish doctors" like me around, I thought; we were all looking for the lost Hebraic form of our art! How could there be a heritage that so influenced Western law and secular society yet lacked a healing component? Had Greek rationalism so absorbed the Hebraic mind that our limited Western allopathy was all that the cosmic prophetic tradition had produced? With this in mind, I returned to the original source, the Bible itself. And there I discovered the medical textbook I was seeking.

In this overview of Hebraic medicine, I am presenting an important medical tradition that has been "lost" to general view. There is much interest these days in non-Western medical traditions, that approach health and illness from perspectives not limited to the materialistic, reductionist approach of modern allopathy. Hebraic medicine shows that such a perspective exists in the West too.

I should also say that in presenting the characteristics of Hebraic medicine, I am presenting a system that I believe is true. This is not a matter of scholarly curiosity to me. Hebraic medicine is, for me, a true and practical guide to the understanding of health and illness. Readers will decide for themselves whether it might have the same meaning for them.*

The Hebraic Healer and Moral Medicine; The Greek Physician and Cause-and-Effect Medicine

To begin with, the term physician is never used in the Bible. Physician is a Greek word used to describe the followers of Aesculapius, and it refers to the practice of a medicine based on Aristotelian dualistic, or cause and effect, thinking. Such a medicine is relative, time-bound, and linear. The Hebrew tradition speaks only of healers. It is monotheistic in origin, is rooted in the Absolute, and has as its basis a system-oriented, acausal view of the human being's body, mind, and social place in the world. Most important, like the imagination itself, Hebraic medicine is not time-bound. It does not function according to the laws of cause and effect—hence, the common occurrence of miracles, spiritual healing, and spontaneous cures through prayer, all of which are elucidated openly in the Old as well as the New Testament through the exploits of Christ as healer-prophet.

The unified body-mind phenomenon underlying the Hebraic world view is non-deterministic; in this perspective, healing does not

*What is presented here has been an outgrowth of my own exploration and insights. Recently, however, I received objective confirmation of my analysis from two scholarly works—Medicine Throughout Antiquity by B. L. Gordon and Healing: Pagan and Christian by G. Dawson—which I learned about through reading James Rush's wonderful Notes toward a Theory of Healing.
happen as a phenomenon of time, or cause and effect. Etymologically, it means coming into order, wholeness, and is derived from the Old English word for “holy.” Where the Greek-based notion of cause-and-effect medicine regards an illness like pneumonia as "caused" exclusively by a bacteria, organisms bearing disease, Hebraic medicine conceives of illness as an expression of how one lives. Exodus 15:26, for example, states that God informs the Hebrews directly of His relationship to them in sickness and in health: "If you listen to the voice of the Lord and you do what is right in His eyes and give ear to His commandments and keep all of His statutes, I will put none of the diseases upon you which I put upon the Egyptians, for I am the Lord that heals you.” The Hebraic understanding of illness therefore makes a direct connection between health and moral/ethical living.

The Ten Commandments and Health

If health and morality are intimately connected, what is moral/ethical living? In Exodus 20:1 God informs the Hebrews that He has given them a prescription for healthy living in His ten commandments. The first five outline the proper relationship of human beings to God, the rest of human beings to human society; all of them are finely and intricately related to each other.

The first five commandments for maintaining a healthy life describe the importance of refraining from putting any other gods before the one God. Medically speaking, this means not placing one's faith in the authority of a doctor as ultimate healer. It also means that in understanding illness, one should regard agents such as disease-bearing organism as simply one component of a process involving God and human beings, human beings and ethics, human beings in relationship to each other.

As a psychiatrist, I was particularly interested in the fifth commandment enjoining us to “honor” our parents. Note, God does not command the Hebrews to “love” their parents but to “honor” them. Given the havoc wreaked by fifty years of Freudian psychology, which lays the blame for our psychological woes on the way our parents treated us, this prescription for mental health bears some looking at.

The Hebraic perspective is familial. From Genesis onward, generations are named in long lists of patriarchal and matriarchal figures, brothers, sisters, sons, daughters, and so on. The entire Jewish people is regarded as a family unit that is directly related to all the other peoples inhabiting the created world. (Interesting, too, in this context, are the strong ecolological injunctions in Genesis, in which the first human beings are given constructive prescriptions for maintaining the earth and its creatures in harmonious relationship to themselves.) The family theme, therefore, is essential in placing the individual in relationship to his or her "home"—the created world. Biological parents are thus honored and respected for giving the individual life, the opportunity to serve God and society, and ultimately, to fulfill the highest purpose, namely, to recognize the self as emanating from the divine parent, the genderless source. Hence, though there may not be any "love" between parents and children, there must be respect and mutual honoring of their human status in the great chain of being.

Hebraic medicine emphasizes what is positive about relationships. God tells His children that He has made and destroyed many worlds, but that it is in their hands to maintain, enhance, or to destroy this one. Each of us is therefore free to choose either life or death, sickness or health, in a very real, existential way by taking or not taking action, and by accepting the consequences of that decision. God suggests that we choose life and that life is action. Every one of the Hebrew patriarchs, for example, is depicted as humanly flawed, often confused about proper relationships to family—Abraham, with regard to Hagar and Ishmael; Jacob, in favoring one son above all the others; David, in seeming to take another man’s wife; even Moses, whose hasty temper prevents him from entering the promised land. Each is a very human lesson in creative or destructive decision-making. If the great pa-
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Doctor-Patient Relationship: Advice and Choice

If people have choice, how does that affect the treatment of a disease? In modern practice, of course, the doctor is the authority who decides the treatment.

According to the Hebraic view of medicine, each patient has the right to choose whether to accept the treatment offered. If smoking is contraindicated in heart disease, or if a pregnant woman is advised against taking drugs, the truly compassionate attitude of the doctor will be simple advice, without any personal attachment to the patient's choice. This is not easy for those of us who are physicians, who have been trained so that every fiber of our ego is invested in every possible blow or stroke to our authority no less than to our reputations.

We all need remember is Exodus 15:26, where God clearly informs us just who is doing the healing: "I am the healer."

The practitioner of Hebraic medicine will see himself or herself as an agent of the divine healer, will present the patient with all the available possibilities and options, and will leave the decision in the patient's hands without self-involvement. The underlying attitude here is that the only cause is God; everything else is effect. As an agent for healing, the physician is not the curer of disease in any sense of the word. Once a doctor gets away from the idea that the outcome is in his or her hands, the entire approach to patient care changes dramatically from current accepted practice. No longer is the doctor placed in the godlike position of making predictions about illness; a Hebraic medical practitioner will never say, "You have six months to live," or, "There is no cure for your illness," or any of the other terrible pronouncements doctors make so off-handedly to patients who have surrendered all authority and responsibility for healing to the "medical authority who knows best." The Hebraic physician abstains from setting himself as an object of worship.

Once the practitioner gets away from the concern of an "outcome," the patient is free to take responsibility for him/herself. One of my first experiments in applying the Hebraic medical attitude to my clinical practice was the case of a 72-year-old woman with arthritis; she had shifted from the conventional treatment of arthritis to using imagery. Though she started showing positive results after only a short period of using imagery, she could not be persuaded to stop eating salt, an element thought to be deleterious in the arthritic process. Her family had been trying to get her to stop using salt, but the patient herself was unwilling to make that decision. Though the family prevailed on me to influence her, I did not try to convince the patient to continue or stop using salt in her diet. This did not mean that I was not interested in her healing process; it meant that I could provide only the tools and information necessary for the patient's use and that the moral arbiter had to be left out of the interaction between us. Deciding what to do with the information was the patient's choice, not mine.

In the Hebraic medical perspective, each patient bears the moral and ethical obligation to refrain from becoming or remaining ill, or to embark on the road to healing. Paradoxically, granting the right to be sick impels the patient to be well. No other person can assume that moral and ethical task for the patient. In Hebraic medicine, ethics means taking care of being ethical toward oneself means taking care of oneself. The human body is viewed as a sacred vessel wherein the divine spark resides; the ancient Hebrews quite literally regarded human beings as creatures fashioned in God's image. Thus, to be careless of the body, to abuse it by overindulgence or extreme asceticism, is literally an error against the physical embodiment of the divine in each of us. In the case of the 72-year-old arthritic woman, once she had been given the requisite information, it was up to her to balance her salt intake and thus to heal herself, or to continue to eat salt and reap the consequences.

Hebraic medicine is not a moralistic medicine that forces itself on people, nor does it
exhort them to change their habits or die. Hebrew medicine gives the freest possible choices to the patient—based on the broadest universal laws of nature and the deepest regard for the patient’s individuality.

Another patient came to me in March 1980 with a stage IV malignant melanoma—an advanced stage of this form of cancer. Two physicians had told her not to plan a summer vacation, for she would be dead by summer; one added that she had better make sure her will was in order. These doctors, having ignored the first and second commandments by placing themselves before God and making pronouncements about the course of life and death, gave the woman a death sentence instead of a possibility for free choice. When she came to me, the patient was crushed and demoralized. Work with imagery on the cancer, however, disclosed to her some of the significant emotional issues relating to her illness. Soon she saw new avenues for dealing with the cancer on her own terms. She radically changed her diet, becoming really expert on what were “healing” foods for her and what were irritating, what was life enhancing in her emotional life and relationships, and what was depressing and destructive. Most important, she discovered her own authority and started taking charge of her medical and psychological situation. Paradoxically, the discovery of her cancer (which the doctors declared to be a sign of her certain death) revealed to her a connection to the divine in herself, and give her an insight into the unity of body, mind, and cosmos. The patient had decided for herself to “choose life.” And she is still alive today, actively sharing her discoveries with other cancer patients.

The Bodymind Unity in Hebraic Medicine

As mentioned above, the key to the Hebraic medical approach is the understanding that within the bodymind unity, there is no mechanism for cause and effect. In Hebraic medicine, the bodymind process participates in the “holy,” it therefore transcends linear time and the linear mechanics of cause and effect. This perspective requires a degree of faith on the patient’s part; especially when he or she is suffering physical pain and hopelessness. For some, the effort is too much, and the embrace of death, the release from the constraints of the body, is a comfort. This possibility is another reason for the doctor’s neutrality in determining the course of a disease—the patient’s right to make the inward decision to physically live or die.

It is an accepted fact in modern psychology that we are more than just a complex of nerves and hormones determining our bodily processes. Hence, when a patient like the woman with melanoma comes complaining of a bodily disease, I automatically assume that there is a concurrent emotional issue at work. Medical practitioners will give lip service to the “psychological factor,” but they rarely incorporate it into their treatment, often telling patients at best that some kind of psychotherapy or group therapy cannot “hurt” them. Thus, the disease process becomes splintered off into many fragments, and the patient comes away with, in effect, a mind cancer as well as a body tumor, a terrible sense of his or her own powerlessness in the crushing unstoppable onslaught of time. In the grip of fear, such patients abandon all self-determination and become childishly dependent on what they regard as their only hope, the medically trained expert—the mechanic who can fix the body-machine. Dr. Bernie Siegel, an oncologist who has worked along similar lines with what he calls the “exceptional cancer patient,” states that these people are all characterized by their faith in their own inner healing ability—not the doctor’s healing powers; they have, in effect, an unshakable experiential relationship to the will in themselves being able to meet the will of God the healer.

I saw the development of this perspective in my melanoma patient, who went from “victim”—of family, employers, and doctors—to self-healer in the course of three years of treatment. With the Ten Commandments as the focus of her imaginal self-healing, I called my patient’s attention to Exodus 15:26, which promises that in return for giving ear to God’s commandments, we...
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commandments, we will remain in good health. Addressing herself to the commandments in this way, she discovered that each injunction— not to commit idolatry, not to murder, not to commit adultery or steal or bear false witness, not to covet—was an acknowledgment that one might commit such errors, and was both a warning against committing an error and a yardstick for coming into balance after having erred. She experienced what she called “going off center”—transgressing against what was basically whole in the self, the divine center. Off-centeredness was synonymous with anxiety, worry, despair, depression, fear, lack of trust, cynicism, and physical illness. These negative states paralleled the negative prescriptions in the commandments. The one was a component of the other, and each proscribed act could be perpetrated on oneself as much as on another person.

Recognizing that she was in “error” and thus out of balance, “ill,” the patient sought to discover which of the commandments needed repair. Self-reflection revealed that the second and the eighth commandments, idolatry and stealing, were prominent contributors to her conditions. In her naivete, she had fashioned her husband into an idol, making of him an expert in every aspect of life: handling money, dealing with friends, running a household and family. The husband, pompous and manipulative by nature, perpetuated her submissiveness, thus exacerabrating her habit of conceding to the authority of others—particularly men—and ignoring her own inner voice. The error in the second commandment led to the error in the eighth, in that she was stealing from herself, stealing responsibility for action and opportunity, holding onto and grieving over the past, stealing the possibility for an authentic present moment. Most important, she was stealing time from herself. For twenty-five years, the patient had allowed herself to be exploited at her job (working under unhealthy conditions and at less than her capacity) and to be browbeaten by her martinet-like husband. Time, she discovered, was intimately connected to the experiences of worry, anxiety, depression, fear, and guilt, which, in turn, were connected to physical disorder. Anxiety, des- spair, and fear primarily concerned the future, guilt, worry, and depression primarily pointed to the past. Every negative emotional state that she experienced involved time.

Her doctors had also stolen time from her. When one focuses on the outcome of the case, on the effect of a treatment, one is naturally led into predicting the future. This was the focus of the doctors who had given her a death sentence based on “clinical findings.” By predicting that her time was coming to an end, they were setting themselves up before God as prescient gods. To put this point in modern scientific terms, when we make inferences based on hypotheses, we must not fall into the trap of believing our speculations to be truths and behaving accordingly. Assumption, inference, and speculation are simple tools for scientific methods devised by human beings, not universal absolutes. Being given a death sentence effectively collapsed her hope for living and deprived her of a future. Her ability to fight allowed her to rebound and live.

Once the patient was alerted to her “errors,” she made a conscious effort to avoid “stealing” from herself and to avoid surrendering spiritual authority to her husband and medical authority to her doctors. She became more assertive, more self-possessed, and more conscious in controlling the direction of her life. This included changing her marriage situation, her work, and her diet, speaking out to others about her experience in taking hold of herself and her dis- ease. Seven years later, this woman is free of melanoma, has become an expert in nutrition to the point that oncologists now consult her on the relationship between diet and cancer. The patient characterizes herself as having become consciously and intimately connected with God, first by “correcting error,” and then by consciously practicing the commandments. In the midst of this transformative work, she was employing mental imagery to try to heal the melanoma and overcome depression. She suc-ceeded quite well.

Imagery and Health
At first glance, the Bible seems to hold contradictory views on imagery. On the one hand,
the experience of the prophets is expressed through visionary images. On the other, God enjoins His people in the second commandment not to make graven images. What is the difference between a graven image and a visionary image? The former is located in a specific time and place; it is timebound and space-bound. The second transcends time and space. It therefore has no location. How do these differences apply to daily human life, health, and illness?

In using linear image-making—that is, functional, mechanical thinking—we are working in the world of machines, quantity, distance, and physical form. In this context, thought is appropriately grounded in the cause-and-effect laws that apply to the limited world of objects. But as soon as we apply this method of thinking to the realm of relationships and ethics and other such human endeavors, we begin to treat ourselves like machines, closing ourselves off from the limitless possibilities that are open to human beings. We are no longer open to “miracles” because we have put our miracle-making function—our imagination—to sleep.

How is it possible that such a practical book for daily living as the Bible can also include descriptions of trees clapping, mountains dancing, seas parting, angels appearing to ordinary men and women with guidance for health and transformation? Because the makers of the Bible did not close off one whole range of human experience, as we do when we take on the mantle of “logic” and “rationality.” Hebraic medicine, open to the mind’s power both to heal and to make sick, does not make graven images based on such inferences as: “My mother treated me in such a way when I was a child that it resulted in my shoplifting.” If-and-then thinking, which treats a possibility as if it were an established fact, is true in the mechanistic world of cause and effect, but it provides a specious, destructive rationale for maintaining and cultivating an error in a human—non-machine—relationship.

**Health and the Social Matrix**

We so far have been concentrating primarily on the more or less immediate experiences of an individual. But Hebraic medicine also sees the individual in a far broader context. What I call the “social” commandments, the second five, relating the individual to his or her fellow human beings, address the environmental issues of health.

As a bodymind process, disease does not occur in a social vacuum. Even contemporary medicine recognizes this. What medicine once isolated as a bad liver or an infected lung, it now knows cannot be understood without investigating a person’s family tree (psychic and physical genetics), work (environmentally caused illness), diet, and social situation. The fragmenting technological nature of medical research has been forced to go “holistic,” that is, to acknowledge the impact of human interactions on epidemics like AIDS, on drug addiction, and on toxic pollutants.

This is the interface between the individual’s decision and his or her responsibility to the group, or what Hebraic tradition calls the Klal, the “entirety.” The Klal includes not only humans but also animals, earth, air, sky, and water; it includes generations past and to come, the personal family and the planetary family. Whatever happens to affect an individual’s health or disease process, influences the health or disease of the group. A patient who smokes not only contaminates his or her own lungs, but also endangers the nonsmoking relatives with whom he or she shares living quarters; a pilot who sprays killing chemicals over farmland not only sickens himself, but also poisons the drinking water and food for inhabitants of the area, both animal and human, thus depleting the food chain for years beyond his own life on earth.

In Hebraic medicine, individuals making health decisions for themselves are therefore enjoined to be not only ethical in relation to themselves, but moral in their understanding of the repercussions of those decisions on family, nation, and cosmos. In a medical model where cause and effect rules, where patients and disease processes are isolated, and humans are divided into subjects who study and objects who are studied, a negativistic, nihilistic attitude ineluctably takes hold. But Hebraic medicine committed to what we call the path of pessimism is not the result. Eventually, no one can escape. For the practitioner of Hebraic health is the treatment one individual works on his perspective of Hebraic. Individual bodies are intertwined; the more disorderly and more fragmented and ill one becomes, the more its individual.
Hebraic medicine also sees disease not in a broader context. What seems to be a medical condition may actually be influenced by spiritual and social factors. The concept of "holistic" care emphasizes the need to consider the patient's entire being, including their spiritual and social context.

Preventive medicine, according to the Hebraic model, reminds us of our intimate connection to God, of the necessity for adhering to the commandments in order to avoid disease and for attending to the practical application of these statutes in everyday life. This last prescription of social health is elucidated in Exodus 18, where God tells the Israelites that they must be "light unto nations," setting a moral and ethical example for all people.

The destruction of the Temples in 586 B.C. and 70 A.D. and the ensuing diaspora of the Hebrews offered them a very practical opportunity to be such an example. Unfortunately, they have not taken advantage of it. Having accepted the dualism prevailing in the West, the legacy of the industrial nineteenth century, descendants of the Hebraic tradition lost their connection with their divine root and assumed the same pessimistic, materialistic world view as their European host nations. In psychology, for example, Sigmund Freud assumed correctly that the mind could influence the body to create disease, but he neglected the Hebraic notion that the same mind that destroys can also heal if it does not isolate itself from ethics, the commandments and the social context of experience. In economics, Marx similarly disassociated himself from his Hebraic root, secularizing its ethical concern for the community and rejecting its spiritual component in his entirely economic view of human redemption. Einstein's scientifically "objective" release of the power of the atom, cut off from moral or ethical considerations, likewise opened the door to a kind of secular humanism that ignores the divine healing powers in the human mind and instead creates an atom bomb. The truth taught by Hebraic medicine is that if we can hurt, fragment, and destroy ourselves and our planet with the negative force of our minds, we can as easily turn that force toward healing.

Hebraic medicine therefore enjoins the individual to repair the family error—not by dwelling on the personal past with all its slights and disappointments, but by reconnecting oneself to the ancestral matrix, recovering oneself to the commandments, as it were, by healing the breach between oneself and God, the individual life and the life of the group. The Bible does not contain a single interpretation of any personal past. In the dream interpretation of Joseph, for example, there are no references to the past, only observations of the present and portents for the future. The issue is the present moment—not bemoaning and ruin what was not done or what was committed in the past, but facing the current moment with decisive optimism. Rabbi Nachman of Breslov, a nineteenth-century Hasidic master, manifested this attitude when he echoed the comments of the first-century sage by ordering his disciples to be "cheerful," to greet others always with a cheerful, optimistic countenance, and to guard against depression as if it were a sin against God. Depression and the past are synonymous, always turning the mind back to some loss, or anger. The past, with its focus on grief or loss or sorrow over what we did not achieve, or the slights we suffered, prevents us from attending to and joining the immediate present and thus deflects us from healing action.

The Bible states that the sins of the father are passed on to three or four generations. Put another way, the errors of the family are passed down from generation to generation, yet, although they may manifest themselves in any number of ways—bodily, emotionally, socially, morally, ethicistically—they cannot always be repaired when one consciously determines to transform oneself. In correcting the errors that generate illness and perpetuate it through our heritage,
we re-connect ourselves and our lineage to our source.

Imaginal Exploration and Change

How is this to be done? How do we take responsibility for our own life in the present and for the lives of those to follow? In Hebraic medicine, this process entails opening the visionary eye to the limitless possibilities inherent in us as human images of the divine—once we have cleared away the obstructions (the coveting, murdering, idolatry, stealing, anxiety, depression, fear, and so on) that prevent us from seeing and participating in the “miraculous” non-linear world that exists alongside the everyday limited world of cause and effect.

The Book of Ezekiel, in its description of Ezekiel’s revelation through imagination (his vision portrayed in chapter one), provides an example of how this is done. Where the commandments provide a prescription for staying well or healing illness, the vision of Ezekiel offers a means for opening the creative capacity of the human imagination to participate in the divine. Where the ten commandments are bound by the historical frame of the entire experience of the Exodus, given to a nation at a specific moment, under the guidance of a national hero-prophet, Moses, the vision of Ezekiel itself has no historical reference in the conventional sense. The timelessess of this experience is a sign that it is available to every individual human being. Further, Ezekiel does not strive after a revelation. Instead, he rather passively receives the extraordinary experience that comes upon him. This receptivity distinguishes the art of prophecy from the mystical experience in which the aspirant, unlike Ezekiel, actively searches for a connection with God.

Ezekiel’s vision points to the legitimacy of a sensible realm existing “nowhere”—which I propose to concretize as the imaginal realm available to all of us. Ezekiel begins the experience in an ordinary state of being. He is not in an altered state of consciousness, nor is he hypnotized, drugged, or in ecstasy. He is in possession of his waking faculties and is fully aware of what is happening: he is conscious of his body and of the daily world surrounding him. The world he then enters, in contrast to the syntactical, verbal world of the ten commandments, is characterized by images. Here, the individual is open to sensory experiences that, unlike the practical application of the commandments, are unavailable in everyday reality. From this imaginal experience, Ezekiel returns to the daily world, intact but transformed. In contemporary terms, analogous experiences are called “waking dreams.”

The commandments allow for remaining well, healing error and illness, and interacting morally and ethically with oneself, one’s family, one’s world. The Book of Ezekiel and other such prophetical or miraculous biblical events take the individual into the non-rational, internal realm of the imagination where creative and supra-worldly experiences dwell.

As Ezekiel’s experience demonstrates, the imaginal experience is more than a visual event. It includes all the senses and benefits society as well as the individual. It is poetic rather than legal in tone, providing an outlet for creativity that is unavailable to ordinary perception.

From my clinical experience, it is clear that no amount of fantasy, rumination, or daydreaming can produce the depth, breadth, and kind of knowledge for change that is garnered through imaginal exploration. Applicable to healing, making behavior moral, releasing creative energies for work, relationships, and social benefit, the process of imaginal exploration—when taken to the highest levels—can also lead an individual toward prophecy and transcendence. Here, in contrast to the commandments, which one must observe in an active state, the individual is guided to a state of receptivity that permits passage into the lofty realms of visionary reality.

Imaginal experiences bring us back to the difference between images and image-making, or idolatry. The difference lies in the fact that visionary images do not fix one in time and space and therefore happen as “no time”; they do not victimize us as the way fantasy, daydreaming, rumination, and obsession do. They are perpetually fixed, obtainable only in forms for reshaping other images such as those of a vision exert a power over us to carry out new thought possible; they are a part of ourselves that we don’t “power,” and in this sense are forgers. Such imaginal people like Ezekiel’s prophets. Directly connected to the boundless aspect of the universe from the a-consciousness with a genuine understanding of others. Truly healed persons and daughters of the way who point the way for all of us.

Time Is Now

Hebraic medicine recognizes the experience of the present moment that goes everywhere. Those who truly experience are open to the presence of God, today, the gift of manna coming down from the sky, the image of an idol, a “priest” who has faith that is as without. In the Bible, such a person is referred to as the “manna man” who has faith in their own faith in their own healing, guided by a doctor who speaks to their own experience of their own errors and successes. This doctor can help to mix forms of trust; patients have faith
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ing, rumination, and obsessive thinking do. They are perpetually new, flowing rather than
fixed, obtainable over and over again in new
forms for reshaping our life experiences. Living
images such as those described in Ezekiel’s vi-
 vision exert a power and attraction that beckon
us to carry out new functions that we never
thought possible; they open us to the limitless
part of ourselves that mirrors God’s “creative
power,” and in this way we too become cre-
ators. Such imaginal experiences take ordinary
people like Ezekiel and transform them into
prophets. Directly experiencing the timeless,
boundless aspect of human nature, they “re-
turn” from the a-causal realm to physical rea-
ly with a genuine urge to share its fruits with
others. Truly healed, truly free of “error” and
the constraints of life and death, they become
sons and daughters of the prophets, facilitators
who point the way to the commandments for
all of us.

Time Is Now
Hebraic medicine rests entirely on faith in the
experience of the present moment. God is re-
tered to as Makom, “place,” a movable feast
 that goes wherever the individual is at the pre-
ent. Those who trust this fact of the divine
presence are open to “miracles”: the Red Sea
garting, manna coming from heaven, rock giv-
ing water, spontaneous healing. The “presence
of the present” is a movable ark containing no
image or idol, a “pillar of fire” seen by those
who have faith that it is within them as well
as without.

In the Bible, some had no faith, and they
rallied around a golden calf, a palpable image
of what they did not believe was possible about
themselves. Today, similarly, patients with no
faith in their own limitlessness cannot work
with a doctor who gives no graven images, no
idolatrous promises. Such a doctor gives only
 hope, guiding patients in the examination
of their own relationships to the commandments,
their own errors and anxieties, their own ill-
nesses. This doctor asks only that patients not
“mix” forms of treatment, not run from one
doctor to another in search of cures but that
patients have faith in their own abilities to heal.

Deuteronomy enjoins against planting dif-
ferent seeds in the same field. In the same way,
I ask my patients not to mix traditional allo-
pathic medicines with the Hebraic model while
they are under my care. Cancer patients are
an exception, for they are so threatened with
the fear of imminent death that it is next to
impossible for them to relinquish standard
medical treatment like chemotherapy or radia-

tion.

Some patients are so emotionally agitated
that they require tranquilizers in order to open
themselves to a different form of treatment.
Once these patients are calmed, I enter the
situation as a facilitator, teacher, healer, family
member, priest—any and every type of guide
the patient needs to help him or her explore
himself or herself. I become a goad, pointing
out persistent habits; I present options for
change; I help the patient correct the miseduc-
ation of his or her early experiences in pre-
paration for his or her correction of family and
individual life “error” in relation to the com-
mandments; and I remind him/her of his/her
connection to the commandments and to the
timeless and limitless dimension, to the im-
mmediate moment.

As a doctor following the Hebraic model, I
avoid “why” questions: “Why me?” “Why did
so and so do that?” Why, I may point out, is
a question that is useful only in a cause-and-
effect system, where mechanistic behavior
gives rise to mechanical problems and mechanical
repairs. Since there is no real answer to this
question, the patient makes himself or herself
feel worse by the inability to answer it. Always
guiding the patient back to his or her connec-
tion to the Great Cause, I remind the patient
that in the limitless realm, one might just a
easily ask, “Why not?” This question encour-
ges and enjoins the patient to act, to take
steps in changing habit patterns that are an
inherent part of illness. Medard Boss, the em-
iment Swiss psychiatrist, first made me aware
of this point, which he outlined in his book
Psychoanalysis and Daseinsanalysis. He
knew quite well that change necessitates ac-
tion, and that insight and change are not the
same.
Asking the patient to shift his or her identity away from being an "object" of sickness and doctors and death, I recall the subject, or that limitless self which knows and heals. I discourage long discourses and encourage more time spent in the imagination, in waking dream exploration, in meditation, creative pursuit, or prayer. And I emphasize as often as I can that the mind and body are an indissoluble unity, so that what has worked to hurt and destroy can be turned to preserve and heal.

More important, Hebraic medicine aims at helping the patient to still time. Stilling time is an essential factor of healing. I have discussed this point in a previous article in Advances. In the Hebraic world view, time and content are one—there is no separation. Therefore, the first importance of time is as a subjective experience, not as an objective element attached to the personal historical events of one's life. Through the imaginal experience, through coming into order by reversing time, through correcting individual and ancestral errors, through evocation of the limitless in oneself, through abandoning despair and maintaining a "cheerful countenance," and above all, through faith that God is the healer, Hebraic medicine provides true physical and spiritual relief from suffering.

Gerald Epstein, M.D., is assistant clinical professor of psychiatry at Mt. Sinai Medical Center, New York City. He is the author of Waking Dream Therapy (Human Sciences Press, 1981), and is the author of a forthcoming handbook on imagery for the general public. He has a private practice in New York City.

References

The Section on Behavioral Medicine (Department of Medicine, Harvard Medical School) Is Pleased to Announce Its Move to the New England Deaconess Hospital

As of May 15, 1987, the Section on Behavioral Medicine (Department of Medicine, Harvard Medical School) will relocate from Boston's Beth Israel Hospital to the New England Deaconess Hospital. The Section on Behavioral Medicine is directed by Herbert Benson, M.D. In our expanded quarters, we will offer services for patients with stress-related disorders, hypertension, cancer, and chronic illness. We are also happy to announce the formation of a new cardiac rehabilitation program.

Our new mailing address and phone number will be:
Section on Behavioral Medicine
New England Deaconess Hospital
185 Pilgrim Road
Boston, Massachusetts 02215
(617) 732-9530