Slouching Towards Bethlehem

Kurt Edward Biehl

slouching towards bethlehem
night after night
stars yawning overhead
none of them bright
and the angel is down there in florida
had enough of the halo and wings
now it's shuffleboard, henna and lethargy
and "bingo" is all that she sings

slouching towards bethlehem
rough as a beast
blue neon dragging me
off to the east
and the wisemen are lost in a revery
spilling dreams over glasses of gin
and the best-laid intentions to go abroad
gonna wind up in reno again

and the mirror ball
constellates and spins
as the guy sings how he lost her to the summer wind
swerving, weaving,
spawning up a sidewalk xylophone
drifting in the awful blackness
slouching all alone…

lyrics to *slouching towards bethlehem*
from *World of Fireworks:*
words and music by *Little Jack Melody*

It is December of 1999. I am in room 720 on the locked inpatient psychiatric unit at St Luke's Hospital in Bethlehem, Pennsylvania. Francis Delago is in the "B" bed—the one next to the window. The "A" bed is empty— it has been flagged on the census as "no roommate." Mr. Delago is wearing gray dress slacks and a green/orange flannel shirt. His bare feet are blackened on the soles, the toes are punctuated by overgrown yellow snaggletooth toenails. He is unshaven. His unwashed hair is matted and oily, thick with grease, dirt, and debris. He is lying on his back, on top of a bare mattress. The sheets are crumpled and falling off the end of the bed. He is in the corpse pose with arms and legs held straight and rigid. His head is flat on the mattress, his jaw is clenched. The muscles of his jaw and neck quiver under the tension.

A nursing assistant is sitting on the edge of a chair near the head of the bed. She looks up at me with a concerned look.

"I'm sorry, doc. I tried to get him to shower and change his clothes and eat breakfast. I don't know what to do."

I know this scene would be unsettling for most people, but this is a familiar situation for me. I have practiced inpatient psychiatric units since 1990 when I joined the medical staff at Timberlawn Psychiatric Hospital in Dallas, Texas. I have been working at St Luke's for the last three years. How I got from Texas to Bethlehem is a complicated saga involving a divorce. It's a common story — I married young, we grew apart. But the story of how we grew apart, the story of how we transformed into impossibly incompatible people, is, as my best friend put it, "beyond the pale." (I had always liked the sound of that phrase; it invoked the image of a paradise beyond a bucket of gold at the end of a rainbow. But I found out it wasn't that sort of pail, and there were no rainbows or buckets of gold.)

I still cannot talk about what happened. For now, I live somewhere within overlapping states of overwhelm, torpor, grief, shame, bewilderment, paralysis, shock, and agitation. This is not how I had envisioned my life: divorced, working in Bethlehem, living alone, working every-third-night on-call, and weekend visitations with my children (who now live in Upstate New York with their mother, step-siblings, and disabled step-father.) Here, on this 21 bed locked inpatient psychiatric unit, is the only place where I feel in control. Here, amid the chaos and suffering, is my sanctuary and my salvation.

I approach the bed in slow cat-like strides and stop two arm-lengths away.

"Good morning, Mr. Delago. How are you doing today?"

His eyes are wide and unblinking as if transfixed by some sort of unseen horror. He remains silent. I wonder if he is catatonic or if he is just selectively mute and consciously refusing to respond.

"I don't want to talk."

Diane Arlow, a third-year Internal Medicine resident, stands in the shadow of the doorway behind me. She is shadowing me this month on an elective rotation in psychiatry. A patient passes in the hallway behind Arlow on his way to breakfast in the dayroom. Across from the dayroom is the nursing station where earlier this morning a nurse had asked me to do something about Mr. Delago. She told me that he is a 36-year-old male who had his first psychotic break around age 19. He was admitted last week with catatonia after being picked up by the police in an abandoned building. He has been living with his mother and had been stable for ten years until he stopped his medications two months ago when his mother was hospitalized with breast cancer. He has been staying in bed and refusing to bath or eat since admission. "You've got to do something, doc," she said, "You can't let him just lie there and die."

I reconsider my approach. Perhaps I can alleviate the tension with a casual tone. I cushion my voice:

"What's going on?"

"I said, I don't want to talk."

It's a classic opening gambit. He has sacrificed his opportunity to express his point of view in order to take complete control of the conversation. Refusing to engage is a powerful move.

My first instinct is to honor his request and leave. I can always try again later. But Dr. Arlow's watchful presence compels me to stay in the room. Clinical rotations in psychiatry are not a required part of internal medicine residencies. Her request to arrange an elective with me is unusual. While most docs tend to shy away from inpatient psychiatric issues, she has sought it out. I hear her voice in my head: " I am fascinated by psychiatry and want to see how you do it!"

I back up and sit down on the "A" bed opposite Mr. Delago to consider my next move. Staying in the room of a paranoid patient is risky. I plan my escape route and mentally rehearse running out of the room should he make any sudden moves. Twelve years ago, when I was a second-year resident, I interview a paranoid patient who did not want to talk. Determined to complete my assessment, I stayed in the room and asked him to talk abut his feelings. He answered by lunging at me and beating me as I yelled out for help. It's the sort of lesson that one never forgets.

I project myself into Mr. Delago's place on the bed and try to sense what he is feeling. The tension in the room is palpable. A fog of paralysis and terror fills the room — I resonate with the feeling.

"Well, you've been in the hospital for over a week, now. You've been staying in bed, not eating, and not taking your medication. I'm becoming concerned because I won't be able to discharge you in this condition."

His eyes flicker, his lips tighten. I suspect that he is hallucinating.

“I’m not going to take any medications.”

“Do you have any particular concerns?”

“I know what you’re trying to do.”

“What’s that?”

“You're trying to kill me."

He turns his head towards the window. Outside, a sloping ridge rises to the horizon. A slight frost glazes the ground; pine needles and branches are strewn across the hard dirt. Pine trees and holly bush fill the space between outcropping rocks. A single doe is nuzzling the ground as she slowly moves up the hill, snacking on acorns and twigs in the early winter chill. The light from the early morning sun is slanting through the window onto the bed and floor. Dr. Arlow is standing quietly in the doorway. I can hear phones ringing and nurses talking in the hallway. Occasional laughter is coming from within the nursing station, just enough to cause suspicion among the patients.

I look at the floor, lost in the swirling gray pattern of the linoleum, wondering what to do next. Dr. Arlow is awaiting my next move. As much as I want to help this patient, I also want to impress Dr. Arlow. I want to demonstrate that psychiatry is a valid branch of medicine. I want to execute a masterful psychotherapeutic intervention as clear as a surgeon performing a precise incision. I'm afraid I will make a wrong move and embarrass myself. Maybe I should retreat. I will explain to Dr. Arlow that this patient is too paranoid, that he cannot be reasoned with, that it is best to leave psychotic patients alone. Sound advice, perhaps, but I know something must be done.

I silently rehearse my next move:

I am not trying to kill you. I want to help you. He won't believe that.

You won't get better unless you take your medications. He will argue that there is nothing wrong with him, he will feel berated, it will come across as condescending.

Why did you stop taking your medication? This question had been asked many times over the last week. He has refused to answer.

Are you hearing voices? He has heard that question every day from every nurse on every shift. He will deny hearing voices or become argumentative. I might as well ask "are you crazy?"

How’s your mother? I suspect his decompensation is related to his mother's illness. But I doubt he would be willing to discuss his mother with me: I’m the guy who’s trying to kill him.

I am not coming up with anything. I have no choice but to let all my thoughts dissipate. I continue to sit, staring at the floor, enjoying a respite from the hectic rush of the patients that await me.

As long as Mr. Delago is not getting agitated or asking me to leave, there is little harm or risk in sitting alongside him. Even paranoid patients can feel lonely. Their psychosis is a barrier to human interaction. Just being willing to sit with him sends a message: I am not afraid of him and that he is worthy of my time.

With the breakdown of my marriage, I questioned everything I had ever believed. I had pursued a straight path through college, medical school, and residency. Always working towards the future. The prolonged journey promised to end in fulfillment, enlightenment, and ever-lasting peace. By the time I passed my specialty board exams, at age 32, I had finally made it! But I was left with a vague unrest, unable to live in the present after a lifetime of dreams. Peggy Lee's *Is That All There Is?* became the soundtrack of my life. My thoughts were a 45 rpm record playing on an automatic turntable with only the briefest respites as the tonearm clicked in the final groove, lifted, and returned to the beginning. I could not find the off switch nor could I pull the plug. Doubt sang like a refrain as I obsessively replayed the story of my life, trying to figure out how it all went wrong: I did well in college. I went to medical school. I got into a top residency. I became chief resident. *Is that all there is?* I got married. I was faithful. I had children. *Is that all there is?* My wife left. She took the kids. *Is that all there is?*

Uncertainty invaded my soul, spread into my perceptions of myself, and radiated outwards. I questioned everything. What is family? Why did I get married? Where did I go wrong, is there free will, what is consciousness, what is life… how do I face the next day? Social interactions seemed pointless. *Hi, how are you today? I'm fine.* Didn't the people passing me in the halls of the hospital know that we are all in mortal danger? Anubis awaits with feather in hand. I feared that my life had already been measured and that a monster lurked, ready to devour what little I had left.

I was lost in an Ang Lee bamboo forest. Not knowing the way out, I stopped, sat down, and turned inward. I lacked a map, or compass. I searched everywhere, including places that I had previously shunned and disparaged as irrational and impractical: meditation, intuition, healing, spirituality, and religion. I read Neil Donald Walsh's Conversations with God and hoped for insight and grace to reveal itself. I read The Celestine Prophecy and was disappointed when, halfway through, I realized it was a novel. I studied eastern meditation and learned about the challenges of mastering the monkey mind and the wild horse. When I tried to sit still, my monkey clung to an unbridled Mustang that bucked and galloped in manic circles. I decided to try walking meditation, but the monkey hung to my back. So I loaded up my walkman and wandered the empty fields on the outskirts of Bethlehem while listening to Spiritual Madness - a lecture on tape by Caroline Myss. She spoke of the false split between the spiritual world and the physical world, about the shift in consciousness as a result of Tibetan Buddhism seeping into the Western

world as a result of the Dalai Lama being exiled, and she spoke the dark night of the soul — a state of spiritual disconnection and confusion that resonated with me. Every night, after dusk, I walked and listened stopping only to flip the tape and hit play again. And each night, I felt like I was hearing her words for the first time. I wondered why it seemed that was not able to retain the content. Her stories became a mantra that I played on repeat. Her voice is edgy and nasal, yet I found the ritual of walking alone with her voice in my ears calming and inexplicably reassuring.

I went to the Omega Center in upstate NY to attend a workshop by Michael Harner on Core Shamanism where, while browsing the bookstore, a stranger handed me a book and said, "Here, you should read this." It was The World Is As You Dream It by John Perkins. I was transfixed by Perkin's account of going deep into the Amazon to live with the Shuar Indians where he attended an Ayahuasca ceremony and experienced an epiphany that altered the course of his life. I told my sister about the book and said that if I ever had an opportunity to take Ayahuasca, I would do it. But only if it was in Peru and under the guidance of a master shaman. Two weeks later, my sister called to tell my that her friend Wendy was going with a group of eight to spend two weeks in the Amazon basin with a shaman named Don Augustin Rivas. The departure date was three weeks away and my passport had expired. I signed up, everything fell into place, and I went. I was an adventure, but I was unable to replicate Perkin's experience. The jungle was damp and murky. I already knew how to wallow in dark. I yearned for light.

When I returned home, I found an envelope in my mailbox with no return address. It contained a flyer advertising a weekend workshop on Peruvian Shamanism taking place in an unexpected location less than an hour's drive away into the hills of the Lehigh Valley — New Tripoli, Pennsylvania. It featured two shamans: Ruben Orellana, who had been the head archeologist of Machu Picchu for twenty years, and Dr. Theo Paredes, an anthropologist in Cusco. Both had studied with the Q'ero Indians. Perhaps the teachings of the Andes would provide some clarity. I decided to go.

New Tripoli is a town of 898 residents that was named in honor of the 1805 U.S. victory over pirates from the ancient seaport of Tripoli on the coast of North Africa. In typical, inscrutable Pennsylvania Dutch style, the town's pronunciation emphasizes the second syllable of Tripoli: NEW-tri-POH-lee. The workshop was held in a barn.

I joined the group of 18 participants who were already seated in a semi-circle on the floor of the barn when I arrived. Ruben and Theo sat side-by-side at the front of the room. They each had an army of stones arranged on the floor in front of them. Ruben announced that it was time to begin. Theo sprayed Florida water — a type of flower-scented perfume from South America — by taking a swig into his mouth then blowing through pursed lips. A thick mist spewed across the room, followed by a heady scent of alcohol and flower-petals.

Ruben picked up a potato-sized gourd by its deer-foot handle and rattled as the room grew was silent and transfixed. Ruben and Theo sat with eyes closed, listening intently to the swish of the rattle. Ruben began chanting. Starting with a whisper, his voice undulated and crescendoed into peculiar melody sung in an unfamiliar language. The chant resonated throughout the room, alternating between a plaintiff tenor line that sounded like a question being asked from afar and emphatic guttural baritone reply After fifteen minutes, the chanting stopped. Silence buzzed in my ears. The room was suspended in time. Then Theo spoke in soft, fluty tones. His heavy accent and limited English was hard to understand. He was saying something about the ancient beliefs of the Q'ero Indians, nature is sacred, and life came from the stars.

"In our tradition, we are the children of the sun."

During the breaks between sessions, everyone buzzed and socialized. I remained sitting, uninterested in the mindless chatter around me. Theo sat across the room chewing coca leaves and observing the crowd. I sensed that he was not just from another continent, he was from another world. He motioned for me to sit next to him. We sat side-by-side and looked at the giggling clump of people flitting around the snack table. He turned, touched my shoulder, and said,

"We have a lot to talk about."

Back in the circle, Theo taught that one of the skills of a shaman is the ability to move energy. The physical body is imbued with vibrations that radiate outwards in layers like a matryoshka doll. These layers are given names such as the etheric body, mental body, emotional body and astral body — each with a different quality and function. A shaman is able to sense the energies of the body and identify blockages or irregularities. The energy blocks can then be removed or smoothed out. They see life itself as energy. All disease, whether physical, mental, or emotional, exists on an energetic level. Cure the energy body and the physical body will heal. I did not understand what they were talking about, but as I listened, I began to suspect they were talking about the soul. The soul is rarely mentioned in western medicine. I did not understand much about the soul, but I knew there was an unseen depth to the lives of my patients. Perhaps this was the beginning of an answer.

Mr. Delago hasn't moved. Dr. Arlow is still in the doorway. The CNA is picking at her shirt. She glances at me, looks away, and begins to slowly rub the palms of her hands on her thighs. I still have nothing to say. So I sit.

Six months after the workshop, I went to Peru for a two-week tour of ancient sites in Peru led by Ruben and Theo. Allentown to Miami to Lima to Cusco: each stop felt more exotic and rarefied than the last. At 11,000 feet elevation, I felt dizzy as I entered the tiny airport Cusco. In addition to the lack of oxygen was the lack of the familiar. There were groups of musicians in indigenous

garb interspersed throughout, both inside and outside the building. They played guitar, drums, and pan flutes, competing for tips as the sound from each group overlapped with another. At any given time, at least one of the ensembles was playing El Condor Paso. Ruben overheard me talking about how everything was so different from America. "What do you mean different from America?" Ruben interjected, "Peru is in South America. This is America."

We took a bus to a small hotel on the outskirts of Peru. Ruben suggested we all minimize activity the first day, drink coca tea, and lie in bed for the rest of the afternoon in order to acclimate to the elevation. After we settled in, Ruben went from room to room for an important announcement: The septic systems in the Andes drain slowly and are prone to clogs. All toilet paper is to be wadded up and placed in the waste basket next to the toilet.

After sunset, we sat on the ground in an empty field with three Q'ero Indians who performed a despacho ceremony in our honor. Theo said they had traveled three days on foot from the highlands of the Andes to join us. The Q'ero are considered to be the descendants of the surfing Inca who evaded the Spanish by retreating high into the mountains. Without a written language, the history and teachings of the Q'ero have been passed down by oral tradition. Theo said that for centuries, the Q'ero elders have prophesied the arrival of "the people from the north." They consider it their sacred duty to pass their knowledge on to us in order fulfill their destiny and usher in a new era.

After the Q'ero left, Theo spoke briefly about San Pedro. It is a cactus that grows in the Andes that is used to concoct a sort of "plant medicine" that is used in shamanic ceremonies Other common plant medicines include Tobacco and Ayahuasca. Tobacco is considered the mother of all plant medicine in South America — it is used for cleansing and purification. Ayahuasca is used for purging and healing. And although there are some healing properties to San Pedro, it is mostly valued as a "teaching plant." Unlike Ayahuasca, which induces vomiting and causes near-paralyses of your peripheral muscles, San Pedro is a gentle plant. He told us we would be going to The Temple of the Falcon at Pisac where we would participate in the ceremonial use of San Pedro. Theo said that San Pedro can provide a conduit for downloading of the knowledge of the universe. He stressed that it is important to respect the plant and to align yourself with the spirit of the plant. When ingested, the potentially mind-altering effects of the plant provide an opening that allows the spirit of the plant to enter your awareness. It is the communion with the spirit of the plant that is the essence of the ceremonial use of San Pedro. The goal is to be able to access this state of awareness and connect with the spirit of San Pedro without the need to ingest anything. He warned not to be seduced by the effects and to instead open yourself to whatever teaching the plant offers. I asked Theo if there is a difference in the effects of the various varieties of San Pedro.

He replied, "We pray as we cook the plant. The difference is in the prayers."

The following morning, during breakfast and throughout the 2-hour bus trip, there was no further mention of San Pedro. Theo stood next to the driver and narrated the trip. The crest of each hill revealed a new layer of unfathomable mountains. Theo pointed out undulating rows of stone terraces that were built into the sides of the surrounding hills and mountains many centuries ago by the people of the Incan Empire. In various places, a series of parallel eight-foot stone walls, built one above the other, follow the contours of the mountain. The ground between the walls is flat, resulting in a step-like appearance. Theo described how the Inca were master agrarians, who had developed hundreds of varieties of corn and potatoes. The now popular grain, quinoa, had been extinct until ancient store of seeds were found in the ruins of a granary further down the valley. Theo explained that the terraces were built to provide arable land and that the terraces are considered essential to the success of the Empire - an empire based on farming.

The Temple of Falcon lies high above the town of Pisac. It consists stonework and walls built into the natural rock and a two-mile-long path that loops around the crest of a mountainous hill. The bus stopped short of the entrance to the parking lot and pulled off the road. Theo smiled at Ruben and asked, "do you have it?" Ruben pulled a bottle of Powerade out of his coat pocket and held it out like a sommelier presenting a bottle of chardonnay to a customer. It was half-full of a pale green liquid. Ruben twisted the lid off and presented the opening to Theo. He leaned in, sniffed, and nodded. He then motioned for us to follow him off the bus. He led us to a clearing out of view from the road and asked us to sit in a circle. Theo wandered around the perimeter of the circle spraying of Florida water from his mouth. After a brief chant, Theo sat down and watched as Ruben opened the bottle. Ruben then measured out each serving one a time, looking back and forth between the recipient and the cup as he poured the precise dose into a cup carved from a goat's horn. The San Pedro was bitter and watery with an acrid aftertaste that passed quickly.

A short walk from the parking lot, there is a large arch built of finely carved stonework indicating the entrance of the temple. Theo believes that this stonework is much older than the archeological consensus. There is evidence that the Incas were "the second inhabitants" — that they discovered these sites and built upon the remains of a previous culture. The classic "Incan style" walls are built with large, unfathomably smooth, interlocking blocks that stick together with no mortar and no space between each piece. In some places, the upper part of the walls transition into much less refined stonework crafted of smaller pieces with gaps and mortar. The Inca civilization is dated at starting in 1200 CE and flourishing from 1400 CE until the Spaniards arrived in the 1517 and complete their conquer in 1572. This relatively short-lived empire has been given credit for the entire array of sacred sites across Peru. But Ruben Orellana, a friend of Theo's who was head archeologist at Machu Picchu for 20 years, also believes the original stonework at each site is over 20,000 years old and is in no way the creation of the Inca. He sites

the existence of walls 30 feet below the surface of Lake Titicaca. Geologists estimate that the water level of the lake has not been below that level for 20,000-30,000 years. Ruben says, "I always ask my colleagues who insist that the Inca built all the sites in Peru how they explain Lake Titicaca? Did the Spaniards come and all take a piss in the lake?"

A short distance past the gateway to Pisac lies the entrance to a man-made tunnel. Theo warned us that it is long and narrow and shrinks to a four foot clearance. There is no other way around. We entered the opening in single file. After a few yards, the tunnel veered and dimmed into pitch dark. I crouched and felt my way forward: my hands alternated between rock and empty space, and the occasional feel of the buttocks of the person in front of me. The air was dank and suffocating; I felt short of breath. Just as I began to wonder if I was forever lost in bowels of the mountain, light began to bleed in. After a few more yards, the passage ended. I stood up and breathed in the fresh mountain air. The incendiary sun of the Andes blind me as I stood dazed with my eyelids clenched. I felt a touch on my shoulder.

"Come with me."

I squinted towards the voice — it was Theo. He led me away from the group and around the far side of an outcropping of rocks. He unfurled a plastic bag of coca leaves and carefully picked through the bag, scrutinized each leaf, and sorted them one by one until he collected three perfectly formed specimens. He arranged them into a fan between his thumb and forefinger and held it up in front of his face like a priest praying over a communion wafer. His lips moved silently. He blew on the coca and looked out at the valley beyond. He put the leaves into his mouth and chewed. He then added larger and larger clumps of leaves — chewing between each handful — until his cheek bulged. He pulled from his coat pocket a ball of *lipta* — a sort of coal briquet that is used to activate the coca. He bit off a chunk and, with his mouth stuffed, began to talk.

"I have something to tell you. This is very important."

He paused between each sentence. He moved in closer and spoke in a measured, hypnotic tone. He maintained a fixed stare directly into my eyes.

"You must learn to breathe."

He reached into the bag and placed another handful of coca into his mouth. His lips were stained blackish green from the coca and lipta. A rivulet of murky saliva dribbled out of the corner of his mouth onto his beard.

"You must learn to breathe. You must learn to recognize patterns. Breathe reflects emotions. There is a pattern to fear, there is a pattern to grief, there is a pattern to anger, there is a pattern to anxiety."

Theo spoke with a brimming intensity rooted in deep calm. He was tapped into something big— as if he was connected to the bedrock of this mountain. Yet it felt sourced from

something larger. This level of serenity transcends tranquility — it is an energy that exists beyond the universe, the energy of emptiness and nothingness. Is this the other shore? The place of enlightenment that is referred to in the sanskrit mantra of the Heart Sutra? Gate gate paragate parasamgate bodhi svaha! (Gone, gone, gone all the way over, everyone gone to the other shore, enlightenment, hallelujah!) Is Theo speaking from the other shore? The place of emptiness in which a single pinpoint holds has the potential to burst from emptiness into the creation of an infinite cosmos? Was this coming from the coca leaves? Or was it just the San Pedro talking?

The Andes, this mountain, the falcons, the San Pedro, Theo's gaze, the slobber of coca juice on his beard, the crust of lipta on his lips, the calm yet manic energy in his eyes and voice: I felt like I was smack in the middle of a Carlos Castaneda novel. Yet he was talking about breathing. A subject so basic and insignificant that I felt like it was next to nothing. It was insulting, it was beneath me. I was embarrassed. This was my 4th trip to Peru to study shamanism. I had been attending workshops and studying with several other teachers for four years and had been a student of Theo for two years. After all that, Theo sees fit to teach me how to breathe.

"You must learn to regulate your breathe. Practice this every day."

I felt uncomfortable under his continued unblinking gaze. I felt he was seeing directly into my soul and had the uncanny feeling that there was nothing inside me but a vast empty space. I struggled to maintain my attention. His Peruvian accent and his pronunciation of the word "breathe" when he meant "breath" began to amuse me. I held back a smile.

He took another pinch of leaves from the bag and placed them into his mouth.

"Practice breathe like this: breathe in or a count of seven, hold in for a count of seven, then breathe out for a count to seven, and hold out for a count of seven. Repeat this seven times. Do this every day. After a year, come back and we will talk more."

Theo offered me the bag of coca and the lipta. I took a handful of the brittle dried leaves. Stems poked into my tongue as I chewed. The lipta was gray, hard, and airy, like a chunk of volcanic rock. My teeth scraped along the edge of the stone as I tried to bite the rounded edge. A dusting of bitter powder flaked off into my mouth. As I chewed, leaves began to soften and the acrid taste of the lipta blended into the leafy sweet taste of the coca. I walked alongside Theo as we headed back to join the group. I'm in Peru. I'm chewing coca with a master shaman. And he just told me I need to learn to breathe and taught me a basic exercise. Is that it? Is that all there is?

My awareness returns to room 720. I notice the edge of the sunbeam has moved several inches across the tile floor. Mr. Delago continues to stare out the window. Dr. Arlow is still in the doorway behind me. The tension in the room is rising. I look at the floor and focus on my breath –- breathe in-two-three-four-five-six-seven, hold in-two-three-four-five-six-seven, breathe out,-

two-three-four-five-six-seven, hold out-two-three-four-five-six-seven. As I count, my mind shifts to another memory.

When I was a third-year resident at Timberlawn Psychiatric Hospital, I had heard that Dr. Blotcky, the Clinical Director of the hospital and the Director of the Child and Adolescent Psychiatry Training Program, had a difficult therapy patient that he wanted to refer to another psychiatrist. Melissa was diagnosed with Schizoaffective disorder, a condition with equal parts psychosis and mood disturbance. She had been hospitalized on the adolescent unit the previous year during which time she with paranoid psychosis, depression, sudden mood swings, self-mutilation, and violent impulses. Prior to admission, she had heard a local news story about a truck driver found lying naked and dead next to his eighteen wheeler on the shoulder of a rural highway. In Melissa's version of the event, his penis had been cut off and stuffed into his mouth. She developed vivid memories of the crime in which she imagined herself as the assailant. She became convinced that she had committed murder. She was only 17 years old, yet she had recently been moved to one of the adult inpatient units due to her lack of response to treatment on the adolescent unit.

Dr. Blotcky did not typically fail at treatment yet here he was looking to transfer the care of one of his patients. There are few reasons to justify such a disruption in therapy: Dr. Blotcky was facing a biggie. Melissa had developed increasing homicidal thoughts and was openly expressing her desire to kill Dr. Blotcky. It does not reflect well on the progress of therapy when your patient repeatedly tells you that she wants to kill you.

I offered to take over the therapy of this patient. Coming from an inexperienced resident, it was a bold move. But I saw it as a sure bet. The worst outcome would be that I fail at therapy just as Dr. Blotcky had — placing me in good company. But if I were able to dodge becoming the target of Melissa's homicidal threats, I would be known as the resident who succeeded where a senior physician had failed.

I was curious what had gone wrong. I was unable to imagine how a patient could feel such anger towards Dr. Blotcky. But psychiatry deals with strange, inconceivable illnesses. With only a couple of years of experience to draw on, there was much I did not know or understand.

During the Intro to Psychotherapy seminars, I had been trained to meet each new patient on the unit before starting therapy. The purpose of this brief visit is to introduce myself and arrange a schedule for sessions. I arrived on the unit and asked the charge nurse to have Melissa come to the nurses station. The nurse came back with a petite teenager trailing behind her. She was not what I expected; instead of appearing like a murderous maniac, she looked normal. She could blend into any high school class. Her light-brown hair was shoulder length, wavy, and well-styled. She was dressed in designer jeans and a white t-shirt. As she approached, her eyes

widened, and she asked: "Are you my new therapist?" When I said yes, she blurted "Oh, I like you!" Then blushed and averted her face. I offered to meet with her three times a week: Monday, Wednesday, and Friday at 1:00 for 45-minute sessions. She nodded, then ran down the hall towards a group of girls, "Hey, you guys! Did you see my new therapist?"

My instructors and supervisors had warned me about such positive patient reactions. The flip side of love is hatred, and when it comes to borderline personality structures, feelings can flip across the spectrum of emotions in an instant. Rather than be pleased that she liked me, I became apprehensive. I pictured the Lost in Space robot — arms flailing, his claw-grips held wide open, a little cerebral weathervane spinning and lights flashing in his glass-domed head — repeating "Danger, Will Robinson, Danger."

The next day, I arrived on the unit for Melissa's first therapy session. She came skipping up the hall dressed in a short ruffled white cotton skirt and a tight sleeveless top. Her long brown hair was neatly styled and freshly curled. She wore black eyeliner, pale purple eye-shadow, and bright red lipstick. We entered one of the therapy rooms on the unit, small but comfortable, furnished with two chairs, a wall clock, a torchiere floor lamp, an end table with dried flowers in a ceramic vase next to a box of Kleenex.

As I sat down, she hopped onto the chair opposite me. I sat back in my chair and saw that she was sitting with both feet on the chair hugging her knees to her chest and smiling sweetly. She then let go of her legs and dropped both knees onto the arms of the chair, revealing white cotton panties bulging over a mound of dark pubic hair. I reminded myself that this is the girl who wants to kill Dr. Blotcky. She maintained her position and kept her legs open the entire session. It was hard to resist the reflexive instinct to glance over at the pubic hair in my peripheral vision. I kept my line of sight above the level of her shoulders, alternating my gaze between her eyes and the corners of the room for the entire hour. As she spoke, I began to realize she was just a child. The way she spoke, the thoughts that she revealed, and the feelings she expressed were those of much younger girl. By the end of the session, I saw her as a toddler, naive and hopeful, innocent and vulnerable, eager for attention and approval.

At our next appointment she wore jeans. It appeared that she had again spent time and care with her hair and make-up, but at least I would not be confronted by her thighs and nether-regions. I decided to ask what went wrong in her therapy with Dr. Blotcky.

"He kept insisting that I explore my sexual feelings towards him"

"You had sexual feelings for Dr. Blotcky?" I asked.

"No!"

"How'd you feel about him suggesting you did?"

"I felt like killing him."

Over the next several weeks, her initial excitement over having a new therapist wore off and she slipped into a morbid ruminative depression. Each session, she complained of difficulty falling asleep. She approached this subject with an air of secrecy and intrigue, but for days revealed nothing. The sessions became superficial and dull.

She eventually confessed, "The only way I can fall asleep at night is to imagine cutting my arms. I feel my blood pouring out and blanketing my body. Then I can sleep."

She then became more sullen and withdrawn. She was obstinate and rebellious on the unit and in therapy sessions. Around the fourth week, she stormed into the room for therapy, flung herself onto the chair sideways, folded her arms tight across her chest and tilted her head down, chin on her chest, and barked,

"I don't want to talk."

I paused to give her a chance to explain. After several minutes, I realized that she was not going to talk.

"Therapy time is your time. You're free to do whatever you want."

She tightened her arms around her chest, slumped into the chair, and turned her head towards the wall. A large schoolroom style clock hung on the wall behind her. The only movement in the room was the flinching of the thin red second-hand that marked time like a baton conducting an ensemble of silence and stillness.

I decided to relinquish any control over the flow of therapy. I allowed my judgments and thoughts to evaporate. There was no one watching, no one to question me, as I allowed Melissa to waste an hour of therapy. The door was locked. I knew that the nurses would not intrude. Within the culture of Timberlawn, therapy time is sacred.

Melissa remained silent and did not move expect for an occasional glance at the clock. At the end of the hour, she looked at me and said, "Damn. You're patient."

"See you Friday at 2:00?"

"Ok."

The stream of light coming through the window has moved across the tile floor of room 720. Mr. Delago hasn't budged. He continues to stare out the window. Dr. Arlow is still in the doorway behind me. I look at the floor and focus on my breath –- breathe in, two-three-four-five-six-seven, hold in, two-three-four-five-six-seven, breathe out, two-three-four-five-six-seven, hold out, two-three-four-five-six-seven.

During my years of residency training at Timberlawn Psychiatric Hospital, I had been exposed to a dizzying array of writings from all the masters of psychoanalysis and psychotherapy. Residents were expected to be fluent in the concepts of all the various theories and able to demonstrate how to apply them in practice. Readings were assigned and discussed in small seminar-style classes. We were expected to maintain a minimum of 10 hours a week of psychotherapy sessions in addition to our regular duties. We video-taped interviews and audio-recorded therapy sessions for supervision where the tapes were played and scrutinized. A typical question might be something like "How would you construct a psychodynamic formulation of this patient's personality structure using Heinz Kohut's model of Self Psychology," or "How does Melanie Klein's concept of splitting of the internalized object apply to this situation," or "Along the lines of Kernberg, how would you interprete this patient's transference and how might your own counter-transference affect what you say?"

Each supervisors took a different approach. One of my first supervisors was Dr. Duke, a pleasant, easy-going doctor from West Texas who spoke with a lyrical southern accent. Devoid of guile and pretense, he wore denim shirts and jeans to work and drove a Ford F-150 truck with dual-rear tires. He urged me not to read any of the assigned texts.

"Books will just confuse you. I haven't read any of them, and I do just fine."

On the other extreme, Dr. Marcus had an entire wall of books in his office from floor to ceiling. He had studied every psychotherapeutic text from the classics of Freud and Jung to the current, difficult to comprehend, psychodynamic formulations of Kohut and Kernberg. I was convinced that if anyone understood any of these theories, it was Dr. Marcus.

After three years of being prodded to demonstrate expertise in all the various theories and modes of therapy, my supervisors began to confess that they didn't actually use a specific psychotherapeutic approach method with their patients. They admitted to practicing Eclectic Therapy – picking and choosing different aspects of various methods. Eclecticism allowed therapists to use instinct in guiding their practice style, guided by their own preferences and by the particular needs of each patient. The eclectic approach was criticized by purists as being disorganized, inconsistent, and ultimately meaningless. Therefore, many psychiatrists who practiced eclectic therapy avoided describing their style as such. Some of them resorted to using conjugated descriptions such as "interpersonal-psychodynamic therapy." Despite widespread use, it was considered gauche, or even shameful, to admit eclecticism.

When I was Chief Resident, it was my duty to organize the weekly Chief Resident Lecture Series. For over a year, I tried to recruit Dr. Marcus as a speaker. I approached him every week, begging him to give a lecture on Kohut. Each time, he declined. He never ever explained why.

A common discussion among the Timberlawn Medical staff was the realization that more they practiced therapy, the less they relied on theory. Fitting a patient into a mold helps provide a container and structure for therapy, but it also deforms and limits, can lead to misinterpretations, and induces emotional distance. During a discussion following a tedious lecture on Kohut's Self Psychology, various members of the medical staff commented that Kohut is difficult to comprehend and that the concepts don't translate well into therapy. Dr. Rienzi said that patients are nuanced.

"These theories don't really help. They just force the patient into a pigeon-hole."

Dr. Duke added that he doesn't bother with theoretical interpretations.

"If you just listen to your patient, they will show you everything you need to know."

Dr. Marcus said he had studied Kohut for years and concluded,

"The more I learn, the less I know."

I look up and notice the deer disappearing over the top of the ridge. I can sense Dr. Arlow still standing motionless behind me. The slant of the sun has shifted across the bedsheets. Still no movement or sound from Mr. Delago. The tension in the room seems to have dissipated. Maybe the shift is only within me. But maybe there is no separation between me and this room. I hold out a bit longer, just to see what happens.

"OK, I'll take the medication."

"Do you want to go back on the Trilafon, or would you like to try something else?"

"Trilafon's fine"

"I will order it."

"Okay. Thanks."

Dr. Arlow steps aside as I leave the room. She hesitates and glances back into the room as I head up the hall. As I enter the nursing station, Dr. Arlow jogs up alongside me.

"What the hell just happened in there?"

"He agreed to take his medications."

"But how did you do that?"

"Do what?"

"How did you get him to agree to take his meds?"

For a moment, I am back in Peru, standing next to Theo, looking out at the elaborate rows of terraces covering the side of the mountain at The Temple of the Falcon. Theo points down towards the broad valley below. "They say the Inca built these terraces up here for farming. But look at all that land down there. Why would they build these walls all the way up here just to grow

crops? It just doesn't make any sense." A voice interrupts my reverie: "What happened in there? What did you do?" Dr. Arlow is staring at me, her eyes fervent and inquisitive.

I feel the vast intensity of Theo's gaze. I feel the unfathomable power and mystery of the Andes. I have an opportunity to convey what I know, to confess my experiences, to reveal some sort of insight, to impart great wisdom and reveal The Truth. Truth with a capital T, as Caroline Myss calls it. I look at the clock on the wall of the nursing station and watch the seconds tick by. It's 8:40 and there are 20 more patients to see before noon. I decide to go with the truth and reply,

"I don't know."

Don Theo Paredes

Ruben Orellano

Pisac - part of trail is visible on far right

Kurt Edward Biehl

Slouching Towards Bethlehem

Gateway: Temple of the Falcon at Pisac

Tunnel at The Temple of the Falcon

Kurt Edward Biehl

Incan Stonework - some stones are estimated at over 100 tons

Interlocking Inkan blocks

Slouching Towards Bethlehem

Don Agustin Rivas

San Pedro

Ayahuasca

Link to video of Theo discussing energy fields:

https://www.youtube.com/watch?v=ZEUM4NEcrTc

(note: this is from 2013 - his english is much better now than it was in 1998 when I first started working with him)

Kurt Edward Biehl