



Martha Stark, MD: “What Doesn’t Kill You Makes You Stronger”

Interview by Karen Burnett and Suzanne Snyder • Photography by Mark Karlsberg

Martha Stark, MD, a graduate of Harvard Medical School and the Boston Psychoanalytic Institute, is an adult and child holistic psychiatrist/psychoanalyst with a faculty appointment at Harvard Medical School and in private practice in Boston, Massachusetts.

Dr Stark is clinical instructor in psychiatry at Harvard Medical School and a teaching and supervising analyst at the Massachusetts Institute for Psychoanalysis. In addition, she is adjunct faculty at the Center for Psychoanalytic Studies at Massachusetts General Hospital (Harvard Medical School), serves on the faculty of the continuing education program in the Department of Psychiatry at the Beth Israel Deaconess Medical Center (Harvard Medical School), and is adjunct faculty at both the Massachusetts School of Professional Psychology and the Smith College School for Social Work. Dr Stark is the author of award-winning books on psychoanalytic theory and technique: Working with Resistance; A Primer on Working With Resistance and Modes of Therapeutic Action: Enhancement of Knowledge, Provision of Experience, and Engagement in Relationship. She is currently at work on a book entitled Relentless Hope: The Refusal to Grieve.

Over the past 15 years, Dr Stark has adopted a more holistic approach to the mental and physical well-being of her patients. Her particular interests have become the mind-body connection, the body's capacity to process and integrate the impact of environmental challenge, and the body's connective tissue matrix as a highly ordered array of molecules with the semiconducting properties of a liquid crystal. Additionally, she has particular expertise in the maintenance of an environmentally safe, chemical-free lifestyle.

Dr Stark has presented her ideas at various energy medicine, environmental medicine, and functional medicine conferences. She is on the Health and Medical Advisory Board for The Housekeeping Channel and is a founding member (and Secretary) of the Environmental Health Research Foundation. Dr Stark is on the editorial board of the Journal of the American Association of Integrative Medicine as well as the Journal of Clinical Toxicology. She recently became a member of the editorial board of Alternative Therapies in Health and Medicine. (Altern Ther Health Med. 2011;17(4):57-65)

Opposite: Martha Stark, MD, shown here at her office in Newton, Massachusetts, believes that life, if done right, is a never-ending journey of discovery and evolution.

ATHM: Please tell us a little bit about your background and schooling.

Dr Stark: I did my undergraduate studies at Harvard University, where I majored in pure mathematics and studied number theory and topology. The courses were extraordinarily demanding, but the concepts, though elegant and compelling, were so much at a remove from my life that now, these decades later, all I really remember from those years was my fascination with the Mobius strip. The Mobius strip is a topological object that is created by taking a paper strip and giving it a half-twist and then joining the ends of the strip together to form a loop—such that if a bug were to crawl along the length of this strip, it would return to its starting point having traversed every part of the strip without having once crossed an edge. To this day, I find the Mobius strip and its properties breathtakingly intriguing.

I think it was from my dad that I inherited my capacity for analytic thinking and my love of games and puzzles. Dad was both a celebrated chess master—he played on the Harvard Chess Team that beat out Yale 4 years running—and a life master at bridge: the most highly sought level of bridge achievement.

Dad and I loved solving mathematical problems together. One of our favorites was the classic 12-ball problem. All but one of the 12 balls are of equal weight. You do not know whether the “oddball” is lighter or heavier than the other 11 balls. You are given a set of scales—a simple balance—but allowed only three weighings. You must then determine which ball is the oddball and whether it is lighter or heavier than the other balls. Dad and I worked long and hard on that one—as we did on Rubik’s cube.

A particularly enjoyable pastime for Dad and me was the Chinese ring puzzle that we played for more than 50 years. It is a famous mechanical puzzle that requires 86 steps to remove the interlocking metal rings from the horizontal metal loop and 86 steps in reverse order to put them back on. All I knew how to do was to take the rings off; all Dad knew how to do was to put them back on. And so, for more than half a century, Dad and I would pass this little puzzle back and forth to each other, sometimes many times over the course of a day. We never tired of this delightful routine.

From my mom, I inherited my enjoyment of talking to people and learning about them, their lives, and what mattered to them. Wherever we would go, Mom would engage people in

these amazing conversations. People who came over to our house would often end up sitting with Mom on our back porch. I would settle into a little wooden rocking chair that was my favorite place to sit; it was situated unobtrusively in the corner of the porch, so that I could be a part of it all but still apart from it, both participant and observer. I spent many a wonderful summer afternoon on that back porch, listening to Mom and her friends talking and talking and talking. As the fascinating stories of their lives unfolded, I would concentrate intently, in awe of the fact that there could be so many different people in the world with so many different stories to tell.

So I grew up with these two parts of me: a part of me like my dad, very analytical, logical, interested in numbers and games, and another part of me like my mom, more intuitive, attuned to, and interested in people.

But once I began my studies at Harvard and found that the abstract mathematical concepts to which I was being exposed were unrelated to what was going on in my real life, I decided to shift my focus. I was in college during the late '60s, an exciting but anguished coming-of-age time for me and my generation, and my friends and I were struggling into the wee hours of the morning to make sense of it all.

I decided to shift from the more abstract realm of pure mathematics to the more people-oriented world of medicine, a challenging, more real-life field of study that I knew would be both intellectually stimulating and emotionally gratifying—and would engage my passion. I wanted to feel that I was doing something with my life, that I was making a contribution, that I was making a difference in people's lives.

So after I completed my medical training at Harvard Medical School, I went on to do a 3-year residency in adult psychiatry, followed by a 2-year fellowship in child psychiatry; then, after completing an intensive psychoanalytic training program, I went on to become a psychoanalyst.

It has been said that the difference between a job and a career is the following: When you have a job, the hours in the day never pass quickly enough; when you have a career, there are never enough hours in the day. I loved the practice of psychiatry and psychoanalysis and considered myself blessed to be in the position of being invited into my patients' inner worlds and allowed to accompany them on their journeys from entrenchment in dysfunctional patterns and relationships to embracing more functional ways of being and relating.

ATHM: What kinds of models have you developed to help psychoanalysts lead their patients on journeys to healthier functioning lives?

Dr Stark: As a psychoanalyst, I have always been interested in understanding what exactly it is that enables patients to heal their psychological scars. I conceptualize these psychic scars as the internal price they have paid for early-on experiences, usually at the hands of their parents, that were never fully processed and integrated. Psychodynamic psychotherapy, albeit belatedly, offers such patients the opportunity to process and integrate these unmastered emotional experiences.

Based on both my years of clinical experience as a psychoanalyst and a careful review of the psychoanalytic literature, I have distilled out three relatively distinct modes of therapeutic action: knowledge, experience, and relationship—modes that are mutually enhancing, not mutually exclusive. I have written about these three modes in several award-winning textbooks—it is a conceptual paradigm that is now being taught in a number of psychodynamic training programs around the country.

Model 1, enhancement of knowledge, is the interpretive perspective of classic psychoanalysis, a drive-defense model that focuses on the patient's traumatically frustrated infantile drives and her self-protective defenses. This model offers the neurotically conflicted patient an opportunity to gain greater self-awareness and insight

into her internal workings so that she can resolve unmastered intrapsychic conflicts and move toward greater self-actualization, now freed up to direct her passions toward the pursuit of achievable dreams.

Model 2, provision of corrective experience, is a more contemporary perspective, one that focuses on the patient's psychological deficiencies. These psychic scars are generally thought to be the result of traumatic early-on "absence of good" in the form of deprivation and neglect—internally recorded and structuralized as an unrelenting need for a good parent in the here and now. This deficiency-compensation perspective offers the patient an opportunity, in the context of the current relationship with her therapist, to grieve traumatic parental failures in the past and to experience symbolic restitution for those failures in the present. As the patient makes her peace with the heartbreaking reality that the people in her world were not, and will never be, all that she would have wanted them to be, she evolves to a place of

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greater acceptance and inner tranquility.

Model 3, engagement in authentic relationship, is another contemporary perspective, one that focuses on the patient's psychological toxicities. These psychic scars are generally thought to be the result of early-on "presence of bad" in the form of trauma and abuse—internally recorded and structuralized as dysfunctional relational patterns. Such a patient will come to assume a stance in relation to her therapist that is best described by the late Warren Zevon in a song entitled "If You Won't Leave Me, I'll Find Someone Who Will." This third model of therapeutic action offers the patient a stage upon which to play out, unwittingly and symbolically, her unresolved childhood dramas—but ultimately to encounter a different response this time, a different outcome because the therapist will be able to facilitate resolution by bringing to bear her own, more evolved capacity to process and integrate on behalf of a patient who truly does not know how. As the patient, taking the therapist's lead, begins to recognize and to deal with her unconscious compulsive repetitions at the intimate edge of her relationships, she will evolve to a place of greater responsibility for her actions.

In all three models, the therapist, ever attuned to the patient's capacity to tolerate stress, offers, in an ongoing fashion, an optimal balance of challenge and support—alternately challenging when possible and supporting when necessary—such that an optimal level of anxiety will be generated in the patient, anxiety that will then provide the impetus for the patient to evolve to a higher level of awareness, acceptance, and accountability—a higher level of order, complexity, and integration.

In essence, the psychotherapeutic process transforms resistance into awareness, which is Model 1; relentless hope and refusal to grieve into acceptance, Model 2; and reenactment into accountability, Model 3. Growing up, which is the task of the child, and getting better, which is the task of the patient, are all about this ongoing evolution to greater awareness, acceptance, and accountability. More specifically, maturity involves developing the capacity to know and accept the self, including one's psychic scars, to know and accept others, including their psychic scars, and to take responsibility for what one delivers of oneself into relationship and, more generally, into one's life.

ATHM: Do your models work with everyone?

Dr Stark: Because I always loved a challenge, over time I became the go-to psychiatrist for patients who were particularly "stuck" in their life and/or their psychotherapy. I especially enjoyed the challenge of doing consultations on "difficult" patients, and I ultimately wrote several psychoanalytic textbooks on working with these so-called "resistant" patients.

But I also began to recognize, to my great dismay, that the more traditional approach to working with these "psychiatric" patients was not always effective; I began to let myself know that some of the psychiatric patients coming our way, despite our best efforts, were still struggling in their lives and unable to move forward. It was upsetting for me that some of my patients were simply not getting better.

ATHM: How did you handle this roadblock?

Dr Stark: Well, I have always been guided by Thomas Edison's "There's always a better way. Find it!" And so, determined to find a better, more effective way, I began, slowly but steadily, to broaden my approach by expanding my horizons to include a more thoroughgoing appreciation for the complex interplay between mind and body. I immersed myself in some of the more "alternative" literature and sought out mentors around the country in environmental medicine, functional medicine, complementary and alternative medicine, bioregulatory medicine, and energy medicine.

ATHM: Did you have any mentors at the time?

Dr Stark: Most influential for me has been my relationship with Dr William J. Rea, author of the definitive four-volume set on chemical sensitivity and an exceptionally gifted and intuitive environmental physician with vast experience and knowledge; I have had the incredible privilege of calling him my mentor and, now, my dear friend. I have also been blessed by my deep friendship with Dr Doris Rapp, an internationally acclaimed pediatrician and award-winning environmental physician; she has more wisdom, more heart, more soul, and more compassion than anybody I have ever had the pleasure and privilege of knowing.



ATHM: Did the realization that some patients were not improving lead you to an interest in a more holistic approach to treatment?

Dr Stark: As I have gradually deepened my understanding of psychiatric illness, my approach, of necessity, has become much more holistic. A more holistic approach takes into consideration not only the system's parts but also the system as a whole.

To demonstrate the limitations of a reductionist approach and to highlight the need for a systemic, or holistic, approach to complement it, I offer the following: Most psychopharmacologists believe that aberrant feelings speak to abnormal or imbalanced levels of neurotransmitters in the brain. Regulation of mood therefore can be achieved, they reason, by specifically targeting, with drugs, the levels of these chemical mediators. Indeed, psychotropic medications, from antidepressants to antipsychotics, do just this.

I have now come to understand why so many psychiatric patients fail to benefit from psychopharmacologic intervention. So-called "treatment resistance" speaks perhaps to this reductionism—this too-narrow-a-focus upon imbalanced neurotransmitter levels and this too-limited-a-perspective that fails to consider not only the underlying causes of these chemical imbalances but also the roles played by numerous other interdependent factors contributing to the overall clinical picture.

Unfortunately, only a small percentage of psychopharmacologists are beginning to espouse a more holistic approach, one that is both broader-based and more medicalized, one that appreciates the multiplicity of factors involved in the regulation of mood and therefore takes into account the numbers of factors, both environmental and genetic, that contribute to mental illness.

I can understand the difficulty that my psychiatric colleagues have in expanding their horizons to include a more holistic approach because all of this flies in the face of the more traditional approach that we were taught during our years and years of medical training. But as I have developed an ever keener appreciation for the intimate and precise relationship between the health and vitality of the mind and that of the body, I have come to appreciate ever more profoundly the mind-body connection

and the importance of adopting a more holistic approach.

Accordingly, I have broadened my psychotherapeutic paradigm to include not just enhancement of knowledge "within," which speaks to the cognitive component; provision of corrective experience "for," which speaks to the emotional component; and engagement in authentic relationship "with," which speaks to the relational component, but facilitation of flow "throughout," which speaks to the mind-body connection. My recently created Model 4 is a holistic approach that is attuned to the complex interconnectedness of mind and body and to the flow of information and energy through the extensive network of channels constituting what I describe as the MindBodyMatrix.

Information is conducted along these channels in much the way that a telephone line conducts information, and energy is transmitted in much the way that a toaster wire transmits energy.

ATHM: Can you describe more specifically the MindBodyMatrix?

Dr Stark: I am referring to the high-speed, body-wide information and energy dissemination system responsible for maintenance of homeostatic balance and described in the literature as the ground regulation system, the extracellular matrix, the connective tissue matrix, or, simply, the living matrix.

As I understand it from the writings of Albert Szent-Gyorgyi, Hartmut Heine, Alfred Pischinger, Fritz-Albert Popp, and Mae-Wan Ho, the living matrix is a vast interconnected network of molecules

within which all the body's cells, tissues, and organs are embedded and through which the flow of life takes place. More specifically, it is comprised of a continuous meshwork of collagen fibrils and an amorphous colloidal ground substance in precise and intimate relationship with organized layers of electrically charged water.

Because this matrix is a highly ordered array of molecules densely packed and tightly organized in a crystal-like lattice structure, it has the semiconducting properties of a liquid crystal, which makes it an ideal candidate for the high-speed propagation of regulatory information and vibratory energy throughout the entire body. Over time, I have come to appreciate



that this intricate regulatory web composed of complex and interwoven pathways constitutes a body consciousness working in tandem with the brain consciousness of the nervous system.

I now complement my practice of psychiatry and psychoanalysis with a more holistic approach, one that deeply appreciates the complex interplay between the myriad of risk factors and environmental stressors that are an integral part of our everyday experience. Over the years I have also come to recognize, on ever more profound levels, that psychiatric and medical symptoms are but the outward manifestation of underlying vulnerability, dysfunction, imbalance, blockage, hypersensitivity. My focus now has become to ferret out “hidden causes” and the contribution of environmental and genetic factors to a person’s mental and physical well-being.

I have also increasingly come to appreciate how important it is that the MindBodyMatrix have the capacity to process and integrate the potentially devastating impact of the myriad of environmental stressors to which it is being continuously exposed—stressors that take the form of both “too much bad” and “too little good.”

The ultimate goal is to lighten the load to correct for toxicities, replenish the reserves to correct for deficiencies, and facilitate the flow to restore the system’s intrinsic orderedness and natural biorhythms. Challenging, when possible, and supporting, when necessary, to jumpstart the system’s innate ability to renew itself. Therapeutic induction of healing cycles of disruption and repair, defensive collapse and adaptive reconstitution at ever higher levels of integration, balance, and harmony.

ATHM: What are some examples of the kinds of environmental stressors that might cause problems for people?

Dr Stark: Environmental challenge will take the form of both toxicity—too much bad—and deficiency—not enough good. Too much rejection by the caregiver, not enough love and support. Too much oxidative stress from electron-scavenging free radicals, not enough neutralizing antioxidants. Too much criticism, not enough acceptance. Too many antibiotics altering the balance of healthy flora in the gastrointestinal tract, not enough probiotics, or beneficial bacteria, to restore that balance. Too many anxiety-provoking interpretations, not enough anxiety-assuaging empathic interventions.

ATHM: And how would you describe the healing cycles of disruption and repair?

Dr Stark: I use the sand pile model—developed by chaos theorists—as a visual metaphor for the cumulative impact, over time, of environmental stressors on an open system. Amazingly enough, the grains of sand being steadily added to the gradually evolving sand pile are the occasion for both its disruption and its repair. Not only do the grains of sand being added precipitate partial collapse of the sand pile but also they become the means by which the sand pile is able to build itself back up—each time

at a new homeostatic set point.

So, too, the MindBodyMatrix is continuously refashioning itself at ever higher levels of complexity and adaptive capacity—not just in spite of “stressful” input from the outside but by way of that input.

More specifically, with respect to the paradoxical impact of environmental stressors on the living system, the noted 16th-century Swiss physician Paracelsus is reputed to have said that the difference between a poison and a medication is the dosage thereof. And, I would add, the system’s capacity—a function of its underlying resilience—to process, integrate, and adapt to the impact of that stressor.

In other words, stressful input is inherently neither bad nor good. Rather, the dosage of the stressor, the underlying adaptability of the system, and the intimate edge between stressor and system will determine whether the system, in response to the environmental input, devolves to greater disorganization or evolves to more complex levels of organization and dynamic balance.

ATHM: Is this a new concept?

Dr Stark: The evolution of this sand pile, governed by some complex mathematical formulas, has long fascinated chaos theorists, but the sand pile model, though well known in many academic circles, is rarely applied to living systems. I believe, however, that the sand pile model is a wonderful visual metaphor for the evolution of the living system because it offers a dramatic depiction of the paradoxical impact of stress on a complex adaptive system.

ATHM: Whose writings have informed your understanding of the impact of stress on the body?

Dr Stark: Actually, it is Walter B. Cannon, author of the 1932 groundbreaking volume *The Wisdom of the Body*, and Hans Selye, author of the 1956 classic *The Stress of Life*, who are credited with highlighting both how crucial it is that the body be able to preserve the constancy of its internal environment and that the body, when challenged, be able, by virtue of its innate wisdom, to adapt by mobilizing its resources in the interest of restoring homeostatic balance.

ATHM: Isn’t that ability to adapt the hallmark of a system’s resilience?

Dr Stark: Exactly! In fact, my particular interest has long been in the resilience of the MindBodyMatrix, by which I mean the ability of the living system to restore its homeostatic, or, perhaps more accurately, allostatic, balance in the face of environmental challenge. As you suggested, the hallmark of a system’s resilience is its capacity to self-regulate, that is, to maintain—or, if lost, to recover—its balance in the face of ongoing environmental perturbation.

In essence, resilience speaks to the compelling idea that a living system must be able to adjust to instability continuously. It will be able to preserve its stability only by way of ongoing

adjustment to instability. In 1965, two obstetricians made an intriguing discovery about the paradoxical relationship between fetal mortality and the regularity of the fetal heart rate. They observed that the more metronome-like the heartbeat, the less likely the fetus would be to survive, but that the greater the heart rate variability—that is, the more variable the heart's beat-to-beat intervals—the more likely the fetus would be to thrive. In other words, longevity is directly proportional to heart rate variability.

More generally, it would seem that a system's health, both psychological and physiological, is a story about its capacity continuously to process and adjust to the impact of ongoing environmental perturbation and adaptively to reorganize at ever higher levels of order, complexity, and integration.

ATHM: That makes sense.

Dr Stark: Stressful stuff happens all the time. But it will be how well the MindBodyMatrix is able to process and integrate its impact—psychologically, physiologically, and energetically—that will make of it either a growth-disrupting event or a growth-promoting opportunity. In other words, it will be how well the MindBodyMatrix is able to manage the cumulative impact, over time, of environmental stressors that will either hasten a compromised system's deterioration or support a more resilient system's evolution toward increasing complexity.

So whether the primary target is mind or body and the clinical manifestation, therefore, psychiatric or medical, the critical issue will be the ability of the MindBodyMatrix to handle stress through adaptation.

ATHM: How do you conceptualize the impact of stress on this MindBodyMatrix?

Dr Stark: I find it clinically useful to think in terms of stress as impacting the MindBodyMatrix in three ways.

Too much stress—traumatic stress—will be too overwhelming for the system to process and integrate, triggering instead cataclysmic breakdown. Too little stress will provide too little impetus for transformation and growth, serving instead simply to reinforce the status quo of the system.

But just the right amount of stress—“optimal stress”—will offer just the right combination of challenge and support needed ultimately to induce, after initial disruption, subsequent reconstitution of the system at a higher level of complex orderedness and integrated coherence. The system will therefore have been able not only to manage the impact of the stressful input but also to benefit from that impact by virtue of its ability to adapt.

In other words, if the interface between stressor and system is such that the stressor is able to provoke recovery within the system, then what would have been poison becomes medication, what would have constituted toxic input becomes therapeutic input, what would have been deemed traumatic stress becomes optimal stress, and what would have overwhelmed becomes transformative. What doesn't kill you makes you stron-

ger. I'm speaking here to the therapeutic use of stress to provoke recovery by activating the body's innate ability to heal itself.

ATHM: What are some examples of how we stress the body in order to activate its innate ability to heal itself?

Dr Stark: All manner of mild aggravations will stimulate the body's ability to self-heal. For example, every-other-day workouts will create microtears that the body will be able to repair on those alternate days when the body is at rest. Debridement of wounds is thought to accelerate healing by creating minor irritation to the area, thereby prompting the body to repair itself. Pin-firing partially healed tendons of injured race horses is used by some veterinarians and has been approved since 2006 as an acceptable form of therapy in cases refractory to conventional treatment. Pin-firing involves inserting a small, red-hot probe into an 80% healed tendon, which will superimpose an acute injury on top of a chronic one, which will activate the body's innate ability to heal itself.

Obviously, we all know about the use of vaccines, hopefully contaminant-free, to promote the body's resistance to subsequent exposures. And homeopathic remedies, by offering minute potentized doses of the toxin, can be used to activate the body's ability to heal itself. More generally, intermittent exposures to small doses of toxins will prompt the body to adapt—as long as the dose does not overwhelm the system's adaptive capacity.

Along these lines, a little known remedy for the temporary relief of depression is mild sleep deprivation. Neuroscientists don't really know how to explain the mystery of why depriving yourself of half a night's sleep once a week, preferably the second half of the night, should have such a beneficial effect on depression, but Leibenluft hypothesizes that interrupting normal sleep patterns may “resynchronize disturbed circadian rhythms”—disruption/repair, producing often a rapid and sustained, even if temporary, recovery from depression.

And fasting even one day a week can so significantly reduce the total body burden, the total stress on the system, that mental clarity and focus can be improved dramatically—at least temporarily—and a sense of overall well-being restored. In fact, doing a water fast once a week for 36 hours—say, from after dinner on Monday evening at 8 PM, all day Tuesday, until before breakfast on Wednesday morning at 8 AM—is an extraordinarily effective optimal stressor. Digesting takes a lot of work. Fasting frees up all the energy that would otherwise have been consumed in the digestive process, and that freed-up energy can then be redirected to other regulatory systems in the body, especially the nervous system for clearer thinking, the endocrine system to support hormonal balance, and the immune system for accelerated self-healing. When we are sick, we lose our appetite; this loss of appetite is an adaptive response to illness because it enables us to redirect our energies away from the digestive process to the immune system and the processes of self-repair. Even animals instinctively fast when they are sick or injured, which accelerates their rate of recovery.

When a person fasts, the body must turn to its fat reserves to get energy. As the fat cells are broken down, the lipophilic, or fat-loving, environmental toxins that had been sequestered there are released from their hiding places and eliminated by way of either the digestive system, the respiratory system, or the skin. This is detoxification. As the total body burden is gradually reduced, particularly by way of a series of fasts, the functionality of every cell is optimized. Finally, during a fast, the body undergoes first a tearing down and then a rebuilding of its cells and tissues. For this reason, fasting is well known for its ability to rejuvenate the body and give it a more youthful tone. Such is the power of a carefully designed fast, which serves as an optimal stressor, as a catalyst inducing healing cycles of breakdown and repair, deconstruction and reconstruction at ever higher levels of functionality and adaptive capacity.

And with respect to aerobic exercise: In 1999, a team of researchers at the Duke University Medical Center demonstrated that for the middle aged and the elderly, aerobic exercise is at least as effective as medication in treating major depression. But, interestingly, they discovered an additional benefit as well—namely, improved cognitive ability, particularly in the frontal and prefrontal regions of the brain. In addition, it is said that if you are willing to carve out 40 minutes of time during your day for an aerobic workout, then you will be able to get by on 40 fewer minutes of sleep the next night.

ATHM: So you're speaking about the use of optimal challenge, or optimal stress, to provoke recovery by triggering the body's innate ability to heal itself. How does this manifest in the psychotherapeutic realm?

Dr Stark: Psychotherapists are ever busy formulating interventions that will either challenge or support—that is, challenge the patient by directing her attention to where, in the moment, she isn't—but where the therapist hopes the patient will go—or support the patient by resonating with where, in the moment, the patient is—and where the patient would seem to need to be.

Based on the therapist's moment-by-moment assessment of what the patient can tolerate, the therapist will therefore either challenge, by way of anxiety-provoking interpretive statements

that call into question the defenses to which the patient has long clung in order to preserve her homeostatic balance, or support, by way of anxiety-assuaging empathic statements that honor these self-protective defenses—a therapeutic stance often referred to as “going with the resistance.”

Interventions that challenge will increase the patient's anxiety; interventions that support will decrease it. And if the therapist's interventions make the patient too anxious, the patient may get defensive, resort to shutting down, and then be unable to take in or benefit from the therapist's input. But if the therapist's interventions elicit anxiety that is more manageable, the patient may be able to process and integrate the therapist's input and adapt to it by ultimately reconstituting at a higher level of complex understanding and emotional maturity.

And so it is that the therapist, in order to maximize the therapeutic potential of every moment, offers, in an ongoing fashion, an optimal balance between challenge and support—alternately challenging, when possible, and supporting, when necessary—in order to provoke an optimal level of anxiety in the patient, anxiety that will then provide the impetus for the patient to evolve, by way of cycles of disruption and repair, to ever higher levels of awareness, acceptance, and accountability.

In essence, psychotherapy affords the patient an opportunity, often long after the fact, to process, integrate, and adapt to experience that had once been overwhelming—and therefore defended against—but that can now, with enough support from the outside, be detoxified and

assimilated. In summary, psychotherapy is a story about the belated processing of unmastered experience and, in the face of optimal challenge, adaptive reconstitution at ever higher levels of awareness, acceptance, and accountability.

ATHM: Yes, and some patients can handle more challenge than others.

Dr Stark: Absolutely. We speak of psychiatric disorders and diseases and of medical disorders and diseases. But whether the primary involvement is of mind or body, I believe that “dis-order”—that is, disrupted orderedness within the MindBodyMatrix—and “dis-



ease”—that is, disrupted ease of flow within the MindBodyMatrix—are implicated in the generation of both psychiatric and medical problems. The journey from disorder and disease to health and vitality—from illness to wellness—requires that the infrastructure of the MindBodyMatrix be both “ordered” and “fluid.” The more ordered the crystalline matrix, the more fluid will be its flow. The more fluid its flow, the better able it will be to process and integrate the impact of environmental stressors—in essence, the better able it will be to cope with stress.

So bad health is a story about dis-order and dis-ease, and good health is a story about orderedness and ease of flow. To optimize the ease of flow of information and energy, just for starters, the matrix should be kept as uncongested, well-hydrated, nutrient-rich, well-oxygenated, alkaline, electron-rich, energetically unblocked, well-balanced, relaxed, structurally aligned, aerobically exercised, well-rested, and unencumbered by disruptive “imprinting” of psychological trauma and emotional deprivation as possible.

More specifically, because dis-order and dis-ease are occasioned by the cumulative impact of both presence of bad—toxicity—and absence of good—deficiency—therapeutic interventions must aim to detoxify in order to lighten the load and supplement in order to replenish the reserves, all with an eye to restoring the ease of flow of information and energy through the matrix; that is, to restoring the system’s capacity to process and integrate the impact of environmental impingement and adaptively to reconstitute at a higher level. In other words, all with an eye to reinforcing the system’s capacity to tolerate the stress of life.

Treatment modalities must either eliminate bad or supplement with good or, as is true for some treatments, do both.

ATHM: What are some of the other therapeutic interventions that you might resort to in order to restore the resilience of a compromised MindBodyMatrix?

Dr Stark: Obviously, interventions are customized to accommodate each patient’s needs. But in order to lighten the total body load and replenish the total body reserves, any of the following are options: infrared saunas, deep tissue massage, lymphatic drainage, the chi machine, craniosacral therapy, Reiki, shiatsu,

frequency-specific microcurrent, traditional Chinese medicine, including acupuncture, therapeutic touch, chiropractic, detox foot pads, ionic foot baths, cholestyramine, neti pot, colonics, love, support, probiotics, prebiotics, organic food, antioxidants, nutritional supplementation, phytonutrients, adaptogens, herbal medicine, spirulina and chlorella, alkaline water, restful sleep, light box, earthing, neodymium magnets, low-level laser therapy, sensorimotor psychotherapy, eye movement desensitization and reprocessing, psychomotor psychotherapy, somatic experiencing, yoga, and aerobic exercise—to name a few.

ATHM: Have you broadened your focus to include the impact of stress on both the mind and the body?

Dr Stark: Yes, in fact, I now describe my practice as “synergy health for mind and body.” I offer comprehensive consultation and strategic solutions for persistent psychiatric and medical problems. My expertise is in working with those who have already consulted numerous health care specialists but suffer still and are desperate for answers and relief.

Over the years, I have acquired a broad-based understanding of the multiplicity of factors that have an impact on the health and vitality of the MindBodyMatrix. As a result, my goal, as a holistic consultant, is to design treatments that offer just the right balance of challenge and support to provoke recovery by fueling recursive cycles of disruption and repair, defensive collapse and adaptive reordering of the MindBodyMatrix at ever high-

er levels of “synergy”—the rhythms of mind and body now synchronized and in harmonic resonance. In essence, my objective is to create individualized treatments that are specifically designed to restore the resilience of a compromised matrix by revitalizing its capacity to cope with stress.

ATHM: How would summarize your thoughts about the impact of stress on the living system?

Dr Stark: Stressful stuff happens. But whether the primary target is the mind or the body, the critical issue will be the ability of the living matrix to process and integrate the impact of that environmental perturbation so that balance and harmony can be

MY OBJECTIVE
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CAPACITY TO COPE
WITH STRESS.

restored and health and vitality optimized. Too much stress, traumatic stress, will be too overwhelming for the system to process and integrate, prompting instead defense, disorder, and disease. Too little stress will provide no impetus whatsoever for transformation and growth, serving instead simply to reinforce the system's status quo. But just the right amount of stress—optimal stress—will provide the challenge needed to prompt adaptive reconstitution of the system at ever higher levels of order, complexity, integration, and resilience.

ATHM: It seems that you are finding a “better way,” as Edison said, to understand the process by which people get from point A to point B, namely, that it is rarely a linear process but rather an unpredictable process that involves a series of stops and starts, destabilizations and fortifications. It is almost never an easy progression because it usually involves some kind of challenge to the status quo and then a reorganizing at a higher level of functionality. Do I have that right?

Dr Stark: Absolutely. In finding the world of integrative medicine, I have indeed found a better way—way better and way more satisfying than I could ever have imagined possible. In my work with patients who have long suffered from chronic health problems, both mental and physical, I now have a breadth and depth of understanding that has been hard earned but totally worth the struggle.

I guess you could say that my own journey in the health care field has been characterized by a series of disruptions, when I have felt, at times, overwhelmed by the abundance of material that I have yet to master, and repairs, when suddenly I have had an insight and things have come together for me in a flash—with reconstitution at ever higher levels of complex understanding. The journey has not been easy, and, quite frankly, the more traditional medical circles in which I sometimes travel have not always offered much support for the holistic approach that I have adopted. But even so, the journey has been an exhilarating one—and one that was well worth the effort. As Ernest Hemingway said, “The world breaks everyone; but, in the end, people are stronger at the broken places.”

And I'm not done yet. As noted earlier, my Model 4 is about facilitation of flow throughout, but my Model 5—only in its early stages of development—is about expansion of consciousness beyond (which introduces the spiritual realm). I very much look forward to this next decade. I believe that life, if done right, is a never-ending journey of discovery and evolution.

ATHM: Please tell us a bit about the book you're writing. It seems to be a bit of a departure from the other books you've authored.

Dr Stark: I actually have two books that I'm working on right now: *Relentless Hope: The Refusal to Grieve*, which is almost completed, and *Optimal Stress: Stronger at the Broken Places*, which is halfway done. The first book suggests that hope is not always good, and the second book suggests that stress is not always bad.

With respect to relentless hope, I have found it to be an

extraordinarily useful clinical concept, especially with respect to psychiatric patients who are “relentlessly self-sabotaging.” In my book, I develop the idea that relentless hope is a defense to which the patient clings in order not to have to face the pain of her disappointment in the other, the hope a defense ultimately against grieving. The patient's refusal to deal with the pain of her grief about the other fuels the relentlessness with which she pursues it—both the relentlessness of her hope that she might yet be able to make the other over into what she would want it to be and the relentlessness of the outrage she experiences in those moments of dawning recognition that, despite her best efforts and most fervent desire, she might never be able to make that actually happen.

In truth, relentless hope is a defense to which many of us cling, to varying degrees, in order not to have to confront certain intolerably painful realities in our lives.

I believe that growing up and getting better have to do with making your peace with the disappointment and the pain that come with the recognition of just how imperfect, just how flawed, and just how immutable the people in your world—and you yourself—really are.

Perhaps it could be said that maturity involves transforming the need to have the important people in your world be other than who they are into the capacity to accept them as they are—it involves transforming relentlessness—a defense—into acceptance—an adaptation. It could therefore be said that maturity is an adaptation to the impact of painful truths: it requires the acceptance of realities that sober and sadden.

So when a patient is caught up in the throes of needing the important people in her world to be other than who they are, the therapeutic goal will be to transform infantile need into mature capacity, namely, the patient's relentless need to pursue the unyielding other into a healthy capacity to relent, accept, forgive, and let go. And it will be by way of grieving that need is transformed into capacity—infantile need into mature capacity and realistic hope. In fact, Harold Searles has suggested that realistic hope arises in the context of surviving disappointment.

I am here reminded of a *New Yorker* cartoon in which a gentleman, seated at a table in a restaurant by the name of The Disillusionment Cafe, is awaiting the arrival of his order. His waiter returns to the table and announces, “Your order is not ready, nor will it ever be.”

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