

# Healing the Body and Mind

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My name is Mark Foster. I am a family physician and writer from Colorado, and the co-Founder and president of a new non-profit called ClearMind, Inc., dedicated to bringing consumers and professionals together to advocate and provide services for non-pharmaceutical mental health care. Some might wonder why a family doctor should be speaking at a symposium on mental health, and not a psychiatrist. You may be surprised to learn that seventy-five percent of psychiatric drugs are prescribed not by psychiatrists, but by primary care physicians, placing guys like me at the epicenter of the epidemic.

In the event that my experiences could be helpful to someone out there, I've been asked to share how I've come to be at this Symposium and how I became engaged in this movement. I also want to tell you about two amazing books that I've read.

But first, I need to explain something. I've been lurching around on a bad ankle the last couple of days like Frankenstein, and I've told some of you that I sprained it playing basketball this week, but that's not the real problem. The truth is that this is really a mental problem. You see, whenever I get on the basketball court, mentally my brain thinks I'm still twenty-one. But my body is stuck in reality at age 37. So the main problem is up here, and my poor ankle just got caught in the crossfire. It stinks getting old.

I know this isn't an orthopedic conference, but I want to tell you more about my ankle. It hurt like crazy when I first sprained it on Tuesday morning, a shearing pain, like someone was ripping my foot from my leg. I writhed on the court in agony for about two minutes, and couldn't bear weight on it for twenty-four hours. I went home, elevated it, and with a combination of ice and ibuprofen, the pain gradually subsided to a dull throb. I used crutches for two days until I could bear weight with some difficulty. I didn't want to have to deal with crutches in the airport, so I decided to leave them at home and tough it out. Thus the limp.

The ankle looks awful right now: swollen, black and purple. I had some fun texting pictures of it to my brother last night, because it looks quite ugly. But after only four days, I can already bear weight without much pain. It's weak, and I'll be wearing a splint for a while, starting rehab exercises to strengthen it. I won't be playing basketball for a few weeks . . . but I will again, soon. The healing is already happening. This miraculous, spontaneous restorative process has begun, an impelling drive towards wellness that our bodies carry within themselves. I don't have to sit here and think about how my fibroblasts are remodeling my tendons, the chemotaxis prompting angiogenesis and recollagenization, and all of that . . . I mean, I learned about all of that stuff in medical school, but that knowledge isn't necessary for my ankle to heal. It is just happening, right now even, as I stand here, doing other things.

At the time of injury, I felt such severe pain for a reason. It was my body saying, “Dude, you should NOT have done that.” The pain served a purpose. It caused me to stay off of it for a few days to let the healing begin, to prevent further damage at its weakest moment. It caused me to try some noninvasive remedies such as ice and elevation. It made my wife feel sorry for me so she brought me meals in bed. And even medicine served its purpose: a few limited doses of ibuprofen really helped me get some relief during the worst pain.

But the pain, these simple interventions, the drugs--they were merely driving me to find what I really needed, which was an appropriate environment for recovery, a safe place and time for my body to minimize the damage and maximize the healing.

We see so many things in the media, on Grey’s Anatomy, about horrible diseases, things only cured by heroic doctors utilizing dazzling surgeries and drugs, and I fear we’ve become deluded that it is technology and medicine that restore health. No doubt, sometimes these things are necessary and life-saving. Sometimes our bodies’ healing systems become overwhelmed and need some assistance. But even then the main healing impetus, the power that restores us to wholeness and well-being, still comes from within. We are hard-wired for find our way back to wellness.

So . . . I’ve talked too much about my bum ankle. But nature is full of patterns. It’s my strong belief and clinical experience that there is a corollary for this physical healing to be found within our mental lives. We’re human, and so we—every last one of us at times--suffer from mental symptoms of depressed mood, anxiety, distractability, even psychosis. Sometimes these symptoms overwhelm our ability to effectively cope . . . and yet I believe these symptoms serve a purpose. They alert us that something is awry in our mental or physical environment, something that needs to be addressed and corrected, something that we would be unwise to ignore or suppress. Maybe it’s a poor diet, lack of exercise, unresolved traumatic experiences, ongoing hurtful relationships, maybe there is something unknown and biological contributing to our distress. But so often, these symptoms of individual emotional and cognitive distress are manifestations of a much larger social malaise. The person exhibiting them is taking the brunt (and receiving the label) for something that is really a systemic disease. They become the identified patient, the canary in the coal mine.

But, if we listen to these symptoms, follow our intuition to do what they are prompting us to do, seek refuge in the safety of nurturing relationships, if we remove ourselves from toxic substances and environments, our minds and spirits can heal. We can be restored to wellness, but this time with an increased wisdom and resilience born from the crucible of our suffering.

I had an interesting case recently. I was filling in for another physician, and saw a young woman in her mid-20s. She came in for a refill of her antidepressant, Effexor. She had been on it for three years, didn’t like how it made her feel--like a zombie she said, couldn’t sleep-- and so she had stopped it cold turkey about three months previously. She had some minor withdrawals, but made it through them alright. Now she was coming back in because her boyfriend told her he thought she needed the meds. I asked her why. She said because he thought she was crying too much, that whenever she felt overwhelmed by life she would start to cry for what seemed

like no reason, at least to him. I asked how often this happened. She said maybe three times a week, lasting for thirty minutes or so.

Then I asked her an interesting question: how do you feel after you cry? She paused and said, “Actually, I feel great. I had forgotten what it was like to cry when I was on the drugs. It’s like I can let it all out now, and then I can move on.”

I just smiled and she offered, “You know, I don’t really want to go back on the medicine. I think I’m fine.”

I nodded in agreement, I recommended a few things for her, healthy diet and exercise, then she was gone, noticeably brightened by this new awareness of her own resilience, the wisdom of her own intuition. She didn’t need me, she didn’t need drugs or even therapy. She just needed perspective and permission to be human and to cry it out once in a while.

And so . . . this brings me to the first book I want to tell you about. You may have heard of it. It’s called *Anatomy of an Epidemic* by Robert Whitaker. You all know what *Anatomy of an Epidemic’s* central implication is: the widespread, chronic use of psychotropic medications has dramatically worsened mental health outcomes in America.

I read *Anatomy of an Epidemic* just over a year ago, and frankly it rocked my world. It hit me like a sledge hammer, and the echoes it left in my head have the unmistakable ring of truth. I finished the book while at a family reunion, where I couldn’t put it down. I became the family bore, the weird uncle that people avoided. I’d mention to some unsuspecting cousin something I had just read about the WHO study from 1987 showing how antipsychotics worsened outcomes in third world countries . . . and unaccountably people would start checking their watches, or suddenly need to use the restroom. But I just couldn’t stop talking about it.

It was a wake-up call to action. I know that for many--perhaps all--of you here, *Anatomy of an Epidemic* had a similar paradigm-shifting impact. I think years from now, it will be remembered as the central pivot in the push for mental health reform.

For me, it provoked a revolution in my head and in my practice, one that has had some significant repercussions in my life. When I finished it, I was so stunned, so moved to change my practice . . . and yet I didn’t know a single soul, not one provider or consumer, who shared those views. It’s amazing to me now, but in eleven years of undergraduate and medical training, even from an ostensibly alternative-minded medical school, I had never once heard anyone question the basic validity of the DSM or the absolute necessity for psychotropic drugs to treat mental illness. I had been indoctrinated so fully into the biopsychiatric paradigm that I never even had the thought of questioning it.

Feeling totally isolated, knowing no one, I wrote Bob Whitaker an email late one evening, telling him how moved to action I was by his book, and asking if there were any organizations where I could find guidelines for practice and support from like-minded doctors. To my surprise, he responded promptly, but said that as far as he knew, those guidelines didn’t exist yet and that the organizations were few and far between, especially for family practitioners.

Then . . . he got me into trouble. He invited me to start writing a blog for his website, [madinamerica.com](http://madinamerica.com). I began sharing some encounters with patients who were, like me, so thoroughly enmeshed in the biopsychiatric paradigm that they just assumed as a matter of course that drugs were safe, effective, and absolutely necessary to treat their sadness, their grief, their worry, their eccentricity. It seemed these drugs could cure them of all ills, even their very humanity. But now I had a new paradigm to share with them. Many of them were stunned, some were angry, but most were receptive, at least willing to consider whether they really needed meds. I tried to prepare the soil and plant seeds, but met my patients on whatever grounds they were willing and able to engage with these new ideas.

As I started to change my practice, and as the blog started to generate a small following, it came to the attention of my employer, a large Colorado hospital group. One day I got a call from the Chief Medical Officer telling me they had received a complaint from an unspecified source in the medical community, who complained that I was advocating dangerous practices by withdrawing patients from psychiatric drugs. This, he asserted, was a danger to patient safety and outside of the standards of care and could not be supported by the hospital. Mind you, I'd had no bad outcomes, no patient complaints. The complaint was apparently generated by another provider who felt threatened by my actions.

I responded to this allegation by replying, "First, if I have the unquestioned authority to prescribe these drugs, then shouldn't I have the unquestioned authority to unprescribe them? I'm not forcing anybody to come off meds. In fact, I'm still refilling scripts everyday. I'm merely sharing accurate data about their ineffectiveness and their potential harm, and then I'm giving patients choices. But hey, let's talk about patient safety. I can point to a ton of evidence that shows worsening outcomes and great harm from long-term treatment with psychotropics. Can you show me any evidence that these medicines taken long term are safe and effective?" Of course he couldn't. But he wasn't convinced. He told me I would have to submit my alternative practice ideas before a hospital investigational review board to support their legitimacy. I agreed to do so--I thought it would be a great opportunity to bring the evidence out into the open. But three weeks later—on the Ides of March, no less!-- three men in suits showed up at my clinic one morning and told me I was being terminated without cause, to pack my things and leave immediately. Using careful legalese, they offered no explanation, even though I was successful in the practice and very attached to my community and patients. I was left to connect the dots: I was an outside the box thinker, my writings and new alternative ideas about mental health alternatives made me an outlier, and big corporations don't like guys like me.

But there's good news. With six months of perspective, I think that being fired was the best thing that could have happened to me. It got me off of that corporate fast-track and into a whole new world of possibilities has opened up. I've enjoyed working in urgent cares, and I'm starting at a new practice in Denver next week, one that is very supportive of my efforts in mental health reform. Most excitingly, I have used my time to gather information and resources to start a new non-profit in Colorado called ClearMind, Inc: Harmony in Mental Health. ClearMind has a rather amazing board of directors, including Amy Smith, Will Hall, Dr. Scott Shannon, Al Galves and many others, half of whom have been psychiatric consumers.

We just recently finalized our mission statement, which I want to share with you:

*“We believe the human mind, body, and spirit manifest an intrinsic drive towards wellness, and that people best thrive when least influenced by toxic substances and environments. We challenge the prevailing societal paradigm that emotional and cognitive distress is caused by known chemical imbalances necessitating drug therapy. We hold that mental wellness is best achieved not by suppressing symptoms of distress but by working through them to address underlying causes of dysfunction or disharmony. We regard empathic human relationships and healthy exercise, diet and lifestyle choices as the most essential tools for restoring and maintaining mental wellness.*

*We promote these principles by:*

- *Educating providers, consumers and the general public about treatments and therapies for mental distress that are demonstrably safe, effective, humane and life-enhancing.*
- *Providing peer-directed clinical and residential services to people experiencing mental distress or drug toxicity.*
- *Creating an inclusive network of support and advocacy for mental health reform.*
- *Embracing the societal value of mental diversity and inspiring our fellow human beings to transcend diagnostic labels and celebrate differences.”*

If any of you are interested, I'd love to share with more about the mission of ClearMind, Inc. We have a new website at [www.clearmindinc.net](http://www.clearmindinc.net).

I bring this up because I want to illustrate how powerful *Anatomy of an Epidemic* was in catalyzing my enlightenment, an example of how this seed of knowledge--the story that Whitaker weaves out of the data that's been there but has been spun out of view--when this knowledge falls on the right soil, it can sprout of its own accord, bursting through a flawed paradigm, creating explosive, often tumultuous, growth leading to a change of heart and mind, and a change in practice that filters down to individuals living healthier lives.

I think that the Foundation for Excellence in Mental Health, by helping to gather and disseminate accurate information, by supporting innovative research and programs, by helping to shift public awareness, can become a great force--perhaps THE great force--that is leading the way out of the medical model and into an exciting new realm of humanistic mental health care. I think the world is looking for a bold leader, and that this Foundation is perfectly situated to be it.

Now, I'm running out of time, but along these lines, I briefly want to tell you about another amazing book I'm reading: *Spiral Dynamics* by Don Beck and Chris Cowan. Maybe some of you have read it. If you haven't, you should. It is a blueprint for how to effect paradigm shifts for individuals and society. It really is a social psychology text, describing how both individuals and society follow predictable patterns of psychological development, from bare subsistence into ego development, towards authoritarian submission, into mechanistic thinking and eventually emerging into higher realms of holistic, integrative, systems-oriented, global

consciousness, an upwardly spiraling journey towards enlightenment of mind and spirit. I mean really, this book is amazing, especially for this group, this Foundation, and what we are trying to accomplish by confronting--and one day transcending--the massive inertia of the biopsychiatric paradigm.

One thing this book points out is that whenever this upward spiral hits an expected snag, whenever the forces acting to preserve the status quo confront the irrepressible swelling power of a evolutionary paradigm shift, then of necessity tension develops, but that is not necessarily bad. Within that tension there exists tremendous opportunity for growth and change.

I think we are facing such a paradigm shift. We are here today, part of the upward swell. Science is in our favor. Ethics are in our favor. Economics are in our favor. The drug companies, sadly, are not in our favor. But the human spirit is in our favor, and so this is a fight we are bound to win, though it won't happen overnight or without major struggle.

Here are a couple of favorite quotes from Martin Luther King, Jr, which he spoke in the cause of Civil Rights, but which are equally applicable to us and to the human rights and dignity that lie at the heart of the Foundation's mission:

*“There is a type of constructive, nonviolent tension which is necessary for growth. Just as Socrates felt that it was necessary to create a tension in the mind so that individuals could rise from the bondage of myths and half truths to the unfettered realm of creative analysis and objective appraisal, so must we see the need for . . . tension in society that will help men rise from the dark depths of prejudice . . . to the majestic heights of understanding and brotherhood.”*

And then this short quote, an all-time favorite: *“The arc of the moral universe is long, but it bends toward justice.”*

And finally, this quote from Goethe, about the need for commitment, courage and boldness is standing for what we know to be right:

*“Until one is committed there is always hesitancy; the chance to draw back, always ineffectiveness. There is one elementary truth, the ignorance of which kills countless ideas and splendid plans: the moment one definitely commits oneself, then providence moves, too. All sorts of things occur to help that would never otherwise have occurred. A whole stream of events issues from the decision, raising to one's favor all manner of unforeseen accidents and meetings and material assistance which no man could have dreamed would come his way. Whatever you can do or dream, you can begin it. Boldness has genius, power and magic in it.”*

Let's be bold, let's be committed, let's be scientific, let's be humane. Above all, let's be

honest. Let's tell the truth about what these drugs do, and what they don't do.

I'm so honored to be here with Bob, and with all of you as we work together on this great cause propelling us forward towards improved mental wellness, for individuals and for society.

Thank you.