Image:

Dr. Caligari and Cesare

Source: wikipedia.org
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Index

Editor’s Note
- Trance States

Icons of psychiatry
- Doctor Caligari and The Somnambulist

Essays
- Psychiatry in American Horror Film Sagas

Articles
- Trance and Mental Pathologies in 20th Century Art
- Hypnosis and Virtual Reality: A Combination with Promising Results
- The Voodoo Practice and The Zombie Problem of Human Existence

Cinema and psychiatry
- The Exorcist by William Friedkin (1973)
- The Evil Dead by Sam Raimi (1981)

Book Review
- Camus’ Adulterous Woman
Trance States

Trance is a different state of mind in which a person seems to be sleeping but can respond to questions and commands. It may involve profound absorption or abstraction. Different ways of achieving a trance state include hypnosis, meditation, using psychedelic substances or prayer. In psychiatry, trance can be induced through hypnosis, a psychological state that results in a sleep-like state with heightened suggestibility. A hypnotized person will be able to focus on specific thoughts without being distracted by their surroundings.

For many scholars, the pioneer of hypnotherapy was Father Johan Joseph Gassner, an exorcist during the Enlightenment. Father Gassner became famous for his public exorcisms. Father Gassner mastered psychology in a way that enabled him to induce states of trance in the demoniacs that he treated. Franz Anton Mesmer was a German philosopher, lawyer and doctor who, inspired by Gassner’s exorcisms, developed the theory of animal magnetism. Mesmer believed that the body must have magnetic poles and that magnetic fluid flew between them. In this model, illness could be caused by an interruption of this magnetic fluid and could be cured by restoring that flow. He also believed that only certain people that had “animal magnetism” were able to do so. He used strange mechanisms, ethereal music and created a séance-like atmosphere all of which aided in inducing trance. In the late 19th century, neurologist Jean Martin Charcot supported the use of hypnosis for the treatment of hysteria. One of his disciples was Sigmund Freud. Later, Freud abandoned hypnosis as a clinical technique feeling that patients could recover memories during a conscious state of mind. Instead, he proposed a free association technique in which he would ask patients to talk about whatever thought came to their minds. This gave birth to psychoanalysis.

With the advent of the evidence-based model of medicine as standard of care, psychotherapists from different schools have made great efforts in developing research projects that support the use of their psychotherapeutic models. Multiple studies are designed comparing the efficacy of their psychotherapeutic methods vs. waiting list or community patients. A major problem in psychotherapeutic research is that waiting list or community treatments are not placebo. Another important question to be raised is whether current scientific methodologies favor the use of more measurable, objective psychotherapies such as cognitive behavioral therapy vs. the more subjective psychodynamic therapies. Here at the Journal of Humanistic Psychiatry, our position is to take these results with caution. The word is perhaps the oldest healing tool used since the beginning of human existence. Congruent with the approach of Carl Rogers, we agree that the crucial element in all psychotherapies is the development of a good relationship.

In this issue I am happy to announce that Dr. Howard Gottesman from MetroHealth Medical Center in Cleveland has agreed to join our Editorial Board. His teachings and shared wisdom during inpatient psychiatry rounds have significantly impacted this journal.

Fernando Espi, M.D.

One clinical lesson, Charcot at La Salpetriere, Andre Broillet, 1887

Source: wikipedia.org
German expressionism is an art movement that influenced painting, architecture and cinema at the beginning of 20th century. In expressionism, the artist depicts a distorted reality in order to emphasize a subjective emotional state. El Greco and Vincent Van Gogh have often been pointed out as predecessors of expressionism. Some of the most significant artists in this movement are Edvard Munch, Paul Klee, Egon Schiele and the German group of artists “Die Brücke.” Expressionism often overlaps with other artistic movements of the era such as Dadaism or Futurism. In cinema, as opposed to more traditional films in which romance was a common topic, expressionism dealt with more intellectually stimulating alternative topics such as insanity and madness. In expressionist films the psychiatric approaches of the time are well reflected.

In 1920, Robert Wiene directed “The Cabinet of Dr. Caligari.” This film is narrated by its main character Francis, a young man who attends a carnival in Holstenwall, a German village with his friend Alan. Both friends are competing for the love of the young and beautiful Jane. In the carnival tent they encounter a hypnotist named Dr. Caligari. Next to him is a somnambulist, Cesare in a coiffine-like cabinet. Dr. Caligari states that Cesare’s trance allows him to predict the future. Alan asks how long he shall live and Cesare replies he will die at down. That night, Alan dies in the hands of a shadowy figure. This begins the first in a series of mysterious murders within the German village. Francis and Jane commence to investigate the murders. When Dr. Caligari discovers this, he orders Cesare to kidnap and murder Jane but Cesare is unable to stab her after being impressed by her innocent beauty. Francis goes to the local insane asylum to ask for Dr. Caligari, and discovers that the director of the asylum is obsessed with an Italian monk who also used a somnambulist to commit a series of murders at the beginning of the 18th century. After finding that Cesare is dead, Caligari will reveal his insanity and will be arrested by the authorities.

The film has a twist ending. In the final scene, the spectator unexpectedly discovers that Francis is an inmate at the local asylum and his story is the result of a delusion. The man who Francis calls Caligari is actually his psychiatrist. In the final scene, the psychiatrist states that after knowing the source of the Francis fantasy he now believes he will be able to cure his lunacy.

In the 1920s, psychopharmacology was not developed. Patients with severe mental illness were usually treated in insane asylums, in which moral treatment was the standard approach. Hypnosis was a valid therapy and patients with fantasies delusions could be treated with hypnotherapy. As depicted in the film, the straitjacket was a common method of restraint.

The legacy of The Cabinet of Dr. Caligari can still be seen in many contemporary movies. A clear example of it is recent Martin Scorsese’s film “Shutter Island” based on the novel of the same name.
Halloween is coming up. As a fan of horror films I have attempted to explore the psychopathology behind some of the most popular Hollywood's serial killers.

- **Norman Bates (Psycho), Schizophrenia.** The famous character of Hitchcock’s film lives with the dead body of his mother. At times, he continues to hear her voice. A bad introjection of a maternal figure results in an unusual rage toward female objects. At the end of the film, he believes that he has become his own mother. His delusion has no cure and will require commitment to a forensic psychiatric institution. It has been said that Norman Bates suffered from a dissociative double personality disorder. However, his bizarre behavior, auditory hallucinations and delusional beliefs are symptoms of the psychotic spectrum. Bates has social withdrawal, paucity of speech and constricted affect which is consistent with the life of a man with schizophrenia. Hitchcock was right, Psycho or Psychosis will be the appropriate title for this film.

- **Michael Myers (Halloween), Autism.** Something deeply inside him may desire friendship or love but due to his lack of language and social skills, these relationships are unapproachable. His uncontrolled rage will make him kill with a knife any adolescent without discrimination. He has no ability to develop any kind of interpersonal relation. For some unexplained reason, he is obsessively fixated with his younger sister, the only member in the family who made it after his first aggressive outbreak. The killer of the Halloween Saga does not kill for pleasure, he just kills as much as he can.

- **Jason Vorhees (Friday 13th), Intellectual Disability.** The facial features of the kid from Friday 13th suggest that he may have some kind of congenital disease. Due to that, he will become the bullying target of his fellows at Crystal Lake summer camp. Such congenital malformations are usually accompanied by...
neuropsychiatric manifestations that may imply mental retardation (now termed intellectual disability). His mother will try to protect him and after he died drawn, she will seek revenge by killing all adolescents that visit the camp. After mum died, Jason will copy mum’s behavior. Perhaps to emulate her, perhaps for revenge, but the story of Jason is a mother-son love story. Maybe, of all the serial killers, Jason is the one that awakens more tenderness.

![Image of Freddy Krueger](image)

Freddy Krueger manifesting in someone’s dream

Source: moviecultists.com

- **Freddy Krueger (A Nightmare on Elm Street), Antisocial Personality.** The so-called psychopaths are very manipulative and will take advantage of anyone for their own benefit. Empathize with other’s suffering is not in their dictionary. Freddy is a pedophile that intentionally chose to work as a gardener in a kindergarten to select his victims. After burnt in the fire by the parent’s of the kids he had abused, he will come back in their dreams and kill one after another for mere fun. Despite these atrocities, Freddy is somehow charming, something common in antisocials. Combined with his pedophilia, Freddy is a gem.

![Image of Jigsaw](image)

Jigsaw uses alter ego Billy to communicate with his victims

Source: [http://whatthefwaah.wordpress.com/page/2/](http://whatthefwaah.wordpress.com/page/2/)
A good deal of 20th century art deals with psychiatric issues. Surrealism, for example, is highly indebted to psychoanalysis. Surrealist artists have often worked in a subconscious state to reveal the hidden truth of their personality. Other 20th century artists’ performances could be easily analyzed from a psychiatric point of view as well. It is my purpose on this article to offer a general overview of 20th century artists whose works are closely connected to psychiatric topics.

The Surrealist movement started in Paris in 1924 when the poet André Breton issued its manifesto. This manifesto was based on the main premises of psychoanalysis, and was supported by a group of artists. Surrealists thought that automatism liberated psyche from reason and thus gave hallucinatory, dreamlike, and irrational images a status of objective reality. Writing or painting through automatism would allow the expression of the unconscious and unleash the authentic personality of the artist. In literature this was possible via the expression of trancelike thoughts and hazardous words. To obtain similar results in painting was a bit more difficult; some artists preferred automatism and others used hallucinatory and oneiric images. Breton considered the Spanish painter Joan Miró the best surrealist of all because he was very attached to automatism, and he was in fact more interested in learning from poets rather than painters. Harlequin’s carnival (fig. 1) could be considered a plastic manifestation of surrealist poetry: phantasmagoric images that could be interpreted as insects or toys are meant to be a visual representation of his unconscious images.¹

Figure 1. Harlequin’s carnival. Joan Miró.

How could true automatism intervene in the creation of forms? There is an apparent contradiction between the assertions of Miró and other surrealist painters and the clear identification of a personal style. The delicate situation of Europe during World War II prompted many of the most influential

¹ Sam Hunter; John Jacobus; Daniel Wheeler, Modern Art, Upper Saddle River: Prentice Hall, 2000, pp. 178-181
European Surrealist artists to move to New York; thus, American art was especially influenced by this movement’s ideas. Peggy Guggenheim opened the gallery “Art of this Century” where paintings of both European and American artists were shown. The most influential and important American artist of the time was undoubtedly Jackson Pollock. He adopted automatism, but he took it to the extreme. How could someone in a trancelike state create images? Pollock invented a new technique to be able to produce painting using free automatism. He set huge canvases on the floor and simply poured and dripped paint with a brush without even touching the canvas. Pollock’s paintings were pretended to be exclusively the result of his unconscious without any allusion to representational objects or images. He practiced an “all-over” composition that did not require any intellectual intervention. Pollock’s new form of automatism turned into a performance, the act of painting was as important as the final painting (figs. 2). That’s why several pictures of Pollock in the process of painting were published in Life Magazine. After Pollock art reached a new dimension, as it was never again reduced to the canvases, and now many other means of creation were available for future artists.  

Figure 2. Action painting. Jackson Pollock.

The influence of Pollock was notorious throughout the artistic world: American, Japanese, and European artists developed acts of painting in full performances. One of them was the French artist Yves Klein, who unlike American expressionists who attempted to express their personality through paintings, Klein purported to reveal the spirituality of the cosmic order via the monochrome of the color blue. His final goal was to reach a full spiritual world where objects and people could levitate. He rejected drawing because he considered color to be the only media that expresses the spirit. Following Pollock’s action paintings, he orchestrated a performance called “living brush.” In his 1960 Anthropométrie the artist had naked women pour blue paint on their torsos and were later directed by the artist to fall on the canvas and leave a body print of blue (fig. 3). Klein was heavily concerned with arriving to a new age in which levitation, telepathy, and immateriality was possible. He thought that if monks could once levitate, he could get there too. Klein was a black belt in judo and was sure that through his practice of  

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judo he could fly. In January 1960 he attempted to fly by jumping from a second story building from a friend’s house, but he was injured. After that he worried about publishing a document that showed that he could fly. The result was Leap into the void (fig. 4), a photomontage published in October 1960 in his one day journal “Dimanche, le journal d’un seul jour” (Sunday, the journal of just one day). The photo was accompanied by the words “a man in space” and he distributed it to newsstands across Paris.5

Figure 3. Anthropométrie. Yves Klein.


By the 60’s the use of the body was very common for artists to create works of art. Artists were therefore subjects and objects at the same time; active and passive. The use of the body allowed them to reach new boundaries and assert the existence of long neglected artists into the mainstream, such as women, homosexuals, sick or mutilated bodies, or racial minorities. This new trend is commonly called “Body Art,” and it is still a very common medium to create art.6 One of the most celebrated body artists is Marina Abramovic. Many of Abramovic’s works consist of torturing her body as a shamanistic ritual for her mind to transcend the body in front of an audience.7 In her work Rhythm 2 (fig. 5), carried out in 1974 at the

Figure 4. Leap to the void. Yves Klein.

6 See the work of Amelia Jones, The Artist’s body; eadem, Body Art: Performing the Subject; Amelia Jones & Andrew Stephenson, eds, Performing the Body, Performing the Text, London & New York: Routledge, 1999.

Gallery of Contemporary Art in Zagreb, Marina Abramovic took psychoactive medication in front of an audience, and her idea was to express and show the effects of this treatment. She first ingested medication for schizophrenia and expressed the effects for 50 minutes: “My muscles contract violently and I lose control.” Then she took medication for acute catatonia and sat for six hours: “I feel cold, then loose consciousness, forgetting who I am and where I am.” By taking medication she was in a state of vulnerability, she was active and passive and she was the object of medical curiosity, to a certain point she gained knowledge through the loss of control.\(^8\)

Bob Flanagan, an artist that suffered of cystic fibrosis, performed a series of sadomasochist acts that according to the artist exorcised his pain. In Auto erotic SM, 1989, Los Angeles, Bob Flanagan expressed his sadomasochist sexual desires to combat his physical suffering. He started by projecting gory slides of his poor medical condition and carried out a series of sadomasochist sexual acts with his partner Sheree Rose. The act concluded with Flanagan nailing his penis to a wooden board (fig. 6).\(^9\)

Another interesting performer is Orlan, a French artist that in 1971 self-proclaimed a saint after transforming herself into a new persona with several plastic surgeries. Orlan did not use plastic surgery to turn beautiful; on the contrary she chose to have features of prominent artworks such as Mona Lisa, Diana, Venus, Europa, or Psyche (fig. 7). These surgeries have been interpreted as a protest against the impossibility of reaching the current feminine standards of beauty.\(^10\) She did not only change her physical appearance, but she also made use of psychoanalysis to sculpt her personality. After the surgery she sold her blood, fat, and skin as relics of Saint Orlan. These could be

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\(^8\) Jones, The Artist’s Body, p. 124.


purchased for a price slightly over $1,000. Her body is also considered a work of art and has arranged for it to be mummified and donated to a museum.\footnote{Linda Weintraub, Art on the Edge and Over, Litchfield: Art Insights, 1996, pp. 78-83.}

Figure 7. Orlan

The rules of art are very different today compared to the former norms of the Academy. Almost everything can be considered art as far as it is produced with an artistic intention. Sometimes art can justify violent and immoral acts such as raping a corpse (John Duncan, Blind date, 1980) or tying a dog in a gallery without food or water to let him starve to death (Guillermo Vargas, Exposición nº 1, 2007). This new status of art has permitted anything transgressive to be considered art, which can include errant and pathological behaviors consistent with different kinds of mental illness.
Hypnosis and Virtual Reality: A Combination with Promising Results

Jonathan Lee, M.D./M.B.A. Candidate, The University of Chicago

Many definitions of hypnosis exist in the literature. Back in 1985, Kihlstrom described it as “as "A […] set of procedures in which a […] hypnotist suggests that […] the patient experience various changes in sensation, perception, cognition, or control over motor behavior (Kihlstrom 1985).” More recently, the American Society of Clinical Hypnosis released a definition: “[…] a state of inner absorption, concentration, and focused attention.” Practically speaking, hypnosis generally shares specific practices and can be administered by a trained hypnotist or self-administered. Initially, patients are taken through hypnotic induction, which includes a series of instructions and suggestions. This is meant to put the subject into a sort of a “hypnotic trance” and increase the patient’s susceptibility to “suggestion”. Then, the patient is fed “suggestions”, which can take a variety of forms, including direct verbal suggestions, indirect verbal suggestions, metaphors and other rhetorical figures of speech, and non-verbal suggestions in the form of mental imagery, voice tonality, and physical manipulation.

The clinical application of hypnosis dates back to 1829, when a report about hypnosis for anesthesia for breast cancer surgery was first documented. It featured several case studies in which hypnosis was found to be an effective adjunctive therapy alongside medications to control pain during the operation. Since then, many studies have shown hypnosis to an effective therapeutic modality. For instance, hypnosis has been shown to help reduce levels of anxiety and pain during and after cancer diagnostic procedures, including breast biopsies, lumbar punctures, bone marrow aspirations, and colonoscopies. Hypnosis plus CBT can more than double the weight loss effects of CBT alone as reported by a meta-analysis on hypnosis, CBT, and weight reduction. It has been found to improve pain control, decrease emotional distress, and expedite recovery in various surgical settings, while also suppressing cancer chemotherapy-related nausea and vomiting. Remarkably, hypnosis has even been found to play a role in improving survival times among patients coping with advanced metastatic disease. Patients who received supportive group therapy including hypnosis had significantly longer survival times than control groups lacking such measures.

Unfortunately, hypnosis is not without its disadvantages. There are several key reasons that may explain why hypnosis is not yet in widespread clinical use. First, it requires advanced training and expertise. Such training is not commonly offered in medical schools or even in psychology training programs. Second, the process of actually conducting the hypnosis is time consuming. A pill or injection literally
takes a second to administer. Hypnosis requires far more time, which is often unpalatable to the time pressures of a hospital, clinic, or caregiver. Third, hypnosis requires great mental focus and exertion on the part of the hypnotist and patient. Patients are often not adequately clearheaded as a result of opiate and benzodiazepine administration, necessary aspects of care in many of the clinical situations where hypnosis has been initially most promising. Fourth, a patient’s inherent susceptibility to being hypnotized has been a strong determining factor of the efficacy of traditional hypnosis both in its clinical and non-clinical application. The fact that some patients get more benefit than others decreases its widespread applicability. Researchers are currently looking into standard ways of determining a patient’s hypnotizability.

Researchers have been trying to find ways around these barriers through technology. There have been a handful of studies looking at the efficacy of using audiotapes to provide the hypnotic intervention. These studies have yielded mixed results. Generally, we can conclude that audiotaped hypnosis is more effective than no treatment at all, but less effective than the presence of a live hypnotherapist. Grant and Nash, in 1995, were the first to use computer-assisted hypnosis as a behavioral measure to assess hypnotizability. They used a recorded voice and a two dimensional virtual world to facilitate an induction and hypnotic suggestion sequence. Forcing patients to focus their attention on a computer screen meant there was lots of room for any type of distraction to enter the environment and distract the patient. Furthermore, the two dimensional technology did not seem to be particularly stimulating enough to effectively capture the user’s attention. Virtual reality, on the other hand, has achieved significant appeal as a potential workaround to the barriers of traditional hypnosis.

Virtual reality (VR) is visual technology allowing users to be immersed in a virtual world through a head-mounted display, headphones, and occasionally other equipment that may include a joystick or other device for virtual world manipulation or movement. Sometimes, it includes a head-tracking system in the head-mounted display giving the user the ability to visualize different aspects of the world just by moving ones head. VR (not as a hypnosis vehicle) has been shown to be of clinical use in various areas. For instance, a systematic review was conducted to analyze the results of studies from 1969 to 2008 in which VR exposure therapy was applied to the treatment of the common fear of flying. The analyzed controlled studies demonstrated that VR exposure was effective at treating anxiety regardless of whether CBT and/or psychoeducation were used in conjunction.

VR has also been widely studied in its application for pain and anxiety alleviation during procedures and rehabilitation efforts of burn survivors. Hoffman et. al. from the University of Washington have applied VR in such a fashion that it acts as a distraction (VRD). To give you a sense of how VRD works: the patient roams through a virtual icy world through the use of the headset and controllers and can interact with it (i.e. throwing snowballs at objects, snowmen, penguins, etc). It is very much like a video game. It is important to note that no hypnotic suggestions are employed in VRD.
In 2000, the Hoffman group reported a case study in which two adolescents undergoing burn wound care had lower pain levels, anxiety, and time spent thinking about pain as a result of VRD therapy compared to standard video game distraction interventions.\(^\text{20}\) These findings were corroborated by Das et. al. who found that in a randomized control trial, analgesia coupled with VRD was more effective in reducing burn care pain and distress than analgesia alone for children 5-18 years old.\(^\text{21}\) In 2008, the Hoffman group found similar results when applying VRD to 11 patients in hydrotanks undergoing wound debridement,\(^\text{22}\) as well as in pain, anxiety management, and recovery aid for patients undergoing physical therapy.\(^\text{23-26}\) VRD has been found to be helpful in decreasing pain levels of patients receiving routine medical procedures, including blood draws, intravenous placement, periodontal scaling and root planning procedures, and immunizations.\(^\text{27-29}\)

More recently, instead of VRD, VR is being researched as a vehicle by which to deliver hypnosis, without the need for a trained hypnotist at the bedside. Coined VR hypnosis (VRH), this modality is gaining traction as a way for hypnosis to overcome its barriers to widespread use. Though currently still an expensive proposition, VRH would undermine the need for a trained hypnotist and could more conveniently fit into clinical workflow. Another compelling potential benefit is that because it electronically immerses a patient in an imaginary virtual 3D world (a phenomenon termed “presence”), the patient is no longer required to apply significant mental focus while putting his/her imagination to work and. This could have two benefits. One, it could mean even those patients who are lacking clarity and focus due to opiates, benzodiazepines, and other medications could still receive significant benefits from hypnosis. Two, early studies of VRH suggest that it can overcome the inherent hypnotizability differences between patients, allowing hypnosis to be efficaciously applied across all patients. One piece of evidence for this is Hoffman’s group’s work in 2006, where they found that VRD’s efficacy was independent of hypnotizability.\(^\text{20}\) The findings suggest VRH, though admittedly not VRD, may also be more hypnotizability-independent than traditional forms of hypnosis.

The Patterson group at the University of Washington has been a pioneer in applying VRH to clinical problems. From 2004 till now, they have been experimenting with VRH interventions in clinical settings. To give you a sense of how their VRH intervention works: The patient is automatically guided through an icy world. Simultaneously, the numbers 1-10 float by as an audio recorded voice acts as a tour guide through the icy world. Generally, patients become increasingly relaxed with every passing number. At 10, the patient passes through a visible fog exposing a virtual valley with a lake. In this final setting, the patient who should be in his/her most suggestible state, will hear the majority of the analgesic hypnotic suggestions. For instance, the patient may hear the psychologist say, “You find that your entire body now just feels very, very good, not a care in the world, your whole body deeply, comfortably relaxed…” or “Imagine you will see yourself functioning very well. You will be happy. Your pain will be well controlled. You will be sleeping well, and you will be completely healed.” After the remainder of the analgesic suggestions, the patient is taken back through the icy world as floating numbers count backwards from 10-1. The whole intervention
Patterson group is studying the efficacy of VRH for patients who have undergone severe physical trauma and pediatrics burn patients undergoing physical therapy. Wichman Askay, also at the University of Washington, is studying VRH as a treatment for chronic burn pain. Both continue to push the VRH space forward, and it will be exciting to see whether their research can propel hypnosis into mainstream clinical use.

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The Voodoo Practice and The Zombie Problem of Human Existence

Fernando Espi, M.D., Department of Psychiatry, The University of Chicago

“Voodoo” or “Vodou” is a religion and a ritual practice in Saint Domingue, Haiti, Louisiana and other places with French colonial heritage.

Voodoo originated in West Africa in the costal areas of Benin where a religion known as “Vodun” is practiced. Vodun is a monotheistic religion that acknowledges the existence of several helpers known as “orishas.” In Vodun, “talismans” or “fetishes” consist of figurines and dried animal parts that can be used for prayers and healing (Figure 1). During the slave trade, French colonizers promoted keeping African families together, which allowed to a better preservation of their cultural and religious practices (1,2). Today, variations of the original vodun mixed with catholic traditions can be found in the Caribbean and Louisiana.

The Haitian liturgy begins with a series of prayers in French. During these prayers several spirits can visit and possess individuals. Through them, the spirits can act in the earthly world.

Perhaps the Vodou practice that receives more attention is the ritual of transformation of dead people into zombies (In Haiti known as “zonbis”). The word “zombie” or “zonbi” comes originally from the Kongo word “nzambi” in Africa that means “soul” (2). In 1937, Zora Neale Hurston while doing research in Haiti, described the case of Felicia, a person who had died at the age of 29 and had later been converted into a zombie with the use of an unknown psychoactive drug (3) (Figure 2). Years later, famous Swiss anthropologist Alfred Mètraux traveled to Haiti and explored the possibility of the existence of zombies. According to Haitians, a dead person could be turned into a zombie with the use of magic powers. A zombie would preserve similar functions to other living humans such as eating or sleeping but he would have a diminished level of consciousness, apathy and abulia. Once turned into a zombie, a body can be victimized and used as a slave. In Haiti, a zombie is not aware of his status as zombie unless he is fed with salt. In that case, all of a sudden, the zombie would understand his status as a zombie and run away immediately to the place where he came from. In order to prevent a body turned...
into a zombie, the dead body has to be buried upside down with tape in his mouth. Métraux spent several weeks in Haiti and alerted locals of his interest in searching for a real zombie. In his book “Voodoo in Haiti,” he relates his experience one day when in the middle of the night, several people woke him up to show him what they believed was a real zombie that was wandering around. After careful observation, Métraux concluded that that person was not a zombie but an individual with severe intellectual disability (4).

Figure 2. Felicia Felix-Mentor, an Haitian Zombie photographed by Zora Neale Hurston

Source: listverse.com

Haitian zombies have also been depicted in Haitian art through the paintings of Wilson Bigaud, who is often considered one of the masters of Haitian painting. His painting “Zombies” (Figure 3) was shown at the Haitian collection of the Figge Museum of art. For a long period, Haiti lacked the infrastructure to be truly governable from its capital city, Port-au-Prince. At that time, the countryside was in effect governed by vodou secret societies that controlled the rituals of zombification. The zonbi was characterized as lifeless because of a nerve toxin that may have been administered by members of the secret society. The zonbi character was central to Haitian folklore. In Bigaud's painting the zonbi has further reference to the physical labor of slaves on Haitian plantations. The zonbi is forced to do mindless labor on a plantation owned by a tyrant (5).

Figure 3. “Zonbis” by Wilson Bigaud. 1931

Source: umich.edu

In the 1980s, Harvard ethno botanist Wade Davis would travel to Haiti in the search of the psychoactive drug that could turn people into zombies. In his book, “The Serpent and The Rainbow,” he presents the case of Clairvius Narcisse, a man who had been a zombie for two years with the use of the substance tetrodotoxin, a powerful hallucinogen known to Haitians as Datura. A toxin that, according to Davis, was extracted from puffer fish. A few years later, Wes Craven would adapt Davis’ book into a film with the same name (6).

In the 1980s, Harvard ethno botanist Wade Davis would travel to Haiti in the search of the psychoactive drug that could turn people into zombies. In his book, “The Serpent and The Rainbow,” he presents the case of Clairvius Narcisse, a man who had been a zombie for two years with the use of the substance tetrodotoxin, a powerful hallucinogen known to Haitians as Datura. A toxin that, according to Davis, was extracted from puffer fish. A few years later, Wes Craven would adapt Davis’ book into a film with the same name (6).

Haitian Zombies or slave zombies had a significant impact in cinema. In 1932, Halperin brothers directed “White Zombie.” An independent film based on a book by Williams Seabrook that narrates the story of a young woman who is gradually turned into a zombie
by the hands of a maleficent voodoo master played by Bela Lugosi (Figure 4). A sequel and several other films with voodoo zombies followed in the next decade. Some examples are “The Ghost Breakers,” “King of Zombies” and “I Walked with a Zombie.”

In 1968, George Romero’s releases his master film “The Night of the Living Dead.” The movie was made in the cemetery and surroundings of Evans City, Pennsylvania. At the beginning of the film, Barbra and her brother Johnny are attacked by a strange person while visiting the tomb of their mother. Barbra manages to escape and finds a farm-house nearby where she meets Ben. In the cellar of the farm-house there two other couples and a girl. Ben turns on the radio and discovers that there is a massive epidemic of flesh eating ghouls attacking the entire country. The film, made in the context of the civil rights movement, was innovative and ahead of its time since Romero chose an African American actor, Duane Jones for the leading role. After Romero’s masterpiece, the conception of zombie in film switches to a hungry flesh and brain eater living dead (Figure 5). Recently, Steven Scholzman, M.D. (Psychiatrist at Massachusetts General Hospital) published “The Zombie Autopsies” where he explores the neuroscience of the zombie. Zombie films can also be analyzed from a sociological perspective. A zombie epidemic carries chaos, anarchy and the abolition of the current system (7). Society may regress to its most primitive form, in which survival is the major goal. Times of financial crisis and dissatisfaction, could serve as an explanation for the current success of zombie culture.

Zombies have also played an important role in philosophy, particularly in consciousness studies. A philosophical zombie or p-zombie is a hypothetical being indistinguishable from a human except by the fact that it lacks consciousness. Zombie arguments support that p-zombies are possible with a mind-body dualistic approach of consciousness. According to a dualistic model, humans have both physical properties (body or weight) and mental properties (consciousness, intentionality, and a sense of self). On the contrast, physicalism is
the thesis that everything is physical, or, that everything supervenes on, or is necessitated by, the physical. While supporters of mind-body dualism argue that p-zombies are possible, physicalists insist that at some point, the mind will have a physical substrate. Therefore, for them p-zombies are impossible (8-10). Over the last few decades, psychiatry has gradually switched from a dualistic to a physicalist approach. Many scholars now believe that all human behavior has at the end of the day some neurochemical or neurogenetic explanation. In that case, p-zombies would not be compatible with current psychiatric thinking and the only possibility of conceptualizing p-zombies, would be by conceiving an entire zombie human existence. If that was the case, psychiatrists would be p-zombies themselves studying the behavior of p-zombie individuals who live a p-zombie life.

References


William Friedkin’s masterpiece is based on the novel of the same name by William Peter Blatty. It narrates the story of Regan, who becomes demonically possessed by an Assyrian demon Pazuzu, the king of demons of the wind. Regan lives in Georgetown, Washington D.C. and his mother, Chris, begins to notice that Regan swears, talks back and makes her bed shake. Concerned, she takes Regan to a psychiatrist who prescribes Ritalin, which does not help much. Later, Regan starts to have seizures. She undergoes several medical evaluations including neuroimaging but all tests come back negative. Regan then reveals she has played with the Ouija board.

One night, Chris is out and leaves Regan in the house under the care of her friend Burke. When Chris comes back home, she finds Regan sleeping and her room is unusually cold. Outside, Burke is found, dead steps from Chris's house. Detective Kinderman is assigned to investigate the murder and suspecting of Chris he goes to the house to ask several questions. After he leaves the house, Reagan starts swearing, turns her head completely backwards and, speaking with Burke's voice, reveals to Chris that she has killed her friend. Chris desperately contacts Father Karras who is initially reluctant to believe the she is demonically possessed but after hearing a recording backwards in which Regan is asking for help, he agrees to perform an exorcism with the help of Father Merrin, who has performed several exorcisms in the past.

When Father Merrin and Father Karras start to recite the ritual of exorcism, Regan manifests several abnormal phenomena: She is able to move objects using telekinesis, speak ancient languages, and levitate. She has unusual strength, an abnormally long tongue and vomits all over. At some point, Regan talks to Father Karras in the voice of his mother who had passed away at the beginning of the film. Father Karras breaks down and Father Merrin sends him away. When he returns, he finds Father Merrin dead on the floor. Father Karras furiously grabs the young girl and shouts at the demon commanding him to take him instead. Pazazu obeys and, after Father Karras discovers that he has been possessed by the evil spirit, he immediately commits suicide by hurling himself through the window.
The story is inspired in the true story of Roland Doe, a 14 year old boy who was believed to be possessed by the devil in 1949. While hospitalized in the psychiatric wing of Georgetown University Hospital, the boy rejected several sacred objects, made objects fly and his bed shake. Three catholic priests performed up to 30 exorcisms during several weeks. After the exorcisms, the boy did not remember anything, grew up healthy, got married and had children and grandchildren. In these clinical scenarios, exorcism could be therapeutic as an abreaction, a type of catharsis.

Possession syndrome is characterized by a supernatural force taking control over the human body. This phenomena has been described across all different continents throughout history. Jesus Christ believed in exorcism as a healing tool for demoniacs. With the expansion of Christianity in Europe, catholic priests practiced exorcisms as a way to follow Jesus. In the descriptions of demonic possessions during Antiquity and the Middle Ages, it is easy to identify traits of neurological and psychiatric disorders. Perhaps the most common disease associated with exorcism was epilepsy. Eyes rolling back, foaming from the mouth and tonic clonic movements, are repeatedly described in literature. In other cases symptoms of mania, psychosis, catatonia or Tourette’s disorder are found. During the Renaissance, the criteria required for demonic possession became more specific. A person possessed by the devil would be able to speak in different tongues, make unnatural body postures, and create a cold feeling in the room; all were commonly described. The demoniac would also have a violent rejection of religious images. With this added complexity to the demonic possession criteria, the most likely underlying psychiatric diagnoses for demonic possession would be dissociative and conversion disorders in the Axis I, and histrionic personality disorder in the Axis II.

Interestingly, while ICD classifies conversion disorder under dissociative disorders, DSM files it under somatoform disorders. In that case, the same person with the same symptoms would have a dissociative disorder in England and a somatoform disorder in the United States. This phenomenological problem could be solved with the recovery of the term hysteria; a syndrome not currently used in psychiatry that includes symptoms of somatoform, dissociative and histrionic personality disorder.
The Evil Dead by Sam Raimi (1981)

Mathew Brown, D.O., M.B.A., Department of Psychiatry, The University of Chicago

Not to be confused with the recent 2013 re-make, this review will focus on the 1981 film written, directed and executively produced by Sam Raimi. In The Evil Dead, 5 Michigan State students travel to a cabin in rural Tennessee for what is supposed to be a weekend of fun and relaxation that turns into a weekend of horror and being chased and possessed by demons. Most interestingly, these “demons” are never seen on screen. Instead, any interaction with a non-possessed demon is shown in first-person view, leading the viewer to wonder if there are indeed any physical demons at all or if they exist in the minds of the main characters.

In this article, I intend to show that nearly everything that happens in this film can be explained by phenomena that psychiatrists see on a daily basis. And that the same outcome could potentially happen assuming that each of the characters were induced into believing that the events were real while in a trance state and that this same said state brought out underlying mental illness, especially in the main character, Ash.

A Trance state is a suggestible state that many humans are susceptible to and many seek. It is that peaceful place found thought meditation, intense physical activity, prayer and sometimes hypnosis. When in a trance state, people may act in ways other than their own, such as the classic example of a hypnotist making a subject cluck like a chicken on stage. They too might also have perceptual disturbances such as having bugs crawling on their body.

The first trance state is seen in Cheryl less than 10 minutes into the film. She is drawing a picture of a clock and watching the pendulum swing back and forth (a symbol well-known for hypnotic suggestion). Her hand starts moving uncontrollably and she draws an image of a book with a face on it, that will later be revealed as the image of the “Necromonicon” (The possessed book of the dead). Apparently, the cabin was previously visited by a scientist attempting to translate this book. His tape recordings are found in the cellar by Ash and Scotty. The young men bring the equipment upstairs and the 5 sit around and listen to the incantations closely.
In “The Evil Dead,” a Folie a cinq is depicted

After listening to the words, the 5 are induced and start to experience a shared psychosis; not quite a folie à deux, but in this case a folie à cinq. Cheryl begins to have auditory hallucinations and goes outside to investigate. She returns after being raped by trees (feelings of being raped are quite common in psychotic patients). The others do not believe her. Cheryl then becomes agitated, stabs Linda with a pencil, and to the others appears “demonically possessed” so she is trapped in the cellar.

Soon after Shelly is “possessed”, so Scotty is forced to dismember her with an axe. Scotty, emotionally torn by realizing the horror he has caused tries to run away. He too is attacked by the trees. When he returns, he shares that he has found a path out, but then loses consciousness.

Most of the rest of the film focuses on Ash and his psychosis. He perceives that Linda and Cheryl are indeed possessed and struggles with himself to kill his girlfriend. Ash is then overcome by both auditory and visual hallucinations of the house being alive and bleeding. Towards the end of the film, Ash returns to the main room of the cabin and is attacked, for the last time, by both Cheryl and Scotty. He then throws the Nerconomicon into the fireplace and the 2 fall to the ground, no longer possessed. The trance is lifted. Ash walks outside to see that it is now daylight. The camera again, takes the first-person perspective and runs through the woods and the house until it is close-up on Ash’s face. At that time he screams. The audience is left to decipher if he was attacked by another demon, or perhaps, is again horrified by the carnage he was responsible for while in the state of trance.
Book Review

Camus’ Adulterous Woman

Simon Wein, M.D., Pain and Palliative Care, Institute of Oncology, Davidoff Center, Beilinson Hospital, Petach Tikvah, Israel

Epigram

‘Was and will make me ill; I take a gram and only a m’

Brave New World, Aldous Huxley

Introduction

‘The Adulterous Woman’ is a short story written by Albert Camus, first published in French in 1957 in a collection of stories entitled, ‘The Exile and the Kingdom’ (1). I have long been an admirer of Camus but only recently found this piece and was struck afresh by his subtle story-telling. A classic book is able to portray the riddle of life, with as much insight and verve yesteryear as today. ‘The Adulterous Woman’ by this yardstick is a classic.

Camus, of French extraction, was born in the then French colony of Algeria. He was classified as an existentialist philosopher-writer and focused his investigations on the absurdity of existence and how to define and then solve life's riddle. ‘The Adulterous Woman’ addresses the problems of a meaningless existence and proposes a most original resolution.

The story

The story-line is simple. Marcel and Janine, husband and wife, travel into the desert hinterland of Algeria on a business trip in the late 1940s when Algeria was still a colony of France. Janine suffers an existential crisis and the climax of the story is a resolution which in psychological terms could be described as an episode of dissociation.

What exactly was the nature of this dissociation is the subject of this essay.

In the first paragraph Camus exposes the antipathy of Janine to Marcel: ‘At each hollow in the roadway she felt him jostle against her’ (1; p.9), like strangers on a bus embarrassed by physical contact which might be misinterpreted as intimacy. ‘Nothing about him seemed active but his thick hairless hands’ (1; p.9).

Then Camus lays plain the existentialist’s dilemma:

‘...just yesterday she was thinking anxiously of the time she might be growing old alone. She was not alone and that law-student who always wanted to be with her was now at
her side...Above all, she liked being loved, and he had showered her with attention. By so often making her aware that she existed for him he made her exist in reality. No, she was not alone... ’ (1; p. 11).

The seed of doubt is planted – she was not alone, but was she lonely? (2) Is the terror of loneliness in the face of life's meaninglessness enough to justify a marriage of convenience? Her existence was predicated on his, which is the antithesis of the existentialist's philosophy:

‘One could say in the strictest existential terms that Janine has not lived an authentic life; she has allowed another to make meaning of her life and not lived it as she has seen fit.’ (3)

The scene is set – the cure versus the fear. Will the price she paid, pay off in the long run?

Camus described the husband in a few terse brushstrokes – a dour, monolithic businessman apparently content with life. However Camus cautions us that the human psyche is complex. Life will, circumstances permitting, force those existential questions upon any one of us:

‘They made love in the dark, by feel, without seeing each other...The only joy he gave her was that she was necessary.....but she did know that Marcel needed her and that she needed that need, that she lived on it night and day, at night especially – every night, when he didn’t want to be alone, or to age or die, with that set expression he assumed which she occasionally recognized on other man’s faces, the only common expression of those madmen hiding under an appearance of wisdom until the madness seizes them and hurls them desperately toward a woman’s body to bury in it, without desire, everything terrifying that solitude and night reveals to them’ (1; p. 25).

Camus is unforgiving about our human foibles.

Camus plants erotic suggestions early in the story. Upon arrival at the desert fort-town Janine and Marcel climb the ramparts of the fort:

‘She imagined, beyond the walls, a sea of erect, flexible palm trees unfurling in the storm...She was standing, heavy, with dangling arms, slightly stooped, as the cold climbed her thick legs. She was dreaming of the erect and flexible palm trees and of the girl she had once been. (1; p. 16)

With this erotic allusion and our expectancy of adultery, Camus builds the tension to its inevitable climax.

The native Arabs are portrayed as proud and arrogant, unaffected by the cold wind or biting dust, nor by the French occupiers. The Arabs appear as one with their environment, spiritually whole, not struggling against it:

‘Since the beginning of time, on the dry earth of this limitless land scraped to the bone, a few men had been ceaselessly trudging, possessing nothing but serving no one, poverty-stricken but free lords of a strange kingdom’ (1; p. 23).

In contrast to the Arabs, Janine felt pressured, tense, anxious and ill at ease. Camus did not present her as neurotic (nor for that matter suffering any psychiatric disorder). The
tone of the writing is deliberately flat and she dumbly perceives a ‘weight in her heart’ and a longing. She has survived to date through need and self-discipline; or is it that she is numbed and dulled after 25 years of a loveless and fruitless marriage? Her life is monochromatic like the desert but unlike the Arabs, Janine is frustrated and yearns.

Standing on the parapet of the fort’s walls Janine senses something:

‘Over yonder, still farther south, at that point where sky and earth met in a pure line – over yonder it suddenly seemed there was waiting for her something of which, though it had always been lacking, she had never been aware of until now’ (1; p. 23). What is missing? Love? Children? Of course, but Camus dismissed these in order to explore the more proximate causes of her angst and a different form of relief.

‘She called him with all her heart. After all, she too needed him, his strength, his little eccentricities, and she too was afraid of death. “If I could overcome that fear, I’d be happy....” Immediately, a nameless anguish seized her. She drew back from Marcel. No, she was overcoming nothing, she was not happy, she was going to die, in truth without being liberated. Her heart pained her; she was stifling under a huge weight that she suddenly discovered she had been dragging around for twenty years’ (1; p.26).

She snuck out in the middle of the night, like an adulteress, back to the rampart of the fort looking for the answer to ‘the long anguish of living and dying’ (1; p. 28).

‘Then, with unbearable gentleness, the water of night began to fill Janine, drowned out the cold, rose gradually from the hidden core of her being and overflowed in wave after wave, rising up even to her mouth full of moans. The next moment, the whole sky stretched out over her, fallen on her back on the cold earth’ (1; p. 28-9).

She returned to their nuptial bed, and in her post-coital state she wept uncontrollably. Marcel noticed the tears comprehendingly. Janine wept with joy, regret, the flood of emotions, and discovery. Did she not also weep because she realized she would return to her regular life with Marcel?

**Adultery by Dissociation**

The final scenes of the story describe an unusual psychological state that befell Janine on the rampart. What is it?

Dissociation is a psychological term that describes detachment from immediate surroundings, and from one’s own physical and emotional reality. Dissociation is conceived as existing on a continuum (4).

Cardena suggested three distinct forms of dissociation: a loss of integration of cognitive functions; an altered state of consciousness, and a defense or coping mechanism. The third category reflects the function of the other two. The first two categories Cardena labeled 'compartmentalization' and 'detachment' respectively (5).

Compartmentalization refers to one part of the brain not fully interacting with another. That is, an inability to bring usually accessible information into conscious awareness. These 'compartmentalized' mental
processes continue to 'work' normally but are inaccessible to volitional control.

It is likely that compartmentalization of brain functions is the mechanism by which dissociation or detachment occurs. In other words, Cardena's distinct forms may not be so distinct, but rather a restating of structure and function.

Detachment is the subjective experience of an altered state of consciousness characterized by 'alienation' from oneself or the external world. Clinically, detachment manifests as depersonalization, typically as an out-of-body experience. These changes in one's mental state are almost always temporary.

A 'higher' state of consciousness is characterized by attentiveness or awareness being more focused, more intense, and less distractible for a longer period of time. It is a form of dissociation. In a secular context an altered consciousness might be a profound understanding of a piece of music or work of art. In a spiritual or religious context, it may be called transcendence, enlightenment, and a union with the divine. Orgasm (or climax) is another example of a changed state of consciousness, detachment or dissociation, and hence is kin to a spiritual experience. [This might partly explain why the houses of worship are jealously possessive of sexual expression and its freedom.]

Dissociation may also be a symptom of borderline personality, stress disorders (panic) and psychoses, none of which fit Janine's clinical presentation.

**Spirituality**

What is the relationship between spirituality and dissociation? Was Camus suggesting Janine experienced a spiritual arousal in the form of sexual climax as a response to an existential crisis? Camus made a suggestive association early on, when he described men escaping loneliness by hurling themselves 'toward a woman's body to bury in it' (1; p.25).

Spirituality is best characterized by two features: an experience of unification (or unity); which is accompanied by a change in the state of consciousness.

Janine's dissociative experience fulfills both criteria. When she first visited the parapet Camus described her overwhelming sense of connection to the sights and sounds of a desert oasis: 'at that point where sky and earth meet in a pure line.' (1; p. 22); and: 'Janine...was speechless, unable to tear herself away from the void opening before her' (1; p. 22). Later during her dissociative awakening she experienced a break in the continuity of consciousness when suddenly: 'The next moment, the whole sky stretched out over her, fallen on her back on the cold earth' (1; p. 29).

Janine had no emotional nourishment from Marcel or other interests. She was drawn irresistibly to the solitude of a desert night, to self-knowledge and to escape the loneliness of her marital bed: two frightened needy and lonely souls struggling, and for her at least, failing. So she left the nuptial bed and sought comfort elsewhere – a spiritual (of sorts) antidote to angst.

**Conclusion**

Camus describes the loveless if functional relationship of Janine and Marcel and
uses it as a vehicle to pose the age-old existential dilemma – how do we make meaning in an apparently meaningless world? The resolution he proposes within the context of existential philosophy is an altered state of consciousness (a form of dissociation). Camus seems to suggest that this 'other' state of consciousness experienced by Janine in response to her existential crisis was accompanied by a sexual climax.

Is the dissociative state a palliative in and of itself? Is it a psychopathology? Is it a successful defense mechanism? Is what Janine experienced merely an intense form of mindfulness or meditation? Many people take consciousness-altering drugs to relieve their loneliness if only temporarily. Others might work hard for years facing up to the questions of life to achieve a deepened understanding, a heightened state of awareness.

Janine taught us the importance of allowing the issues of existence to filter through to consciousness. Janine then had the courage and good fortune to stumble upon a solution.

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Future Issues

- Winter Issue 2014: Psychosis
- Spring Issue 2014: Love

For further information contact the editor Fernando Espi Forcen at ferespi@hotmail.com or fforscen@yoda.bsd.uchicago.edu