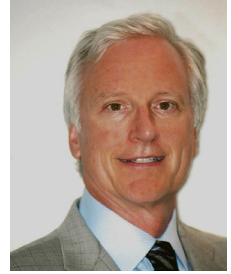


Mysteries of the Brain, Mysteries of Healing An Interview with Professor Bruce Price, M.D.

Dr. Bruce H. Price is Chief, Department of Neurology at McLean Hospital in Belmont, MA. McLean maintains the largest research program of any private psychiatric hospital in the world and is consistently cited as our nation's preeminent psychiatric hospital. Dr. Price is also Assistant Professor of Neurology, Harvard Medical School, teaching medical students, psychiatry, and neurology residents, and behavioral neurology/neural psychiatry and neuropsychology fellows.

Dr. Price specializes in neuropsychiatry and cognitive and behavioral neurology. He is interested in the relationship between disorders of the brain and mind, the causes and treatment of neuro-psychiatric diseases and psychopathology, the biological basis of violence, the effects of use of MDMA (ecstasy), and the prevention/enhancement of aging brains. Bruce, his wife Eileen, daughter Shannon, and son Doug are Process graduates.



Bruce Price, M.D.

Raz Ingrasci: You have been interested in brain functions and malfunctions as a specialist in neurology. On the one hand, the brain is a biological organ, but it's also a social organ. I think more and more people are recognizing that the brain governs everything including our personality, our temperament, our sense of self, and that it can be changed not only through disease, surgery, and chemistry and so on, but that it grows and changes as a social organ through social interventions, through learning, and through experience. I'm hoping you'll comment on the interface between nature and nurture, and then how the brain changes through the Process experience.

Dr. Bruce Price: Let me give some background first to tell you why I arrived where I am now and what's the driving force, because that plays into issues that the Hoffman Process helped me to recognize. I can't remember a moment, even in my childhood, when I wasn't driven by the question of what makes people do and feel what they do and feel. As a kid growing up in Wichita, Kansas, the world wasn't too large for me at that point, but the question was a huge one.

In college I majored in a combination of sociology, psychology, and anthropology and the theme here is my attempt to integrate. So again it's that question: "My God, isn't the brain the most fascinating organ in the universe?" That was my first attempt to integrate three different disciplines into one cohesive look at human behavior. My mother thought I should be a people doctor, so who was I to question her? Originally I wanted to be a veterinarian because I had an affinity with animals that's very deep, but she put me into the human channel and that's just as well. Then I did medical school in internal medicine for four years and was really going to be an inner city doctor to wipe out hypertension, obesity, and diabetes until I reckoned that the problem was far bigger than me. But that was part of my zeal from being very involved in the student movement of the '60s and '70s. So, I do think I still have that sense of service to humanity that's my drive.

RI: In our experience of the Hoffman Process we find that high achievers often find that their drive is a combination of an unconscious need to please one or both parents and to prove their value to their parents. Another element is their "calling" to serve. Perhaps one of the contributions that the Process can make to high achievers is to help them reorient their motivation. When the true self is activated, one is following one's calling, which you said you were aware of since your earliest memories. Would you agree with that?

BP: Yes. Here's my small story for what it's worth. Clearly my life has been spent in part to make my mom proud and also fill in her gaps of sadness. So that's been my fuel, unconscious until the Hoffman Process. One revelation I had was, "Thank you, Mother. Now I'm pleased with where your fuel drove me, immensely pleased, but now, from here on out, it's about my actualizing my own path, with my own motivation."

RI: That's wonderful. Trying to meet those unconscious needs produces stress, burnout, and lacks meaning. And it reduces what's called a "healing presence." How important do you think "healing presence" is for a doctor?

BP: The Hoffman Process really gave me a burst of new energy. It made me thankful for what I've done and the position I'm in to help a lot of people. It clearly redefined me as a healer, not just a physician and, really, what it unlocked was a sense of spirituality.

The brain is a pretty awesome organ, and I'm a pretty serious and hard-bitten scientist and I embrace laws of biology. I've had arguments with God, or at least those who are proponents of God in various religious forms, but what the Process helped me do is to redefine spirituality. Spirituality is not the equivalent of organized religion. I was giving the various organized religions that I've experienced way too much power, to say that's their territory, not mine. If you redefine spirituality in terms of love, sense of inner connection, wisdom, humanity, creativity, hope, kindness, and goodness, that is a whole different acceptable paradigm to me.

RI: Did you find those qualities within yourself?

BP: Yes. It's one of those "aha" moments that suddenly makes such sense. So a direct change in my practice of medicine is that I now directly inquire about my patient's sense of spirituality and I go beyond the usual "Religion please." I need to know if there's an everyday presence of that because I deal with a lot of very difficult brain diseases and I need to understand their sense of spirit and that sense of hope. I now assess much more intensely the sense of connection with the family and just how supportive they are. How abandoned does the patient feel vs. how supported? Those are huge prognostic factors, both in terms of quality and quantity of life.

RI: What you're saying is very interesting. When the researchers at the University of California measured Process results they, of course, noted significant decreases in negative affect and significant increases in positive affect. They also measured spirituality – not religiosity, but spirituality. What they saw was that increases in spirituality

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and forgiveness in the Process participants predicted decreases in depression and other negative affects. To me, that says that

there's some kind of healing force at work here.

I think it's fair to say that spiritual experience is subjective. But it turns out that a lot of the things that we really value in life, like love, family, belonging, and meaning are subjective experiences. Perhaps one of the outcomes of the Hoffman Process is for people to recognize that our subjective experiences are important and powerful and should not to be dismissed as irrational.

BP: That actually has a direct post-Hoffman implication for me, to relax a little bit about myself and "let it rip" and not be so entirely caught up in the intellectual critique. It's almost a letting go, a "letting be" of feelings of love, connection, and joy.

Behind that, for me, is trust. Trust is a huge issue. Trust in something beyond our intellect.

RI: Exactly, and your willingness to be in the presence of this mystery, this force. So it seems to me that is a pretty big step for a brain scientist.

BP: Yes, and I would hope that it's immediately felt by my patients. It is the sense of an emotional bond, not "just the facts, ma'am" – the sense that I am a healer and a certain sense of mutual comfort and trust, which, in and of itself, has therapeutic value.

RI: Are you involved in teaching doctors?

BP: Yes, I teach Harvard medical students, interns, residents, and fellows. I probably teach 50–60 students per year. One of my greatest prides and joys is to try to be as good a mentor as I can.

RI: How has your Hoffman Process experience affected your teaching?

BP: I think I'm lighter on my feet. I think I'm more willing to share emotions and the joy of learning, which is, after all, why I committed to medicine. The learning curve is so amazing and steep and beautiful and unending. So, it's that renewed energy. It's like remembering why I have devoted myself to medicine in the first place. This is at a time when burnout, amongst physicians, is epidemic, as surveys have shown. So this has helped me push upward and forward with energy and not collapse downward.

RI: You talked earlier about how you've discovered there's a difference between religion and spirituality. There are also differences between ways of understanding being human. We are living in a fractionated society

in which traditions sometimes keep us in chains and prevent us from changing.

BP: I've been combining disciplines since college. First, anthropology and psychology in college, then clinical brain science as a physician. My new challenge is to integrate spiritual and emotional wisdom into practice and to model this for all of my students. The continued growth beyond my current reality is my new aspiration.

RI: So, to navigate our way through life, we need to own our full humanity.

BP: Yes, that's why I like the Process definition of responsibility, which is "freedom to respond," the ability to respond in an informed manner. It also helped me to realize the power of music and the power of shared experiences, the sense of community from which we emerge.

In neurology – and this is in contrast to psychiatry and psychology – we actually get to touch our patients. The neurological exam is a very physical and somewhat intimate exam and I've recently realized how powerful touch itself can be to the healing process. It conveys a sense of, "Look, I really care and we are in this together." I hadn't noticed that, in practicing medicine for 25 years, until the Hoffman Process. I had another Esalen moment and realized, "Wow, that's amazing." I think in a way it's too bad (physical touch) isn't part of traditional psychology and psychiatry. I recognize the potential for boundary violations, but I think it needs to be revisited.



RI: What I'm hearing is that you are more present to the mystery of the healing presence, the mystery of how healing occurs, and more aware that your own emotions, your ability to connect with the person, and your interest in connecting with the other person, and seeing them as a whole person who has some illness, are all incredibly important to you now.

BP: Yes. And to be comfortable with the mystery all the time, wanting to understand it more because I do think there are some principles by which it operates and if we can find these well, my goodness, shouldn't we infuse all health care providers with that, with those tools?

RI: Have you found you're willing to follow your intuition a little more since you've done the Process, and has that been helpful?

BP: Yes, my emotional intuition, which I had previously guarded against because I thought it might be too subjective for medicine. To use a metaphor, my heart now wanders in search of connection. So there are intuitive forces in play that lead me in places I hadn't gone before.

RI: This is interesting and I'd like to say it's just wonderful that your interests led you into taking the Hoffman Process.

BP: Well, thanks to my two children and my wife. As I said, the brave soul that I think I am, I sent my two children to the altar first!

RI: My perception of doctors is that they're often so committed to their practices that their family lives suffer. Has your family life benefited from the fact that so many of you have done Hoffman? Is it the kind of contribution that other doctors could benefit from?

BP: Yes. I am in a relative position of luxury because I'm a senior physician at this point. I have lots of people working with me and I do have the luxury of some choices and some ability to modify my lifestyle substantially. I'm not sure I would have been able to do that 10 or 15 years ago, though that doesn't mean you can't. Maybe I just couldn't or wasn't informed enough to do that. But most doctors I'm aware of have a very unbalanced life and in that imbalance something has to give and it's usually the individual or the family. And that impairs your ability as a physician, as we know. It's all circular.

RI: Are you an advocate for the idea that as you heal yourself you become a better healer.

BP: Yes, there's little doubt about that. Here's how I incorporate the Hoffman Process into my day. In the shower I do my "three Ishes and one Om." Once a week I do my Quadrinity check and then I hear myself say, "Bruce, don't take yourself too seriously." I need to remind myself to *Skip and Whistle*, because those were my childhood experiences, which brought me such pure joy. *Skip and Whistle*. I try to do this discretely because at a psychiatric

hospital, it could be misinterpreted! "There goes Skipper the whistler."

RI: Those are your keys to tapping into your own joy.

BP: Yes, and joy is so contagious. So contagious.

RI: As you know, Bruce, we've done a survey of health care professionals who've done the Process and we find that physicians responded in very high levels, in the high 80 percentages, that they do feel more present, self aware, more compassionate. All the physicians and health care professionals who participated in this survey have done the process a year or more ago, many of them five, seven, or eight years ago.

BP: That's what's amazing. Multiple moons ago I went to Esalen and it was beautiful. Three months later I still said, "That was great," but it hadn't fundamentally changed me. I then did Outward Bound, which is a little different obviously, but a great high, lots of good feelings about yourself, but it doesn't have the enduring power that I think the Hoffman Process does.

RI: Well, the research shows the changes are still there a year later and I think the reason is that we are working at a level that must effectively change the brain.

BP: Yes, and by the way, I'd like to give you some huge things we've learned about the brain that require us to abandon many of our previous dogmas about how the brain operates. First, the mind and brain are indivisible. That's profound for doctors to be saying, because it turns out we're the product of the interaction between genes and environment, and there's a remarkably complex interplay between brain structure and social forces. So, I can say that the Hoffman Process most likely fundamentally alters brain function. The question becomes, how long?

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RI: You're saying the changes can last for years.

BP: Clearly the Hoffman Process works through neurobiology. The extraordinary thing we have found out about is the concept we call "plasticity," that the connections and functions of the brain at all its levels of organization respond to social forces. We can actually take normal people and look at them and see what's going on inside. For example, we think we actually know, in general, where romance is mediated in the brain and where complex mental thoughts occur and how they're organized and change over time.

Brain imaging technology allows us to study the brain in action. It would be remarkably interesting to study participants' brains pre- and post-Hoffman.

RI: That's very exciting. Thank you, Bruce. I know that everyone will find your perspective to be enlightening.