

CASE STUDIES IN
Depression



David McMillin, M.A.

BASED ON THE EDGAR CAYCE HEALTH METHODS

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Studies
in
Depression

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Based on the Readings of Edgar Cayce

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RESEARCH AND
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DISCLAIMER: This book is directed primarily to health care professionals who are interested in alternative perspectives on the causes and treatment of mental illness. This book should not be regarded as a guide to self-diagnosis or self-treatment. The cooperation of a qualified health care professional is essential if one wishes to apply the principles and techniques discussed in this book.

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Introduction

DEPRESSION IS EXTREMELY common. Virtually everyone experiences periods of gloomy thoughts and depressed feelings at some time. Even if one can ride the crest of life without personally enduring a major depressive episode, there is a strong likelihood that depression will be encountered vicariously through the suffering of a relative or close friend. However, the commonality of depression belies its complexity. This book will provide a glimpse into this entangled subject from the unique perspective of a twentieth-century seer.

Edgar Cayce gave over one hundred psychic readings which addressed the causes of depression. These readings attest to the diversity of the factors linked to depressive symptoms while recommending relatively simple, natural therapies to cure the malady. This comprehensive perspective will be explored with the help of contemporary models of pathology and treatment.

Cayce's Life and Work

Edgar Cayce was born on March 18, 1877, on a farm near Hopkinsville, Kentucky. His childhood was marked by paranormal experiences such as seeing and speaking to recently deceased relatives and sleeping with his head on textbooks to memorize school lessons. His abilities as a psychic diagnostician surfaced briefly in 1892, when at the age of fifteen he was injured playing baseball at school. The following quote is taken from Thomas Sugrue's biography of Edgar Cayce entitled *There Is a River*:

He ran, and made it, but the ball hit him on the end of the spine just as he reached the base. The bell rang then, and they ran into the classroom. All during the afternoon he acted queerly, laughing and giggling, making faces, throwing spitballs . . . Going home he rolled on the ground, jumped into ditches, and stood in the middle of the road, stopping buggies and teams with upraised hands . . . During supper he threw things at his sisters, laughed uproariously, and made faces at his father. (p. 50)

That evening, after being put to bed, he soberly instructed his parents to apply a poultice containing corn meal, onions, and some herbs to the back of his head near the base of the brain. He insisted that an injury sustained while playing ball had produced shock, but that he would be well in the morning if his instructions were followed. The poultice was applied and he awoke the next morning feeling fine. He could not remember anything since the school recess period of the day before.

Some readers may recognize Sugrue's description of Cayce's boyhood behavior as mania. During this manic episode, he was feeling very good! In fact, he was feeling so good that other people could hardly stand to be around him.

Mania can be thought of as being the opposite of depression. Together, mania and depression represent two extremes or poles of a spectrum which psychiatrists call mood disorders. Sometimes people experience alternating cycles of mood referred to as manic-depressive syndrome. The technical term for this type of mood swing is bipolar disorder. In other words, the person may experience periods of both poles or extremes of mood. We will consider the several cases of manic/depressive syndrome in Chapter Eight. When we do,

keep in mind this boyhood incident involving Edgar Cayce where the lower spine was injured resulting in mania. This pattern will be repeated in some of the case studies which we will examine.

This incident also resulted in Edgar Cayce's first psychic reading. It merely provided a sample of the abilities which he would manifest in later years. At the age of twenty-four he developed a gradual paralysis of the throat for which medical doctors were unable to find a cause or cure. As a last resort, he allowed a friend to hypnotize him so that he could re-establish the trance states that he had utilized as a child to memorize his homework and heal himself from his baseball injury. From this altered state of consciousness he was able to diagnosis his condition and remedy the problem.

Cayce was hesitant to use his ability for others because he felt responsible for the information and was concerned that the suggested treatments might be harmful. Consequently, many of the early beneficiaries of his services were desperate cases, often given up by medical doctors.

The case of the young Dietrich girl is exemplary of these early readings. This child was the daughter of a prominent Hopkinsville citizen. Upon receiving Cayce at his home, Mr. Dietrich explained:

... that his daughter, Aime, had been ill for three years. She was now five, and since the age of two, after an attack of grippe, her mind had not developed. She had been taken to many specialists; none had been able to cure her or even stop the convulsions which attacked her in increasing numbers. Her mind was a blank.

Cayce promptly went into the living room, lay down on the sofa, and gave a reading for the girl. He explained that at the age of two the child had slipped and struck the end of her spine while getting out of a carriage. The injury had allowed infection ("grippe") to set in, halting mental development and producing convulsions. Cayce prescribed osteopathic adjustments to correct the spinal pressures. Within a week the child's condition showed definite improvement. Within three months she was totally well and proceeded to develop normally in all respects.

This case and the previous instance (when the young Cayce was injured playing ball) were selected from the numerous remarkable events of Cayce's early years to illustrate an important theme which recurred in later readings given for persons suffering from major

mental illness. Namely, that physical conditions (such as spinal injury) can produce mental symptoms which require physical treatments. This point will be made abundantly clear in the chapters which follow.

As an indication of Cayce's interest in providing help to persons stricken with physical illness, over 9,000 readings were given for individuals suffering from various ailments. The remainder of the readings cover virtually every field of human endeavor, from religion and philosophy to business and international affairs. The readings addressing mental health and psychology are particularly relevant to the present work and cover the entire field including psychosis, depression, anxiety, dementia, personality disorders, developmental disorders, etc. Treatises on learning and memory, the nature of personality, perception, psychosocial development, consciousness, the meaning of sleep, etc., are interspersed throughout the readings and provide intriguing perspectives on these concepts. Apart from the content of Cayce's readings, the trance process itself is a fascinating facet of Cayce's work. Harmon Bro provides a glimpse into the trance procedure and the physical context of the readings:

What took place in the morning and afternoon trance sessions, in the months that followed when I heard and took notes on some six hundred of Cayce's readings, was a profound shock. Nothing could adequately prepare one for the amount of swift helpfulness that flowed from the unconscious man.

His outward procedures were simple enough. Cayce sat on his plain green studio couch in his cheerful windowed study, across the room from his desk and little portable typewriter. He prayed, then lay down and step by step went unconscious. He spoke in measured address about each person or need to which his wife, sitting beside him, quietly directed his attention. After an hour or more of discourse and questions which his secretary recorded in shorthand, he came swiftly back to consciousness, remembering nothing of what he had said, and got up to resume the activities of his busy correspondence and office. It was all done in broad daylight and simplicity, as naturally as if he were still taking portraits in a photographic studio. But the plainness of the process did not take away the jolt of seeing him accomplish day after day what our culture said was impossible.

Although some of the early readings were not recorded, 14,306 were stenographically transcribed and have been preserved by the Association for Research and Enlightenment (A.R.E.) in Virginia Beach, Virginia. Recognizing the need for confidentiality, each reading is assigned a number corresponding to the person or group requesting information. The identifying number is followed by another number designating the sequence of the reading. For example, a reading cited as 182-6 indicates that this reading is the sixth in a series of readings for an individual or group designated as 182.

In the chapters which follow, I will include abundant examples directly from the readings. By utilizing quotes from the readings along with background information and follow-up reports, I intend to allow the readings to speak for themselves as much as possible.

As a result of my research into the mental health readings of Edgar Cayce, I found over one hundred cases of clinical depression. That is, if these persons were to go to a modern mental health professional such as a psychiatrist or psychologist, they would probably be diagnosed as depressed and prescribed some form of anti-depressant therapy (whether drugs, psychotherapy, or whatever).

In my study of this material, I noticed certain patterns of pathology which correspond closely to recognized sources of depression in the current mental health literature. Therefore it made sense to address these patterns by structuring the text accordingly. Hence, each chapter addresses one of the major patterns of pathology.

To illustrate Cayce's perspective on the subject of each chapter, I will focus on one or more case studies which serve as examples of the particular topic. Selections from the psychiatric and psychological literature will be blended with excerpts from the readings to help explain the causes of depression and Cayce's approach to treatment. In a sense, I will act as an interpreter, translating the readings into contemporary clinical terms and concepts. However, I will try to avoid being overly technical in discussing this complex subject.

Cayce's Holistic Approach

Edgar Cayce has often been cited as the father of the modern holistic medicine movement. This is a natural association. His readings were expounding upon the importance of wholeness years before the health food movement of the 1960s and scientific research into the "mind/body" connection which flourished during the '70s and '80s. Cayce's appreciation of the spiritual dimension of

health is just now being widely recognized at the clinical level.

His holistic model was so simple in appearance that one can easily be deceived into believing that it is elementary, that we have gone beyond his understanding of the subject. To the contrary, we are still on the surface of the information that he provided in many of the areas relating to health and wellness. His basic formulation of holism, the unity of body, mind, and spirit has barely been addressed. They are one, he kept repeating. This aspect of holism will be discussed in Chapter One where we will explore the biochemical and neurological basis for the body/mind/soul connection. In other words, modern medicine's preoccupation with the biochemistry of mental and emotional syndromes such as depression is well founded. It is also incomplete.

In keeping with Cayce's holistic perspective, I have arranged the chapters accordingly. The first four chapters focus on the physical causes of depression while the latter chapters emphasize mental and spiritual aspects. Obviously, because body, mind, and spirit are so closely interrelated, the discussion in each chapter will be a blend of each aspect of our triune nature. Only the primary focus on causation will shift. In other words, there will be a fair amount of overlap in the content of apparently diverse chapters.

Should readers become confused at any point in the manuscript, a quick review of the summary in the final chapter may be helpful.

The Purpose of This Book

The purpose of this book is to make the Cayce readings accessible to individuals who are seeking an alternative perspective on depression. This book is offered as an introduction with the intention that it may serve as a useful reference for individuals interested in the further study of the Cayce readings.

Individuals who are sympathetic to the transpersonal perspective should find this book helpful as it deals with the problems of major mental illness from the vantage point of expanded consciousness. This is particularly true in regards to Chapters One and Nine, in which the concept of holism is expanded to address the biological interface of mind and spirit.

The goal of this book is to encourage implementation of the information provided in the readings on depression. Depression manifests in varying levels of severity, ranging from mild or moderate feelings of gloom to the most debilitating (and life-threatening)

mood disorders. Therefore, an attempt has been made to make the material accessible to a wide readership who may be experiencing any level of depression.

The thesis of this book is that the psychic readings of Edgar Cayce provide a plausible perspective on the causes and treatment of depression and are therefore deserving of serious consideration by progressive health professionals and laypersons concerned for their own wellness. It will be demonstrated that these readings are generally congruent with the extensive literature which has accumulated in this area, and in certain key respects may provide insight into remaining problems. The goal of this book is to serve as a catalyst for the application of the principles and techniques found in the Cayce readings.

The information provided in the readings is not to be viewed as infallible or self-validating. Rather, these ideas are to be regarded as hypotheses which need to be applied and evaluated.

Nor is this book intended to be a guide for self-diagnosis or self-treatment. I have written a treatment manual on this subject entitled *The Treatment of Depression: A Holistic Approach Based on the Readings of Edgar Cayce*. Readers wishing to apply the therapeutic principles and techniques discussed herein should seek the assistance of a qualified health care professional.

Readers will soon notice that many of the case studies which follow are inconclusive. Quite often, the persons who came to Edgar Cayce for help were in a desperate condition, having exhausted the existing medical and psychological resources without benefit. As a last resort, they sought a psychic reading from Edgar Cayce. Unfortunately, many of these depressed individuals did not follow through with his therapeutic recommendations. Perhaps Edgar Cayce's perspective was too far ahead of its time. Certainly, many of the ideas in his readings have since been validated and are accepted by modern physicians and therapists. We will review these ideas in the chapters which follow. On the positive side, when Edgar Cayce's suggestions were followed consistently and persistently, good results were usually forthcoming. In either case, the information which follows is presented with the hope that it may shed light on the subject of depression and be helpful to individuals suffering from this illness.

1

The Neurobiology of Depression

DEPRESSION IS A morbid sadness. It may manifest in degrees of severity ranging from mild impairment to total debilitation. Depression is distinguished from grief, which is realistic and proportionate to personal loss.

In recent decades, considerable advances have been made in understanding the causes of depression. Researchers have implicated a variety of psychological, interpersonal and biological factors while clinicians have authored an abundance of innovative therapeutic interventions. Thus, a considerable literature has accumulated resulting in a greater appreciation of the breadth and complexity of depression. In this and subsequent chapters, we will examine this literature and compare it to the psychic readings of Edgar Cayce. However before we engage in comparative studies, it may be helpful to define exactly what depression signifies in common terms.

The word "depression" is commonly used to describe mood states ranging from mildly negative feelings of sadness to the most severe

and debilitating psychiatric illnesses. Traditionally, the term melancholia has been used to designate depression. Even today, psychiatry utilizes this expression when distinguishing certain forms of depression.

Regardless of the label, feelings of hopelessness and worthlessness are typically prominent. Excessive or inappropriate guilt is sometimes associated with depression. Depressed persons have difficulty experiencing pleasure and frequently report a loss of interest in the normal activities of life.

The mental symptoms of depression include difficulty in concentrating, slowed thinking, and indecisiveness. Thoughts tend to center on self-reproach and negative self-evaluation. Memory may be impaired and the person may be easily distracted. Thoughts of death and suicide may be prevalent.

Physical symptoms are also common in depression. Disturbed appetite and sleep patterns, coupled with numerous "somatic" complaints of various aches and pains give the impression of poor general health. "Somatic" is an important word in the psychiatric literature. It is derived from the Latin *soma*, meaning body. Thus, depression has a strong physical dimension which we will examine more closely when we discuss the medical model of mental illness. In fact, we will focus heavily on the somatic aspects depression in the first four chapters of this book.

A depressed person may experience anxiety, tearfulness, irritability and excessive concern about their physical health. Depressed thoughts and feeling may be translated into behaviors such as "psychomotor agitation" or "psychomotor retardation." In other words, the person may either experience a restless, nervous energy leading to excessive movement. Or, little or no energy may be available resulting in an inappropriate lack of movement.

In its most severe forms, depression may be mixed with psychosis. Psychosis refers to a loss of touch with reality. This form of depression is sometimes called psychotic depression or depression with psychotic features. For example, a person may experience sensory hallucinations such as "hearing voices." Or an individual may become delusional and believe that they are being persecuted because of some misdeed or personal inadequacy. As we shall see in Chapter Nine, bipolar disorder (manic-depressive illness) is a particular type of mood disorder in which mania can sometimes manifest as psychosis.

While there have been an abundance of theories of depression put forth to explain the causes of all of the symptoms just mentioned, one approach is rapidly becoming predominant in western culture. This theory is based upon the biochemistry of the body's cells, specifically the cells in our nervous system. Going even further, this approach focuses on the molecules within and between nerve cells as the source of depressive symptoms. This fixation on the neurobiology of mental and emotional symptoms has been called the medical model of mental illness.

The Medical Model of Mental Illness

Psychiatry is the branch of medicine dealing with mental disorders. It has been undergoing a revolution during the last four decades. The tremendous growth in our understanding of the medical aspects of mental illness goes back to the mid-1950's. It was at that time that French physicians discovered the antipsychotic properties of a particular class of drugs called the phenothiazines. Specifically, it was a phenothiazine marketed under the trade name Thorazine which initiated the biological revolution in modern psychiatry.

The story of this important discovery is fascinating and may help us to understand the process of medical research. Here are some of the facts.

The French physician Henri Laborit was looking for a drug to prevent a drop in blood pressure during surgery. Although the drug he used failed in that respect, it did have noticeable sedative effects. The astute physician wondered if the drug could be useful in the treatment of mental and emotional disorders. Laborit's curiosity paid off. Subsequent research by French psychiatrists was by trial and error—they gave the drug to persons suffering a wide range of disorders to see if it had any effect. The medication had powerful calming effects on agitated psychotic patients and thus: "The first powerful drug available to treat serious mental illness was discovered in much the same way as was penicillin: by accident. The discovery was the happy consequence of a chance finding being observed by a person with a fertile mind who could recognize its larger implications." The preceding observation was noted by Nancy Andreasen, M.D., Ph.D., a leading researcher in the field of mental illness.

Just as the first antipsychotic medication was discovered by accident, one of our most useful mood altering drugs was likewise a gift

of serendipity. Lithium carbonate, a naturally occurring salt widely used in the treatment of mood disorders such as bipolar disorder, was discovered by an Australian researcher seeking a neutral solution to serve as a control substance in experiments with rats. Fortunately, he was astute enough to notice that the substance intended to have no effect, actually affected the rats' behavior in specific ways. Like Laborit, he wondered if the calming effect of the substance could be helpful in the treatment of mental and emotional disorders. He had a difficult time convincing his colleagues to give lithium a try—it had been used in previous experiments with humans and its propensity for toxicity resulted in several deaths. Eventually, its therapeutic value was acknowledged and is now widely used by the medical profession in treating emotional disorders such as depression and mania.

Finally, the use of "monoamine-oxidase inhibitors" (or MAOIs, a class of drugs used to treat depression) can also be traced to a lucky side-effect. One of the MAOIs is an antibiotic used to treat tuberculosis. Clinicians noted that the drug helped to relieve the depression which also plagued the patients. Subsequent trial and error experiments further refined the applications of this family of anti-depressant drugs.

With the accidental discovery of these "wonder drugs" came a surge of research and development to expand their therapeutic efficacy and to understand how they worked. The ensuing research not only produced a multitude of new drugs for treating mental and emotional problems, but also helped to extend our comprehension of the biological dimension of mental illness.

Specifically, this research focused on the way nerve impulses are transmitted from one cell to another, hence the term neurotransmission. To understand what neurotransmission is, let's look for a moment at how the nervous system works.

The body's nervous systems have often been compared to electrical wiring. However there is one major difference. The various "circuits" in these systems make connections at junctures between individual nerve cells. These junctures are called synapses. Synapses are spaces between the cells in which special chemicals produced in the nerve cells act as messengers between the cells. The chemicals are known as neurotransmitters.

I will point out an important anatomical detail which will become relevant later on when we discuss Edgar Cayce's view of neurobiology. While there are various types of nerve cells, most of these cells

are composed of two main parts: the cell body which is called the *gray matter* in nerve tissue; and the axon or nerve fiber that extends out from the cell body to make contact with other nerve cells or muscle tissue. The axon or nerve fiber is generally surrounded by white fatty tissue called myelin sheathing. This fatty coating is sometimes described as a form of insulation, such as found surrounding an electrical wire. Although the myelin sheathing may serve multiple purposes, one of its most important contributions to the nervous system is facilitation of the nerve impulse along the axon. In other words, it helps the nerve impulse to travel faster, up to twenty times faster, than would otherwise be possible. Because of this fatty coating around the axon, this part of the nerve cell is called the *white matter*. If you were to look at brain sections in which the gray matter and white matter were differentiated, you would notice that the white matter seems to predominate. So if you should ever feel like calling someone a "fathead," you would at least be accurate strictly on anatomical grounds.

Getting back to neurotransmission in mental illness, researchers have compiled substantial evidence in support of faulty neurotransmission in mental disorders. Many illnesses, including schizophrenia, depression, and anxiety disorders are thought to result from abnormal neurotransmission within the synapses of certain circuits of the brain. Specifically, the neurotransmitter dopamine is widely recognized to be involved in the symptoms of schizophrenia. Hence, drugs used to treat schizophrenia directly affect the activity of dopamine in the synapses between nerve cells in certain areas of the brain.

Likewise, the various antidepressant medications are thought to affect certain key neurotransmitters within the brain. You may think of it this way. Depression may result from a deficiency of impulse between nerve cells. Perhaps there is a decrease in neurotransmission within certain circuits of the brain. Hence nerve activity is literally *depressed* or inhibited. Interestingly, Edgar Cayce sometimes spoke of a "lapse of nerve impulse" in cases of depression. Research appears to indicate that medications somehow change the chemistry within the synapses or within the nerve cells themselves to enhance neurotransmission.

Two neurotransmitters have been strongly linked to depression: noradrenaline and serotonin. Antidepressant medications are thought to increase the activity in nerves which utilize these neurotransmitters. You may have heard of the drug Prozac. This widely used (and

controversial) antidepressant is thought to therapeutically effect serotonin neurotransmission.

There are two important points that I would make regarding this discussion of the neurobiology of mental illness. First, most of the major breakthroughs in this field resulted from accidental discoveries. Compared to these serendipities, the list of major therapeutic breakthroughs resulting from a concentrated study of a mental illness and thorough understanding of the problem is meager. The fact is, we *still* don't know for sure what causes these disorders or exactly how the drugs suppress the undesirable symptoms. So the image of successful research (i.e., a team of knowledgeable researchers who produce an effective treatment based on a thorough understanding of the condition—and millions of dollars in government funding) is not necessarily accurate or comforting. Consequently, the truth of the matter is, the cause or causes of mental illness (of any type) remains unknown. This includes depression.

Secondly, all mental illnesses are presently incurable. The drugs (and other therapeutic interventions) only provide symptomatic relief. In many cases (particularly the more severe forms of psychopathology), the drugs must be taken regularly for long periods, or even a lifetime. When the medications are stopped, the symptoms usually return.

I want to be clear about this. I am not saying that drugs are wrong or that they don't work. To the contrary, I think drugs can be very helpful in certain cases; particularly when they are integrated into a more comprehensive treatment approach. I am especially appreciative of the wonderful research that has been done into the neurobiology of mental illness. Without doubt, most mental symptoms involve significant pathology at the level of nerve cells. However, as we shall see in this and subsequent chapters, neurobiology is only part of the story of mental illnesses such as depression.

Edgar Cayce's Holistic Approach

To gain an understanding of Cayce's approach to depression, including the neurobiological aspects which relate to the medical model, we must first consider the concept of holism. Within the context of the Cayce readings, holism refers to the inherent innerconnectedness of the triune aspects of the self. In other words, it signifies the intimate relationship between the physical, mental and spiritual dimen-

sions of our being. This viewpoint is not particularly unique. Throughout the ages, various religious and philosophical systems have been created which recognize the multiple aspects of selfhood. For example, Plato used a triune model to explain human experience. He acknowledged that each human being represented a combination of three aspects: a divine (rational) aspect; a mortal, animal aspect and an intermediate, interactive aspect (will).

The uniqueness of the Cayce readings, in this respect, is the depth and specificity with which the readings elaborate the interface of the triune aspects of selfhood. The physical body is associated with the organs of the body—literally, flesh and blood and the organs which sustain these vital substances.

Not surprisingly, the mental aspect is correlated with the nervous systems. This is consonant with modern biology and other disciplines in the fields of medicine and psychology.

However, Cayce's viewpoint on the spiritual connection within the body is a bit more unique. He cites the glands as primary spiritual "centers" within our anatomy. Here is an excerpt from a reading given for a thirty-year-old woman suffering from severe mental symptoms (anxiety in the form of panic attacks and phobias). Reading 2114-1 clearly defines the triune aspects of self in anatomical terms while emphasizing the importance of viewing the whole person:

... it is well to consider the entity as a whole ... the entity finds itself made up, as it were, of body, mind and soul ... There are centers in the physical body through which all phases of the entity's being coordinate with one another; as in the physical functioning there are the pulsations, the heart beat, the lungs, the liver, and all the organs of the body. They each have a function to perform. They each are dependent upon the other, yet they function according to those directions of the mental self—or the nervous systems.

Yet, while the brain and the cords through which the nerves function are the channels, these are not the mental consciousness; though it is through the nerve plasm that the nervous systems carry impulses to the various forces of the system.

There are the spiritual attributes—desire, hope, will—that function through the organs of reproduction, as well as becoming the import or motivative force in expression even in a material manner through the senses of the body ...

In this instance we find that the glands of the body form the

greater portion of such associations or activities.

Note that Cayce states that there is more to mind than the brain and nerve fibers. While these structures serve as the channel for mind to manifest in a physical body, mind is eternal. Mind both pre-dates and survives individual human existence. Yet "it is through the nerve plasm that the nervous systems carry impulses to the various forces of the system." This reading was given on February 24, 1940. This was over a decade ahead of the pioneering medical research which linked faulty neurobiology to mental symptoms. Incidentally, Cayce went on to diagnose Ms. 2114's problem as a thyroid deficiency (a condition now acknowledged by medical practitioners as one of the sources of panic attacks).

Cayce stated that proper glandular functioning was essential for a healthy nervous system. For instance, in reading 566-7 he described how, "All portions of the nervous system ... are affected by those activities of secretions through glandular forces of the body." Hence, the intimate relationship of mental and spiritual processes as manifested in a physical body through the nerves and glands of the body. We will look more closely at the importance of the glandular connection in depression in Chapter Two.

At this point, I merely want to emphasize that Edgar Cayce was well out front in recognizing the neurobiological dimension of mental symptoms. As we shall soon see, years before medical research explored these connections, the readings described the cellular processes involved in depression and other mental disorders.

Reading 241-1 contains one of the many explicit references to faulty neurobiology in cases of depression:

Impulse in brain forces, or its reaction, are of two natures—the white and gray matter, as is ordinarily called. One an impulse, the other the active force that carries same. In the body, when the impulses come from the pressure as has been created in the forces seen to the brain itself, we have that of the activity without the impulse to carry same forward. Hence we have what is commonly known or called melancholia, or depression, or the inability to carry out the impulses of the body.

Note the similarity to contemporary views of neurobiology in depression (i.e., the "medical model"). Cayce is describing a breakdown

in the way the nerves transmit impulses. Keep in mind that this reading was given to a lay audience years before the discovery of neurotransmitters and the development of modern models of neuropathology. Reading 4519-1 provides another example of Cayce's ability to address depressive symptoms at the level of neurobiology:

The melancholia (depression) has now become remorse. Still, we have the supplying nerve forces in their rebuilding protoplasmic cells gives an action to the gray matter carrying in nerve tissue, that does not act with the white nerve forces and tissue, and as it is made up gives two separate actions. One is acted on by the expression of one of the senses of the body. Expression reaches the nerve center through one of the senses. As the action comes to the brain through the gray matter, the action of the brain to the body comes through the white. In this we have a lack of expression through the gray forces.

Again, the emphasis was on a breakdown in nerve impulse within the brain. Frequently, the readings referred to this condition as simply a "lapse of nerve impulse," as we shall observe in the case study which follows.

"I am no good"

According to his mother, Mr. 3207 had a perfectly normal childhood. He was born in Paris, France in 1905 to a French father and American mother. Both parents were musically gifted and their son attempted to follow in their footsteps. As his mother's letter of June 1, 1943 reports, he was to encounter extreme disappointment in this and other areas of this life:

... his one bent was music—singing and violin—but he did not succeed in either as a professional. He worked two years in a music store, lost his job, married and after five years his wife left him for another man which resulted in his trying to take his life by monoxide gas. He had a complete nervous breakdown ... was in a sanitarium one year; was another year recovering and remained well for five years. In 1941 he showed signs of another nervous attack, but a trip south on a small boat seemed to benefit him until he went all to pieces and into a sanitarium for another year. I have

him with me now. He eats and sleeps well, meets people and SEEMS normal but has obsessions, first one and then another and keeps saying, 'I am no good, Mother.' ... He is six feet (tall), well formed and of dark complexion, a very charming young man, but really AFRAID to meet the world. Doctors do not seem to understand his case. He is religious and told me quite frankly that the only thing that 'saved' him this time was prayer ...

Three weeks later, the mother again wrote to Edgar Cayce describing the events leading up her son's severe depression:

Up to five years ago he was a normal, fine, happy young man. His wife deserting him caused him to attempt suicide, but after a year he was alright again and for five years, until he was rejected from the Army. He is very depressed, talks of suicide, as an accident, so as not to cause me trouble, asks my permission to allow this to free him from this troubled mind. He eats and sleeps well and meets people as you and I would, but drops back into his tragic state and often drops his head as though there was something wrong. He has been with me two months, after a year in a sanitarium, and much prefers death to a return there. You will have to decide which reading fits his case. I am doing all in my power to give him help. I hope the reading can be soon, as I live in constant dread that he may take his life ...

The third letter sent prior to 3207's reading reiterated the mother's concern for her depressed and suicidal son:

He seems so well until he talks and then it is always, 'Mother, I can't live with myself any longer. I'm no good—perhaps the next world will give me a chance.' He says this over and over, often to himself in an undertone; he mumbles all the time. There must be some hidden reason for this that they have not discovered. He has a way of shaking his head that leads me to believe the trouble is mental. 'I am no good' he will always say when questioned. His one concern is my welfare and peace of mind, and he thinks by doing away with himself he will free me from all worry. I cannot erase this idea from his mind. I am holding the thought that he will not try again to do away with his life—and I accept the September 11th appointment ...

The final letter before the psychic reading stated that 3207 wished "I could only bore a hole in my head and shake out something." According to his reading, this man's sense that something was wrong in his head—something so physical, so biological that it could be surgically removed, bore some degree of truth. A single reading was given for this thirty-eight-year-old man on September 11, 1943. The seriousness of this man's disorder was immediately addressed:

Yes, we have the body, (3207). As we find, unless there can be the persuasion through suggestion in or from the spiritual approach, little may be done to arouse this body from the lethargy into which it has purposely driven itself.

To be sure there are pathological disturbances, but these arise more from the psychological or psychopathic conditions than from the purely physical condition. To be sure there are incoordinations between the cerebrospinal and the sympathetic (nerve) systems. These are nerve lapses. And these may be aided. But the real basis of the aid must come from spiritual suggestion ...

Suggestions should be made from purely the spiritual angle, in conjunction with purely mechanical applications. These, if practiced in this particular case would bring relief.

The reading went on to provide specific therapeutic recommendations which we will discuss later. However, first I would point out the holistic emphasis of this excerpt. There is a recognition of the physical level of pathology as mentioned in the "nerves lapses" producing incoordinations between the nervous systems.

The mental or "psychopathic" dimension of the problem is also acknowledged. His mental reaction to the disappointments in his life was cited as the source of the breakdown within the nervous systems. We will further explore the destructive power of the mind in Chapter Five. For now, I will simply indicate the readings' consistent and even pervasive recognition of the "mind-body" connection. The relationship was seen as interactive. Mind affects body; body affects mind. In this particular case, the self-condemning contents of his mental processes actually programed the nervous systems to deteriorate in their functioning.

The third aspect in this case, the spiritual dimension, was addressed in the treatment plan. Mr. 3207 was to be provided with a companion or attendant who would employ a technique called sug-

gestive therapeutics. Specifically, the readings recommended a "Christian Science Reader" as an ideal companion. This was a common recommendation in cases of major mental illness where the person was dangerous to themselves or were incapable of functioning at a level necessary for implementing the treatment plan. Cases of severe depression (including bipolar disorder) and schizophrenia frequently called for companion therapy. The spirituality of the companion was emphasized in such cases.

In this particular case, the companion was to give positive suggestions to Mr. 3207 at various times of the day. This application of suggestive therapeutics is essentially a form of natural hypnosis. Because most persons are unfamiliar with the techniques for inducing a hypnotic trance, the readings advised that suggestions be provided *during* the physical treatments while the person was in a relaxed, receptive state of mind. Thus during the physical therapies such as electrotherapy and massage the caregiver was directed to talk to the patient in a calm, firm voice; giving positive suggestions for physical, mental and spiritual healing. The suggestions could also be directed towards undesirable behaviors or lack of cooperation.

The readings also frequently advised that bedtime be utilized as a time for suggestive therapeutics. During the first few minutes of sleep, a slumbering individual is in a hypnogogic state and is very open to suggestion. This form of suggestive therapeutics is sometimes referred to as presleep suggestions. As with all forms of suggestive therapeutics, presleep suggestions are made to the person's unconscious mind and should be positive and constructive in tone and content.

In a sense, you can think of suggestive therapeutics as a form of mental programming similar to computer programming. Only in cases of chronic mental illness where there is actually nerve tissue pathology, the process is more complicated. It was as if both the "hardware" and the "software" of the system has to be corrected. The physical therapies focus on healing the "hardware" (the neurobiology of nerve tissue) while suggestive therapeutics serve as the "software" or program. In other words, the readings stated that as the nervous system was being healed, it was important to give it constructive information for its new "program."

In the case of 3207, the mental programming would undoubtedly have addressed his self-condemnation, replacing with positive, affirming statements to his unconscious mind. However, the sugges-

tions were also to focus on “awakening to possibilities in the outdoors, in nature, in things of Creative activity.”

In addition to companion therapy and suggestive therapeutics, Cayce recommended treatment with an electrical appliance called the Wet Cell Battery. This low form of electrical energy was occasionally mentioned in cases of mental illness such as depression. This form of electrotherapy was prescribed to address the “incoordinations” in the nervous systems. The electrical power from the battery is minute. In other words, its use is not comparable to electroconvulsive therapy (or ECT) which is sometimes used in the treatment of severe depression.

A “gentle massage along the spine” was also advised in this case. Cayce stated that such a rub would help to relax the body and improve nerve functioning.

Reading 3207-1 concluded on a positive note, indicating that if the treatment plan was faithfully followed this man’s perilous decline could be turned around:

And we will find we may supply the breaking up of the nerve forces in this body. This will prevent the deterioration or the regular conditions that ordinarily arise when such melancholy becomes a part of the experience.

DO that—if we would make the better conditions.

We are through with this reading.

About two weeks after the reading, the mother responded to the content of the reading by writing “I received your reading of my son and feel that perhaps there is little hope of recovery.” She was willing to hire a Christian Science healer to help her son but stated that “(I) do not feel that I can use, personally, the mechanical applications and that no one else here would be willing to.”

Thus the treatment plan was not implemented. We do not know what the eventual outcome was in this case.

Some Key Points to Remember

In this chapter we have looked at the neurobiological dimension of depression. The medical model of depression was presented and the importance of nerve impulse transmission between the cells of the

brain (neurotransmission) was discussed.

Cayce's holistic approach also acknowledged the importance of the neurobiological dimension in depression. Years before medical research focused on this aspect of mental symptoms, the readings explicitly described biological pathology in depression. However, the readings went beyond the physical dimension to describe the significance of the mental and spiritual aspects.

In the case study presented in this chapter, mental factors figured heavily into the cause and treatment of depression. Self-condemnation was cited as the source of a breakdown within the nervous systems ("nerve lapses"). Thus in this particular case, Cayce's perspective of depression is consistent with the medical model—only it goes beyond this view. From the standpoint of the readings, the medical model is not necessarily "wrong," it is simply incomplete. It is part of the answer to understanding depression.

As with many of the case studies which we will examine in the chapters which follow, the recommendations in the readings were not followed. Perhaps it was too much to expect that persons in the early decades of this century would appreciate the strong physical dimension of depression. With our current understanding of the neurobiological aspects of depression, perhaps we can better appreciate Cayce's integration of biology into his holistic approach to depression. The importance of physical causation and physical treatment will be strongly emphasized in the next three chapters which address this facet of depression.

2

The Glandular Connection

AS WAS NOTED in Chapter One, from Cayce's holistic perspective the spiritual interface with the body is maintained through the glands. What we did not discuss was the reason why glands should serve in such a crucial capacity. In part, the answer is that the essence of glandular functioning is creative: re-creative, as in rebuilding the body; procreative, as in reproduction of the species. In their creative and re-creative capacity, glands reflect the nature of the God force or the "Creative Forces" in a physical body.

I want to be clear about what it means when I say that glands are the spiritual contact points within the body. I want to avoid any reductionistic tendencies which are so common in the science of our materialistic culture. In other words, spirit cannot be reduced to the biochemistry of glands as if that were all there were to it. Just as mind is not limited to the brain or the nerve cords but merely use these physical structures as contact points, so does spirit utilize glands without being limited or reduced to hormonal secretions.

Another way to think about it is that "spirit is the life" or life-giv-

ing force which animates the body. Glands are the connections within the body which serve as channels for the life force (sometimes referred to in the readings as the “Creative Forces”).

Reading 21 14-1 (cited in Chapter One) specifically listed desire, hope, and will as “spiritual attributes” associated with glandular functioning. In depression, these “spiritual attributes” are often diminished or totally lacking. Furthermore, reading 21 14-1 goes on to discuss the “motivative force” associated with glandular functioning. Lack of motivation is another primary symptom of depression. In other words, even if the depressed person had the desire or will to do something, there is often a lack of drive or motivative energy to follow through. Perhaps this relates to our discussion of “lapses in nerve impulses” in Chapter One.

Remember that the nervous systems require “nerve plasm” (neurotransmitters) to function. To a large extent, glands provide the raw materials which are necessary for normal neurotransmission and other essential processes within nerve cells. As Cayce put it, “All portions of the nervous system . . . are affected by those activities of secretions through glandular forces of the body.” In consideration of all of the above information, we might expect that glandular dysfunction would play a significant role in depression. In this chapter we will take a look at glandular functioning in depression—both from the standpoint of modern medicine and the Cayce readings.

The Role of Glandular Dysfunction in Depression

Taber’s Cyclopedic Medical Dictionary defines a gland as a “secretory organ or structure.” A gland may be a single cell or group of cells which have the ability to manufacture a secretion which is discharged and used in some other part of the body. Glands are generally classified into two main groups, endocrine and exocrine.

Endocrine glands discharge their secretions directly into the bloodstream. They include the pituitary, pineal, adrenal, thyroid, the gonads, the thymus, and the islands of Langerhans in the pancreas.

On the other hand, the exocrine glands discharge their secretions through special ducts on an external or internal surface. Salivary glands, gastric glands, lacrimal glands (“tear ducts”), and the prostate are some commonly known exocrine glands. Whereas there are only a few endocrine glands, there are dozens of types of exocrine glands.

The key difference between endocrine and exocrine glands is that endocrine glands do not have ducts. Hence they are also referred to as the ductless glands of the body. Because they secrete directly into the bloodstream, their influence is generally more widespread than exocrine glands. For example, when the adrenal glands secrete adrenaline into the bloodstream, the effect is immediate and widespread. Blood has access to all the body's tissue. Therefore the endocrine glands also have widespread effects throughout the body.

In regards to research on depression, the endocrine glands have received a great deal of attention. Three endocrine glands in particular are notable: the adrenal, thyroid, and pineal.

Adrenal gland involvement in depression was recognized because of findings produced by the dexamethasone suppression test (DST). Dexamethasone is a potent, long-acting synthetic hormone which normally suppresses the release of cortisol, an important adrenal secretion. Depressed persons often exhibit elevated levels of cortisol nine to fourteen hours after administration of dexamethasone. Researchers are unable to determine why the adrenal glands of depressed individuals tend to have this abnormal response to dexamethasone. Furthermore, not all depressed persons display this anomaly. Only about 40% to 50% of persons diagnosed as suffering from major depression exhibit nonsuppression of cortisol by the DST. However the rate is higher (about 60% to 70%) for persons experiencing severe depression, especially depression with psychotic features. Thus, while there is strong evidence of adrenal involvement in depression, the exact nature and extent of this involvement is unknown.

Likewise, thyroid involvement in depression is well documented yet poorly understood. When the thyroid is severely underactive (a condition known as hypothyroidism), symptoms of depression are often present. Yet studies have shown that when thyroid functioning is mildly abnormal in certain respects (and yet not severe enough to be diagnosed as an illness such as hypothyroidism), depressive symptoms may also be present. This relationship is much the same as for the adrenal gland. In many but not all cases, these abnormalities in glandular functioning are measurable.

The pineal is another endocrine gland which has been linked to depression. Melatonin is a major pineal hormone. Reduced nighttime melatonin secretion has been noted in depression.

The role of the pineal in depression may be related to neurotransmitters associated with depression. In Chapter One, we mentioned

two primary neurotransmitters (serotonin and noradrenaline) which are thought to be involved in depression. Chemically, both of these neurotransmitters are closely linked to melatonin. It is possible that the pineal gland via its primary secretion (melatonin) may be involved in some forms of depression.

Recognition that the pineal is photosensitive and plays a major role in the regulation of seasonal physiological adaptations has led to speculation that pineal dysfunction may be related to SAD (Seasonal Affective Disorder). SAD is a recurring winter depression presenting with weight gain, hypersomnia, and carbohydrate craving. Phototherapy has been utilized in this and other forms of depression to ameliorate depressive symptoms. Some researchers believe that light therapy affects the pineal gland and thus re-establishes healthy cycles within the body.

The pineal gland has also been studied in persons suffering from bipolar disorder (manic-depression, see Chapter Eight). Again, the pineal's sensitivity to light may be involved. Research suggests that during mania (particularly during the early phase of mania) bipolar patients exhibit consistently elevated levels of melatonin throughout the day and night. Lithium (a standard medication for bipolar disorder) has been shown to affect pineal functioning and may be linked to decreased photosensitivity. Researchers have speculated that some individuals diagnosed as bipolar may be suffering from some form of biological rhythm disorganization.

Although the adrenal, thyroid, and pineal glands are the primary suspects in the search for the causes of depression, other glands and organs in the body have also been implicated. However, we will not go further into this literature at this point. Chapter Four will address some of the organ systems most commonly associated with depression.

Edgar Cayce's Perspective

Although the Cayce readings predate modern research findings on glandular dysfunctions in depression, they closely parallel the results of these studies. Just as medical science recognizes the pervasiveness of glandular functioning, the readings also portray the role of glands as ubiquitous. Reading 281-38 notes the creative/re-creative role of glands in the body, a role that includes many of the body's organs:

What are the activities of the glands? Most every organ of the body may be considered a gland . . . that which enables it to perform its duty in taking FROM the system that which enables it to REPRODUCE itself! That is the functioning of the glands!

The readings make many references to glandular dysfunction in cases of depression. One of the common pathological patterns involves glandular deficiency (which may result from heredity, spinal injury, poor assimilations and eliminations, etc.) producing the aforementioned lapses in nerve impulse. Here is an excerpt from reading 1995-1 which focuses on the failure of certain glands in the digestive system:

The disturbance primarily, as we find, is a glandular condition, involving especially the glands as related to the assimilating system. Thus we find there is the lack of elements in the blood supply. Thus there is the inclination to weaken, sympathetically, the functioning of organs . . . We find off there are the inclinations for the body to become easily depressed, with periods of anxiety mentally and physically; being nervous as to the outcome of many trivial things or conditions at times, and yet ANXIOUS about those things that would have to do with relationships with others arising FROM the effect of the depleting of the impulse in the nervous force as related to the activity of the sensory system.

Thus, due to the glandular dysfunction in the assimilating system, there was a "depleting of the impulse in the nervous force" producing tendencies for depression and anxiety. Cayce's description of nerve impulse depletion correlates closely with the medical model of depression (see Chapter One). By tracing the problem back to the glands, he emphasizes the close connection between the glandular and nervous systems. This is a prime example of Cayce's assertion that "All portions of the nervous system . . . are affected by those activities of secretions through glandular forces of the body."

Reading 2164-1 presents another example of abnormal glandular functioning having a pathological effect upon the nervous systems:

In the nervous forces of the body—the natural tendencies

arising from a disturbed circulation of a glandular nature are for the nerves to become involved as a result . . .

Q. What was the cause of the melancholia which lasted for 19 years?

A. The breaking of the circulation between impulses of the sympathetic and the central or spinal nervous system . . .

So here again we are given an illustration of the importance of glandular functioning for maintaining a normal nervous system. And as has been consistently noted, the readings explicitly link depressive symptoms to a breakdown or lapse of impulse in the nervous systems. As we have seen (and will continue to note in the chapters which follow), the source of faulty neurotransmission in depression may come from a multitude of factors (including non-biological sources).

As one might expect, the readings often specifically cited endocrine problems in cases of depression. Although my efforts were not exhaustive, my preliminary research into the readings on depression noted four cases in which adrenal involvement was cited, three cases with thyroid involvement and eight cases in which problems with both glands were described. Reading 434-1 was given for an adult male suffering from "periods of extreme depression." Thyroid and adrenal involvement were noted in this case:

These, as we find, have to do with the glands of the body and the effects specific and reflex that they produce in the system . . . The thyroids do not function properly; they are deficient in elements to make for a proper distribution of influences as assimilated for the functionings of the glands themselves, and are a contributory cause to the general conditions—as are the adrenal glands also, which make for a betterment of balancing in that which is assimilated through the digestive forces of the body . . .

Q. What causes periods of extreme depression, and what may be done to prevent them?

A. As indicated by the disturbances themselves in the glands of the body, there is a lack of vital forces to be kept active . . . But with the applications of those influences given, we will find these will disappear entirely.

Again, note that glandular dysfunction produced a "lack of vital

forces” which are necessary for nervous system functioning. In this case, the expression “not sufficient flow of impulse or reaction” within the nerve forces was used to denote the glandular effect upon the nerves.

Also note the connection between thyroid and adrenal dysfunction and the assimilative processes of the digestive system. Recall the selection from reading 1995-1 in which depression was traced back to “the glands as related to the assimilating system.” In each case, nervous system functioning was compromised by a deficiency within the glandular system.

A Life of Insanity

Ms. (5684) was eighteen years old when her parents requested a reading on her behalf. She had suffered from periodic episodes of mental symptoms over the years, but had been able to live a fairly normal life, even holding down a part-time job. At the time of the reading she was in the midst of one of her breakdowns. She may have been confined in a mental hospital. The first paragraph of her reading noted that “There is resentment at constraint.” The reading went on to state that there was a problem within the nervous systems, specifically the brain. However the source of the problem was traced back to the glands in the reproductive tract. The prognosis given by Cayce was not favorable and an extreme measure was recommended:

... the nerve forces as applied through this condition from their action in the system suppresses the forces of action of the organs through the generative system and produces such an overstimulus to the nervous system as to effect the condition existing between the cerebrospinal forces and the action of the mental forces with the spiritual forces within the body. That is, the course of action begins as that carried through nerve action—the brain forces refuse to send the same impression as is given by the nerve centers over the system. So that we produce melancholia (depression). We produce a desire of action of the physical forces in exercise through the proper channels, all coming from ... the Leydig gland. The best way to perfect or to bring a normal condition would be to remove the condition between the Leydig gland and the generative organs, so that the functioning would not be repressed and act

back to the cerebrospinal (nerve) forces. See, operate. The only way to bring this body to a normal condition would be to remove the condition; otherwise, it cannot be done.

The physiological description in this reading seems to indicate a glandular dysfunction in the reproductive tract which inhibited nerve transmission in the brain producing melancholia, or deep depression. The nature of the connection between the Leydig gland and the brain was not given. As we shall see in Chapter Nine, the connection may have involved the pineal gland at the base of the brain.

Although the Leydig gland is regarded by the medical establishment as an obscure gland in the reproductive tract, the readings attached great importance to it. Problems with the Leydig gland were often cited in the readings as the source of mental and emotional symptoms. Very often, this type of pathology was associated with psychotic symptoms such as hallucinations and delusions.

This may have been the case with Ms. (5684). The family did not see fit to provide the treatment recommended by Cayce and she eventually ended up in Bryce Mental Hospital in Tuscaloosa, Alabama. The descriptions of her behaviors while hospitalized suggest that her depression was complicated by psychotic features such as paranoid delusions (thinking that her food was poisoned, she wouldn't eat). Correspondence from her sister dated twenty years after her reading reported that (5684) had spent "all those years of her life in the insane institution."

The recommendation for surgery seems extreme, especially coming from Edgar Cayce who is widely known for his prescription of relatively natural therapies with a holistic emphasis. However, many people unfamiliar with the readings do not appreciate the flexibility of Cayce's information. His primary concern was offering the most helpful information for each individual who sought a reading. Although the readings were predominantly natural and holistic in their recommendations, in certain cases he advised the most potent forms of intervention available (including surgery, and powerful drugs such as hypnotics and narcotics).

I recently talked with a young M.D. who is interested in the Cayce material. He was quite amused to find that the first Cayce reading he investigated recommended surgery. So it is always best to keep an open mind when studying the readings.

Considering that depression is much more common in women

than men, one naturally wonders if disease or injury to the reproductive glands could account, in part, for the gender difference. For example, there are several cases in the readings where depression was associated with problems in the female reproductive system. In cases (2197) and (4432) the depression correlated with the menstrual cycle; cases (1087), (1133) and (1321) linked the depression to menopause; the readings cited injury to the pelvic area during childbirth in cases (964) and (1475). While it is highly improbable that female glandular problems could account for all gender differences in depression, it is possible that the reproductive glands are a primary causative factor in some cases.

I also want to point out that surgery was not the major treatment modality in cases of depression involving glandular dysfunction. In fact, case (5684) is the only example of this form of treatment that I have found in the readings. Atomidine, a medication, was often recommended for treating glandular dysfunction. Cayce stated that this drug would help to purify and balance the glands, particularly the thyroid. Adding Jerusalem artichoke to the diet was sometimes recommended for the same reason.

Strangely enough, spinal adjustments were also frequently advised in these cases. Cayce stated that glandular functioning could be affected by stimulating the nerve plexus along the spine which connect to the various glands in the system. We will take a close look at spinal adjustments for the treatment of depression in Chapter Four.

“Living in the Past”

Our second case study in this chapter is similar to the first in that the reading was given relatively early in the development of the depressive illness. Similarly, a life of insanity was predicted if effective treatment was not provided.

Mrs. (2614) was thirty-seven years old when she sought help from Edgar Cayce. A letter dated October 31, 1941, conveyed her anguish:

I am the mother of 2 children and the wife of a very kind husband. I am suffering immeasurably because of a condition that came upon me a little over 5H years ago, as follows:

Suddenly I lost interest in everything and everybody. There isn't a thing I feel like doing. My mind doesn't seem to function properly. All I do is live in the past when I was mentally alert

and active. I am terribly depressed all the time and I cannot find a place for myself. I ceased being able to make conversation of any kind, except about this miserable condition I am in. Every day is just a day of misery and mental torture, pacing up and down or sitting for hours waiting for the night to come and dreading the morning to spend another empty day. My thoughts continuously turn to suicide as the situation seems hopeless after having resorted to all sorts of medical, psychiatric, faith healing, and everything I hear of. What shall I do? I'm only 37 years old and my family is so dependent upon me. I feel so helpless. Heretofore my mind was so good. I was so quick in making decisions and doing things and now I am just a fixture depending upon my husband and poor mother to do things for me.

Physically I am O.K. I am living with my mother. Due to my condition I gave up my home, which I loved so.

What shall I do? Please advise, as I am desperate.

The reading given for her on November 7, 1941, traced her mental and emotional problems to "chemical and glandular reactions in the body." The seriousness of her condition was promptly acknowledged:

Yes, we have the body, (2614).

As we find, there are conditions physical that are disturbing and detrimental in their reflection to the mental forces of the body.

These are the result of chemical and glandular reactions in the body; producing a deteriorating reaction in nerve impulses.

Thus the mental aberrations that appear, the hallucination as to lack of desire for associations and activities, faultfinding in self and in environs, as well as those about the body.

If these are allowed to progress they may bring a very detrimental condition—either that of possession or such a deteriorating as to become dementia praecox in its nature.

We would make these suggestions, and we would follow these rather closely for the next thirty to sixty days; or as soon as there can be the preparation of these properties to be taken in the manner indicated.

The reading went on to recommend Atomidine, a medicine containing iodine, to rectify the glandular disturbance. The Wet Cell Battery carrying the vibrations of gold solution was also suggested. This form of electrotherapy was often advised in cases of nervous system deterioration.

Dementia praecox was the diagnostic term used for what we now call schizophrenia. The readings typically associated dementia praecox with actual nerve degeneration often described as a “softening” of nerve tissue in the brain. This is consistent with modern brain scanning techniques which indicate organic degeneration in chronic cases of schizophrenia.

So this reading traced her severe depression to a glandular disturbance. The type and nature of this abnormality was such that the nervous system could actually deteriorate as a result of this condition. Keep in mind that the nervous system is dependent upon the functioning of the glands of the body to maintain itself.

Reading 2614-1 also recommended that this woman study the Bible “to enable the body to concentrate” and to access the spiritual resources which may come from such sources. She was also told to keep outdoors in the open when practical and to surround herself with “congenial companionship.”

There is no follow-up correspondence in this file to indicate whether any of the recommendations were followed or whether the mental and physical deterioration did occur as predicted by Cayce.

Some Key Points to Remember

In this chapter, we have focused on how certain key glands are often involved in depression. Although this involvement is complex and poorly understood, Edgar Cayce sometimes associated such glandular dysfunction to a breakdown in nerve impulse. This lapse in nerve impulse is a characteristic biological condition in many cases of depression (as we have seen in Chapter One).

We have reviewed two case studies which feature severe depressive symptoms linked to glandular abnormalities. In each case, Edgar Cayce’s recommendations apparently were ignored.

3

Toxicity

THERE ARE CERTAIN key biological processes which enable the body to stay alive. Raw materials (such as oxygen and food) must be ingested and assimilated. These materials are processed by the body's organs and transported via the circulatory systems. Through a multitude of biochemical processes too numerous to mention, the body uses these raw materials to replace its cellular structure. In this way the body renews itself constantly and maintains life.

With all this activity going on in the body, considerable waste materials are produced. Worn out or damaged cells must be eliminated. Metabolic waste must be flushed from the system, and so on. The body has various means of eliminating wastes. The lower intestine (colon) eliminates solid waste (feces). The bladder provides a route for eliminating urine. Sweat glands can eliminate liquid waste through the pores in the skin. Finally, breath itself is an eliminating process as carbon dioxide and other substances are expelled from the body. If these key eliminating processes break down, the body can become toxic.

The nervous systems play an important role in regulating all of the above processes, including the vital processes of elimination. In our first case study, we will see how pressures upon the nervous system led to a failure of the body's eliminating systems. This produced toxicity with depression being one of the prominent symptoms of the toxic condition.

"I Wish I Could Just Close My Eyes and Be No More"

Mrs. (464) had suffered through some bouts of depression over the years. However, at sixty-one years of age she was not prepared for the immense despair which overwhelmed her. In an extremely gloomy letter dated January 20, 1937, she poured out her feelings:

I am sick and tired of the whole mess of troubles. Sick and tired of everything and wish there was an end to it all. I just hate my life and I have always been sore because I was born into this detestable world. I dislike to see a baby born for I know it will get 10 times more sorrow than joy and it is pure selfishness to bring them into the world . . . What is love? It is like a flower that blooms for a day. Would a person live a lifetime for 5 minutes of joy? Bah! Why kid ourselves, we know a spade is a spade. Why call it graceful toil . . . The whole thing from start to finish is a farce. Strip life of its flowery adornments and what have we? Nothing.

I am tired, disappointed, and hurt right through and through. I wish I could just close my eyes and be no more. Let's hope that you (Edgar Cayce) are not so near the depths of despair but you must not take on the sorrows of your patients or that would weigh you down and unfit you for work. Nature does not treat everyone so unfairly as she has done to me . . .

Edgar Cayce's explanation of the causes of her depression was quite remarkable, if not incredible. He traced her problems back to a misalignment of the lower spine:

Through those portions of the system in the lower lumbar area, where the closeness of the segments in the lumbar and lower dorsal has long given so much distress by the preventing of the proper or full circulation through the torso portion of

the body, and thus affecting through the branches of the sympathetic nervous system other portions of the body . . . there has been an overloading or overtaxing of the system by cold and congestion. Thus poisons and accumulations through slowed circulation, produced by superabundance of acidity through the body, bring on this effect . . .

Q. What causes me to feel so sad and depressed, and how may I overcome same?

A. The poisons that are accumulations in the system. These work upon the nerve forces through those branches as has been indicated to the sympathetic nerve force, which act upon what may be said to be the reflexes to the sensory forces of the body. Thus does the body respond to reflexes or conditions from without and bring on those conditions for melancholia (depression) or "Don't Care."

Cayce's recommendations for treatment in this case were consistent with his diagnosis. As the body was toxic due to poor eliminations, the treatments were cleansing therapies to help the body to remove the toxins. The diet was to be mostly liquids such as citrus juices. Small quantities of beef juice were to be sipped at periods during the day. The beef juice was to give strength to the body. Fletcher's Castoria was prescribed as a laxative to help cleanse the colon. Mustard baths, a form of hydrotherapy, was also suggested to improve eliminations. Massage to relieve the nerve pressure along the spine was the final ingredient in the therapeutic regimen.

The pattern of pathology in this case is fascinating and deserving of closer attention. The Cayce readings place great emphasis on maintaining a healthy spine, particularly in regards to the nerves which leave the spinal cord and pass through the various vertebrae on their way to the organs of the body. In the case of Mrs. (464), Cayce described a pressure upon some of the nerves in the lower part of the back. These nerves connect with the organs of elimination in the lower abdomen and pelvic region. According to this reading, the body's organs of elimination had been compromised by these nerve pressures. "Poisons and accumulations" were thus left in the system which affected the nervous system leading to depression. To help explain how such toxins could "work upon the nerve forces" and produce depression, consider this excerpt from reading 331-1 given for a thirty-five-year-old man:

Q. What are the causes and cures of low depressed nervous condition?

A. Removal of the toxemia which is forming in the colon itself . . . The forms of toxemia in system are as gas that, inhaled (absorbed?), produces a deadening to whatever portion of the system . . . when we find it acting upon those brain centers, it is from the pulsation centers in the sympathetic nervous system—which makes for melancholia (depression), as also of restlessness, sleeplessness, and inertia—tendency to feel when sitting down to rest as if you'd do anything before you'd get up!

This excerpt is quite graphic in its explanation of how toxicity in the body can lead to depression. It uses the analogy of a toxic gas, which if inhaled into the body, would tend to deaden the activity of the organs. Naturally the brain would be affected and the nerve impulses themselves would also be depressed in their activity. In other words, it is as if the toxins in the body are absorbed through the nerve membrane itself and inhibit the nerve's activity. We have already seen how such an inhibition of nerve activity (or a "lapse in nerve impulse") is the biological manifestation of melancholia or depression (Chapter One).

There are numerous examples of this type of pathology in the Cayce readings on depression. Here are a couple more case studies which emphasize the role of toxicity in some cases of depression.

"A Bit of Neglect on the Part of the Body as Related to Eliminations"

The case of (1938) is particularly important due the advanced age of this woman (seventy-eight years old) and the problems which the elderly often have with poor eliminations.

A great deal arises from a bit of neglect on the part of the body as related to the eliminations, and a great deal arises from a general debilitation that is a natural consequence of the reactions due to age and the disturbances indicated as combined with same . . . The nerve forces are the effect rather of the pressures indicated from toxic poisons . . .

Q. How may I overcome my periods of despondency? Are they due to physical or mental or environmental conditions?

A. Physical, and the effect of the poisons—that will be

cleansed by the cleansing of the colon, when the other applications are made, purifying and removing toxic forces.

The single reading given for this elderly woman recommended spinal adjustments, hydrotherapy (hot and cold baths weekly with colonic irrigations given once or twice during the early stages of treatment), a laxative, and a mild form of electrotherapy to help her sleep better. Cayce said that if she followed the treatment recommendations, “we will find a different outlook on life.” There is no follow-up documentation with this case indicating whether the suggestions were followed.

Depression and Headaches

Depression is often associated with physical illness such as migraine headaches. This is only natural. After all, if you suffered from painful and debilitating episodes of migraine headache, wouldn't you be depressed?

Actually, the Cayce material offers a rather complex answer to such questions. On the one hand, mental and emotional problems such as anxiety and depression are a natural psychological reaction to chronic physical illness. However, the readings also pointed out that frequently the same physical pathology producing the physical illness was causing the nervous systems to be depressed.

The idea that two apparently different illnesses may occur together is referred to as co-morbidity. Scientists have researched the problem of co-morbidity and established that depression is somehow biologically linked to certain types of physical problems. We will examine the concept of co-morbidity more closely in the next chapter. For now, I want to focus our attention on a fascinating example of co-morbidity between migraine headache and depression. As with the previous case studies in this chapter, the primary pathology was failure of the eliminating systems resulting in toxicity in the body.

Ms. (3630) was fifty-three years old when she received a reading from Edgar Cayce. It was one of those extraordinary readings where Cayce pointed out a general pattern of causation for a well-known illness:

As in most conditions of the nature of migraine or so-called headaches, the cause is in the colon—where there are patches

of adhesions of fecal forces to the walls of the intestine, causing activities that come in general cycles. These may come at times regularly, almost so that you could set this by your clock at times; for it is as the regularity of the system itself.

Q. Will the treatment suggested (colonics) also remove the spells of depression?

A. This is the source of them—as indicated—the toxic forces or poisons . . .

So the internal pollution produced by poor eliminations through the colon was cited as the source of the migraine headaches and the “spells of depression.” Colonic irrigation, a sort of very thorough internal bath, was prescribed to help cleanse the system.

Problems with the lower gastrointestinal tract (the so-called GI tract) have been linked to depression and anxiety. The medical term for this condition is “irritable bowel syndrome.” Medical science does not fully understand how dysfunction of the bowel can lead to mental and emotional symptoms. Yet, the research literature is quite substantial in linking depression with problems in the eliminating system.

The Edgar Cayce readings consistently emphasized that the whole body be taken into consideration when considering any condition. Problems in a key system (such as the eliminating system) can affect other systems (such as the nervous system). Hence depression can result from any number of systemic imbalances.

Interestingly, a second reading given for Ms. (3630) revealed some fascinating material concerning a past life. Reading 3630-2 was a “life reading.” As such, it dealt with reincarnational influences and other prenatal influences which were affecting her present life. The life reading indicated that Mrs. (3630) was alive during the Salem witch trial period of American history:

The experience of the entity then caused many hardships. When some of those were ducked, the entity was present and gave consent. When some were beaten with many strikes, the entity gave evidence and consent to such. Hence in the present the entity finds itself bound with those periods when consciousness is not . . . wholly attained or gained. There has been, in those areas of the lacteal ducts and in the 1st and 2nd cervicals, those lesions formed by pressures, in the coordinations between the sympathetic and cerebrospinal (nerve) sys-

tem, bringing these periods of a physical reaction.

Thus there may have been a “karmic” pattern involved in the physical pathology leading to this woman’s depression. As was typical in such cases, Cayce emphasized the spiritual aspects of therapy. She was encouraged to “Feel sorry for someone else, not for self!” In other words, in addition to the physical treatments, the best thing she could do to help overcome her depression was to help someone else feel better. This advice was given to many of the individuals who sought Cayce’s help in overcoming depression.

Some Key Points to Remember

The theme of this chapter has been how toxicity within the body can influence the nervous system leading to depression. The typical “lapse in nerve impulse” which the readings associated with depression can be produced by a variety of causes including internal pollution.

Most often, the readings stated that the eliminating systems of the body were not capable of performing their cleansing function. The resulting toxicity had a “deadening” effect on the nerve system.

The readings frequently recommended cleansing therapies such as hydrotherapy in such cases. Hydrotherapy is the therapeutic use of water to cleanse the body. Colonic irrigations (a thorough cleansing of the bowel) were commonly recommended along with mild laxatives and a balanced diet.

4

The Problem of Co-morbidity

AS WE HAVE just noted, persons who experience major physical illness are prone to feel depressed. Usually, depression in such circumstances is viewed as a reasonable psychological response to the situation. It is sometimes called “secondary” depression. That is, under such circumstances, depression might be considered a “secondary” psychological reaction to the “primary” physical disorder. In such cases, the depression may not even be diagnosed or treated. Because it is secondary to the physical pathology, it will naturally recede as the physical condition improves. Or, the attending physician may prescribe some form of anti-depressant therapy such as medication or psychotherapy for symptomatic relief, particularly if the illness is chronic and a physical cure may never be forthcoming.

On the other hand, recent research has raised some important questions about the validity of “secondary” depression in certain groups of illness. Studies have shown that patients suffering from cardiovascular, neurological, gastrointestinal, and glandular disorders are significantly more likely to suffer from symptoms of depres-

sion than are patients with other illnesses, even when the other illnesses are more threatening and/or debilitating.

In undertaking these studies, researchers used standard psychological and medical instruments to measure the degree of depression and physical illness. Therefore, we can feel confident that there is something about the nature of certain illnesses which correlates with depression at a fundamental level.

Naturally, since modern medicine has a strong biological emphasis, theorists have suggested a connection at the cellular level. According to the medical model, a breakdown in neurotransmission (communication between nerve cells) produces depression. As we have noted, the Cayce readings also recognized this aspect of depression using expressions such as "lapse in nerve impulse" to indicate the neurobiological dimension of depression. Apparently, there is some inherent process or tendencies within certain illnesses which also cause a disruption in nerve impulse as just described. Therefore, depression in such instances is more than a psychological response to illness. It may be part of a larger biological process which depresses the nervous system.

In other words, the same pathological processes which are known to produce major medical illnesses may also produce depression. Another possibility is that the treatment for the physical disease is producing depression as a side effect. Obviously, these two scenarios are not mutually exclusive. A little later, we will note examples of both of these patterns in cases from the Cayce material.

The term "co-morbidity" has been used when discussing the overlap of illnesses which seem to have some inherent biological connection. "Co" means together or jointly. Morbidity refers to disease. Co-morbidity simply means diseases which tend to occur together.

In reviewing the possible sources of co-morbidity, a prominent researcher has observed, "In co-morbidity there is an underlying assumption that separate diagnoses may co-occur for several reasons: one disorder increases vulnerability to the other; one disorder is a different expression of the other; both disorders are due to some third underlying cause, or by chance alone . . ." Presumably, in some cases of depression associated with medical illness, the underlying biological process is responsible (directly or indirectly) for both the "secondary" depression and the "primary" illness.

I could cite numerous references in support of the concept of co-morbidity in depression. However, in the interest of keeping the present discussion as nontechnical as possible, I will limit myself to

this brief quote addressing depression in neurological diseases:

Because of the obvious disability that results from neurological illness, depression could be viewed as an appropriate reaction to the functional impairment. However, carefully controlled studies in several neurologic illnesses have failed to substantiate this hypothesis. The depression that develops in the acute phase after stroke is not related to physical impairments. When patients with Parkinson's disease were compared with a chronically disabled group, no relationship was found between depression and severity of handicap. Emotional disturbance increases during an exacerbation of multiple sclerosis but does not appear related to severity of the disease or to degree of disability.

Thus, researchers have noted that there must be a biological link between depression and neurological disorders. Readers desiring a more academic treatment of co-morbidity in depression may wish to read the first two chapters of a previous work entitled *The Treatment of Depression: A Holistic Approach Based on the Readings of Edgar Cayce* (see the Appendix).

As we have already considered the close relationship between endocrine gland disorders and depression (Chapter Two), I will not go further into this aspect of co-morbidity here. We were also briefly introduced to the concept of co-morbidity in Chapter Three. The co-occurrence of migraine headaches and depression (case (3630)) was traced to a common source, a toxic colon. As we have noted, gastrointestinal problems are commonly associated with mental and emotional symptoms.

Before proceeding on to other case studies which illustrate co-morbidity in depression, I want to define and discuss an important physiological ramification of this concept. In many cases of depression, there are distinct patterns of physical abnormalities known as "vegetative" symptoms. Vegetative simply refers to biological processes which allow our bodies to grow, develop, and maintain themselves. Vegetative processes are usually involuntary. We don't have to consciously direct them—they happen naturally.

The "sympathetic" branch of the autonomic nervous system is still sometimes called the vegetative nervous system. Edgar Cayce often used this term in his readings when referring to the sympathetic system. Problems with the sympathetic nervous system were

often cited in the Cayce readings on depression.

Not surprisingly, depression (especially severe depression) often presents with vegetative symptoms including appetite disturbance, change in weight, sleep disturbance (such as early morning awakening), decreased energy, numerous complaints of aches and pains, and changes in patterns of movement (psychomotor agitation or psychomotor retardation). The latter symptoms may manifest as the inability to sit still, pacing, hand-wringing, pulling hair, etc. Or opposite symptoms such as slowed movement, soft monotonous speech, or muteness. The commonality between all of these vegetative symptoms is that they tend to be involuntary and have a strong physical basis. As one might think, the vegetative symptoms of depression tend to respond better to biological treatments such as medications and electroconvulsive therapy than to the various forms of psychotherapy.

I wanted to mention vegetative symptoms at this juncture because such symptoms are often linked to co-morbidity. In other words, in cases where there seems to be a strong physical connection between "medical" illness and "psychiatric" illness, one would expect to note significantly more vegetative symptoms. Medical science has only recently begun to unravel the intricacies of this connection. The Cayce readings were consistently noting these connections several decades ago.

Disturbed Circulation

To illustrate how cardiovascular problems may be linked to depression, I will present two cases where the readings cited disturbed circulation as a primary causative factor. The reading given for Mrs. (4196) was given fairly early in Edgar Cayce's career as a psychic diagnostician. Therefore, it did not follow the pattern established later when Edgar's wife, Gertrude, conducted the readings. It began with a question, rather than a general suggestion for a physical reading as would have been the standard in the later years. The question was, "What causes depressed mental condition?" We must assume that this woman's depression was a high priority, even though her reading noted a wide variety of "vegetative" symptoms:

Now we find with the abnormal conditions in this body, there are many various portions of the system affected, and the condition has to do with the circulation and its effect

through certain centers upon the nerve system . . . The condition is one of unequalized circulation, affecting the condition in nerve centers specifically . . .

IN THE BLOOD SUPPLY

We find that not of the elements in blood flow itself so much affected as conditions produced in the blood supply by specific conditions in nerve centers causing taxation to portions of the body, as we have in the lower portion of brain, in the gastric center, in the hypogastric center, in the lacteal center, in the perineum center.

These, we find, produce the depression to activity of conscious force as received through the system in the lower portion of brain. Hence, the unconscious forces in the activity of the voluntary nerve force or muscular force of the body . . .

The disturbed patterns of circulation affected the whole body upsetting digestion and producing nausea. The effect to the "cardiac plexus gives palpitation, or heavy, quick breathing." The poor circulation to the extremities made this woman feel as if she did not have the strength to move. Cayce called this form of psychomotor retardation "inertia." The liver and kidneys (or hepatic circulation) became affected and (4196) experienced a slight fever. Cayce summed it all up by commenting near the end of the reading, "the body is not feeling good right now."

If this woman had gone to a medical doctor with this list of symptoms, she would likely have left with a prescription for a mouthful of pills for her numerous physical complaints. Edgar Cayce recommended that she drink small quantities of lime water and elm water to help normalize the digestive system. To address the disturbed circulatory patterns, he suggested that she receive spinal massage and manipulations to "equalize" the nerve impulses to the cardiovascular system. Spinal manipulations were a very common treatment recommendation given by Cayce in cases involving depression.

In this particular case, the "unequalized circulation" that was affecting all the organ systems of the body was also affecting the brain. Specifically, the lower portion of the brain was cited as the source of the "depression to activity of conscious force."

Disturbed circulation to the brain was also mentioned in reading 4497-1 given on November 9, 1910. This very early reading also began by addressing this woman's depression in the first paragraph by noting:

We have in this case before us a peculiar circulation or a lack of circulation to the front lobe of the brain; it seems to be cut off in some manner; it goes so far and won't go any farther; seems to have a depressing action on the mind; where the mind would expand under present conditions, it seems hampered. The portion affected in this case seems to be the frontal lobe almost entirely; the circulation is also impeded by a lack of nerve force at its exit at the base of brain.

As with the previous case, the problem was traced back to pressures in the nerve ganglia along the spine and in the nerve plexus in the abdomen.

This condition is all reflex from troubles in the trunk of the body . . . in the lumbar region and in the pelvis . . .

We have two nervous systems in the body. In this body, there is a lack of coordination in the nervous system. We find trouble in the solar plexus, which lies immediately behind the stomach; this nerve center has considerable influence through the sympathetic system, with past and present conditions. This patient is sick all over at times—the whole nervous system being affected from the tip of the spine to the top of the head, due to this unstable equilibrium of the nervous system, and, consequently, of the circulation. The digestion is bad on account of what is taken into it, partly, and partly because of reflex conditions that exist or have existed in the pelvic organs. She is nervous and sick all over.

Cayce expressed a great concern for this woman's sanity. The degree of incoordination in the nervous systems (and consequently to the cardiovascular systems) had reached a critical point. He admonished: "We can keep this patient from brooding over her troubles, and melancholy conditions, or perhaps losing her mind entirely, if we get busy right now." However, the treatments would have to be given gradually to effect a safe return to equilibrium. A too rapid adjustment in the circulation could be destructive. Cayce cautioned, "This will have to be done gradual, as the system is not sufficiently strong to undergo radical treatment, else, we may destroy the whole reasoning power, if brought about too suddenly."

The therapeutic recommendations in this case included spinal manipulations and a form of natural hypnosis called suggestive

therapeutics. A nourishing diet was also advised.

Cayce's therapeutic flexibility was demonstrated in this case when he emphasized the need for rest and quiet for this person. If necessary, they were to "resort to the use of opiates, but do not use opiates unless absolutely necessary." Obviously, the medical profession of 1910 had a limited choice of sedatives with which to work.

As with the first case study which we reviewed, the depression in this case was linked to abnormal circulatory patterns to the brain. And as with the previous case, spinal pressures were cited as the source of the problem leading to a disruption of the cardiovascular system.

Probably, her extensive physical symptoms would have been addressed as the primary pathology by an attending physician. The depression might have been viewed as "secondary"—as a reasonable psychological reaction to her physical illness.

There was no follow-up correspondence in either of these cases, thus we do not know if Cayce's recommendations were followed.

Other Cases Involving Spinal Problems

Case (1609) provides another example of depression resulting from pressures upon the nerves along the spine. This forty-nine-year-old man had been through all types of medical treatment with mixed results. When the medical option had been exhausted, he was sent for psychiatric evaluation. A letter dated June 1, 1938, laid out this man's misery:

Doctors have diagnosed it as: nervousness, oversensitiveness; mother-attachment, inferiority complex, manic-depressive with schizoid tendencies; one psychologist even called me "a dementia praecox case." Of course when the learned doctors don't know what ails you, they hide behind a barrage of big words. Most of them agreed, however, that I am anemic so they prescribe pills and tonics.

Mr. (1609) was exhibiting numerous vegetative symptoms. He was "restless and fidgety" (psychomotor agitation), easily tired, constipated (this is an important clue as we shall soon see), experiencing numerous aches and pains (especially back pains), and disturbed sexual functioning. One doctor had diagnosed his condition as a liver problem.

Another physician had x-rayed his intestines and “found a number of adhesions in the region of the caecum which caused constipation and auto-intoxication.” Mr. (1609) mentioned that a prescription of mineral oil three times a day “has helped me overcome somewhat that ‘blue feeling.’” He also noted that he had received some relief from osteopathic treatments. Here is an excerpt from reading 1609-1 which traced his numerous physical and mental symptoms to an injury to the lower portion of the spine. As the nerves from this area affect the lower abdomen and pelvic organs, the whole system was thrown out of balance:

. . . there are PHYSICAL conditions that cause not only physical reactions that produce the incapacity for the body to function through normal ways and manners physically, but react in a detrimental manner upon the mental reactions of the body in its relationships to self and conditions about same . . .

We find in the blood supply a tendency towards anemia; of the nature as produced by a disturbance in the physical assimilation as well as in the mental and nervous reaction to same. These as we find arise from toxic forces produced throughout the alimentary canal, especially arising from an injury or pressure upon the coccyx and sacral plexus; or through the ileum plexus, as associated with the activity of the caecum AND the emptying of the jejunum to the colon area . . .

These produce adhering tissue in the right portion of the body . . . tending to make for dis-coordination—rather than in-coordination—between the mental reactions and the impulses; by the pressures produced upon the brush end of the cerebrospinal nerve system through the areas indicated as to the pressure IN the spinal column and the sympathetic nerve system—as they coordinate through those connections in the 4th lumbar axis. Thus in the mental reactions from same we find at times the indication of lapses of the impulse; and the body remains rather in that mood of living in or reacting to old surroundings. Or there is the inclination to pity self, and to desire or wish for or dwell upon things that had to do with FORMER conditions in the system; without looking toward future activities or impulses. Hence, without these being broken up, these will tend towards a softening—or the reactions

of the impulses will be to more and more lapse in this manner; more and more melancholy, more and more reactions to the whole system . . . if there will be a consistent and persistent application of those things as may be here indicated, there should be very SOON what might be termed a “snapping out” of the whole condition.

I would have easily included this case in the previous chapter since the “mental and nervous” reactions were traced back to “toxic forces produced throughout the alimentary canal.” However, I wanted to illustrate how Cayce’s perspective is comprehensive—it takes into consideration all of the body’s systems and how they interact. Even in this case featuring major gastro-intestinal pathology, the whole body was affected, leading to various diagnoses and treatments. When traditional physical explanations failed to work, the doctors fell back on psychiatric interpretations of this man’s problems.

Edgar Cayce traced the pathology through a maze of systemic interactions resulting in the broad array of symptoms. His treatment recommendations included spinal manipulations to correct the pressures upon the nerves in the sacrum and coccyx (tailbone) areas and hot castor packs to dissolve the abdominal adhesions. After the adhesions and corrections were remedied, electrotherapy and a rebuilding diet were to be administered. During the treatments, the doctor was to use suggestive therapeutics to provide constructive suggestions to the man’s unconscious mind. When the physical condition had stabilized, (1609) was to take a vacation and rest. A rapid recovery was predicted by Cayce, “Do these and we should find, within two to three weeks, a CHANGED body—entirely!”

Reading 1609-1 made a direct referral to Dr. Mary Miller, an osteopathic physician. Several days after the reading, Dr. Miller reported that she had given Mr. (1609) two treatments and was confident about the outcome in the case. There is no long-term follow-up correspondence to indicate the eventual outcome in this case.

I will provide one further example of how spinal misalignment (“subluxation”) can impinge upon nerves leading to numerous symptoms including depression. Mrs. (4568) was thirty-six years old when she requested a reading from Edgar Cayce. She had been complaining of headaches, head noises, “nervous spells,” disturbed digestion, unspecified pelvic problems, and depression. Reading

4568-1 traced her problems back to subluxations in the middle and lower portion of the spine. Again, the nerves from this area of the spine connect to important abdominal and pelvic organs. The pathological effects spread throughout the body's systems, even producing ringing in the ears.

... a correction ... should be made in the cerebrospinal system. One—yea two—of the centers show there are subluxations, and that these hinder the body from functioning in a normal manner. These conditions have much to do with the nervous spells, also the melancholia (depressed) spells that come to the body in various forms ... The subluxations we find are in the 8th and 9th dorsal, and in the 4th lumbar ... In the functional troubles, we find there are conditions existing in the pelvic organs that give distress ... These conditions produce that of the distress to the nerve system, especially in headaches to the central portion of the brain. In the repression as this condition brings about, we see there are many various conditions that are reflexly produced, as is seen in the sensory system and in the sympathetic system, for with the subluxation ... the condition produced in the nerve reflexes brings about a taxation to those plexuses as govern the system through reflex from solar plexus and from the hypogastric and pneumogastric plexus, disturbing digestion, as well as bringing ringing to the ears at times, distresses to the sensory system ...

IN THE MENTAL FORCES OF THE BODY:

These we find very good in many ways, yet these repressions through (spinal) subluxations, and these conditions as exist in the nerve system, often bring to the body the depression that causes little things to become very large in the mental image of the body, and the body takes the body-mental images as realities, when they are only imaginations of the entity's own making.

With the correction of physical conditions, correction of (spinal) subluxations, and correction of the physical functioning organs of the body, we will find these will bring better conditions to the system, through the mental forces of the body ... Correcting mentally, through the correction in physical, will give many advantages to the body, so will find better expression of self, mentally and physically.

This case provides an excellent example of reflex conditions within the body. Note the various interactions between spinal subluxations, pelvic dysfunctions, visceral plexus, the brain and the sensory system. Also note the reference to the “mental images” and “imagination” which were apparently produced by distortion of the nerve impulses to the brain. A vast array of physical and mental symptoms resulted from these pressures upon the nervous system.

Depending upon the type of physician this woman consulted, her condition could be diagnosed in a number of ways. By modern criteria, the depression would likely be viewed as a psychological reaction to her physical illness. It may or may not be treated by the attending physician (however with the current clinical enthusiasm for Prozac, almost any degree of depression seems to get addressed by medication).

According to Cayce, if the underlying cause is treated effectively, ALL of the symptoms would be diminished or eliminated. In the case of Mrs. (4568), hot packs and spinal adjustments were advised to correct the problems in the lower spine and pelvic organs. About a month after the reading, this woman wrote to Edgar Cayce reporting that she was following his recommendations and felt much better.

Medication Side Effects and Depression

Modern medicine often seems preoccupied with providing symptomatic relief rather than seeking the underlying conditions which often produce a variety of physical and mental symptoms. One of the problems associated with this approach is that the afflicted individuals may find themselves taking several medications, each intended to relieve a specific symptom. As we all know, drugs often produce undesirable side effects. In certain cases, drugs can cause or exacerbate depression.

The readings often noted the deleterious effects of various medications. Generally, these effects were said to result from a repression of the body’s innate ability to maintain itself through proper assimilations and eliminations. This linkage of medication effects to mental and emotional problems highlights the strong biochemical dimension which the readings acknowledge as the basis of glandular and nervous system functioning.

Note the side effects in the case of (5629). According to Edgar Cayce, the nervous systems eventually became depleted as a result

of poor assimilations and eliminations. Reading 5629-1 explicitly describes the effects of certain forms of medication upon the body's vital systems:

. . . (these problems) have to do principally with the supply of energy as created for the replenishing of the nerve system, and the varied effects as are created in the body. Then, as may be surmised from such a condition, most of the nerve system and systems are involved, as well as the assimilating and eliminating system . . . The body suffers principally from nerve exhaustion, brought on by properties as given to the system to supply, or strengthen, or to stimulate the body . . . Hence medicinal properties become as a bugaboo to the system, or to the body, and the whole nerve forces rebel against taking any nostrums of any nature. In the effects as are created in the system: The tiredness, the headaches, the fullness in the feet, the inactivity of the digestive system, the slowing up of the pulsations, the overtaxing or excitement of the heart's action, the quickness of the pulse, the tired depleted feeling as is felt, little rest at times, and at others drowsy; yet not resting from the rest as attempting to take; nervous fidgety, and nothing suits . . .

Q. Why am I so blue and depressed?

A. Nerve exhaustion . . .

Q. Why have I so little endurance when I am anxious to be active and do things?

A. Nerve exhaustion.

As we have consistently observed in the cases studied to this point, the nervous system is dependent upon the rest of the body's systems to maintain itself in a healthy state. When these support systems suffer, so does nerve functioning. So, along with all of the previously mentioned causes of "nerve lapses" which the readings associated with depression, medication effects can be added to the list.

Cayce's solution to this problem is simple in principle, yet clinically problematic. In cases of co-morbidity, that is, when a person presented with symptoms of physical illness and depression, Cayce advocated treatments which addressed the cause of all symptoms, whatever it may be. Treatment for the underlying "primary" illness would also likely have a beneficial effect upon the depression. These treatments tended to be natural—that is, they worked with the

body's systems to assist the body to heal itself instead of trying to overwhelm the body and its symptoms.

The clinical difficulty arises in understanding and treating basic causes. Modern medical science has little understanding of the causes of most of the major illnesses. If Cayce was correct in the thousands of diagnoses he made of various diseases, medical science has a long way to go before a substantial understanding will be achieved. Stated succinctly, Cayce's view of the body (and more importantly, of the dynamic interaction of body, mind, and spirit) is much more complex than the medical model would suggest. If Cayce were correct, mainstream approaches to the problem of co-morbidity have set forth on a long and interesting journey of discovery.

Some Key Points to Remember

Co-morbidity is common in depression. People who are depressed often present with significant physical symptoms. Likewise, individuals who are diagnosed with serious medical illness are often depressed. Common sense would suggest a simple psychological explanation for these connections. People tend to get depressed over physical problems.

However in many cases, depression may be more than simply a psychological reaction to illness. There may be some common factors that are somehow associated with both the physical and mental symptoms.

In this chapter we have considered a few case studies which illustrate the concept of co-morbidity. The common denominator in these cases was that some basic physiological processes were responsible for both "physical" and "mental" symptoms.

Treatment was directed at cure by removal of cause. Spinal corrections and other relatively natural treatments were usually recommended in these cases to help the body to re-establish its own equilibrium. As the physical processes were brought into coordination, all the symptoms ("vegetative" as well as "mental") were relieved.

In the first four chapters we have discussed how physical (biological) problems can lead to the mental and emotional symptoms of depression. In the chapters which follow we will note that this is not a one-way process. The Cayce readings take a more comprehensive view. Body, mind, and spirit interact in dynamic ways. We will now be considering the psychosomatic aspects of depression.

5

Mind the Destroyer

IN THE PREVIOUS chapters we have examined some of the physical (biological) factors associated with depression. As noted, the medical term for the physical aspects of illness and the treatment of disease is somatic (soma, the body). We have seen how somatic (physical) causes can produce psychological symptoms (depression). The technical term for such processes is somatopsychic. Literally, this means that physical conditions produce mental and emotional symptoms.

In this and later chapters we will extend our discussion of the causes and treatment of depression to include a more holistic perspective. We will see that psychological factors can also influence the body (soma). Hence the term psychosomatic—illness produced by psychological processes.

The Cayce material contains many examples of psychosomatically produced depression. This is not surprising when we stop to consider the power of the mind to influence the body. Edgar Cayce consistently maintained that “mind is the builder.” He was particu-

larly fond of the biblical expression, "As a man thinketh in his heart, so he is."

In other words, our thoughts and attitudes directly influence our physical body. The direction and content of our thinking strongly affects our behavior and experience. The way we think is connected to the way we feel. If our thinking is basically positive and constructive, we are more likely to have healthier bodies, rational behaviors, and stable emotions.

We now know from the considerable psychological research done with persons suffering from depression, that depressive symptoms are strongly associated with negative thinking. Specifically, depressive thinking tends to be *internal*. *Internality* refers to the tendency of depressed people to view the source of their problems as being internal, within themselves. They may feel that some fault or shortcoming on their own part is causing problems in their life. They are likely to blame themselves for their negative experience. Thus, self-blame and self-condemnation are common mental patterns associated with depression.

Many of the people who came to Edgar Cayce for help in relieving their depression were caught up in such destructive mental patterns. In such cases, Mr. Cayce would sometimes provide explicit descriptions of how continual negative thinking was depressing the nervous system. In other words, the "lapse of nerve impulse" which Cayce associated with severe depression could be caused by strong negative thoughts (particularly self-condemnation). The readings stated that negative thoughts can actually produce a deterioration in the nerves and other tissue of the body.

The power of the mind can be turned against the body. Instead of mind being the builder, it can become the destroyer. The case studies which follow illustrate the destructive power of negative thinking.

The Power of Self-Condensation

Ms. (1452) was thirty-eight years old when a close relative wrote to Edgar Cayce for help. In a letter dated October 9, 1937, this woman's history of mental illness was described as follows:

I have a cousin who has been a manic-depressive during the last ten years—she is now in a depression although it is not nearly as serious as the previous ones. I am thinking of putting

her in a sanitarium . . . She was married to my cousin . . . and divorced several years ago and he has their three children.

Manic-depressive illness is a mental disorder characterized by mood swings between the elation of mania and the sadness of depression. Manic-depression (also known as bipolar disorder) will be discussed in a later chapter. At this point, we will focus on the negative mental patterns associated with the depressive aspect of her condition.

Edgar Cayce gave a fascinating reading for this woman, citing destructive mental attitudes as a primary factor in this woman's depression. He stated that self-condemnation had caused the nervous systems to deteriorate. Here is a brief selection from reading 1452-1:

While there are physical disturbances, these as we find have been produced as much by the mental attitude—to self, to conditions, to surrounding influences.

And these then need not only a physical but a spiritual approach to the applications for relief and help to be brought the body.

As is SOMETIMES understood, the physical will deteriorate through MENTAL suggestions to self. And the self-condemnation has produced in those portions of the cerebrospinal (nervous) system such activity upon the nervous system as to produce a reaction that is contrary to the activities of the nervous body.

Hence those periods of melancholia (depression), those periods when there is the determination for self-effacement (self-destruction) in one manner or another.

This has produced in SPECIFICALLY the centers in the upper dorsal and through the cervical, and especially in the vagus area, such reactions that there becomes an incoordination between the cerebrospinal and sympathetic or vegetative nerve systems of the body.

Then, under the VARIED activity, this produces disturbances in the reaction of the organs that become involved by the too much flow of impulse to the system. Thus we find there are those overflows often to the (tear) ducts that magnify and manifest sadness, sorrow, and self-effacement; in that the condemnations which arise make for the dislike of activities that are necessary for the expression of any NORMAL, cooperat-

ing, balanced system of the spiritual activities in a physical body.

Edgar Cayce used the term "self-effacement" twice in this reading. Efface means "to obliterate or obscure by or as if by rubbing out; to erase or delete" (*Merriam-Webster Dictionary*). Edgar Cayce's use of language in this instance was exactly correct. Her self-destructiveness resulted from her extreme self-condemnation. Her negative attitudes and thought patterns were turned in upon herself.

Clinically speaking, it is sometimes observed that depression results from anger turned inward. This may have been the situation with Ms. (1452). She was apparently bitter about her divorce and loss of children and was resentful towards herself and others. Edgar Cayce seemed to acknowledge this pattern when near the end of her reading he remarked, "even though the darkness of hate overshadows thee . . ."

This is an excellent example of psychosomatically induced depression. The emotional symptoms were apparently linked to a glandular disturbance ("overflows often to the ducts that magnify and manifest sadness, sorrow, and self-effacement").

The treatment plan for this woman included a referral to the Still-Hildreth Osteopathic Sanatorium. Interestingly, even though Edgar Cayce strongly emphasized the mental factor in this case, he recommended that she receive osteopathic treatment which would naturally have a strong physical component (such as spinal adjustments, hydrotherapy, etc.).

Q. Any special treatment that would be suggested at Still-Hildreth's?

A. That there may be those applications of the mechanical nature for making the better associations and connections through the areas indicated, for a more perfect NERVE reaction; and that the activities physically and mentally be directed in constructive and spiritual study AND application.

And yet, the mental and spiritual dimension was also prominent. Through "constructive" mental and spiritual "study AND application" the destructive patterns of the mind could be reversed.

In a follow-up letter, the family member acknowledged that Ms. (1452) had previously been a patient at Still-Hildreth with positive results:

It (the reading) gave her great comfort to find that she had no growth on the brain as she had feared. She has always thought that osteopathy was a great help for her. Several years ago she was at Still-Hildreth but did not like it there at all. I am going to have her have regular osteopathic treatments and also some spiritual help and hope that they will solve her difficulties.

There is no additional correspondence for this case. We do not know if the treatments were provided or what the eventual outcome was for this woman.

“Destructive Thought”

Mr. (5380) was a fifty-four-year-old widower who was suffering from deep depression when he wrote to Edgar Cayce requesting a reading. Guilt ridden about the way he had treated his deceased wife, he had a nervous breakdown and was in a rest home taking electroconvulsive therapy for his depression. His letter to Edgar Cayce revealed his tortured state of mind:

About two years ago I went into a nervous breakdown due to too much brooding, and seem to be getting worse, as my memory is getting worse all the time. At the present time I am in a rest home taking electric shock treatments. I have taken a lot of these treatments the past two years but they don't do me any good . . .

My wife passed away six years ago this fall and I got to brooding about how I treated her, as she was as fine a woman as a man could expect. I have three fine children and have a lot to live for. I used to go to church every Sunday but now I never go, as I class myself as a hypocrite. Will you please tell me if there is any help for me and what I am to do . . .

As if his remorse about his wife's death were not enough of a burden, he later wrote to Cayce telling of the guilt and self-condemnation that he was experiencing due to his post-marital lifestyle:

After my wife died . . . I held myself in for about six or eight months, after which I got to running around with a widow and she being of the same nature as I, we went into the sexual part very heavily. I never had any intentions of marrying her and

after about two years of this relationship I got so I didn't seem to care about the better things of life, as I commenced to lose interest in my church work, etc. Then a friend talked to me about how the people were talking about me and what I was doing and I got to brooding about it until I got to drinking and I did drink heavily for a long time. I had as nice a wife as any man could hope to have and should have been man enough to do right in memory of her. I also have three children and want to get onto the right track of life for their sake.

The reading that was given for this man acknowledged the reality of his negative thinking. In fact, reading 5380-1 proceeded to describe how such thinking can have destructive effects upon the nervous system—anyone's nervous system:

Yes, we have the body, (5380). In giving an interpretation of the disturbance as we find here, the mental attitude has as much to do with the physical reactions as illnesses in the body. For as we find, in the physical or purely pathological little disturbs the body, save sympathetically, but in the mental attitude there is so much of the making for the degrading of self that self-destruction becomes a part of the reaction, but it is wholly mental. And thus the nerve forces for the body, this body as any body, any individual, who makes destructive thought in the body, condemning self for this or that, will bring, unless there are proper reactions, dissociation or lack of coordination between sympathetic and cerebrospinal (nervous) system, and it may develop any condition which may be purely physical by deterioration of mental processes and their effect upon organs of the body.

While there may be a great deal of help given, the greater portion must be done by self. There can be help through hydrotherapy, with osteopathic adjustments to correct the condition which exists in the brachial center, 9th dorsal, throughout the upper cervical areas, as to lessen the tension in the body. Hydrotherapy would consist of the fumes and the rubdowns with mild sweats taken by Fume Bath rather than heating the body, see? Use two teaspoonsful of witch hazel to a pint of water in producing the fumes. Then have the thorough rubdown, using Pine Oil, will be very well, or the combination of equal portions of Olive Oil and Peanut Oil.

Then the attitude of the body: Begin not as to become just the opposite of what has been in the last two years, but read the 30th of Deuteronomy, especially those portions as to how that which the body would learn is within self. This applies physically as well as mentally, and then turn to the promises in the 14th, 15th, 16th, 17th of St. John and know thy Redeemer liveth. He was tempted like as thee. He understands. He will forgive, and you will find there will come a relief to the body.

Then apply self in just being helpful, just being kind, just being patient, just being long-suffering with others, as ye would have thy Maker be with thee, and we will bring relief.

We are through with this reading.

Apparently, the years of self-condemnation had already begun to cause deterioration within the nervous systems and organs of the body. The physical treatments were suggested to address this biological destruction.

However, it was the mental and spiritual areas of this man's life which required the most work. Cayce's recommendations to study the Bible and apply the spiritual principles therein could be viewed as a form of psychospiritual therapy.

Modern schools of psychotherapy have come to appreciate the concept of utilization as a powerful tool for transformation. Milton Erickson, the well-known hypnotherapist, was a master of utilization techniques. In essence, the thrust of utilization is that a therapist utilizes the resources that clients bring with them (including beliefs, values, past experiences, etc.). Instead of going against such powerful trends in the individual's life, the therapist uses these resources for healing.

In this case, Edgar Cayce appears to have been using a utilization technique. He sought to utilize Mr. (5380)'s religious convictions and behaviors which up until that point had contributed to his feelings of guilt and self-condemnation. The loving and forgiving aspects of these beliefs were emphasized along with the importance of applying these values in his interpersonal relationships on a daily basis.

Such utilization was a fairly common practice in the readings. Naturally, as Edgar Cayce lived his whole life in the "Bible belt" of America, many of the persons seeking his counsel came from a fundamentalist religious background. For these persons he consistently utilized their spiritual heritage. On the other hand, if an individual came to him from some other direction (such as Theosophy, Unity,

Hinduism, etc.), he was prone to utilize those systems of belief in making therapeutic recommendations.

Thus, to turn around destructive mental patterns Cayce often utilized each individual's inner resources as tools for transforming dysfunctional beliefs and attitudes.

However, keep in mind that even in cases of psychosomatically induced depression, Edgar Cayce tended to recommend a holistic approach to treatment. Inasmuch as the physical body was adversely affected by negative thinking, physical treatments were suggested for addressing the physical degeneration.

There is one other important point to be made regarding the treatment plan recommended in this case. Edgar Cayce counseled Mr. (5380) to be moderate in making changes in his attitudes. "Begin not as to become just the opposite of what has been in the last two years . . ." This man was living a highly unbalanced lifestyle. There is a natural tendency in such cases to go to extremes in making changes and get out of balance in the opposite direction. Edgar Cayce was advising Mr. (5380) to be patient with himself in making the necessary adjustments in this mental view of himself and the new direction that he would need to take with his life.

There is no report on this case. We do not know if the recommendations were followed.

Some Key Points to Remember

Persistent negative thinking can lead to depression. Self-condemnation and self-blame are particularly common mental patterns associated with depression.

The Cayce readings explicitly describe the psychosomatic process by which such destructive mental patterns become translated into nervous system dysfunction. As nervous system functioning becomes impaired (the typical "lapse in nerve impulse" which we noted in previous chapters), the negative mental patterns are experienced as psychological depression and eventually as physical illness.

This psychosomatic interpretation of certain forms of depression also explains how negative thought patterns can lead to the vegetative (physical) symptoms of depression which we noted in previous chapters. Consistent with this holistic view of depression, the readings consistently recommended a holistic treatment plan in such cases. A combination of physical, mental, and spiritual therapies was usually suggested.

6

Life's Disappointments and Traumas

*WHEREAS IN CHAPTER Five we focused on *internal* (mental) factors, now we will examine the role of *external* (environmental) factors associated with depression. In clinical terms, this is sometimes referred to as "reactive" or "situational" depression. In other words, when "bad" things happen in our lives, we can *react* to the *situation* by being depressed. Typically with this form of depression, when the *situation* improves, so will our emotional *reactions*.*

Actually, the distinction between *internal* and *external* factors is usually not so distinct. It is not necessarily a specific life situation or event that produces depression, but rather our interpretation of the circumstances. For example, when Edgar Cayce was asked by a fifty-year-old mother, "How much of my depression is due to the irrational life of my son?" Cayce replied, "Just as much as the body allows!" (5639-2)

Our attitudes and beliefs about ourselves and the meaning of life's circumstances strongly influence our emotional experience. And yet, undeniably, life's disappointments and traumas can weigh

heavily on the soul, shading our thinking and attitudes with depressive ideas and feelings.

Stressful Life Events

Financial worries may have contributed to the nervous breakdown suffered by Mr. (5318). The reading for this man also noted dysfunctional family patterns and an unhealthy institutional environment as major factors in this case. Here is a revealing excerpt from reading 5318-1 given on July 3, 1944, when Mr. (5318) was fifty-nine years old:

As we find, the conditions which surround this body are both physical and mental, but most of the mental has been brought about by the feeling of resentments from those who should have been very kind and very patient and very reluctant to have ever put this body where there wouldn't be the little gentlenesses and kindnesses daily administered. It is not well when individuals—who is to judge? . . . It isn't something to separate from. This isn't in the nature of those things, but it is the spirit of the individual that has been so submerged it fears even itself, fears to be in the way of others, and others owe this body much.

The single reading given for this man was provided near the end of Edgar Cayce's life when there was tremendous pressure on him to give readings. Consequently, reading 5318-1 was very brief. Resentment directed at Mr. (5318) by family members was cited in the reading as a major causative factor resulting in fear and withdrawal by this deeply depressed man.

The treatments recommended in his reading were of a psycho-spiritual nature. Edgar Cayce suggested that the family members and caregivers at the institution should "talk more patiently with him, those who will take this body for a walk for interesting him in things which have long been neglected in life."

The reading went on to advise:

It isn't something to separate from . . . These are not as obligations, these should never be as mere duties but for pure love of fellow man. For who is thy mother, thy brother, thy sister? "They who do the will of the Father, the same are my mother,

my brother, my sister." These should be studied in the minds of those close to the body . . . Do something about self and you'll do much for this man.

Edgar Cayce died a few months after giving this man's reading, so no check readings were provided. A follow-up report on his case indicates that Mr. (5318) showed gradual improvement during his later years and apparently responded well to electroconvulsive therapy.

Cayce's advice to the caregivers suggests that Mr. (5318) might have been a "work-a-holic." They were told to do activities, "interesting him in things which have long been neglected in life." It is easy to get out of balance in life. This is particularly true when the role society expects you to play is the primary provider for the family. Remember that this reading was given in 1944, when the father was the "head of the household" and primary "breadwinner." He may have carried the entire burden of financial responsibility for the family.

From a psychological standpoint, perhaps Mr. (5318) was adversely affected by the "great depression" of the previous decade. Or at least, his work habits and values may have been altered in an unhealthy way. Whatever the specific circumstances, it appears likely that Mr. (5318) felt crushed by the disappointment associated with his failure to succeed. Apparently, his family was critical and insensitive. Thus, much of his depression may be viewed as a reaction to a depressing work and family situation.

The Exhausted Businessman

Case (1062) is also representative of depression produced by work-related stressors. It is an example of a businessman who pushed himself to physical and mental exhaustion. Mr. (1062) was forty-seven years old when he obtained his first reading from Edgar Cayce. At the time he was suffering from depression, anxiety, insomnia, and digestive problems. Here is an excerpt from reading 1062-1 given on November 23, 1935:

IN THE NERVE FORCES OF THE BODY, here we find some of the causes as well as a great deal of evidence of the character of distresses. For there are periods when the general activities of the body make for an easy irritation of the body from

those conditions about the body; those things in self that are not able to be accomplished by self as they have been in some directions. Thus we have a reaction when there are periods of general depressions of the body-MENTAL; only being acted upon through the physical forces of the body itself.

These, then, are from those centers where there are the coordinations between the cerebrospinal nervous system and the sympathetic system; owing to the very nature of the activities of the body—and its using of its nerve energy often to carry on, even when there are the feelings and the indications of the body lacking in the desire for real activity. Yet there is the desire for the ACCOMPLISHMENT of that desired by the body, and it forces the issue . . .

For the activity of the body upon its feet has made for, as it were, a JAMMING in those centers; not that they are setting in the form of a lesion, as yet—but there is a shortening of the limbs one with another at times, in the axis between the pelvis and the cerebrospinal system.

Apparently, this individual had pushed himself to the point of physical exhaustion. Even though his vitality was sapped, his adamant "work-a-holic" style made for "the desire for the ACCOMPLISHMENT . . . and it forces the issue . . ." In current psychological jargon, this man might be regarded as a typical "Type A" personality. This personality style is recognized by its relentless goal-oriented activity. In other words, this man could never "stop and smell the roses." He couldn't stop for anything or anyone. He was addicted to his job.

His extreme work habits were even causing pressures along the spine due to the long hours in which the body was required to maintain the "activity upon its feet." The result was that the nervous system became exhausted producing poor circulation and toxicity in the body.

The continued strain led to a deterioration in his mental, emotional, and interpersonal functioning:

Q. What caused the lapse of memory three years ago?

A. Just as indicated. This overtaxing of the circulation to the extent that the flows of the blood supply to the head made for the UNDOING, as it were, of those indentations in the brain's activity that make for what man calls memory. As indicated,

this disturbance in the deeper circulation.

Q. What causes restlessness and nervousness, and what should be done to correct same?

A. This has been described, as to how there is the incoordination between the deeper circulation or the arterial and the venous circulation. So this slowing up of the arterial activity, or the calling away of the blood—as it were—from the superficial activity, produces portions on the body where there is not exactly an itch but an IRRITATION. This naturally produces restlessness, insomnia . . .

Q. Is there a physical cause for the lack of tact, or is it his nature?

A. As indicated. The abilities of the body in its physical and mental activities are ABOVE the normal. The PHYSICAL disturbances, with the lapse of (nerve impulse) . . . to produce proper coordination, cause rather the lack of tact in some directions.

Q. What causes his unwillingness to go places, outside of home and business?

A. The fear of those upsettings of the disturbances and desires that have been set before self. These can only be overcome, as we find, by the correcting of the physical forces and by the indications of those about the body of their abilities to carry on equally as well or better than those activities that he has or does carry on.

Edgar Cayce's recommendations for therapy involved physical treatments to assist the body in regaining its vitality. Osteopathic adjustments were prescribed to relieve the pressures on the nervous system. The Radio-Active Appliance (Radial Appliance) was suggested to improve circulation and help the body to relax and improve sleep. The reading also recommended that the diet contain less starchy foods.

At the interpersonal level, reading 1062-1 advised that Mr. (1062)'s business associates take on more of the work load. This would have to be carefully and diplomatically accomplished in order not to cause more worry and strain.

Q. How may the body be influenced to follow these suggestions?

A. First, as we would find, and as indicated, there should be

shown more and more—by those associated, or around the body—the NECESSITY of, and the abilities of those that would aid in, RELIEVING the body of responsibilities, and of the anxieties that are caused by the body's daily associations in its activities . . .

Q. What set-up in his present business can be arranged to ease his mental strain?

A. As indicated from the first, the abilities of those about the body to relieve the body. Not take away FROM, but to enable those about same—and the body itself to do greater things, or accomplish more, by their assuming more and more of the responsibilities in those directions in which the body has been the more active.

Do these, in the manners as we find have been indicated; and we will add MUCH to the body's physical and mental reactions. Let there EVER be, for those about the body, not too great anxiety—but a helpfulness. And let the spirit of tolerance, of mercy, of justice, be the guiding influences in all the associations.

Edgar Cayce's prognosis in this case was clear. If the recommendations were faithfully followed a good result could be expected within a few weeks. If ignored, a shortened life experience and decreased quality of life was foreseen:

And we will find, within a few weeks, there will be greater response—and the body's feelings, and the body's activities will be much improved; and the body's experience even in the earth may be prolonged many years.

But if this is disregarded, then be mindful of those distresses under which the experience may labor.

Unfortunately, the latter course was taken by Mr. (1062). A letter from a family member stated:

. . . There is not enough encouragement around Dad (1062) constantly to move him to use the information and so I fear that our efforts—(633)'s and mine and yours—have been wasted, except that we know what eventually can happen. It is sad but then that is his will and we will not force it . . .

His situation continued to worsen. A second reading was given two years later for continued physical ailments, especially problems with his right arm. Edgar Cayce noted that his was the result of the nerve problems and poor circulation that had been described in the first reading.

It seems that Mr. (1062) remained noncompliant to treatment. His extreme attitudes of self-reliance and willfulness (which led to his physical exhaustion and psychological symptoms of depression and anxiety) prevented him from accepting help at work or the physical treatments as recommended by Edgar Cayce. Thus his condition continued to deteriorate.

There is no additional follow-up correspondence to indicate the long-term outcome in this case.

Suppression of Trauma

Case (411) is interesting because Edgar Cayce cited a traumatic experience which had been "suppressed" producing glandular problems later in life. Subsequently, this woman was suffering severe depression for which she was hospitalized at the time of her reading. In the first paragraph of reading 411-1, Edgar Cayce insisted that there were two important aspects to this woman's condition, the pathological (i.e., physical/biological) and the psychological (i.e., mental/emotional). We will consider both of these dimensions in the commentary which follows this excerpt from reading 411-1:

Now, as we find, the conditions that are disturbing the better physical and mental conditions of the body are not altogether understood from the purely pathological conditions that exist. For, as we find, while there are pathological effects, there are also psychological conditions that are disturbing in the greater portion of the condition.

While there is also the effect of these two disturbing factors, there are reactions in the physical which apparently may be considered EITHER pathological OR psychological, dependent upon the manner in which the APPROACH to these is made.

In the main, from the physical aspects, as we find, the greater disturbances are in the glands of the body . . .

In the NERVE SYSTEM of the body, here we find natural reactions from general disturbances in the body from incoordi-

nation; as indicated by the inability of the body to respond in a normal manner, that makes for periods of depression or melancholia or the overactivity of the sympathetic forces in the system to respond to normal activities of a developing and reorganizing forces that are attempted to be brought about in the body building itself. As to the glands, then, as specifics: There has existed in some time back that which was of a specific nerve shock to the body, both from a physical and moral and a psychological effect that was produced in the body; and it brought abhorrence to the system in such a manner—as may be termed—that the blood was as frozen . . . The suppression of these conditions brought about improper functioning through the glands in the adrenal and the thyroid, and the more delicate—as may be termed—or the internal functioning of the thyroids proper rather than the thyroids themselves. And the pineal glands were affected by this strain on the nervous system.

Hence impoverishments to many of the organs in their functionings, and an overstimulation to others by the excess of secretions as indicated through their activities in the body . . .

Q. How long ago did this shock occur to the system?

A. This was some time ago; it should be known to those that know the body. As we find, it occurred during those periods soon after there was the beginning of the menstrual flow.

This reading given for Ms. (411) on August 17, 1933, did not describe the precise nature of the “nerve shock to the body.” It was obviously a severe trauma for Edgar Cayce to have noted “that the blood was as frozen.” The reading observed that there was a “physical and moral and a psychological effect that was produced in the body.” Perhaps the trauma involved some form of physical and/or sexual abuse.

Note that the glandular problems that Edgar Cayce associated with the trauma involved the adrenal, thyroid, and pineal. These three endocrine glands are also well established in the psychiatric literature as being linked to depression. Readers may wish to review Chapter Two at this point to appreciate Cayce’s recognition of the glandular connection in certain forms of depression.

The association of glandular problems with emotional symptoms has two significant aspects in this case. The trauma cited by Edgar Cayce occurred during an important developmental stage when the

glands are very active. According to her reading, Ms. (411) experienced the trauma “soon after there was the beginning of the menstrual flow.”

The physiological changes taking place during puberty are usually paralleled by psychological and psychosocial changes which are also very powerful. The young person is being transformed from a child into an adult. The process takes several years to complete and the adolescent is particularly sensitive and vulnerable during this crucial developmental period. Hence, a severe trauma during this stage of life might easily result in mental and emotional problems later in life.

The association of trauma with the powerful glandular changes which occurred during the early stages of adolescence may have had profound psychological effects on this woman’s developing self-concept. Perhaps this was the “moral and a psychological effect” referred to by Edgar Cayce.

The other major aspect of the glandular problem was described as a “suppression of these conditions” that “brought about improper functioning through the glands in the adrenal and the thyroid . . . And the pineal glands . . .” To appreciate this aspect of her problem, we need to understand the physiology of trauma.

When we are frightened, our body responds with the “fight or flight” reaction. This reaction is orchestrated by the sympathetic nervous system and the endocrine glands, particularly the adrenal gland. For example, the adrenal gland pours out adrenaline and other potent secretions into the bloodstream. The sympathetic nervous system, which has nerve connections that influence virtually every tissue of the body, also goes into an emergency mode. This biochemical rush prepares us to either fight or run in self-defense—hence the expression “fight or flight.” This pattern of heightened activity of glands and nerves has been labeled the “stress” response of the body.

From an evolutionary standpoint, this response pattern is very adaptive. It has provided a means for our species to survive and evolve in a biological environment that can be very dangerous. The natural sequence of the stress response is for the body to engage in some strenuous physical activity when aroused by a threatening situation. The burst of physical activity (whether it be “fight” or “flight”) uses up the potent hormones released during this reaction. Physical activity is an essential step in the stress response because adrenaline and the other stress related hormones can be toxic to

the body. In the natural order of things, they are "burned off" or flushed from the system by the strenuous physical movement associated with self-defensive combat or fleeing from danger.

In our modern "civilized" world, we are faced with many threatening situations. Sometimes the danger is immediate physical harm, in which case, we must either fight or flee. However, most the "dangers" or stressors we encounter are of a psychological and/or social nature. Our relationships and work environments can become threatening to our sense of well-being and self-esteem. This is the type of stress response which we have seen in the previous two case studies in this chapter. In this scenario, the fight or flight response is inappropriate, or even counterproductive. The heightened stress response can lead to psychological "burnout" and physical exhaustion.

There is another way that the fight or flight response can be inappropriate. When we are faced with a dangerous or threatening situation in which we cannot fight or run away, we are helpless. We must simply endure the trauma. Unfortunately, this painful response pattern is a common reality for many women and children in our culture.

For persons who experience this form of unavoidable trauma, nature has provided an alternative to fighting or fleeing. The last line of self-defense is psychological suppression.

Suppression literally means "to exclude from consciousness." Also referred to as repression, this psychological process provides another means for dealing with traumatic experience. The unpleasant experience is pushed out of our conscious awareness, buried deeply away from our normal mental processes. It becomes a memory pattern in our unconscious mind.

Significantly, Edgar Cayce referred to the sympathetic nervous system as the nervous system of the unconscious mind. He also described the close association of unconscious processes with the glandular system. So, in the case of Ms. (411), his assessment that a traumatic experience became suppressed in the activity of the glands and sympathetic nervous system is both physiologically and psychologically plausible.

In such cases, the body's response to the suppressed trauma is like a broken record that is stuck in a defensive pattern. In describing the condition of Ms. (411), Edgar Cayce referred to this dysfunctional pattern as an "inability of the body to respond in a normal manner, that makes for periods of depression or melancholia or the overactivity of the sympathetic forces in the system to respond to normal activities."

In a sense, this woman's emotional reactions to normal daily activities was like a broken record that was stuck in a defensive emotional pattern. At an unconscious level, her endocrine glands and sympathetic nervous system were functioning as if she were still experiencing the original trauma.

The psychological process that had helped her to survive the trauma was now causing her extreme emotional pain. Here is a way of thinking about suppression that may help to explain how there can be residual effects from suppressed trauma.

Suppression is a psychological process which is similar to the physical process of forming scar tissue over a wound. The scar prevents the wounded person from bleeding to death. It suppresses the immediate trauma so that the individual can survive. However, scar tissue prevents full circulation of the blood to the tissue. It is unsightly. At some point in the healing process, it needs to be replaced with healthy new tissue. If the scar is not replaced, it can have harmful long-term effects which prevent a full healing from taking place.

In psychological terms, our suppressed emotional scars are proof of the traumas that we all experience at various times in our lives. These scars were originally helpful in that they sealed us off from unbearable pain. They protected us when we could not protect ourselves. Yet, later in life, they can keep us stuck in defensive patterns—reliving at an unconscious physiological level, the original trauma. The continual replaying of unconscious fear and pain can make for “periods of depression or melancholia or the overactivity of the sympathetic forces in the system to respond to normal activities.”

An understanding of the dynamics of suppression can help us to understand another important psychological dimension of depression. Chapter Five introduced the concept of depression as anger turned inward. Through suppression, unpleasant or unacceptable experiences are turned inward. Becoming internalized, the suppressed experience can lead to a negative self-image and the negative self-talk associated with self-condemning mental patterns (as discussed in the last chapter).

Through suppression, the appropriate anger that would naturally be directed toward the offender is “short-circuited.” Anger arouses many of the same biochemical processes associated with the fight or flight syndrome. As described above, when these potent chemicals are left to circulate through the system without being used in meaningful physical activity, they can have a destructive effect on

the body. Thus, the anger response is directed inwardly toward the body in a physiological process rather than being expressed outwardly in a behavioral way.

Of course, if Ms. (411) were to go to a modern counselor, a thorough history and assessment would be done. With the increased awareness of the role of childhood trauma, suppressed emotions, and anger turned inward, the counselor would probably uncover the unconscious psychological material. Therapy would assist the client to complete the healing process which had become stuck. Recognizing the significant biological aspect of depression, many modern counselors would also make a referral to a physician for an antidepressant medication to address the physical aspect of the depression.

Edgar Cayce's recommendations focused heavily on the biological dimension of this woman's condition. The treatments recommended in reading 411-1 called for electrotherapy with a device known as the sinusoidal appliance. Sinusoidal treatment was a relatively mild form of electrotherapy used by physicians during Edgar Cayce's era.

This woman's reading also prescribed Atomidine, a form of iodine which can be taken orally. Atomidine was frequently recommended by Edgar Cayce to stimulate and cleanse the glandular system. In this case, it was stated that the Atomidine "would be of aid in CREATING a normal balance in the mental and physical reactions of the body."

In recognition of the mental and emotional symptoms, a sister of Ms. (411) asked for advice on dealing with the psychological aspect of the condition:

Q. What is the best mental advice for the body at this time that will aid her to become normal?

A. This will aid little, until there is the ability to make for responses to the reactions in the body! . . .

Do as we have outlined. Then we may be able to help in those conditions as they develop, and as help progresses.

Apparently, Edgar Cayce preferred to focus on the physical aspects of the problem associated with the glandular and nervous system dysfunctions. When these vital systems were functioning more normally, the psychological aspects of the condition could be more effectively addressed.

Cayce's approach was similar to that of modern clinicians. Persons presenting with chronic, severe depression often do better if they receive biological therapies in the early stages of treatment. When the physical aspects of their depression are relieved, they are more responsive to psychological therapy.

Unfortunately, Edgar Cayce did not have the opportunity to provide "mental advice" for Ms. (411). No check reading was requested. There was no follow-up correspondence. We do not know the outcome in this case. It is unlikely that the recommendations were followed.

"I Want Peace of Mind"

The case of Mrs. (2325) represents a blend of causative factors as we have noted in other examples we have reviewed. The source of the depression and anxiety in this case was traced to an injury to the lower area of the spine. As with several other cases in earlier chapters, the pressure upon the nerves disrupted the whole body.

The stress of disappointing circumstances aggravated this underlying physical pathology leading to depression. The precise nature of the disappointments was not stated.

Whereas many of the case studies we have looked at have little documentation, poor application, and unknown outcome, this case is distinctive. Ms. (2325) furnished excellent background information describing her depression, sought to apply her reading as best she could within her limited financial resources, and provided positive follow-up documentation regarding the helpfulness of the treatments.

Here are a couple of examples of the background information that she sent to Edgar Cayce prior to her reading.

After talking with my brother-in-law (2307) . . . W. Va., I learned of your wonderful work and what it has done for people, and I was hoping it could do the same for me. I feel that my case is purely mental, but of course it is up to you to decide. I have everything to live for and yet at times I have no desire for living. There must be some cause, and this I want to know—I want my life to be happy—with every hour to look forward to—more than anything I want peace of mind. Therefore I would like to have a physical & mental reading in hopes that my life will be greatly changed. Sincerely, Mrs. (2325)

Please answer as soon as possible (letter dated 7/30/40).

I do hope you will be able to help me, as I am miserable, and I can't understand the reason. Some days I seem all right and others I am quite depressed and wish to see no one. I want so much to be a good wife and mother, and to make a success of my life—more than anything I want to be well liked, and I think I am, but there's that uncertain feeling—afraid and uneasiness that's always with me. Why must that be?

Please tell me something to do. I will follow out every detail. This means so much to me—my whole life. Hoping you will be able to correct my mental illness, which I am sure it must be, I am, Sincerely, Mrs. (2325) (letter dated 8/8/40).

While Ms. (2325) was certain that her problem was a "mental illness" produced by "purely mental" factors, her reading from Edgar Cayce recognized both mental and physical problems with which she was struggling. A single reading for this twenty-five-year-old housewife was given on August 20, 1940. It is a brief reading which is included in its entirety:

Yes, we have the body here.

While apparently there are no defects—or few—so far as the physical forces of the body are concerned, we find there ARE conditions which without corrections—and a change in the general attitude of the body to its environs and circumstances—may lead to great disturbance in the mental and the physical forces of the body.

As we find, there have been some disappointments, and some conditions which have caused the mental attitudes of the body to become as one being hindered, or not able to give that expression in itself as to the course to pursue, or as to the desire of the body mentally and physically.

However, we find that the basic causes of these hindrances are in the cutting off of impulses between the nervous system and the reactions in the physical forces of the body.

Hence those periods when there is the inability to rest, or the tendency to become aggravated at little conditions which may arise between the self and EVERY association as may be about the body.

At periods insomnia may be a result; with little nagging headaches; periods of great languidness.

These are, as we find, the effects of this incoordination between the sympathetic and cerebrospinal nervous systems.

As we find, these arise primarily from physical conditions that exist in the body from a hurt—or injury—to the coccyx end of the spine; which also causes a lesion in the upper portion of the 4th lumbar, or between the 3rd and the 4th. This is not of such a nature as to hinder locomotion entirely, but as to cause often—when the body-mind forces itself, or carries on any great exertion—a heavy feeling across the small of the back, and a heaviness to the lower limbs.

This is a SOURCE of the disturbances, that causes pressures upon the nervous system.

Hence we would remove these conditions mechanically—that is, osteopathically.

We would use the Radio-Active Appliance to equalize those impulses through the upper and lower portions of the body.

Doing these, we find it will change materially the physical and mental reactions of this body.

As to the mental attitudes—these, as we have indicated, are a part of the physical distress; but there needs to be rather the studying by the body of some form of philosophy as to the relationships of individuals to those environs about them; that is, these should be the basis of such study—not cisms or cults, not those things that are intended to form merely attitudes or cliques or classes or the like, but rather those things that are based upon the commandments—especially those recommendations of Moses in his last admonition.

Here (that is, in those chapters) we will find that which is both of the mental and the spiritual, as related to not only the relationships of individual entities to their fellow men but also their relationships to Creative Forces or God.

Then—with the study and the analysis of this—go about to put same into daily practice in thine own experience. For, if ye would have friends, show thyself friendly—under every circumstance, every condition. If ye would have strength and love, expend same; not merely upon those who are easily inclined to accept or receive same, but upon those to whom the expending of same will bring hope, life, love, in their lives and experiences.

And in doing this ye will bring that joy, that hope in thine own experience which is the outcome of well-doing; as WELL

as being that promise which is to every soul who seeks to know His biddings with his fellow men.

For as ye do unto the least of His children, ye do unto thy Maker. This is not that of longfacedness nor that which cherishes only the customs, the days or seasons; but rather it is that which is expressed in daily love for God's children, as may be manifested in the joys of an evening's social engagement as well as in the feeding of the hungry, in the cherishing of the sick, or in any form of attitude or activity that gives one the opportunity of becoming USEFUL in the own vicinity, the own home, the own environ.

Then, doing these—with the physical corrections made—the attitude of the body will be found such that much more easily will life become worthwhile.

And let thy prayer be, ever, as was His in that day He was called, "Here am I, Lord! Use me, send me!"

We are through for the present.

Note that the physical aspect of her condition is traced to an injury to the coccyx (tailbone). Previous chapters discussed the significance of spinal injuries to mental and emotional symptoms. According to Edgar Cayce, the spinal pressures were producing an incoordination of the nervous systems.

The physical problems were contributing to her depressed mental status. Her reading noted "there have been some disappointments, and some conditions which have caused the mental attitudes of the body to become as one being hindered." As was typical, Edgar Cayce's psychic discretion respected her confidentiality. He avoided specific description of the disappointing circumstances.

However, she was given explicit directions for changing her attitudes. Edgar Cayce utilized her religious beliefs in his recommendations. She was told to study certain portions of the biblical scriptures and to apply same in her daily life. She was advised to give to others, to be less self-centered.

The physical treatments recommended for Ms. (2325) were basic for such cases—osteopathic adjustments of the spine and electrotherapy with the Radio-Active Appliance (Radial Appliance). A follow-up report stated that she received benefit from the application of Edgar Cayce's recommendations.

I did so appreciate your sweet letter—it's funny but I feel

benefitted already. The treatments you advised me to take have done worlds of good . . . (letter dated 9/6/40).

Some Key Points to Remember

Disappointing life circumstances are a causative factor in many cases of depression. The clinical terms used to describe this aspect of depression are “situational” or “reactive” depression. In other words, the depression is a reaction to a disappointing situation.

However, the role of disappointment can vary greatly. In some cases (such as Ms. (411) in this chapter), when the disappointment is of traumatic proportions, it may be the primary causative factor. As with her case, there can even be a psychosomatic effect whereby the psychological stress of the disappointment or trauma can cause physical pathology (in her case a glandular imbalance).

We have also reviewed the role of chronic disappointment. In the cases of Mr. (5318) and Mr. (1062), continued disappointment in financial and family matters were the source of depression. The psychological stressors produced physical problems commonly associated with depression.

The final case study (Ms. (2325)) illustrated the contributory role of life’s disappointments. According to Edgar Cayce, she had suffered a spinal injury to the lower spine which had produced an incoordination of the nervous systems. The physical condition predisposed her to depressive mental attitudes. In effect, the physical problem exaggerated her depressed reaction to disappointments that she was experiencing in other areas of her life. Edgar Cayce gave specific instructions for an “attitude adjustment” as well as “spinal adjustments” to help her to overcome her depression.

7

Spiritual Malaise

FROM THE PRECEDING chapters, it is obvious that depression is a complex subject. We have seen that depression can take many forms produced by a variety of biological and psychological factors. Continuing in this holistic direction, this chapter will expand into the spiritual aspects of depression. We will examine the idea of “spiritual malaise” as the source of depression.

Malaise means “a sense of ill-being.” It has the same root as “malady” which is a “disease or disorder of the body or mind.” Thus, spiritual malaise refers to ill-being of spirit or soul. Edgar Cayce observed that depression can result from spiritual malaise, usually by either missing or ignoring the spiritual side of life. There are two characteristic ways this can happen.

One way is that the life direction can be misdirected. The individuals have definite goals and a sense of direction in their life. The problem is, the direction they are taking is self-centered. They may eventually end up in a very depressing situation created by their shortsightedness. Thus, selfishness is a common form of spiritual

misdirection which can lead to depression.

Another form of spiritual misdirection is to have no direction at all. Persons on this path are floundering along with no particular ideals to serve as a spiritual road map. They feel profoundly lost and disoriented in regards to the meaning of life and purpose of creation. The emptiness of life is a depressing void.

“Selfish Interest”

Ms. (3821) received a reading from Edgar Cayce on May 2, 1931. Much of the reading addressed various physical symptoms such as indigestion, hearing, and visual deficiencies. She also included some questions about job and relationship opportunities. However, Edgar Cayce volunteered some advice about a disturbing trend in her life, selfishness:

In the mental conditions of the body, these require a greater scope or a more serious consideration as to their expanse of activity. These should be, as we find, kept in that attunement with the spiritual abilities of the entity as a hope that there may be not condemnations of self in the use of any of the mental activities of the body in any direction. For the spirit being willing, the flesh or the aggrandizing of selfish interest being too often the motive force for mental abilities cause discouragements and disregard of the real purport of the mental and spiritual forces of the body . . .

Recall the serious psychological and physical effects of self-condemnation as discussed in Chapter Five. In reading 3821-1, the warning was being given in advance of serious physical deterioration. However, psychological problems were already manifested. At the closing of the reading, the question of recurrent depression was raised:

Q. What can the body do to relieve herself of the state of melancholy which she often experiences?

A. The best is that as has been given. Let the mental body be permeated more by the spiritual insight of the body when such conditions arise and they often do to every entity, every soul. Look about self; do something for someone else.

Perhaps Cayce's advice was too direct. We will never know for sure. Ms. (3821) did not provide follow-up correspondence, so we do not know the eventual outcome in her case.

However, Edgar Cayce's linkage of selfishness and depression is explicit in this instance. Moreover, he observed that we all are subject to this pattern to the extent that we indulge in selfishness. His therapeutic recommendation is simple but not easy. We are to "Look about self; do something for someone else."

It can be extremely difficult for depressed persons to "get outside themselves"—to get beyond their own sadness, pain, and emptiness. Maybe that is why Edgar Cayce so often included recommendations for physical treatments for depressed persons. The physical treatments could help to energize the depressed individual and provide opportunity for healthy social contact. This can be a significant first step in reaching out to others.

Loss of Ideals

The Cayce readings place great emphasis on the role of ideals for maintaining wellness. Ideals may be defined as "guidelines for living." The holistic perspective of the readings is reflected in the establishment of ideals. In the "ideals exercise," the spiritual, mental, and physical dimensions of life are closely examined to provide criteria for making conscious choices in all areas of life (see the Appendix for Todeschi's book about the "ideals exercise"). Ideals should reflect the highest criteria of living. Case (1189) provides a glimpse into the depressive effects of failing to establish and maintain one's ideals. Here is an excerpt from reading 1189-2 given on June 7, 1938, for a twenty-four-year-old woman:

Now with this body we find there has been an exceeding upset in the ideals of the body-mind; coming from disappointments in individuals and in the reaction to that which is the ideal of the entity within itself.

And being of a supersensitive nature, it has (the mental) rebelled at these conditions.

Now the expression of these reactions are within the physical forces of the body. Hence we have been gradually on the border of a nervous breakdown, as it would be called by most pathologists or psychologists.

Yet through the emotions these have produced, as we find,

definite reactions in the physical forces of the body; as related to the nervous system, both cerebrospinal and sympathetic. And those areas that find greater distress are where cerebrospinal and the sympathetic or imaginative centers coordinate with the physical reactions of the body.

Hence we have had periods of uncontrollable melancholy (depression). We have had periods of the uncontrollable overflow of the ducts that express emotions (tears); inability of perfect assimilation—which immediately upsets the metabolism of the whole physical body.

This case could easily have been included in Chapter Six which dealt with life's disappointments. I have included it here because it points out the importance of our spiritual position in regards to life's problems. We all face disappointment in life. Our beliefs and attitudes determine how we think, feel, and act in response to life's difficult circumstances. According to Edgar Cayce, our beliefs and attitudes are based on our most fundamental values about life. He suggested that we become very conscious of what these values are in relation to the spiritual, mental, and physical dimensions of life.

Even in this case where the spiritual values of the person were causing much of the dis-ease, Edgar Cayce pointed out the necessity to provide physical treatments. Note the reference to the "centers" along the spine ("where cerebrospinal and the sympathetic or imaginative centers coordinate with the physical reactions of the body"). Thus, even in cases where the prime etiological factors involve mental and spiritual ideals, the physical is affected and requires therapeutic attention.

There are no follow-up reports in this file. We do not know whether or not Ms. (1189) applied Edgar Cayce's advice.

A Case of the "Blues"

Mr. (802) also had problems in the formulation and application of ideals. His condition might be classified as a case of spiritual misdirection. He sincerely believed that he was a good person trying to live a spiritual life. Edgar Cayce looked deeper into this man's problems and saw patterns of selfishness and confused ideals.

Mr. (802) was thirty-nine years old when he received reading 802-2 which stated:

In giving the mental and spiritual understanding or interpretations, that which is prompting in its activities in the earth, in the relationships to its own self, we find:

If it seeks for the soul development, then turn within. For, what may be given as truths, as axioms, as those influences that may make for the awareness of the divine, these become as sounding brass if there is not the desire, the impelling influence, the activity from within, to make manifest love—that makes for that which will exalt in the earth, in the relationships with the fellow man, that which is the ideal, the hope, the understanding of the entity.

When the ideal is founded in materiality, it is too oft found—when man has paid the price for fame, for fortune, for position, for power—that it is as naught; something lacking yet. Too oft is this found; unless that which is prompting the desire, the hopes, is founded in the spiritual life, in the inner self, as to the glory of that which gives life itself. With this as the prompting, though, one may find peace and harmony, and that which passeth understanding in WHATEVER realm is necessary, for the advancement, for the making aware of that in the experience—of that abiding grace—that comes from living that even as He gave, “As ye would that men should do to you, do ye even so to them.” For this is the law from the beginning. As ye manifest, not to an unseen God, not simply to that necessary for the laying aside of those things that make for satisfactions in the material life, but glorifying them. For the purposes are the glorifying of Him. For he that seeketh the Lord and findeth Him shall have “all these things added” as it becometh necessary.

Be patient; be kind; show brotherly love. Making for those things that are of the spirit becometh, then, the basis for the activities in the earth, and His promises are faithful that, “Ye abiding in me, I in the Father, ye shall ask in my name and it will be done unto thee.” Even the desire of thy heart concerning thy spiritual life.

Ready for questions.

Q. I have been working literally day and night to build an organization of capable, decent people. Each time I bend over backward to help someone in distress and manufacture a good job for them I am condemned by others. And, generally, I find I am later condemned by the person helped. Is it worthwhile to continue or should I judge entirely by sad past experience?

A. What matter though the man lose the world if he gains his own soul? Patience maketh one aware of his soul. As ye deal to others, so will it be dealt to thee. This is the unfailing, the unfaltering principle, the law—LOVE. As ye seek, as ye do, though the whole WORLD condemn thee, though the others forsake thee, forsake NOT those principles that make for the satisfying of that thou hast set, thou dost set as an ideal! Be PATIENT and ye shall see the glory of the Father manifested in the lives, not only of those that have condemned or do condemn thee for thy singleness of purpose but in doing that which maketh for oneness in thy relationships to thy fellow man ye shall SEE that they—thy efforts—shall not, will not, go unrewarded in ANY direction. Be patient . . .

Q. The firm I am working for put me off from time to time on my requests for a reasonable return for time and effort expended in their behalf. Have I made a mistake in not looking elsewhere for another position, or should I continue my efforts for recognition here, and how should I go about it?

A. Continue the efforts for recognition here. Let the activities be towards a service to thy fellow man in the field of thy choice, whether with those in authority or those that would aid in thine efforts; and ye shall find that as there is the word of self—not by mere rote but by thy activity, by thy own association; not only with those in authority but those that ye serve—it will make for those returns not only as commensurate with the efforts that ye have and do put forth, but shall bring forth forty, yea sixty and a hundredfold for thy labor—IF it is given in love!

Q. I have had the blues many times and have been wondering if it might be a natural circumstance due to general conditions or if it could partially be caused by a physical condition. Please explain.

A. As one allows self to be overcome by those things that oppress or depress, as one gets more and more of the FEELINGS of unappreciation on the part of others, these are as the crushing of one's own egotism in the MENTAL phase or portion of the experience of an entity. As one finds such expressions become more and more a portion of the material or physical self, there is produced then a physical reaction. Not as other than a mental aptitude as respecting same; but when these conditions approach thee (for all are as upon the wheel

of life), look rather within than without. And in thy activity give praise to someone, even though it be a feeble effort on the part of such an one. Find those that are also as thyself bemuddled by the cares of the world, the deceitfulness of man's voice, the inexpressionness of man's association and activity. Give not away to the satisfying of thine own indulgences and say, "What's the use; no one cares!" If thou dost not care for thyself, who may care for thee?

Then, let such experiences be rather those periods when ye would in some other's life, not thine own, make it a period of joy. And ye will find that such will pass away, even as the morning dew when the light of truth and justice and mercy shines out upon those things; for they shall become as high points of thine own experience and not that of despondency, despair or the blues. Do not mistake the blues for a grouch, and a grouch for the blues. But let thy yeas be yea and thy nays be nay with thy REAL inner self. And look to that from within. For He, thy God, thy better self, thy inner man, thy Christ Consciousness, thine own soul, hath promised to meet thee there—and to guide thee in all things that will make for making thine experience in the earth not only a joyous one but more and more worthwhile for those that thou dost contact day by day.

Clearly, the message in this reading is that the source of Mr. (802)'s depression was within himself. Although he professed high spiritual ideals, his spirituality was misdirected. It was a warped spirituality based on self-centeredness. It manifested as righteous indignation toward other people who recognized his shortcoming and condemned him for it.

One of the problems with self-centeredness is that it prevents us from seeing ourselves the way others do. This man looked around himself and saw only the negative side of life. His interactions with others were plagued by condemnations—especially condemnation from his co-workers and his clients. Everything and everyone outside himself seemed to be at fault. He felt like giving up. He described his depression as the "blues."

Edgar Cayce reminded him that there was a difference between being "blue" and being a "grouch." It would seem that this man was indulging in a psychological process called "projection." He was projecting his own inner condition outward into the world and then reacting to it in other people.

Projection is a very common process by which we avoid seeing certain parts of ourselves. We all do it at some time or other. Some of us practically make it a way of life.

In many instances, this process might be better described as “resonance.” In other words, we tend to resonate with other people who have the same qualities that we have. We are often attracted to such people, even though we do not know why. This is an example of the metaphysical principle that “like attracts like.” I would expand it to say, “like resonates to like.” We resonate or react emotionally to people who remind us of ourselves. Because many of us do not know ourselves very well, we sometimes become upset with other people when we find ourselves resonating to them in a negative way. We want to blame them for our emotional reaction, not realizing that they are only reminding us of something important about ourselves. Resonance need not necessarily be a negative experience. We also resonate to the beauty in others.

The famous psychoanalyst Carl Jung observed that we all have certain parts of ourselves which are unacceptable to us at a conscious level. He called the rejected part of ourselves the “shadow.” Sometimes the rejected part of ourselves is quite lovely and beautiful, in which case, the term “golden shadow” is used to identify the hidden aspect of our psyche. It is the “shadow” part of ourselves that we tend to project or resonate to in other people.

Edgar Cayce did not use the terms “shadow” or “resonance” in describing this phenomenon. However, he did sometimes observe that other people are mirrors in which we see ourselves. When Edgar Cayce gave readings for persons experiencing the difficulties and challenges of life, he often remarked that the “entity is meeting self.”

Apparently, Mr. (802) was “meeting himself” in his job and workplace. This was a depressing experience to him. No doubt, Mr. (802) was quite surprised and dismayed to hear Edgar Cayce telling him that most of the negativity that he was reacting to in others was also within himself.

The implications of Cayce’s psychospiritual analysis is clear. If we don’t like what we see in other people, perhaps we should examine our own inner selves. Edgar Cayce told Mr. (802) to “look rather within than without.” All the negativity that this man was encountering out in the world was simply a reflection of his own inner being. Therefore, the change must come from within.

A close examination of ideals was to be the starting point. His present ideals were “founded in materiality.” A change in ideals

based upon spiritual values would be reflected in changes in mental attitudes and interpersonal behaviors. As a consequence, his depressing emotional reactions would also be altered.

Cayce pointed out that Mr. (802) should treat others the way that he wanted to be treated. Although his view of life was clouded by his "sad past experience," Edgar Cayce asked him to maintain a "here and now" focus which would be guided by ideals.

This is a difficult change for anyone to make. We often don't want to see ourselves as we are. We usually prefer to blame others. We tend to hang onto negative past experiences as excuses for not being able to change the present. We embrace our projections, trusting them to protect us from the unpleasant truth about ourselves. We resist change because it can be painful and frightening.

Edgar Cayce's counsel to Mr. (802) was:

First learn to be patient with self, then ye will know patience with thy fellow man. GIVE thy work—thy relations with thy fellow man, IN thy work—a SOUL, as it were, or the awareness that honesty, truth, justice, mercy are those things that WILL and DO build in every field of activity.

By being patient and loving with himself and by giving his work "SOUL," he would experience an awakening from within. Through this soul work his life would take a different direction. He would experience an "awareness of the divine." His turning within would result in "soul development." Instead of the self-indulgent complaining about others and his sad experiences, he would find life to be joyous and worthwhile.

Yet Edgar Cayce was aware of the difficulties inherent in making such fundamental changes. Cayce acknowledged that there was a tendency to avoid the changes that needed to be made. High spiritual ideals are "as sounding brass if there is not the desire, the impelling influence, the activity from within, to make manifest love . . ." In other words, Mr. (802) would have to apply the spiritual advice contained in his reading if he hoped to reverse his spiritual misdirection and overcome his depression. Mr. (802) needed to develop patience because the transformative process would take time and require much effort.

We do not know how Mr. (802) reacted to the strong message contained in his reading. He did not receive additional readings and there is no follow-up correspondence in this case.

“Misdirection of the Spiritual Life”

The case of Ms. (272) could easily have fit into previous chapters. Considering her serious physical illness, her depression could be regarded as an example of co-morbidity in depression (Chapter Four). Her readings from Edgar Cayce acknowledged *destructive mental attitudes* which were contributing to the physical illness and her depressed mood (Chapter Five). Her *life situation* was extremely *disappointing*—she was physically ill, entangled in a disastrous marriage, and faced with continuous financial difficulties (Chapter Six).

I have included her case in this chapter because Edgar Cayce attributed all of these problems to “misdirection of the spiritual life”—spiritual malaise. Like the previous case study (Mr. (802)), she complained about feeling “blue” much of the time. Like Mr. (802), she also complained that life’s circumstances and other people were the source of her predicament. In other words, she didn’t want to acknowledge her own involvement or responsibility for her problems.

For example, she was suffering from gonorrhea. She was obsessively focusing on an affair that her husband had with a sister-in-law. She was also fixated on her Negro cook whom she believed had used her douche over a year before. These concerns seem reasonable enough on the surface. Yet her readings were like a mirror that reflected back her own behaviors in this area.

She requested that Edgar Cayce use his psychic gift to find out:

Do I have any men admirers? Who? (Answer by description.)

Under my conditions how can I be happy and have someone to love me? Does this person I see every other day love me? Will he ever love me? How can I gain his love?

Edgar Cayce did not honor her request for this information. When she complained about her inability to have normal sexual relations with her husband, reading 272-2 confronted her in unmistakable terms:

This is because of the conditions as have existed in the body, and the activities as have been indulged in by the body from time to time, in a promiscuous and in an unseemly manner.

She did not ask any further questions along these lines.

Although she requested her initial reading to help her with the physical problem (gonorrhoea) which was not responding to regular medical treatment, Edgar Cayce insisted that she recognize that her condition was caused by psychological (“psychopathical”) as well as physical factors:

Yes, we have the body here, Mrs. (272). Now, we find there are disorders and disturbances in the physical functioning of the body. The conditions, as we find, have to do with the FUNCTIONING of organs, and that the causes are both physical and psychopathical. In the effects as are produced in the disturbance, these have to do with the sensory system and the organs of same, the organs of reproduction, and these effects are from mental attitudes as have had much to do with the disturbances as are exhibited in the present time . . .

IN THE NERVOUS SYSTEM, OR SYSTEMS, here we find, from the PHYSICAL sense, the GREATER amount of distress—for, from there being stored in the mental forces of the body those of aggression, discontent, the holding of the disorders against individuals, has produced much as has been stored as of detrimental influences; for ANGER in the system destroys that characterization of a perfect, or even a well-BALANCED ASSIMILATION, which makes for physical impoverishments, and with the constant brooding brings depressions that affect especially the sensory system; eyes, ears, nose, throat.

In the character of the elements produced IN the plasm, these become—from such depressions—of an overACID nature in the body, and throughout the system these work for the improper functioning of organs as are of the sympathetic SYSTEM’S nature . . .

While those (medical) administrations as have been and as are being given, will be and are effective in a physical manner, they ONLY are of a temporary or of a putting OFF of conditions—unless the mental attitude, the nerve and the resultant expressions of same—through impulses to the physical organisms—are stimulated or brought—THROUGH the mental body, and THROUGH the physical forces—to near a coordination in system, the conditions CANNOT REMAIN in a normal state though only PHYSICALLY corrected!

In meeting, then, the needs of the physical forces, as we find

them in this body, (272) we are speaking of, we would take more time to be holy in thought, in the expression of same. To forgive and not forget is to burden self physically AND mentally. To retain suppressions, through grudges, or discontent, is to build for a mental inability of control of self through an ideal that may attempt to be held before self in the mental and spiritual applications' growth. In this direction the body should take thought, NOT of self so much as of the EXPRESSION of self's, through self's own application of the ideal held, as it may reflect in the lives of others . . .

Keep the mind pure, and hold to an ideal, working or living better in a manifestation of that ideal.

The physical treatment recommendations were for osteopathic treatments and a mild sedative. Later readings provided more extensive therapeutic suggestions to address the gonorrhoea.

The psychospiritual recommendations were similar to those described in previous case studies in this chapter. She was to define her spiritual ideal and seek to apply it in all her daily activities. Her reading admonished her to "take thought, NOT of self . . ." but rather "through self's own application of the ideal held, as it may reflect in the lives of others."

Her reading pointed out that suppressed anger was poisoning her system by creating an overly acidic condition in the digestive system. This disruption was affecting other important systems of the body including the sympathetic nervous system. Recurring cycles of depression were the result. The suppressed anger also blocked her mental and spiritual growth by preventing her from developing and implementing her ideals.

The strong mental and spiritual advice in her early readings were hard for her to take. In subsequent correspondence to Edgar Cayce she complained, "You have given me two readings without any practical value . . ."

In the beginning she was also preoccupied with finding a buried treasure on her father's farm. She and her husband were in constant financial trouble and she was afraid that they would lose their house. She was upset with Cayce for not providing information in this direction.

Her correspondence relates that until a few years before her first reading she had been very active in church activities. She seemed to regard herself as a spiritually minded individual. Then, as reading

272-7 noted, she allowed her spirituality to become misdirected:

In considering the problems that confront the body in the present, it will be well for the body (in analyzing the problems that confront the body) to review something of those conditions that have been the experience of the body in the mental, in the material and in the spiritual life.

That much that has arisen in the experience is to be met for the soul's development has clarified some of the whys and wherefores for the body; yet when viewed from the mental angle, the laws that govern cause and effect, the environs, that builded in the material experience is the result (from the materialist angle) of misdirection of the spiritual life, and the mental has builded that which has made these experiences for the body!

Hence we have arrived then to the present status, where there must be—for the betterment of the mental, the physical, the spiritual forces—a change, or some decision made that will be the guide, the signpost, for the mental and spiritual forces, that the material that is builded may be rather in keeping with that which brings peace, harmony, contentment, in such a manner as to make for an experience worthwhile.

Ms. (272) eventually responded to Edgar Cayce's emphasis on the spiritual and mental as well as the physical areas of her life. Whereas initially she sought information about her physical problems, her later readings were almost entirely of a mental and spiritual focus. Whereas she originally wanted Edgar Cayce to locate a buried treasure on her father's farm, later she sought treasures of the soul in the form of biblical and spiritually oriented study materials. Whereas she was full of anger and resentment toward others, she became loving and forgiving of others. And in so doing, she began to love herself as a child of God. The result was a spiritual transformation that healed her mental attitudes, physical illness, and interpersonal relationships.

The beginning of the transformation was to be "a change, or some decision made that will be the guide, the signpost, for the mental and spiritual forces." In other words, she must take a stand in regards to her ideals. She needed to use her will to make a choice or decision about what direction her life would take. By making the choice to change, even in some relatively small or symbolic way,

mental and spiritual forces would be awakened within her.

A "life reading" given by Edgar Cayce seems to have been a turning point for her. She became more aware of herself as a soul. Her self-centered focus shifted to a broader appreciation of the spiritual context of life. In response to her life reading she remarked:

Some of my past reincarnations have not been successful, especially in the latter part of some of them. I do not want this to happen again. I don't want to do things that would be against my own soul development. I want to do the thing that is right regardless of the cost. Therefore, I earnestly pray that I may select the things to do that would make for my advancement toward the spiritual idea.

The concepts of reincarnation and soul development fall within the realm of the transpersonal aspects of the human condition. We will revisit this dimension of depression in Chapter Nine. For now, it is only important to note that Ms. (272) experienced a spiritual transformation that redirected her life.

Ms. (272)'s story stands in sharp contrast to numerous case studies we have reviewed in which the individuals either did not apply Cayce's suggestions or did not provide follow-up correspondence. She wrote numerous lengthy letters documenting her journey back to health. Here is a sample dated October 21, 1933:

This is a testimony which I hope you may be able to use in helping someone else and in spreading the wonderful work you are doing.

Several years ago I had a physical condition which seemed impossible for me to overcome. Then, one day in a psychology class in college Mr. Cayce and his work was discussed and I resolved to write to him in an effort to obtain help whereby my physical condition could be improved. Very soon a reading was given. Not knowing anything of a reading and the work in general, I was at a loss to know how to carry out the directions received through the reading, though the directions seemed very simple. Those I went to for help seemed willing to do anything in order to bring relief; but not knowing the complete conditions, hindered me in my efforts to become well. Several readings were given with almost the same results. It seemed impossible for me to apply them in my own condition. Yet, in

my mind I would not give up for I had heard that many people had been helped through such readings. Deep within my own consciousness I felt that I, too, could get help through these channels of Mr. Cayce that would be of a personal application to me. My prayer was, that I would be shown how to apply that, that was given in my own life.

Check readings were given and then it seemed that gradually I began to comprehend more of the meaning and application of them in my own case. My mental condition changed and the readings became very personal, very encouraging, and very applicable. They fit me and my condition better than anything I could think of. They were the truth as it applied to me. The directions for the physical, mental, and spiritual improvement of myself were such that I thought they were easy of application. Through prayer and daily life, I tried to follow every suggestion as it was given . . .

Follow-up reports over the years indicate that Ms. (272) was able to maintain her new sense of spiritual direction and physical well-being.

Some Key Points to Remember

Spiritual misdirection can lead to depressed feelings of emptiness and discouragement. This may be regarded as a form of illness or malaise of the soul. In common terms, spiritual malaise most often manifests as some form of selfishness.

Selfishness often gets projected outward onto others. Or, perhaps we simply resonate to the selfishness which is so abundant in the world. In either case, it is easy to become disillusioned and saddened by the negativity that seems to oppress us from without.

Edgar Cayce recognized that other people are mirrors in which we see ourselves. Life is a growth experience in which we constantly meet ourselves through others. Becoming aware of our role in this creative interaction is essential if we are to transform our misery into meaning.

Transformation comes from awakening to the spiritual dimension. Edgar Cayce believed that developing and applying ideals was the best way of attending to the spiritual aspects of life. He used the term "soul development" to signify the growth process that heals spiritual malaise.

8

Bipolar Disorder

BIPOLAR DISORDER is the current psychiatric category for an illness previously called manic-depression. The term “bipolar” is descriptive of the mood swings associated with this disorder. To understand the concept of bipolar, you may think of emotional experience as a spectrum. At one end or “pole” of the spectrum is depression. The previous chapters have dealt with this aspect of depression. If the emotional disorder is limited to this end or “pole” of the spectrum, it is called “unipolar” depression.

At the other end of the spectrum is mania. Mania can be thought of as the opposite of depression. Whereas depression is associated with low energy, sadness, diminished interest or pleasure in life, feelings of worthlessness, and diminished ability to think or concentrate; mania is recognized by symptoms such as high energy, inflated self-esteem, “pressured speech” (more talkative than usual), racing thoughts or flight of ideas, and excessive involvement in pleasurable activities which tend to have a high risk for painful consequences.

Just as a person may suffer from only the depressive end of the emotional spectrum (unipolar depression), it is also possible to experience only the other end of the spectrum in the form of manic episodes.

Thus, bipolar disorder is characterized by mood swings between the low moods of depression and the high, elevated moods of mania. The timing of the mood swings is highly variable. They may be erratic or repetitive, with cycles varying from weeks, months, or years. In some cases the mood swings occur many times within the same day (“rapid cycling”).

In its most extreme forms, mania may be experienced with psychotic features. Psychosis means that the person is out of touch with reality. They may be hallucinating (having perceptual distortions) or delusional (having cognitive or mental distortions).

Schizophrenia is another major form of psychosis. Sometimes it is difficult to distinguish between bipolar disorder with psychotic features and schizophrenia. In an attempt to lessen the confusion, a distinct diagnostic category (schizoaffective disorder) has been created for the overlap between bipolar disorder and schizophrenia.

I am emphasizing the psychotic aspects of bipolar disorder because this form of the illness is sometimes associated with transpersonal features, a concept which will be introduced in the following case studies and further elaborated in the next chapter.

The standard medical treatment for bipolar disorder is the chemical, lithium carbonate. Lithium carbonate is a naturally occurring salt. Its therapeutic potential was discovered by an Australian researcher seeking a neutral solution to serve as a control substance in experiments with rats. Fortunately, he was astute enough to notice that the substance, intended to have no effect, actually affected the rats’ behavior in a specific and useful manner. He had a difficult time convincing his colleagues to give lithium a try—it had been used in previous experiments with humans and its propensity for toxicity had resulted in several deaths. Eventually, its therapeutic value was acknowledged and is now widely used by the medical profession in treating mood disorders.

The therapeutic action of lithium carbonate is unknown. In other words, we do not know how it works. As just described, its discovery as a treatment for bipolar was a fortuitous accident. Interestingly, its therapeutic effect was probably known many centuries ago. The Romans recognized that persons suffering from certain forms of “insanity” (i.e., bipolar disorder) could be healed if they bathed and

drank the water from certain healing springs and pools of water. It is likely that this healing water had naturally high levels of lithium.

Modern epidemiological studies also indicate that naturally occurring lithium can have therapeutic effects in mood disorders. Comparisons between the lithium level in soil samples from various parts of the United States and the suicide rates for these geographical areas shows that persons living on land with high lithium levels commit fewer suicides than individuals inhabiting low lithium land.

For certain cases of bipolar disorder which do not respond to lithium treatment, antiseizure medications are helpful. Thus there seems to be an overlap between bipolar disorder and seizure disorders as well as the aforementioned overlap with schizophrenia. The reasons for these commonalities are presently unknown to medical science.

I have described and documented the above issues in bipolar disorder in a previous work entitled, *The Treatment of Depression: A Holistic Approach Based on the Readings of Edgar Cayce*. Edgar Cayce was aware of the therapeutic potential of lithium for mood disorders, the relationship between trace minerals in the soil and suicide rate, and the overlap of bipolar disorder with other psychiatric and neurological illnesses. Readers interested in such topics may wish to study the previous book (see Appendix).

Attacked

Ms. (1789) was an artist living in New York City when she became mentally ill and was placed in a state mental institution. Her psychiatric diagnosis was "manic-depressive insanity."

A friend of Edgar Cayce's became involved in the case and assisted the family in getting several readings from Mr. Cayce. There is substantial background information in this case as exemplified by the following excerpts from letters sent to Edgar Cayce:

It is seldom that I write to you about a case that is so pitiful as this one here . . .

The history is that some man who was a Swedish masseur invited her to come and take a treatment and who would introduce her to a lot of artists in New York. The family does not know whether she went or not but in her hallucinations she cries against the man with the black umbrella. He always car-

ried a black umbrella. The family believes that he might have hypnotized her but, of course, no one knows. She has gone down to nothing—her body is black and blue and the whole family is worried to death. She has a lot of fine paintings which she will be able to sell when she gets out and she will be able to make her own way and it may be that the good Lord Himself has visited her this way in order to bring her to the attention of people who might recognize her genius and help her to be successful in life . . .

P.S. This girl has shown her pictures in a great many exhibitions in New York and has been very successful. I am under the impression that someone has harmed her in some way because she became sick after her last visit to this unknown person and was unconscious for three days. After she woke from the unconsciousness she became hilarious and later had hallucinations as to someone trying to harm her. (From a letter dated December 27, 1938)

Had you seen her the first day when I visited her, I believe you would have thought, as did the doctors, that she would never recover. She tore a mattress half in two once she got her fingernails into the cloths. She was absolutely a wild maniac. (From a letter dated May 4, 1939)

The references to her becoming “hilarious” and acting as a “wild maniac” are indicative of her manic episodes. Apparently, she also experienced spells of deep depression.

Nine readings were given for this young woman over a period of about two-and-one-half years. Here is the first reading in the series which describes the circumstances of her attack, the physiological trauma, and the psychological effects. She was confined in the Manhattan State Hospital when her first reading was given on January 13, 1939.

Yes, we have the body and those conditions which surround same.

Now as we find, there may be help brought to this body, if there can be—under changed environs—the application of that which is the fruit of the spirit of truth, of helpfulness, of gentleness, of kindness, of patience.

As we find, many changes will be necessary in making

applications that may be helpful.

The first, this change of environment.

In giving that as may be helpful, then, for the physical and the mental welfare of the body—something might be given as to the sources or the causes of the present condition, to say nothing of the horrible effect the environs have upon the body, and that through which this entity or soul has passed in its present environment.

There being in this body, with this entity, a high nervous temperament, with ideals as high, as keen as may be found in many a day, the activities through which the entity passed have shattered its hopes, its aspirations—by the advances that were unspeakable to the entity, the MENTAL self, the higher self.

And in the attempt to escape, and finding self trapped as it were, the physical exercise and activity in the attempt shattered the connection between the cerebrospinal and sympathetic system; especially in the coccyx and lumbar areas.

Losing consciousness the entity became a prey to those suggestive forces as were acted upon, and by the injection of outside forces to keep that hidden as attempted upon the body.

Then, in its present environs, there have been only moments of rationality; and then NO one to respond brought greater and still greater depression to the better self.

And these must all be taken into consideration in the administering to the physical as well as mental needs of the body.

To be sure, it will require that there be a constant attendant; and one physically able to handle the body, but NOT in a manner of other than kindness, patience, and with LOVING care—rather than the attempts to further break down the self-expression.

Then the correction of those pressures which exist in the cerebrospinal system, especially in the lumbar and coccyx (tailbone) area.

There should be sufficient care in the feeding that there be strength- and nerve-building foods, supplying the elements that will replenish an impoverished body; a condition where there is not anemia in its functional sense but anemia in the sense of the deterioration of those portions of the physical organism which are able to supply blood nutrition and the activities necessary.

It is more malnutrition than the sense of anemia.

Also we would supply low electrical forces of the static nature, carrying the elements of gold into the system. Such would be begun after the third or fourth adjustment, or after ten days or two weeks of the gentleness, kindness and patience and the feeding of the body; so that it has sufficient to build upon. The attachments of the Appliance would be, the small copper plate to the 4th lumbar, and the larger nickel plate—through which the Gold Solution passes (in the proportion of one grain Chloride of Gold to each ounce of Distilled Water)—to the umbilicus plexus or lacteal duct area; for thirty minutes each day.

After these all have been given, then, for six to eight weeks, we would give the further instructions for the corrections, the manners, the modes, the WAY to bring about this coordination between the sympathetic and the cerebrospinal system.

The impulses of the imaginative system must be quieted through gentleness and kindness, yet positiveness.

And let such an one, who has the care of the body, be one not lacking in prayer and in love for the fellow man.

Ready for questions.

Q. What environment would be suggested, where these directions might be followed?

A. As indicated, where there is care; an attendant, constantly; and where there is a loving and not a HORRIBLE environment!

Q. What doctor would you suggest to make the corrections?

A. Anyone in sympathy with that as indicated—Dobbins the better.

The beauty of this soul, its abilities as a creative influence in the lives of those who may bring it back as it were from the very borderland, is worth all the effort, all the love, all the kindness one may give. Such is so near possession that there needs to be great care taken.

We are through for the present.

So it was the traumatic experience of being attacked and the physical struggle to escape that produced Ms. (1789)'s mental illness. However, notice that Edgar Cayce pointed out some important predisposing factors. Ms. (1789) was a creative person with a "high nervous temperament" and high ideals and hopes that were shattered by the "advances that were unspeakable to the entity, the MENTAL self, the higher self."

Edgar Cayce is describing a very spiritual individual who has been traumatized psychologically as well as physically. The creative energies were very high in this woman. With the injury to the lower end of the spine, these energies were exaggerated and manifested as cycles of mania and depression.

Note the reference to "possession" in this reading. This dimension of her condition falls within the transpersonal aspects of mental illness and will be discussed in the next chapter.

The treatments recommended by Edgar Cayce were closely followed. She was removed from the mental hospital and cared for by her family. She received spinal adjustments to correct the injury to the lower spine. Electrotherapy with gold was provided to help the nervous system re-establish coordination. Of course, there was an abundance of caring companionship by family members.

Ms. (1789) responded well to treatment and made a steady recovery. She resumed her artistic career and remained mentally stable for many years. Gladys Davis, Edgar Cayce's secretary, included a follow-up report with this case which stated: "To this date (November 1957), as far as we have been able to find out, Miss (1789) has remained perfectly normal, with no recurrence of the trouble which caused her to become institutionalized."

Manic-Depressive Mood Swings Traced to Menopause

Ms. (1087) was sixty-eight years old when her daughter wrote to Edgar Cayce seeking his help. In a letter dated December 17, 1935, the daughter explained:

My mother has recurring attacks of a deep melancholia which led into a kind of coma state mentally and into a most low state physically. These attacks last from two to three years. She has never had adequate care during them—we have just worried along trying to get clean clothes on her, having a nurse for a while when the family Budget was larger—and shouting at her when our nerves cracked. Doctors come in and say cheerfully that nothing is wrong organically—just depressed—but try living with something (for this ceases to be a person) that is "just depressed." I'm trying very hard to do something different this time. I've managed to keep hold of my temper pretty well—thanks to your teachings.

Every reaction is negative. If the question concerns food or

a clean or new dress or having someone in to clean—the answer is always “No.”

Of course I have theories about the matter. But theories don't pull me out of the abyss into which this weight drags me. When you can give me a reading, I believe it should be a physical one, although the condition is so apparently mental. But won't you and Hugh Lynn talk the condition over and decide? It seems to me that if in the physical reading we could ask some simple questions about how to proceed in SIMPLE ways we might get some real help. Questions about what will make the daily routine easier for both her and me—and so on. I know there are elaborate ways of helping such cases—usually including sanitariums and baths and much apparatus.

But those things are out of my reach, you see. To move her and to start her in any slightest newest direction makes for a pitiful scene. She is most unhappy—and so is everyone near her.

I should emphasize that this is not entirely a condition of senescence (senility), for as near as I can remember these attacks began when she was 45. But they are not unlike certain elements of her everyday personality. They are only multiplied to the nth degree.

Reading 1087-1 was given on December 23, 1935. Edgar Cayce cited physical imbalances and “depletions” associated with menopause as primary causes of this woman's mental illness:

Yes, we have the body here, (1087).

Now, as we find, there are conditions that are rather a complication of disturbances in the physical forces of the body. And the mental reaction, as we find, is from the physical conditions; many causes, or more than one cause, being contributory measures.

These, then, are the conditions as we find them with this body, (1087) we are speaking of:

THE BLOOD SUPPLY, this shows an impoverishment, or low vitality, low resistance. Yet at times in the physical forces the physical strength appears to be above the normal in its ability for activity. Just as do the mental reactions come for a very strong determination at times. These arise from those improper coordinations between the influences distributed to

make for replenishing in physical, mental and the material activities in the body.

And then it appears or becomes as a borderland of POSSESSION at such times.

IN THE NERVOUS FORCES OF THE BODY, there has been and is shown a depletion in the vitality, the blood supplies; just so there has been a depletion in the nervous energies at times.

Hence those periods when there are the indications of the excess of activity in the nerve forces by those very conditions that have drawn so heavily upon the nervous forces; producing an incoordination.

This arises from those disturbances when there was not only the change, or the menopause, but the lack of the proper coordination through a very depleted physical force throughout the body.

Hence we find there are specific centers (where) the incoordination is shown; as in the lumbar (4th to the 2nd), the 9th dorsal and specifically the 1st, 2nd and 3rd cervicals. These are centers where the coordination between the impulse and the physical activity produces periods when there are the associations with not only the mental and physical but the spiritual activities—or the SOURCE of the ENTITY itself in its connection with the physical body. Thus there are periods produced when the body is overhilarious, but the more often there is produced melancholia, the inability to rest, the inability to make for activities in those things that pertain to even self-preservation. Or there is the lack of the conditions that make for care of self, or for those things that would be termed as the conditions where suggestive forces meet the physical activities . . .

Owing to the very nature of the disturbances, we find that those conditions in the mouth or the teeth are a CONTRIBUTORY cause; though not other than those which may be aided when there may be builded in the activities better coordination—and first the DESIRE for self-preservation, self-building; not self-indulgence but self's activities for betterment, to be used FOR something!

These, then, would be the periods when the mouth or teeth might be aided, and thus add to the abilities to give further aid or help for the general body.

IN MAKING THE APPLICATIONS, THEN: While these become very disturbing, very aggravating, these should be as

much as possible under the supervision of one that UNDERSTANDS the physical forces of the body; as to make for companionship for the body. Not by might or by main strength, or force, but rather by PERSUASION—and the activities that would make for periods when there may be made the giving of greater strength to the mental and physical body; by care, attention, patience, perseverance and the like. Not that there would be the “giving in” always, but rather PERSUASIVE measures in asserting self—in caring for the body, in carrying on in just as near the normal manner as possible. Never make statements that are not to be carried out fully, but ALWAYS as the body mentally and physically a part of the suggestive forces.

Edgar Cayce’s observation that “there are periods produced when the body is overhilarious, but the more often there is produced melancholia” recognized this woman’s manic-depressive mood swings. Apparently, the depressive episodes were more common and pronounced than the mania.

Again, note the reference to “possession” in this case, a transpersonal feature which will be discussed in the next chapter.

Also note the reference to “the spiritual activities—or the SOURCE of the ENTITY itself in its connection with the physical body.” Edgar Cayce sometimes used the word “entity” as synonymous with “soul.” Thus, the “entity” or “soul’s” connection with the physical body was somehow related to this woman’s mood swings. In other words, the soul was not able to interface properly with the physical body. Mental and emotional symptoms resulted from this disruption of the “body-soul” connection. The soul aspect of this case is yet another example of the transpersonal dimension of mental illness which will be discussed more thoroughly in the next chapter.

The therapeutic recommendations in this case were osteopathic adjustments to relax the body. As a further aid to relaxation, Cayce prescribed a mild sedative containing valerian. The Radio-Active Appliance (Radial Appliance) was suggested along with some basic dietary recommendations. Although there was a strong physical dimension to this woman’s condition, her reading emphasized the importance of spiritual application when giving the treatments:

Q. Is there an adrenal glandular deficiency which should be helped?

A. Not so much as the coordination in ALL of the functioning of the organs as to assimilation and elimination. The coordination of the cerebrospinal and sympathetic system, with the properties indicated, should make the glandular disturbance become more and more normal. Be patient, be persistent, be consistent. Not by might, but by PERSUASION. A little today, a little tomorrow; though the next day it may all be thrown aside, CONTINUE to make those suggestions. And we will find, while there may be periods when there will be the refusal to allow the (osteopathic) manipulative measures, if those influences are used that may be had by such persuasions, these may be administered to the greater benefit.

The response to treatment was relatively quick. A letter from the daughter dated January 28, 1936, stated:

A few days over a month have passed since you gave me Mother's reading. Yet, as you know, this was used only since about Jan. 5th—and then not entirely in full because of the hold-up of equipment. Despite these hindrances I want to report to you the wonderful news of extraordinary improvements I am seeing. The osteopathic treatments have literally worked miracles and I look forward to great help from the Radio-Active Appliance which has, so far, been used only four times.

Try to imagine my joy in being able to report a nearly normal attitude—sometimes Mother will take a little more food and she has even ASKED for a bit more at times. Although she has been unable to chew liver for years, my butcher and I have now devised a chopped liver (fresh) which she has even suggested my cooking in the nearly raw state for her! Within the past week I have seen a continual reduction of the negative attitude.

In order to get a better picture of what this means to me—let me tell you (or am I only reminding you) that previous spells have lasted two-and-a-half or three years. My great hope is to continue treatments as prescribed and to turn my efforts then to finding "self's activities for betterment, to be used FOR something!" This is a truly great problem, for Mother is entirely alone here in this great city—my own friends are few and not her type at all—and she has never been a woman of intellectual or artistic pursuits. But we shall see—

About a month later, the daughter again wrote Edgar Cayce with good news:

I send you wonderful news about Mother. She is weak physically, but oh! her mind is so much better than previously. She shows every disposition to help me and the doctor, only querulous and mean OCCASIONALLY. I have had several indications of interest in outside things from her and only wish I could provide her with friends and with a hobby of her own.

The final report in this file is dated April, 13, 1939. The daughter observed, "My mother is greatly improved."

Some Key Points to Remember

Bipolar disorder is characterized by mood swings between the low moods of depression and the high, elevated moods of mania. During Edgar Cayce's lifetime, it was known as manic-depressive illness. Edgar Cayce gave readings for several persons suffering from this disorder. In this chapter, we have reviewed two case studies of women suffering from bipolar disorder. In both cases, there was a disruption in certain key nerve centers which resulted in the characteristic mood swings between depression and mania. Physical, mental, and spiritual therapies were recommended and followed with excellent results in both cases.

Although Edgar Cayce described a variety of causes of bipolar disorder, most often the nerve and glandular systems were involved (and particularly the glands of the reproductive system). Genetic predisposition was mentioned in some cases.

Keep in mind that mood disorders exist along a continuum or spectrum of emotional experience that varies greatly from person to person. Thus the severity of bipolar disorder and other mood disturbances is highly variable. Bipolar disorder is sometimes associated with psychotic features or symptoms. In other words, the afflicted individual may be "out of touch" with physical reality.

Of all the various forms that depression can take, bipolar disorder seems to have the strongest transpersonal features. We have encountered two significant transpersonal aspects of mental illness in this chapter, "possession" and the "body-soul" connection. The next chapter will further define and explain the transpersonal dimension of mental illnesses such as unipolar and bipolar depression.

9

Transpersonal Aspects of Depression

LIKE EVERYTHING ELSE in life, the field of psychology is constantly changing and evolving. In general terms, the evolution of modern psychology can be viewed in terms of four major theoretical forces.

The first force is Sigmund Freud's psychoanalysis. Psychoanalysis is a complex system involving diverse constructs such as levels of consciousness (i.e., conscious mind and unconscious mind), layers of personality (the ego, id, and superego), and crucial developmental stages (oral stage, anal stage, etc.).

From a psychoanalytic standpoint, depression can be viewed as a result of some problem in the development of the child. Perhaps the child/parent relationships were not conducive to a healthy sense of self (self-esteem). Perhaps the child felt rejected or unloved by his/her parents. Perhaps there was some childhood trauma that was repressed into the unconscious which manifests as depression during adulthood.

Treatment focused on bringing these unconscious feelings and experiences into consciousness in a therapeutic setting (the

“therapist’s couch”) and through a therapeutic relationship with the psychoanalyst. Of course, I am oversimplifying here to give you the gist of this important psychological theory. Psychoanalysis has largely disappeared from the modern clinical scene for a variety of reasons, some of which were economic. Psychoanalysis is a relatively expensive approach to apply. Also, research was never a high priority for practitioners of this model. In a modern scientific world, psychoanalysis is generally viewed as not being sufficiently scientific.

Psychoanalysis was popular during the period of Edgar Cayce’s career as a psychic diagnostician. Some of the ideas in the Cayce material overlap with psychoanalysis and yet, on the whole, Edgar Cayce was not favorable to this approach in its original form. I have included some of Edgar Cayce’s perspective on Freudian psychoanalysis in an earlier book entitled *Living Nightmares: Case Studies in Anxiety Based on the Readings of Edgar Cayce* (particularly Chapters Four and Five). We will consider later versions of psychoanalytic thought a little further on in this chapter.

The second major force in the evolution of modern psychology is behaviorism. Behaviorism is an excellent example of the application of materialistic/scientific assumptions to a social science. Behaviorism is not interested in unconscious processes or childhood developmental stages. Behaviorism focuses solely on present behaviors which are observable and measurable. It doesn’t even matter if the behaviors are human. From a materialistic/scientific viewpoint, human beings are only sophisticated animals. Hence, the study of “lower” animals (on the evolutionary scale) is a valid means of understanding human behaviors. Rats and pigeons were studied extensively in “Skinner boxes” to determine how they learned certain behaviors (such as pecking or poking levers resulting in the delivery of food pellets). The assumption is that the dynamics of behavior are the same in all animals, including human animals.

The behavioristic approach to depression is also based on animal research. Dogs were placed in metal cages with electrical connections in the floor. In some experiments the dogs were electrically shocked. There was nothing the dogs could do to avoid the painful jolts. At first they exhibited fear and attempts at escape. Eventually they accepted their fate and lay down in their cages during the procedure. It was as if they had accepted their condition as hopeless and given up. The behavior was labeled “learned helplessness.”

From all appearances, they exhibited the signs and symptoms of depression. Human depression was thus conceptualized as a form of “learned helplessness.” When life’s circumstances are harsh and unavoidable (or if we perceive life’s painful experiences as unavoidable), we may behave as the dogs in this experiment—we give up. We are depressed. We quit trying.

The behavioral approach to the treatment of depression is to change the conditions which produced the depression. These conditions are known as stimulus/response patterns. These depressive stimulus/response patterns were learned or “conditioned.” Therefore, therapy is simply a matter of providing new positive learning opportunities or new “conditioning.” Behavioral training may involve token reinforcements or other aids to learning a happier, more adaptive emotional response to life’s challenges.

Interestingly, Edgar Cayce’s approach to human behavior recognized the power of environmental conditioning. He even advocated therapeutic measures which are similar to behavioral techniques. For example, he consistently encouraged people suffering from depression to “do” something. He said that even though they didn’t feel like it, if they acted in a positive, constructive way, their feelings would change. He typically recommended that depressed people find others who are worse off than they are and help them in a way that brought hope and happiness to others. This emphasis on service and giving runs counter to the depressed person’s usual depressed behaviors.

And yet, Edgar Cayce’s approach goes far beyond behavioral theory and techniques. Like psychoanalysis, he recognized that behaviorism was not necessarily wrong—only incomplete in its assessment of the human condition. Thus, while his therapeutic recommendations often included behavioral modification techniques, his overall model was much more expansive and comprehensive.

The third major force in the evolution of modern psychology is humanistic psychology. In certain respects, humanistic psychology is a reaction against the limiting assumptions of materialism as embodied in behaviorism. The humanistic approach is strongly grounded in the existential meaning of life. Will is extremely important. We define ourselves by the use of will in making choices, acting upon our choices and taking responsibility for what comes out of our actions. For better or worse, we create our own destiny.

Humanistic psychology goes beyond the narrow focus of pathol-

ogy to embrace the full expanse of human potential. Humanistic psychology is a very positive approach, and yet realistically so. The harshness of life is acknowledged and balanced by the beauty and creative possibilities of the human creature.

From the humanistic psychology perspective, depression is the result of our failure to actualize our full human potential. For whatever reasons, life is out of control. We have lost the ability to use our wills to create our own destiny. Therapy involves taking responsibility for our lives, using our wills to choose a different path, and acting upon our choices to build a better future. From this perspective, depression may even be viewed as a helpful influence in the realization of our full potential for growth and development. Depression is a signal, a wake-up call, from some level of our being informing us that something is wrong. Depression can be viewed as an essential step in the process of letting go of past patterns of thought, feeling, and behavior. The feelings of loss and sadness associated with depression are a form of death of these old patterns. The emptiness of depression forces us to fill our lives with new experiences, new challenges, new possibilities. The experience of psychological death which may accompany depression is a prerequisite to the rebirth of a new, higher functioning human.

Again, Edgar Cayce was far ahead of his time in acknowledging the existential dimensions of life. Cayce viewed life as a school (albeit a difficult school) in which we all come to learn lessons. The point of life is to grow and develop, to actualize our potential. We are here to struggle, to learn, and to rejoice. We are here to develop our ability to make choices, act upon our choices and take responsibility for our lives.

Edgar Cayce placed great emphasis on the use of our wills. He often noted that "mind is the builder" and that we can choose mental patterns which will create positive life experiences. Even when life presents difficult "lessons," we can choose the attitude that we will hold toward such challenges.

Of the three psychological movements discussed above, I think that Edgar Cayce's approach has the most in common with the humanistic model. However, Edgar Cayce's approach far exceeds certain limitations of the humanistic model as we shall soon see.

Readers may have noticed aspects of all of the above psychological approaches in the case studies in previous chapters. Along with the medical (biological) model of depression which was discussed in the first four chapters, these three psychological approaches have

much to offer in our understanding of the causes and treatment of depression. And yet, each is incomplete in itself. This chapter will present one additional psychological approach which, when taken together with the above systems, approaches the comprehensiveness of Edgar Cayce's perspective on mental illnesses such as depression.

The fourth major theoretical force in the evolution of modern psychology is the transpersonal model of psychology. Transpersonal psychology deals with those aspects of the human experience which transcend our normal ego consciousness. Transpersonal means beyond the personal. Thus, mystical or transcendent experiences are the basis of much of the transpersonal perspective.

Transpersonal psychology is still in its infancy and has not yet been fully recognized by the academic community at large. Only time can tell whether it will be fully developed and integrated into the formal body of the psychological literature.

Like all new movements, transpersonal psychology has strong connections to the past. There is a strong connection to the neo-Freudian psychoanalytic work of Carl Jung. Jung created a psychological approach which recognized the importance of a transpersonal construct which he named the "collective unconscious." This is the realm of myth and dreams. Hence, myth and dreams have been emphasized in transpersonal studies.

As with humanistic psychology and certain of the Freudian models, transpersonal psychology has emphasized the importance of development. Yet, whereas the other approaches focused on personal growth and development, transpersonal psychology has emphasized "trans" personal growth which recognizes progress in soul or spirit development.

In terms of psychopathology, transpersonal psychology differs from the previous three models in its recognition of transpersonal factors in the causation and treatment of mental illness. Therefore, an appreciation of astrological influences, reincarnation, spirit possession, and karma may be helpful in understanding and treating mental and emotional conditions such as depression.

In this regard, many transpersonalists have emphasized the significance of traditional worldviews such as the Native American and other "primitive" peoples. Ideas and practices from Oriental philosophies and religions have also been assimilated into the transpersonal movement. Hence studies of Hinduism, Buddhism, Taoism, and so forth lay the foundation for the transpersonal perspective.

Transpersonal psychology has sometimes been referred to as the “perennial philosophy.” Although it is being “reborn” in its present “incarnation” as a psychological system, throughout the ages in all cultures, the fundamental premises of this approach have been recognized as the foundation for the world’s great philosophical and religious traditions. Ken Wilber, one of the prominent advocates for the transpersonal perspective, is well aware of the perennial flavor of this worldview:

But there is a much more sophisticated view of the relation of humanity and Divinity, a view held by the great majority of the truly gifted theologians, philosophers, sages, and even scientists of various times. Known in general as the “perennial philosophy” (a name coined by Leibnitz), it forms the esoteric core of Hinduism, Buddhism, Taoism, Sufism, and Christian mysticism, as well as being embraced, in whole or part, by individual intellects ranging from Spinoza to Albert Einstein, Schopenhauer to Jung, William James to Plato. Further, in its purest form it is not at all anti-science but, in a special sense, trans-science or even antescience, so that it can happily coexist with, and certainly complement, the hard data of the pure sciences. This is why, I believe, that so many of the truly brilliant scientists have always flirted with, or totally embraced, the perennial philosophy, as witness Einstein, Schrodinger, Eddington, David Bohm, Sir James Jeans, even Isaac Newton.

Aldous Huxley advocates a similar perspective of the perennial philosophy which emphasizes the “tripartite” quality of human nature. Significantly, the tripartite “body/mind/spirit” interface is a major theme in the Cayce readings and provides the foundation for the “holistic” perspective advocated in this book.

The Perennial Philosophy is primarily concerned with the one, divine Reality substantial to the manifold world of things and lives and minds . . . In other words, there is a hierarchy of the real . . . But all of these men, even La Rochefoucauld, even Machiavelli, were aware of certain facts which twentieth-century psychologists have chosen to ignore—the fact that human nature is tripartite, consisting of a spirit as well as of a mind and body; the fact that we live on the borderline between two worlds, the temporal and the eternal, the physical-vital-hu-

man and the divine . . . Man's final end, the purpose of his existence, is to love, know and be united with the immanent and transcendent Godhead.

I have taken the trouble to provide this rather extensive introduction to the ideas inherent in transpersonal psychology and the perennial philosophy so that readers can fully appreciate Edgar Cayce's views in this regard. Recognition of Cayce's work as representative of the perennial philosophy—as an extension of a tradition of ideas and practices which underlie most of the world's major religions and philosophies—is essential for a full realization of Cayce's contribution.

Transpersonal Aspects in Edgar Cayce's Perspective

One of the major strengths of the Cayce material is its comprehensiveness. The readings' panoramic perspective speaks of creation and evolution on a cosmic scale. The earth is like a speck of dust in the universe, and the few billions of years of its natural history are a tick of the cosmic clock. The readings speak of an omnipotent creative force (God) of which the universe was born. Out of Itself, souls were created for the purpose of companionship. Over the eons, these souls playfully explored the universe, delving into the various life forms and natural processes. In the course of this cosmic excursion, a group of souls (us) became fascinated with our solar system (and especially the planet Earth). The fascination became almost an obsession and resulted in a "trapping," as it were, of spirit in matter.

Not surprisingly, this all sounds pretty much like the "fall of man" which is a common theme in many of the world's religions and mythologies. The readings go on to speak of the evolution of consciousness which is the destiny of each soul. Reincarnation is the basis of this evolution and provides a means for souls to grow at their own pace through a series of earth experiences. Between these earthly incarnations, each soul has the opportunity to experience other realms of consciousness which the readings refer to as "interplanetary sojourns." According to Edgar Cayce, these interplanetary past lives are the basis for astrology.

When discussing this cosmic perspective, the readings often used the word ENTITY in reference to the soul. "Life readings" made frequent use of this term in describing the various past lives and inter-

planetary influences which were a part of the soul's experience. Therefore, the word entity refers to a more expansive, cosmic perspective of the soul and its journey through eternity.

The readings take great care to explain that the interface of the "entity" (soul) with the physical body is literal and occurs at definite centers within the human anatomy. These centers are associated with certain nerve plexus along the spine and the endocrine glands. Three nerve centers, in particular (4th lumbar, 9th dorsal/thoracic, and 3rd cervical), are regarded by Cayce as major interfaces through which the entity or soul connects with the physical body. In addition to the nerve impulses which are known to be carried through these centers, the readings speak of a low form of electrical energy (or "vibratory" energy) which also utilizes this circuitry.

The readings use various terms to designate this energy (e.g., life force, kundalini, *élan vital*, creative energy, etc.). Reading 3676-1 contains one of the most explicit references to these psychospiritual interfaces found in the readings:

... the 3rd cervical . . . the 9th dorsal, and . . . the 4th lumbar
... These are the centers through which there is the activity of
the kundalini forces that act as suggestions to the spiritual
forces (glands) for distribution through the seven centers of
the body. (3676-1)

Kundalini is the Hindu term for this life-force energy. There is even a yogic meditative tradition known as kundalini yoga. The goal of kundalini yoga is to awaken this powerful biospiritual energy and raise it throughout the body. According to these traditions, the practice of kundalini yoga can lead to enlightenment.

Edgar Cayce spoke of the kundalini energy in a similar way. He noted that the "life force" which flows through certain nerve and gland "centers" can become intensified at various times. When this happens, the person may experience mania—an elevated mood. When the life force is low, depression is the result.

The high energy of mania is often associated with creativity. Throughout history, many creative geniuses (whether in art, politics, or whatever) have exhibited the tendency to swing back and forth between manic and depressive episodes. Not surprisingly, the Edgar Cayce readings sometimes referred to the raised energy of the life force as the "creative forces" or "creative energies." He said that the creative forces operate through the "imaginative system" of the

body. This system utilizes the autonomic nervous system and endocrine glands as channels for the creative energies.

The high energy of mania is also associated with psychic phenomena. Remember that Edgar Cayce's brief manic episode as an adolescent resulted in his first psychic reading (see the Introduction). The increased energy of the "life force" or "kundalini" which produced the manic behaviors provided the energetic impetus for his psychic awakening.

Significantly, his manic episode was triggered by an injury to the end of the spine. In yogic meditative traditions, the kundalini is like a coiled serpent sleeping at the base of the spine. The kundalini energy may be aroused and raised through the various centers along the spine by meditative practices. The Edgar Cayce readings also contain many examples of this kundalini energy being raised accidentally (and usually pathologically) by spinal injury or other abnormal stimuli. Mental and emotional symptoms (such as mania) were typically associated with this pathological awakening of the kundalini energy.

With the increased interest in meditative practices in our Western culture, there has been a parallel recognition of the problems which can accompany awakening of the kundalini energy. Psychiatrists and other mental health professionals have used the expression "kundalini crisis" to designate the syndrome of mental, emotional, physical, and interpersonal difficulties which can accompany the raising of the life force in the body.

I have described various aspects of kundalini crisis in previous works (see the Appendix). One of the major themes in the Cayce readings on this topic is the notable role of physical illness and injury in precipitating these kinds of problems. The physical pathology most often involves the lower portion of the spine and/or the organs of the reproductive system. Invariably, the glandular system would become involved due to the close connection between the nerve centers and the endocrine glands. The reproductive glands (and particularly the "Leydig gland") and the pineal gland were most often cited in these cases. Mental illness was usually the result with bipolar disorder (manic-depression) being one of the most common outcomes. The case study which follows is an example of this pattern of pathology.

“Soul Forces of a Body”

The transpersonal aspects of Edgar Cayce’s perspective are particularly prominent in cases of bipolar (manic-depressive) disorder. Readers were briefly exposed to Cayce’s more expansive view in the last chapter (Chapter Eight). Here we will expand upon some of the themes introduced earlier by examining the soul influence, and particularly the “body-soul” connection as a source of pathology in this illness.

The case of Mr. (3969) exemplifies the significance of the “body-soul” connection in bipolar disorder. Here is an excerpt from reading 3969-1 which describes the soul dimension of this man’s mental illness:

In considering the conditions that exist with the physical forces of this body, well were those conditions understood that show the relation between the physical, the material, the spiritual and the soul forces of a body. Well are many of the truths that would be well for mankind to learn exhibited in this body, for while the forces are one in normal application toward life; yet, as exhibited or manifested, there may be such strains brought to bear upon the various elements that go to make up that through which the various portions of the entity function, until there is produced improper coordination between same; yet the physical body not far or greatly disarranged, or diseased, while the mental or the intellectual may be as manifested here, in accord, yet unable to fully cooperate with the physical functioning of the system, where the soul becomes tired, while yet the spiritual urge on . . .

Note the expansiveness exhibited in this excerpt. This condition deals with the *entity*—the whole self. When the word *entity* is used in the readings, the implication really stretches the concept of holism to the limit. Yes, this is a condition affecting the relationship of body, mind, and soul. And yet, more is involved. The word *entity*, as applied in the readings, almost conjures up images of a “higher self” or “soul self”—a co-consciousness that is related to, but transcendent of, earthly experience.

The “life” readings which Cayce provided differ from the “physical” readings in their cosmic perspective. The perspective of the physical readings often seems to be from the inside out—from

within the physical body. In the life readings, the consciousness of Cayce seems to “step back,” as it were, to take in the broader perspective of a soul making its way through eternity.

The perennial philosophy of the readings comes into play here and concepts such as reincarnation, interplanetary (between life) sojourns, and karma are woven into the story of an *entity*’s evolution. While the word *entity* is rarely utilized in the physical readings, it is frequently used in the life readings where expressions such as the “selves of an entity” or the “personalities of an entity” are common. Thus the self-conscious ego of a current earthly life is viewed as just the tip of the ontological iceberg. The immensity of being implied in the word *entity* embraces the universal or cosmic consciousness.

A person experiencing the broadened awareness of the universal may interpret this occurrence in numerous ways. One person’s mystical experience may be another’s psychosis. In less extreme cases, one may simply encounter feelings of expansiveness or grandiosity accompanied by mildly delusional beliefs of a religious or mystical nature. The similarity of these experiences with the symptoms of bipolar is obvious.

Thus the word *entity* is quite significant in its connotations. For those interested in pursuing this point further, cases (4059) and (1087) make reference to the role of the entity in psychopathology. Ms. (4059) carried the medical diagnosis of manic-depressive. Although we considered the case of Ms. (1087) in the last chapter, let us briefly review this excerpt which clearly identifies the “body-soul” connection as a key element in her illness:

Hence we find there are specific centers where the (nervous system) incoordination is shown; as in the lumbar (4th to 2nd), the 9th dorsal and specifically the 1st, 2nd and 3rd cervicals. These are centers where the coordination between the impulse and the physical activity produces periods when there are the associations with not only the mental and physical but the spiritual activities—or the source of the ENTITY itself in its connection with the physical body. Thus there are periods produced when the body is overhilarious (manic), but the more often there is produced melancholia (depression), the inability to rest, the inability to make for activities in those things that pertain to even self-preservation. (1087-1)

So, the connection of the “ENTITY” or soul with the physical body is literal and specific. There are definite anatomical centers by which the soul connects with the physical body. When these centers are disrupted, the soul has difficulty manifesting in a physical body and operating in the earth experience. Major mental illness is one of the consequences which Edgar Cayce frequently correlated with problems associated with the body/soul connection.

Reading 2402-1 provides further insight into the meaning of ENTITY, especially regarding the nervous system and glandular interfaces which occur at these centers.

Let it be remembered—there is the body-physical, with all of its attributes . . .

Then there is the mental body, accredited off with activity from reflexes or impulses of the nervous systems of the individual.

Then there is the ENTITY, the soul body—that may find material manifestation or expression in the ability not only of BODILY procreation but of every atom, every organ within itself to REPRODUCE itself, its likeness, through the assimilation of that taken within—either physically OR mentally. These each have their attributes, their channels of activity.

The soul body manifesting in the physical, as we have heretofore indicated, finds expression in what we call today the GLANDULAR systems of the body. (2402-1)

This excerpt affirms the holistic concept of the triune self while relating it to definite centers within the physiology of the human body. These specific centers are important, not only as a metaphysical curiosity, but also in terms of their treatment implications. They are quite vulnerable to injury and therefore are frequently included in the pathophysiology of numerous disorders, especially mental illness. The treatment interventions (such as electrotherapy and spinal adjustments) recommended in the readings focus on these centers of the body/soul connection, hence their crucial clinical significance.

There is also an important transpersonal significance to the body/soul connection. Recall that in both cases in Chapter Eight, Edgar Cayce mentioned “possession” as a concern. By possession, Edgar Cayce was referring to “discarnate possession.” If the soul is not able to maintain the integrity of its connection through the ana-

tomical centers in the physical body, other souls (discarnate souls or discarnate entities) could make the connection. Cayce was not referring to demonic possession in these cases. He was simply saying that we are “incarnate” souls because we “possess” a physical body. Other souls which are not connected to a physical body (discarnate souls or discarnate entities) also seek expression in the physical plane through a physical body. Cayce said that they will take advantage of certain situations where the body/soul connection has been compromised. Discarnate entities can make a connection with a physical body.

Cayce also used the expression “discarnate influence” to describe this aspect of possession. Bipolar disorder, schizophrenia, epilepsy, and alcoholism were some of the most common conditions associated with discarnate possession.

The therapeutic recommendations in the readings were intended to strengthen the body/soul connection and to “drive out” discarnate influences. Electrotherapy (such as the violet ray appliance and wet cell battery) were two of the most common treatments in these cases. Spinal adjustments were also suggested to improve the integrity of the body/soul connection. These treatments were intended to increase the balance and coordination among the glands, nervous systems, and the rest of the body. The integrity of the interface of the *entity* with the physical body is maintained.

Getting back to case Mr. (3969), the significance of the disruption of the physical interface with the entity is linked to the glandular system. The three major centers through which the entity interfaces with the physical body are linked to major glands (particularly the Leydig, adrenal, and pineal). Not surprisingly, the latter portion of reading 3969-1 indicates that the problem is:

In the glands in the system, there is the lack of—or, through inhibitive or prenatal forces, a weakness that is shown in the action of tissue in the nerve itself . . . in sympathetic and coordinating system, which occurs through the action of the lyden (Leydig) gland with that of the pineal, in its recurrence to brain forces along those of the sympathetics coordinating with cerebrospinal centers. Now these, as seen then, a reflex—or an affectation from an existent condition. The basis, the seat of the soul, then, in that of the lyden gland, with the pineal reaction in the system, and this activity that brings about psychological conditions. Hence when there is reaction in this body, it be-

comes that of the body turned inward toward the ego, or self, and self-pity, condemnation . . .

The condition involved a hereditary (“prenatal”) “weakness” in the glandular system which eventually affected the nervous systems. Consequently, the interface of the mental and spiritual with the physical body was disrupted. So, while the body of (3969) was apparently healthy and fully functioning, the interface between soul and body was not sound.

Case (3969) contains collateral data in the form of correspondence from friends, relatives, and Edgar Cayce. A letter from a sister-in-law noted that Mr. (3969) was quite wealthy but experienced periods when he tried to “give it away in big lumps.” This pattern of philanthropy is characteristic of mania.

A follow-up questionnaire provided by Mr. C. M. Rice, who was present for the reading, indicates that Mr. (3969) was suffering a “nervous breakdown” at the time of the reading. A letter from Edgar Cayce (two days after the reading) stated:

This man—Mr. (3969)—who is here at the time—My! If we only had the institution (Cayce Hospital) ready now! It’s certainly quite a pitiful case. Of course there have been many cases very similar. Several we have had under the observation of the readings. Those that were given just what was suggested in the reading have gotten well. Those that were not able to get that have gone mad, or soon met a sudden death (suicide?). If the place was open, why he would be right there. Quite an influential man, I understand—and a man with a great deal of dollars and cents; but they mean nothing whatever in this poor man’s life at present. But it’s a case that requires a place where it can be looked after every day, to do any good.

There is one additional point to be made regarding the pathology in this case. Reading 3969-1 makes reference to “prenatal forces” suggesting a hereditary factor. Medical research indicates that bipolar disorder has extremely heavy genetic loading—perhaps the strongest of any of the mental illnesses. Thus the “prenatal” force in this case may have been an inherited predisposition towards manic-depressive illness.

The treatment recommendations provided in this case were also similar to other cases where a medical diagnosis of manic-depres-

sion was indicated. Electrotherapy utilizing gold solution, manual medicine (osteopathic manipulations to the lower spine), and companion therapy were suggested for Mr. (3969). These treatments follow the pattern given for persons diagnosed as manic-depressive.

As noted, the family of Mr. (3969) was antagonistic toward Edgar Cayce's reading. It is highly unlikely that he received the recommended treatments. We do not know the eventual outcome in this case.

Lunacy and the Book of Revelation

Historically, persons afflicted with mania have been referred to as "maniacs" or "lunatics." Interestingly, the term lunatic is derived from the Latin word *luna* meaning moon. This curious linkage of mania with the moon is prominent in folklore associating the onset of this form of insanity with the phases of the moon. This aspect of lunacy will come into play in the case of Ms. (2501), which we will now examine.

The case of Ms. (2501) encompasses twelve readings. Eleven readings were given in 1930; the last reading was provided twelve years later.

This twenty-year-old woman received her first reading on January 24, 1930. Three days later she was admitted to the Cayce Hospital suffering from "nervous irritability." This symptom is the first indication that Ms. (2501) had manic tendencies. Remember that it is not uncommon for persons suffering from mania to exhibit irritability or even violent behaviors (see Chapter Eight for a description of manic symptoms).

The first reading for this young woman cited glandular problems (particularly the thyroid) and recommended treatments to address this biochemical imbalance.

The next four readings continued to address the physical aspects of the condition. Problems in the pelvic organs were described and the pineal gland was mentioned.

Recommendations for dealing with the mental and behavioral symptoms were also given. As is often the case during manic episodes, afflicted individuals are a danger to themselves and/or others. As was noted in Chapter Eight, one of the common symptoms of mania is "excessive involvement in pleasurable activities which tend to have a high risk for painful consequences." Recognizing this, Edgar Cayce advised that she not be allowed to be alone, and par-

ticularly not to be left free to socialize outside the hospital.

Reading 2501-6 delved into the transpersonal aspects of this case by making some remarkable suggestions to the attending physician:

Q. Would a life reading be a help?

A. Not in the present. It's the physical forces that we must combat at the present. That physical conditions exist that are accentuated by influences in the entity's experience is apparent, as does also the moon influence most (This would be very interesting to the physician in charge to watch the changes in the moon and watch the effect it has upon the body). Now, when we have the new moon we will find that for the first two days, as it were, following same, a wild, hilarious reaction of the stronger; as the wane begins, then we will find the changes will come about, as will of a bettered condition. These are merely influences, not those that may not be overcome by the activities as may be changed in a physical organism; for with pressure in the lumbar and sacral region, as has been first indicated, there is that activity to those forces as operate to and through the pineal gland to the upper portion of the body, which corresponds to those forces as are spoken of, even in that of the (Book of) Revelation. Be very good for the doctor here to read (the Book of) Revelation and understand it! especially in reference to this body!

Q. Should body be allowed to go home this coming weekend for a visit?

A. Let's wait until the end comes! and then we'll see! Under the present conditions it wouldn't be good, and considering the change of the moon—would it be well?

The question about the helpfulness of a life reading appears to have triggered Cayce into a more expansive consideration of Ms. (2501)'s condition: "That physical conditions exist that are accentuated by influences in the entity's experience (i.e., past lives, interplanetary sojourns, etc.) is apparent, as does also the moon influence most." Notice that the broadened perspective now takes into account the *entity's experience*. The manic symptoms (the *wild, hilarious reaction*) were linked to the phases of the moon.

Thus this case has an astronomical/astrological dimension linked to the mental symptoms. Modern scientific research has uncovered some fascinating evidence linking the pineal gland (which

was frequently mentioned in this case) with environmental influences including the moon's cycles. I have documented this literature in an earlier book (*The Treatment of Depression*, see the Appendix). Readers interested in this and other aspects of case (2501) may wish to study the previous work which examines this fascinating case in more depth and detail. The present discussion will focus on the broad outlines of the case, with special emphasis on the transpersonal aspects.

Perhaps even more intriguing than the lunar influence is the statement concerning the Book of Revelation in the Bible. Over the years, Edgar Cayce stated that if one really wanted to understand the human body, one should study The Revelation. He said that The Revelation contains a symbolic representation of all the body's major systems.

This point is expanded upon in reading 2501-7:

Q. Explain reference to The Revelation in connection with this body, as given in previous reading.

A. In The Revelation there is given that illustration of how the mental body is raised from the various degrees of consciousness, and—as is given here—their activity are through the correlated centers of an anatomical body, for they are represented by the refuse as comes from the 4th lumbar, emptying into the lower portion of the system. While the consciousness as comes through the system in sympathetic system is raised to the inner court, or in the holy mount, through the pineal gland—that coordinates with sympathetic forces—see? . . .

Q. Where can he (the doctor) study on The Revelation?

A. Comparing, anyone, will they study that given in the Book and compare same to the anatomical conditions of a physical body, will learn the spiritual body, the mental body—not metaphysical either!

Thus the Book of Revelation was recommended as a resource for understanding how consciousness interfaces with the physical body. Edgar Cayce insisted that The Revelation is not simply metaphysical or symbolic—rather, the mental and spiritual aspects of the “entity” do connect within the human anatomy. The connections are through the major nerve and glandular centers described in this and the previous chapter. The Revelation describes how these ma-

ior centers are the basis of the "body-soul" connection which sometimes becomes disrupted in cases of mental illness, particularly manic-depressive insanity.

Another way of thinking about this case is in terms of the "life force" or kundalini energy described earlier in this chapter. In part, The Revelation illustrates how the intensity of the life force is increased during meditation and mystical experiences. Edgar Cayce encouraged the osteopathic physician to study The Revelation to see how her manic experience "corresponds to those forces as are spoken of, even in that of the (Book of) Revelation." In a sense, the pressures on the lower portion of the spine had awakened the kundalini forces producing a "kundalini crisis" which was manifesting as a mental illness.

Naturally, the treatment recommendations in this case focused heavily on spinal adjustments to eliminate the pressures on the lower portion of the spine.

Three additional check readings were given for Ms. (2501) while she was in the Cayce Hospital. She was released, apparently doing much better. Approximately eleven years later (4/41), her mother wrote a letter which provides some important background information.

Just before (2501) was four years old she was given an anti-toxin serum for diphtheria. Shortly after this, I began to notice the development of peculiar habits. When eating, she would move her hands, turning and twisting them before picking up her fork or spoon. Her face began to twitch at times and when she walked, her limbs would jerk and twitch. She developed a bad disposition becoming extremely irritable.

I endeavored to correct these habits and would hardly get one under control before something else would develop. As (2501) grew older, she began to have violent tantrums. These grew worse and I was unable to control them.

She was extremely indifferent about her school work but would at the last minute study very hard and barely get by.

By the time she had reached the third year in high school, it became necessary to take her out of school. She continued to have difficulty with the teachers and would on occasions create scenes that could not be tolerated in school.

When I first came to secure reading, her condition had reached the point where she would do nothing for herself. It

was necessary to bathe and at times feed her and she could not be counted on to maintain any sense of poise, regardless of surroundings. I had grown frantic. Doctors with whom I talked considered her condition a nervous disorder.

I had reached what seemed to be the limit of my endurance and seriously considered any step that would mean relief.

(2501) is now a normal person, married happily and has a family of two children . . .

Additional background information is also provided by Gladys Davis (4/16/63): "Mrs. (2501) is now a grandmother. She has led a happy, healthy, and useful life."

"Past Lives" and Depression

The continuity of consciousness has been a central theme in the perennial philosophies of many religious and philosophical systems. One of the most common examples of this idea is reincarnation.

In terms of depression, reincarnation as a causative factor is simply the extension of the concept of past experiences influencing present thoughts, emotions, and behaviors. We readily accept the idea that previous experiences from an earlier period in this life (such as childhood) can produce psychological patterns that will affect us thereafter. Reincarnation simply extends the process of cause and effect further back in time and space.

Of course, there are many people who do not accept the idea of reincarnation as plausible. Because the purpose of this book is not to convert, convince, or engage in philosophical arguments, but simply to present the Edgar Cayce material as accurately as possible, suffice it to say that the Cayce material does support the concept of continuous consciousness. The readings emphasize that there is no death to the soul, only to the physical body. The soul simply makes a transition. To "die" in this realm is to be "born" into another plane of consciousness. The other planes of consciousness include the other planets in this solar system, hence Cayce's emphasis on "interplanetary sojourns" and astrological influences. We will consider the role of astrological influences in a later section. For now, we will focus on past earthly lives.

The Cayce readings contain numerous examples of past-life influences associated with depression. Recall that information about

the past lives of Ms. (272) (Chapter Seven) was instrumental in helping her to awaken spiritually and understand the context of the problems she was facing in her present life.

Edgar Cayce provided past-life information for many persons suffering from depression. For example, Ms. (2310) was told that a past life in Greece during the era of the early Christian movement was the source of her present depressive tendencies.

In the present from that experience we may find at times that the entity becomes easily depressed because of conditions or circumstances which may arise by disagreements with others, as respecting any form of activity or social relationships, or concerning the status of individuals and their relationships to others. (2310-2)

Edgar Cayce explained that although Ms. (2310) (in her previous incarnation) had initially been supportive of the spread of Christianity in her homeland, she later became quarrelsome and insisted that others believe as she did. Apparently, at a soul level she believed that she had failed in her purpose in that experience.

The interpersonal strife that she experienced in that lifetime was carried over into her present lifetime relationship patterns. She was prone to contention in her dealings with others and easily became depressed over these disagreements. The challenge for her in this lifetime was to recognize and change the destructive pattern from the past life.

Edgar Cayce also described past-life relationship problems as a source of depression in the case of Ms. (2641). In a series of past lives, she felt that she had been a failure. At the beginning of her first reading, Edgar Cayce remarked, "What a snarl at times the entity has considered its experiences to have been!" In describing one lifetime in particular, Edgar Cayce commented on her failed sense of purpose as a teacher: "the entity lost faith in itself as to its ability." Cayce then linked her sense of failure in that past life to her present depressive moods:

Thus in the present experience we will find that the entity may accomplish the more in association or in partnership with others. Not that the entity may not have the abilities, but the lack of self-reliance oft causes the moments of depression and self-condemnation. (2641-1)

Apparently, she lost faith in herself as an individual. Her sense of failure in a past life was carried over into this life as self-condemnation. The self-denigrating forces were so strong that Edgar Cayce suggested that she not force the issue by trying to be self-reliant and independent in this life. Rather, she could make more progress in her growth by working closely with others. Through cooperation, she could regain a healthy sense of self. Her self-esteem and self-confidence would develop from the interdependence of mutually beneficial relationships.

Cayce's recommendations in this case were very similar to modern psychosocial rehabilitation methods. By participation in a group (i.e., a community of two or more individuals), deeply held feelings of self-condemnation can be altered. Through meaningful relationships, psychological symptoms such as depression can be transformed. It is not easy work. Changing soul patterns never is easy. Yet, it can be done.

Past-life failure carried forward in time and manifesting as depressive tendencies could almost be considered a universal pattern. Presumably, over the centuries of time, many (probably most) souls would have to deal with experiences of failure and self-condemnation.

Edgar Cayce noted another universal depressive pattern associated with past lives—abandonment and loneliness. Ms. (1523) requested information on this aspect of her depressed moods:

Q. Why do I feel depressed and lonely at nightfall?

A. This is the common lot of man. For, the day and the night are one in man's own experience—and these come as parts of the emotions . . . many find that period of (nightfall) . . . as the period of expectancy. Others find it as the period in which they are being left alone. For, ye were oft—as have been many—left at eventide. (1523-13)

Modern therapeutic approaches to these transpersonal aspects of depression include "past-life" or "regression therapy." Hypnosis is utilized to access past-life memories and bring them into consciousness. Just as hypnotherapy has been used by mainstream psychotherapists to recover repressed childhood memories, it is being increasingly used by "past-life therapists" to uncover experiences of a transpersonal nature.

Actually, Edgar Cayce could be considered as an early "past-life

therapist." He gave many hundreds of psychic readings containing past-life information. Cayce's self-imposed guidelines for doing this type of psychological work were simple. He would only provide information about past lives that were influencing the present life, and then only if the information could be constructively applied. He strongly resisted providing such information for curiosity's sake. Even if the individual were sincere in seeking knowledge of past lives, Cayce would sometimes decline the request stating that the individual was not yet ready.

People can easily become obsessed by such information and lose their focus in the present. Cayce's therapeutic focus was in the present moment. He strongly emphasized the role of will as the prime factor in dealing with past-life influences. He consistently advised individuals to awaken the will's power by working with ideals. Applying the will to a spiritual ideal was a dominant theme in dealing with mental/spiritual issues, regardless of whether the source of the problem was in this lifetime or another. This was particularly true in regards to past lifetimes on other planets.

Interplanetary Sojourns as Astrological Influences

Edgar Cayce regarded each planet of this solar system (including the sun and moon) as realms of consciousness that are visited by the soul between earthly lives. Not that we have physical bodies on the other planets, rather that we experience each planet as a learning opportunity, just as we do the earth. The lessons of the earth focus on living in a flesh body with powerful emotions. The other planets of this system are like schools which have their own specific curriculums. In fact, Edgar Cayce compared the planets of this solar system to great universities, each with its own specializations. For example, Mercury is the realm of high mental abilities; Venus of beauty and love, Mars of activity and power, and so forth.

Actually, the qualities attributed to each planet by Edgar Cayce closely follows the same attributions by the Greeks and Romans to their gods. Thus, Mars is the god of war, Neptune the mystic, Venus the goddess of love, and so on.

Cayce stated that the interplanetary past lives are the basis for astrology. However, astrological forces are only influences and do not exceed the power of the will. Also, planetary influences affect us because we were there and not because of any inherent power of the planets themselves. Note the emphasis on planets rather than

the standard astrological constellations. Cayce rarely mentioned the constellations and their influences.

Historically, Cayce's view of planetary influences as the basis for astrology is accurate. In other words, traditional texts on astrology accept the reality of previous lives on other planets as the basis for astrological methodology.

Cayce's view of astrological influences is consistent with the rest of his philosophy. It is simply an extension of the concept of continuity of consciousness. As with all other experiences, it is how we used our will that determines whether the past influence will be constructive or destructive. In other words, we are constantly meeting our past choices and actions. Thus, whether a certain planet will influence us in a positive or negative way is dependent upon how we used our will in that experience.

Just as traditional versions of astrology recognized the validity of interplanetary past lives or "sojourns," the mythologies of Greece and Rome also made connections between the planets and psychological processes. The mythological gods represented the qualities associated with experiences of the various planets. Thomas Moore, in his bestselling book *Care of the Soul*, relates how the planet/god Saturn was traditionally associated with depression:

Today we seem to prefer the word depression over sadness and melancholy. Perhaps its Latin form sounds more clinical and serious. But there was a time, five or six hundred years ago, when melancholy was identified with the Roman god Saturn. To be depressed was to be "in Saturn," and a person chronically disposed to melancholy was known as a "child of Saturn."

Edgar Cayce noted that past lives in the realm of Saturn could have depressive influences on later earthly lives:

In Saturn, as indicated, will be much of those influences that seem or appear to come from UNDERHANDED sources, where there will be those activities on the part of individuals that will influence much the FEELINGS, rather than the activities of the entity. These will, or must, be met by the individuality, rather than the personality of the entity, in MAKING entity's decisions in the experiences through which this will make for those periods of depression, of the self's activities being questioned in self, and when DECISIONS are arrived at, there will

be the greater expanse of the abilities and talents of the entity.
(452-1)

Reading 452-1 was given for a twenty-seven-year-old man. Note the reference to "self's activities being questioned in self." In other words, this young man would have to be sure that his choices and actions were true to his ideals. If he could be true to himself, the challenges of this earthly life offered tremendous opportunity for growth. If not, he would experience the self-condemnation so often associated with depression.

Ms. (1010) was sixty-seven years old when she obtained a life reading which appears to describe bipolar tendencies:

From Saturn's influences we find the changes that have arisen, when there have been periods of great exaltation (mania), periods of depression, periods when the physical as well as the mental and material were under a stress and strain of adverse forces—being the natural consequence of the influence of Saturn's activity in the experience of an individual in the material plane. (1010-12)

Saturn was not the only planetary influence which Cayce linked to depression. A nineteen-year-old woman was told:

The activities with Uranus bring periods of depression to the mental self—as has been experienced in the periods very, very close to the present. (3180-2)

A twenty-eight-year-old man was told:

One interested in the peoples as are influenced by things, rather than things' influence upon peoples. One, then, that reasons from WITHIN, rather than from without. Then, a spiritual-MINDED entity. Well guided, and with an ideal—may go far in self's development, and in aid to others. One WITHOUT an ideal may easily be lost in the fog of many mysteries; for Uranian influences MUST bring periods of depression to every child of its habitation, as does also an exaltation hard to be combated with. (311-1)

So while there was a depressive predisposition because of the

past-life experience in the Uranian realm, it was the ideal in his present earthly life that would determine how he would deal with this astrological influence. Thus, as with past lives in the earth, it is the use of the will in the present in regards to a spiritual ideal which determines our emotional reaction to life's depressing situations. Ms. (1315) was reminded:

These (interplanetary past lives) have their influence in the present experience of the entity, and are altered in the present by the manner in which the entity has measured or standardized self as respecting the application of will with the influences, and that held innately as its ideal. This, as we shall see, has much to do with many innate abilities that have only found partial expression in the present experience, and may—in part, at least—account for some periods of those influences about the entity, bringing at periods those of depression when others immediately about the body feel the buoyancy of promise, and vice versa. (1315-2)

Therefore, the emphasis on studying and applying astrology in such cases was simply to understand some of the factors which influence us. The planets may influence us because of how we used our wills while we were in those realms. So the use of the will in our choices and actions is the most important factor. Just as with past lives on the planet earth, other planetary lifetimes are influential because of the choices and actions we made there. Cayce was adamant in maintaining that the present is the point of power. The use of the will in the present supersedes how we used the will in the past, in whatever realm of experience.

There is another important aspect of will—the transpersonal aspect. Mark Thurston has described this aspect of will in *Paradox of Power* (see the Appendix).

Not only does the will allow each of us to chart a self-determined course for life, it also allows us to be subservient to or obedient to influences which come from beyond our personal sense of identity. Every system of transpersonal psychology states that enlightenment requires of us a cooperative relationship with influences bigger than ourselves. It is this feature of will which counterbalances the preceding one (personal will) which emphasizes self-determination and personal choice. This is the paradox of power.

The prayer "Thy will be done" is exemplary of Edgar Cayce's

transpersonal approach. Therefore, recognition that intervention from a power higher than our personal ego can assist us when we are in need of healing is inherent in Cayce's approach to the treatment of mental illnesses such as depression.

The process of awakening the transpersonal will and balancing it with the personal will is the challenge for each of us. This is why Edgar Cayce so frequently discussed the application of will in the context of spiritual, mental, and physical ideals. The spiritual ideal can awaken the transpersonal will as a source of power to change patterns from our past experiences, from whatever realm of experience.

Some Key Points to Remember

Edgar Cayce's holistic perspective of depression is inclusive of all the major psychological and medical approaches which have been described in previous chapters. Perhaps the most fascinating aspect of Cayce's approach is that it also encompasses those areas of the human experience which transcend the normal limitations of the conscious ego.

From an historical perspective, these paranormal dimensions of the human experience may be regarded as examples of the "perennial philosophy." In its most recent version the perennial philosophy has been labeled "transpersonal" and is a developing force in modern psychology.

We have discussed various "transpersonal" aspects of depression from Cayce's holistic perspective. For example, disruption of the body-soul connection can lead to symptoms of manic-depression. Treatments which enhance the body-soul connection were frequently recommended in such cases to strengthen the connection.

The continuity of consciousness is at the core of the perennial philosophy. Edgar Cayce's transpersonal approach to depression acknowledged past earthly lives and past lives on other planets in this solar system (astrological factors) as sources of depressive tendencies for some of the individuals who sought his help in dealing with their problems. In these cases, Edgar Cayce usually emphasized the role of the will (both personal and transpersonal) in dealing with depression. The goal was to use depression as a means of self-knowledge and transformation (soul growth).

10

Summary and Conclusion

DEPRESSION IS A complex subject. The preceding chapters have dealt with various aspects of depression from the perspective of a twentieth-century psychic diagnostician named Edgar Cayce. In many ways, Edgar Cayce was far ahead of his time in describing the physical (biological), mental (psychological), and spiritual (including the “transpersonal”) aspects of depression.

It is important to recognize the context in which the Cayce readings were given. Many of the persons who came to him for help were in a desperate condition, having exhausted the existing medical and psychological resources without benefit. As a last resort, they sought a psychic reading from Edgar Cayce. Thus the selection of readings on depression do not necessarily depict a representative sample from the general population of that era. Even if they did, they could not be directly compared to current samples, since there have been major changes in the psychological, social, and biological environment in the intervening decades.

And yet, there is a strong sense of the universality of the Cayce

material in describing fundamental patterns of the human experience. For example, human biology has probably not changed significantly in its general processes during the past few decades. True, we live in a more polluted environment than during Edgar Cayce's era. Thus the role of toxicity in specific instances of depression (Chapter Three) may have changed somewhat. However the general response of the body and the means of treating it recommended by Edgar Cayce may still be relevant.

From a psychosocial standpoint, it would seem that there have been dramatic changes in the pace of life, increased stressors, world upheaval, and so forth. And yet, by comparison, the differences may not be that great. Remember that most of Edgar Cayce's readings were given during the "roaring '20s," the Great Depression, and World War II. Edgar Cayce's era was a time of dramatic change and stressful circumstances.

The case studies which we have reviewed were presented with the hope that they may shed light on the subject of depression and be helpful to individuals suffering from this illness. Unfortunately, many of the depressed persons who received readings from Mr. Cayce did not follow through with his recommendations. When his suggestions were followed consistently and persistently, good results were usually forthcoming.

To summarize Edgar Cayce's perspective, we will review some basic information about depression including possible causes and treatment recommendations from the Cayce material.

What Is Depression?

Depression is a morbid sadness which may be characterized by dejection, lack of hope, feelings of worthlessness or inappropriate guilt, and diminished ability to think or concentrate. Severely depressed persons may also experience recurrent thoughts of death (especially suicide).

Depression has been recognized as a common emotional disorder for many centuries. In fact, the term melancholia is derived from the Greeks who believed that depression resulted from an imbalance in the body's biochemistry. Specifically, the liver was thought to be at fault.

During Edgar Cayce's era, the term melancholia was still commonly used to indicate depression. Thus many of the readings use the two terms interchangeably. Melancholia is still used in modern psychiatric

diagnosis, however it now refers to a subtype of depression. Harkening back to its Greek origins, melancholia currently refers to depression with strong biological features.

Interestingly, Edgar Cayce spoke at length about the biological aspects of depression when he used the term melancholia. The first four chapters of this book examined various aspects of the biological dimension of depression including the neuro-biology of depression, the role of glandular functioning and toxicity, and co-morbidity with medical illness.

In defining depression, it is also important to point out that depression sometimes occurs as part of a larger cycle of emotional illness. Bipolar disorder (previously called manic-depressive illness) is one example of such a complex depressive pattern. An individual suffering from bipolar disorder will experience cycles of depression intermixed with episodes of mania. In simple terms, mania can be thought of as the opposite of depression. The symptoms of mania include inflated self-esteem or feelings of grandiosity, decreased need for sleep, more talkative than usual, distractibility, and excessive involvement in pleasurable activities which have a high potential for painful consequences (for example, unrestrained buying sprees, sexual indiscretions, etc.). Bipolar disorder is an emotional roller-coaster with extreme highs and lows.

Chapter Eight discussed bipolar disorder and examined a couple of case studies from the Cayce material. Chapter Nine also dealt with some of the “transpersonal” aspects of this illness. The Cayce readings contain several excellent case studies in bipolar disorder (e.g., (1452), (1789), (3662), (4059)). Quite often these cases involved fascinating glimpses into the soul’s journey through eternity. The expansiveness so often associated with bipolar illness is effectively portrayed. It is no wonder that many of our greatest artists and highly creative and productive individuals have suffered from bipolar disorder.

Frequently the readings on bipolar disorder provide intriguing clues on the very nature of the soul’s inhabitation of the physical body. These readings tend to focus on the nerve and gland “centers” within the body which were described as the body-soul connection. In fact, Edgar Cayce’s tendency to link pathology in these key biological systems to mental and emotional symptoms was decades ahead of modern views on the causes and treatment of emotional disorders.

Causes of Depression

In recent decades, considerable advances have been made in understanding the causes of depression. In particular, great emphasis has been placed on the biology of depression. Through controlled studies, researchers have explored the relationship between faulty chemistry in the nervous system and depressive symptoms. Specifically, scientists have looked at the chemical messengers (called neurotransmitters) which nerve cells use to communicate with each other.

If there is a problem with certain neurotransmitters in the brain, communication between nerve cells may be inhibited. When this chemical dysfunction occurs in the areas of the brain associated with emotion and cognition, depression may result.

In simple terms, when nerve cell communication is inhibited, the nervous system itself may be said to be depressed in its activity. This inhibition may lead to a general depression of mind and body. Presumably, the antidepressant drugs prescribed by medical doctors can therapeutically alter the chemical messengers used by nerve cells resulting in better communication within the brain. This biochemical explanation of the cause and treatment of depression is sometimes referred to as the "medical model of depression."

Edgar Cayce was decades ahead of modern medical research when he gave graphic descriptions of nervous system pathology in cases of depression. At times, his dissertations were highly technical in an anatomical and physiological sense. At other times he would simply use the expression "lapse of nerve impulse" to portray the breakdown in nerve cell communication.

The readings gave many reasons for depressive neurological impairment. Quite often glandular dysfunction was cited as the source of the problem. Edgar Cayce's explanation was that the nervous system is dependent upon the glands of the body to provide the chemicals essential for normal nerve-cell functioning. When the glands fail to provide these essential chemicals, various physical, mental, and emotional symptoms (including depression) can result. Endocrine gland pathology (most often the adrenal, thyroid, and pineal glands) was noted in several cases of depression. Significantly, modern medical research has also acknowledged the involvement of these important endocrine glands in depression.

Toxicity was another common biological cause of depression cited by Edgar Cayce. In some readings, he spoke of a "deadening" effect to the nervous system produced by the absorption of toxins into the

nerve fiber. Apparently, this deadening effect could have a depressive effect upon the nervous system leading to the characteristic "lapse in nerve impulse."

Naturally, treatment recommendations in such cases focused heavily on therapies intended to cleanse the body of "poisons that are accumulations in the system." Improved diet with regular massage and hydrotherapy were common prescriptions in such cases.

While Edgar Cayce's perspective has many similarities to the modern medical (biochemical) model of depression, there are important differences. Instead of relying heavily on medication to alter the chemical balance in the nervous system, he would usually recommend more natural methods. These "holistic" therapies would help the body to be its own "medicine chest" and thus bring its faulty biochemistry back into a healthy state. Holistic refers to Cayce's tendency to consider the whole person (body, mind, and spirit) when diagnosing illness and making treatment recommendations. Hence, Edgar Cayce is widely regarded as the "father of modern holistic medicine."

Another difference between Cayce's perspective and the medical model is the role of mental and spiritual factors which may lead to depression of the nervous system. For example, he would often note psychospiritual causes such as unhealthy attitudes or a lack of spiritual direction in a person's life as a precedent of nervous system pathology.

The readings contain many examples of mentally (i.e., psychosomatically) induced depression. "Mind is the builder" is a prominent theme in the readings and is based upon the inherent association of mental processes with the nervous system. Self-condemnation was a particularly destructive mental pattern frequently noted in cases of depression. Failure to live up to an ideal (or even have an ideal) was sometimes cited as a primary source of mental depression.

In certain cases, Edgar Cayce would take a more expansive perspective on the source of depression. In the numerous "life readings" he gave for individuals, he would sometimes link current emotional problems such as depression to past lives on the earth and other planets in this solar system. We briefly considered these "transpersonal" aspects of depression in Chapter Nine.

Treatment Suggestions

Because depression has numerous causes and is highly variable in its manifestations, the treatment suggestions which follow are given in a flexible format so as to be adaptable to individual cases. This is essentially the approach used by Edgar Cayce. He tended to rely on certain basic treatments which were modified for specific cases. So the approach presented here is to give a fairly broad and structured set of therapeutic interventions—basic treatments which are likely to be helpful for anyone suffering from depression. Then, some suggestions will be given to adapt these basic treatments to individual cases which may be more severe or chronic.

The *basic treatment plan* which follows forms the foundation of a holistic therapeutic model. It is suitable for most cases of depression and may entirely suffice for low level depression. It is also appropriate as a maintenance plan to reduce the likelihood of relapse, hence it is inherently preventative in nature. Because it is essentially a natural health maintenance program, it has the added benefit of being relatively safe when compared to some of the mainstream (particularly biological) treatments for depression.

- *Improving eliminations* is a high priority because the readings cite toxemia as a common causal factor associated with depression. *Hydrotherapy, manual therapy* (osteopathy and chiropractic), *massage*, and *diet* are the main therapies for improving eliminations.

- *Manual therapy and massage* also assist in establishing better coordination between the central and peripheral nervous systems. This is important because the readings consistently portrayed the pathophysiology of depression as a “lapse in nerve impulse.”

- The *Radial Appliance* may prove helpful in cases where restlessness, fatigue, or insomnia are significant symptoms. This simple device resembles an electrical battery. However, it does not produce any measurable electrical current. The readings insisted that it utilizes the body’s own vibratory energies to help equalize the circulatory and nerve systems.

- The readings also consistently stressed the importance of *moderate outdoor exercise* in the open (i.e., sunlight) for relaxation, improving eliminations, and in certain cases, as a form of phototherapy. Phototherapy is the use of light to treat illness. Phototherapy was used for centuries as a natural means of treating melancholia. Modern research has also demonstrated that phototherapy can be effective.

tive in treating certain forms of depression.

- The *ideals exercise* is an important intervention for establishing priorities, not only within the therapeutic regimen, but also for long-term health maintenance. This intervention is also an excellent means of recognizing and correcting dysfunctional attitudes and beliefs.

- Finally, the *spiritual* phase of the basic model encourages persons to take a broader perspective on their immediate situation. Altruistic service provides a sense of interpersonal connectedness which can be extremely therapeutic in the treatment of depression. Cayce often recommended that depressed persons find someone who is in a worse condition and help them. He emphasized that the best way of helping self is to help others.

- The readings also consistently recommended that persons suffering from depression read and study inspirational material. Clinically known as *bibliotherapy*, this therapeutic technique is now used by many psychotherapists for the treatment of many forms of mental illness including depression. Consistent with his Christian religious orientation, Edgar Cayce showed a preference for the Bible as a source of inspiration. Certain passages were repeatedly recommended for persons suffering from depression (most often the 30th chapter of Deuteronomy and the 14th, 15th, 16th, and 17th chapters of John).

Additional Therapies for Specific Cases

While the *basic treatment plan* provides a foundation from which to approach the treatment of depression, supplemental or adjunct therapies may be necessary when the depression is severe and/or chronic. In these instances, the basic treatment plan is modified to address the needs of the individual. For the most part, the same basic treatments are given, only more frequently and stronger. In other words, the intent is still to work with the body using natural methods. Because the level of pathology is greater, stronger (and at times more specific) interventions are utilized. Some examples are provided here. Keep in mind that these are merely suggestions which clinicians may wish to utilize at their discretion.

- The *electrotherapeutic treatments* may include the *Wet Cell Battery* in place of or in addition to the *Radial Appliance*. The Wet Cell Battery is a weak chemical battery that does actually produce a minute electrical potential. Often the Wet Cell Battery was used in conjunc-

tion with certain medicinal solutions which Cayce said could be vibratorially transmitted into the body. The primary effect was usually to help the glands function more normally resulting in a healthier (and less depressed) nervous system. Gold and iodine were the most commonly prescribed vibratory solutions recommended in cases of severe and chronic depression. The Wet Cell Battery was also sometimes recommended without vibratory solutions. In such cases, the readings stated that the battery could effectively recharge the body's energy systems. As feelings of tiredness and lethargy are common in depression, such a boost in energy would be an immediate and practical therapeutic effect.

- The *manual therapy* sessions may be more frequent and focus on certain specific problems. For example, the readings noted sensory system involvement (i.e., disturbed hearing, taste, sight, or smell) in many cases of depression. This was linked to mutual nerve connections of the sensory organs and certain visceral organs. Thus assessment and treatment should focus on the possibility of cervical and upper thoracic (dorsal) pathology.

- When depression is severe, a *therapeutic milieu* (healing environment) is often helpful. If the home situation is not appropriate, hospitalization may be required.

- *Companion therapy* may be helpful for cases where the individual is unable to follow the treatment suggestions and requires supervision. In cases of severe depression, the companion would serve as a support person assisting with the various therapies and helping to maintain a positive environment. In other words, the companion is simply a helping friend.

- In cases presenting with oppositional or noncompliant behaviors, *suggestive therapeutics* may be utilized to increase cooperation. This form of naturalistic hypnosis was commonly recommended in the readings involving severe and persistent mental illness. Positive suggestions (affirmations) are given during the various physical treatments and as the person is falling asleep each night.

- A *blood- and nerve-building* diet may be helpful for individuals suffering from general debilitation. Fruits, vegetables, and meat juices were the most common ingredients of such a rebuilding diet.

- Glandular dysfunction may be associated with disrupted biological cycles and/or abnormal results on endocrine tests. In such cases, *Atomidine* (an iodine derivative) may be useful to normalize glandular functions. The addition of *Jerusalem artichoke* to the diet was also recommended in several cases involving glandular imbalance.

- *Somatic complaints* should be taken seriously for they can provide valuable clues to the systemic dysfunctions associated with depression. In particular, back pain can be extremely helpful in locating and treating problems in relation to the spine.
- Extreme *toxicity* may manifest as constipation, skin blemishes, and/or foul breath. Improvement of eliminations would probably be helpful via a fairly strict regimen of hydrotherapy and diet (foods that assist in eliminations).

Conclusion

The Edgar Cayce readings are a valuable source of information on the causes and treatment of depression. The readings are comprehensive in scope while providing integrated (i.e., holistic) treatment strategies.

The basic treatment plan is a relatively safe, natural approach for maintaining physical, mental, and emotional well-being as well as helping to prevent mental illness. Naturally, persons suffering from severe or chronic depression would need the assistance of a qualified health care professional in caring out the physiotherapies recommended in the readings.

Although the previous chapters have more or less neatly divided the various causes of depression into neat compartments, this is not always the case in real life. There tends to be a blending, a dynamic interaction among the aspects of our lives. A spinal injury or negative thinking may affect the glands as well as the eliminating systems producing a chemical imbalance and toxicity in the body. A pre-existing medical condition may combine with a pessimistic attitude making the individual vulnerable to depression. Thus the concept of co-morbidity takes on an even broader meaning. Not only may we experience simultaneous physical conditions manifesting in a variety of symptom patterns, but we may be "pathological" in all the areas of our lives, physical, mental, and spiritual. Therefore, a holistic approach makes even more sense. It addresses all areas of one's life to help bring healing through balanced living.

For persons interested in the clinical application of Cayce's perspective on depression, I have written a more scholarly and technical work entitled *The Treatment of Depression: A Holistic Approach Based on the Readings of Edgar Cayce*.

Appendix

Resources

Books

- Duggan, Joseph & Sandra. *Massage, Hydrotherapy & Healing Oils*. Virginia Beach, VA: Inner Vision Publishing Company, 1989.
- McMillin, David L. *Living Nightmares: Case Studies in Anxiety Based on the Readings of Edgar Cayce*. Virginia Beach, VA: Lifeline Press, 1992.
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Organizations

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David McMillin, M.A.

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David McMillin, M.A., is a mental health professional in private practice specializing in the Edgar Cayce healing modalities. He is a researcher with the Meridian Institute and a professor at Atlantic University, where he teaches classes in holistic health. He is the author of several books on health-related topics. He writes, lectures, and facilitates workshops on his research in Virginia Beach, Virginia.

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