

CASE STUDIES IN
Depression



David McMillin, M.A.

BASED ON THE EDGAR CAYCE HEALTH METHODS

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Based on the Readings of Edgar Cayce

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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.