

EXPLANATORY FICTIONS – A REASON TO BELIEVE:

An enquiry into how astrology functions as a narrative healing construct
and a comparative study of placebo effects in conventional medicine.

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This dissertation provides an enquiry into the relationships between healing, narrative, and cosmologies. Recently, medical scholars have begun to examine the role that narrative plays in their healing practices. A discussion of this new research forms the background for an examination of the interrelationship between narrative and cosmology in the context of healing. Specifically, this dissertation documents the potential utility for astrology as a healing modality understood alongside current conceptions of narrative medicine; that is, it will establish links between the uses of healing narratives and talismans in astrology with the phenomenon known as the 'placebo effect' in the modern medical community. This research argues that astrology, which functions both as a cosmology and as a language that employs myth and symbol, provides a rich source of overlooked narratives capable of creating healing meaning for patients who are ill or suffering, much in the same way that placebos offer healing as currently understood by modern medical scholars.

LITERATURE REVIEW 1: A HISTORY OF MEDICINE

This section provides a review of the history of medicine with a specific view toward the doctor patient relationship. It will show how various periods in history have looked at patients and patient care. How do these approaches compare to contemporary postmodern medicine and do these contemporary treatments adequately addresses patient needs?

For the purposes of this paper, the Western medical tradition is examined. The idea that modern medicine is to blame for the disassociation of illness and psyche is not new. Already in Hellenistic Greece, Socrates, in the book of Charmides, laments the state of medicine saying:

But our King Zalmoxis, he said, 'who is a god, says that just as one should not attempt to cure the eyes apart from the head, nor the head apart from the body, so one should not attempt to cure the body apart from the soul. And this, he says, is the very reason why most diseases are beyond the Greek doctors, that they do not pay attention to the whole as they ought to, since if the whole is not in good condition it is impossible that the part should be. ...The soul is the source both of bodily health and bodily disease for the whole man, and these flow from the soul in the same that they eyes are affected by the head... Don't let anyone persuade you to treat his head with this remedy who does not first submit his soul to you for treatment with the charm.(Plato, 156e)

Here, 'holistic' healing is shown to have roots in ancient Greece. Plato, through the voice of Socrates, suggests that all illness originates from the soul, not from the body. Doctors

should, according to Plato, address issues of the soul at the same time they attempt to heal the body. Plato/Socrates also implies that illness is self-originating. Following this, one must presume that one is the source of one's own healing. Furthermore, Socrates describes a charm. This is intriguing, as it alludes to a song, or a poem or an incantation, which creates the notion, discussed below, of the use of a narrative construct. The treatment thus contains two components used in concert: a physical/pharmaceutical/mechanical one and a narrative one. In the same dialogue, Socrates engages in a long and lengthy debate about the merits of 'self knowledge', which could also be called 'self identity'.

However, just as Socrates articulated his views on medical practice, another type of medicine was emerging in ancient Greece: *observational medicine*. Observational medicine has its roots in Aristotelian cosmological principles. It uses rational logic as a means to compare and to decipher the nature of disease. Knowing what illness looked like and how it behaved meant a certain security of being able to maintain health and achieve longevity. This prioritising of knowledge over the more imaginative means of diagnosis of the past (dream or decumbiture at Asclepius, for example), means that a certain 'standardisation of care' creeps in. As observational medicine slowly took hold, midwives become marginalised, doctors gained social authority and gave witness to legal action and the kind of social order which Michel Foucault (1994) so vehemently criticised.¹

The subtle change from Plato's understanding of medicine to that of Aristotle's demonstrates how this priority shifts. In Plato's cosmology of health, the soul has a body (Plato, 156e); in Aristotle, the body (physical, observable, and literal) has priority over a soul (Aristotle, 414a20). This rift forms the basis of a rift that continues in the medical profession today. The work of medical anthropologists such as Arthur Kleinman, Tanya Luhmann, Cheryl Ritenbaugh and Cheryl Mattingly has revealed a persistent trend of medical scholars seeking to put the 'soul' back into treatment. These scholars recognise a need for democracy of treatment (in terms of access and resources), but they also wish to acknowledge the individual experience of illness and the need to treat patients accordingly – thus equal does not mean 'exactly the same' rather 'tailored to each case appropriately' (Mattingly, 2010, p. 74; Kleinman, 1989, loc. 2384). This begs the question: what is the doctor is trying to heal, the illness or the patient?

What has been lost as a consequence of valuing rational, left-brain thinking, as opposed to a more holistic paradoxical right-brain approach of interpreting illness and

¹ For further reading please refer to *The Birth of the Clinic* 1994 second edition Michel Foucault, The Preface, in which an overall critique is laid out in detail.

treating the patient? Iain McGilchrist's ideas are considered as a means of understanding the physical attributes of two distinct ways of thinking or perceiving, and he shows why neither is mutually exclusive. McGilchrist suggests that the right brain function and perception is similar to, or can be described as 'encountering' or 'meeting' the new (idea/situation/symbol), whereas the left brain function is 'remembering' or is the repetition of detail already known (McGilchrist, 2012). The key concept offered by McGilchrist is the benefit of being able to live with contradiction between 'certainty' and 'possibility' (McGilchrist, 2012, loc. 154). Given that modern doctors posit that human beings are designed to find meaning in their lives (Edmonds, 2008), how is this meaning established? One area concerns the social environment the patient lives in.

Illness, according to the Kleinmans, is manifested in the physical body and simultaneously has a relationship ('outfolds') with the wider external social structure around the patient (as cited in Frank, 2013, loc 597). This forms a kind of medical cosmology. More specifically, Frank argues that 'a medical anthropology unable or unwilling to examine how culture infolds into the body (and, reciprocally, how bodily processes unfold into social space) is not very likely to get far in conceptualization and empirical study of the sociopolitical roots of illness or the cultural sources of healing' (Frank, 2013, loc 597). Distinctions between the social space, and the interior space, of the patient blur.

This social space has been criticised by authors such as Cheryl Mattingly, who says it is time for medicine to acknowledge the role of poverty in disease and instead of making it a personal problem of the patient. She argues that opening the conversation up to include the society or community in which the patient lives is critical, and the solutions to many other problems in health care can be solved this way. The story or narrative of the illness shifts here from personal to social space (Mattingly, 2010, loc. 4951). Mattingly uses a similar lexicon when she describes the process of engaging with hopeful narrative on the basis of 'as if', noting that 'healing dramas open up a world of possibilities, allowing participants to inhabit 'as if' worlds that have transformative, sometimes even socially radical, implications for becoming' (Mattingly, 2010, loc. 1139). She consistently refers to the body of the patient as being part of a community; that patient and community (including family) are not separate.

The underlying social criticism of her book – also endorsed by biologist, Bruce Lipton, (2008) – states that illness might also originate from outside of the patient, from the environment, and so the nuance of this can be seen in a Platonic, holistic light. In fact,

illness was (and sometimes still is) often seen as a sign of ill will from the gods, that the person must have done something to deserve it, resulting in associated guilt and condemnation that actually contributes to further ill health. Recall, for example, the outbreak of HIV in the 90s. Just as medical narratives can heal, they can also destroy. According to Lipton, triggers from the environment give DNA messages to replicate or change, but the DNA requires an outside trigger in order to fulfil its encoded destiny (Lipton, 2008, p. 22). These triggers could be physical or emotional. The point is they come from outside the patient, from the social space, from culture, from cosmologies.

Post-modern medicine and the lack of engagement with patients is criticised in several works (Charon, 2006; Kleinman, 1998; Frank, 1995; 2013; Needleman, 2014), all of which specifically address the role of narrative. However, it seems that medical doctors who *do* treat patients on a daily basis are most likely to ignore the disassociation of illness from the patient as a whole, and are at least willing to talk of the patient (and the illness and their social structure) as having an ongoing and developing relationship with one another. For some, the narrative of the disease as told by the patient or the family is one of self identity (Lipton, 2008, p. 22). Reinforcing self identity through the narrative of illness is sometimes led by social factors (poverty, access to treatment, racial bias, prejudice of substance abuse, etc.) and also family narratives that are closely linked to culture. Family narratives are the identities which we re-iterate within our own family – which in the absence of blood relatives could also be the people who live and interact with us on a daily basis and fill in for family roles or archetypes. Cultural narratives are those which function within the family narrative and usually come to the foreground in times of crisis – diagnosis of terminal cancer for example, during which the family then uses as a structural format when dealing with the unknown, or the ritual practice of burial. Cultural narratives contain cosmologies which includes religious practices and spiritual awareness. Family narratives can contain their own ‘cosmologies’ in which various family members group themselves into constellations of archetypes that they resonate with, and which seems to them to be repeatedly re-enforced and reflected back to them by their situation in life (Frank, 1995, loc. 1009). The underlying tension here is that it is not always clear to the doctor treating the patient whether the patient is enacting or participating in simply a family narrative (self-identity) or a cultural/collective one.

The phrase, ‘sociopolitical roots of illness’ (as quoted above) is a tacit acknowledgement that illness does not originate from the physical body entirely. The Kleinmans, as quoted by Frank, imply that certain people are pre-disposed to certain

illnesses given their social ranking or order in a community. The veiled suggestion is that democratising the sociopolitical rights and treatment of patients might address this or at least make illness seem a bit more random and less fated perhaps. Mattingly (2010) also exposes various inequalities that range from outright racism to more milder and insidious forms of gender discrimination that infiltrate from the initial consult and narrative of diagnosis right through to the recovery and recommendations for rehabilitation after surgery. These slights are received by patients who feel locked in by a particular narrative and do not try to change the story or to challenge the authoritative voices. These scholars suggest that the current trends in medical practice today seem to address patients not as individuals, but as socio-economic groups resulting in treatments that are statistically relevant but not individually assessed.

Foucault took issue with this very problem in his book, *The Birth of the Clinic* (1973), saying that, 'The first task of the doctor is therefore political: the struggle against disease must begin with a war against bad government. Man will totally and definitively cured only if he is first liberated' (Foucault, 1973, p. 33). Both Foucault and Mattingly agree that any attempt to 'fix' the outer social order, or outfold space of the patient, results in democratising the system (in terms of lack of individualised treatment) and thus further damaging patient care (Foucault, 1973, p. 33). Lipton addresses the issue of the environment's role in cellular biology and asserts that although the DNA gene sequence in human beings is set at birth, genes can and do change due to stressors in the environment (Lipton, 2005, loc. 178) which re-affirms the nurture vs nature debates and brings us back to the idea that human beings are in a dialogue with their 'outfold space', that illness is neither a nature or nurture paradigm.

What are the 'cultural sources of healing' then? This implies that in the recent past, culture was not seen as a source of healing in the postmodern medical world. It begs the following questions: 1) What constitutes culture that heals as opposed to any other kind of culture? 2) what is a workable definition of healing?

Healing has been defined as 'a transformative journey' (Mattingly, 2010, loc. 1591), whereas Arthur Frank regards this healing journey as a 'quest' (Frank, 1995). Both imply that the patient experiences an emotional shift related to their psyche and not their physical body. Neither author is explicitly using the word 'soul', but for the purposes of this paper we can use the word to describe this experience that happens as a result of a 'heart-mind' experience or as an outer body perception unrelated to the mechanical body.

Kleinman clearly defines the difference between illness and disease: 'Disease is the

problem from the practitioner's perspective', while 'Illness is the lived experience of monitoring bodily processes such as respiratory wheezes, abdominal cramps, stuffed sinuses, or painful joints' (Kleinman, 1989, loc. 210). Another view from Kleinman which demonstrates his understanding of the profound link between human emotion and physical well being is: 'Emotion correlates intimately with bodily constituents, which in turn correlate closely with the weather, the time, the physical setting, and the sociopolitical order' (Kleinman, 1989, loc. 343). This correlates with what Lipton says about the environment playing a part and endorsing a more holistic view on the causes and definitions of illness itself.

Kleinman's emphasizes the spiritual nature of healing and the impact it has on the doctor or practitioner. Without actually mentioning it, he reminds us of the moral path of the four fold hermeneutic (discussed below), the path of right treatment and right outcome, saying, 'There is a natural method to treatment. You heal the patient. But where the treatment is right, you feel it yourself, in your body, in your emotions, in your relation with the patient' (Kleinman, 1989, loc. 3990). For Kleinman the meaning of illness is paramount, and as a natural medical narrativist, he sees it everywhere, and he sees that it has a use – the function of meaning making for Kleinman is to find that point of departure to goodness. He says, 'Meaning is inescapable: that is to say, illness always has meaning. The experience when ill need not be self-defeating; it can be – even if it often isn't – an occasion for growth, a point of departure for something deeper and finer, a model of and for what is good' (Kleinman, 1989, loc 2616). In medical anthropology, there is consensus that illness transforms patients, that this transformation itself is considered to be the healing, while the *curing* remains in the literal physical realm, if this is the case, then we can argue that medicine is, on some level, addressing the issues of the whole soulful patient, just without being explicit about it, and without any research dedicated to it specifically. Recalling Socrates above, it seems, modern doctors such as Charon, Frank and Kleinman agree that healing has a lot to do with self identity and the meaningful attainment thereof, through narrative (Frank, 2013, loc. 1009). Through the use of symbol (essentially a right brain activity), McGilchrist argues that science is developing new ways to understand how the brain can repair both biological and psychological damage.

Another important voice in medical anthropology is that of Tanya Luhrmann, whose work is focused on the role of faith or religion (in healing) and how it functions as way to create meaning (quoting directly from Moerman) and the role of the imagination in this interplay. In her abstract she says:

This paper builds upon the anthropological model of ‘symbolic healing’ to argue that the experience of a positive interaction with the supernatural is good for people and maven be at the heart of what gives religion health-boosting properties...I argue that [this] capacity rests on a learned cultivation on the imagination: ...these ‘imaginal’ relationships ...require the imagination, but are not necessarily imaginary. (Luhmann, 2013, p. 708)

While Luhmann’s work is predominantly focused on mental health, and the role of religion, it would seem as though the addition of the use of the imagination as *real* as opposed to *fantasy* is a useful pathway into researching how human beings can turn an imaginary dialogue into a real conversation with God or another spiritual dimension. Luhmann also refers to the Cuna shamanic story about a woman struggling in childbirth, and in her interpretation she sees four steps that the shaman used to make ‘the immaterial spirits more present’ (Luhmann, 2013, p. 710). These four steps are similar to the four fold hermeneutic, discussed below, and are as follows:

Expectancy – the spirits will appear imminently

Epistemic – Shaman interprets by integrating the literal to a vision from the mind’s eye

Sensory enhancement – Shaman describes physical sensation in order to create a more ‘realistic’ vision for the woman

Engagement – Shaman invites the woman to speak directly with spirit

These four shamanic steps track the ritual of the presentation of the patient at the doctor’s room and the treatment of his disease. Through the works of Kleinman, Frank and others we see the similarity between these four moves and those steps taken on the transformational journey of the patient.

In this section I have shown that patient care is more than physically curing the disease, and that narrative is often employed to create a dialogue with the implicit nature of the illness (soul). The next section will discuss cosmology and its relationship to the placebo effect in specific detail in terms of how narrative can create meaning for patients.

COSMOLOGIES

Cosmologies are defined as an understanding that there is order in the world and this order can be revealed. “Cosmos” is a word of Greek origin that translates roughly as “beautiful order”, a meaning probably used first by one of the 5th- and 6th-century BCE philosophers Parmenides or Pythagoras’ (Campion, 2012, loc. 107). Campion notes, ‘the

cosmos, by which we mean everything other than God, is therefore a means for God to speak to humanity' (Campion, 2012, loc. 106). Central to this idea of cosmology in the medical context is the notion that there is a way to interact with this world, in order to repair the breach that is illness.

Mattingly writes that patients view serious life changing illness as a *biographical* breach of their personal narrative, and so the illness needs to have a function in the story that is their life (Mattingly, 2010, loc. 1633). The illness needs to be the cause or the solution of something that has a higher meaning attributed to it. She has observed that it is unacceptable to most patients to simply accept the diagnosis of terminal cancer as though it were a random act of misfortune and that most people reject this and seek a hidden meaning behind the unbelievable suffering and pain that they have to endure.

Without the belief that their illness means something, patients would not be able to fight for life, they would not have hope. This biographical breach is the sudden turn of what seemed like a fairy tale, turning into a horror story without warning. For example, many people may imagine that they are going to die in their sleep from natural causes at 89 years of age or thereabouts. This a cosmology of sorts – it is culturally implicit in the western world. However, when illness strikes an individual, they must deal with painful, disquieting, financially devastating circumstances, and more. At this moment, another story must be found, or at least the current story must find a new ending. Modern medicine can provide the painkillers and the surgery to deal with the mechanical problems, but who will help the patient with finding a new narrative, a new dream for healing and continuing a meaningful life?

There is a difference to being 'healed' and 'cured' and that healing refers to the transformative journey of the illness (Mattingly, 2010, loc. 1618) and the successful conclusion of meaning making, understanding and acceptance, whereas 'cured' refers to the *mechanical* medical scientific experience of no longer suffering from that particular disease anymore. Kleinman, in his book *The Illness Narratives*, talks about illness as being a lived experience shaped by culture (among other things), which again suggests that illness is not merely the cessation of an organ to function in a mechanical way, but the consequence thereof, and the stress of dealing with the new and developing situation. It is here that 'healing' often occurs, the meaning that the patient attributes to the illness and to the path of the treatment, and the kind of narratives that they respond to and resonate with. Illness has meaning for patients, and this meaning is sometimes seemingly irrational, emotionally charged but should form part of the diagnosis and part of the treatment.

‘We can say of illness experience that it is always culturally shaped’ (Kleinman, 1989, loc. 225), but if culture includes cosmologies, then this quote from Kleinman could be revised to read ‘that it is always *cosmologically* shaped’. Religion as an expression of cosmology has had a huge impact on illness narratives and how they play out in the social arena – consider of the various religions that do not allow blood transfusions, or terminations of pregnancy, or even women being treated by male doctors. People’s cosmologies have an impact on health, and there are various myths and urban legends that constantly feed the imagination of patients. For some, it is a military narrative of conquering the disease, for others is a yielding to the process of physical unravelling and a story about letting go. How a patient responds to treatment depends on their personality, their cultural backdrop and their ability to relate to story in a self-reflexive way (Frank, 2013, loc. 1009). For some patients it is the first time that they stop and consider their own family narrative and decide to change ‘victim’ patterning or ‘control issues’ – illness affords them the opportunity to change the patterns of self-identity, and this is the transformative journey that heals.

Henry Corbin examined the role of the active imagination in how people reinforce preconceived ideas or narratives, as well as their capacity to change the narrative:

Each of us carries in himself the Image of his own world, his Imago mundi, and projects it into a more or less coherent universe, which becomes the stage on which his destiny is played out. He may not be conscious of it and to that extent he will experience as imposed on himself and on others this world that he himself or others impose on themselves. This is also the situation that remains in force as long as philosophical systems profess to be ‘objectively’ established. It ceases in proportion to such an acquisition of consciousness as permits the soul triumphantly to pass beyond the circles that held it prisoner. (as quoted in Cheetham, 2012, loc. 509)

As shown, despite inner narratives, individuals do not exist in a vacuum. They extend into the social situations of family, society and cosmology. In this respect, cosmologies in the context of narrative healing could also contain astrologies. Campion notes that, ‘the medical profession, itself frequently temple-based, also saw the movement of the heavenly bodies as integral to the individual’s psychic and physical condition. In the 5th century BCE, Hippocrates, whose writings form the foundation of classical medicine, stated unequivocally that “the contribution of astronomy to medicine is not a very small one, but a very great one indeed. For with the seasons man’s diseases, like other objective organs, suffer change”’ (Campion, 2012, loc. 3126).

Other belief systems interfere with medical treatment and they can be located in the

narrative of the patient and their own self-identification. If the doctor is aware of these narratives and belief systems, he can work around them without disrespecting the patient and employ them to inspire, if need be. In certain cultures, like China, for instance, illness in the form of depression is a taboo; it is politically incorrect and downright dangerous to admit to it, let alone receive an diagnosis for it. Depression in that culture is likened to dissatisfaction with the State and carries with it more sinister consequences, so a diagnosis for any mental illness is likely to result in what is termed euphemistically as ‘patient non-compliance’ – loosely translated, patient rejects diagnosis and treatment and does not return (Kleinman, 1989, loc. 2000). According to Moerman the Chinese are also informed by their cultural cosmology – in this case a complex astrology – that is quite fated in its interpretation; it is believed that people born in certain years are more likely to die at an earlier age than others. Moerman (2002, p. 474) shows that this is true statistically even for Chinese people living abroad, such as in the USA: those born in the years associated with early death, result in early death by some significant number. This would endorse the idea that belief systems could be considered self-fulfilling prophecies, which evokes similar results in placebo studies which are explored later in this dissertation. I would argue that these cosmologies *operate as placebos* (or Nocebos as in the case of the Moerman study), and these cosmologies or belief systems could include orthodox religion, and even astrology as practised today.

THE ROLE OF FICTION IN HEALING

In order to discuss how fiction plays a role in healing, a definition of healing is needed. Recall that Mattingly defines ‘healing’ as a ‘transformative journey’, stating that ‘this is the central genre invoked by the families and, as children get older, by them as well’ (Mattingly, 2010, loc. 1591). On that note, words such as illness and disease arise. How they are defined also has an impact on ‘healing’. For example, Kleinman stresses that illness and disease are not the same – ‘Disease is the problem from the practitioner’s perspective’ (Kleinman, 1989, loc. 239). From his view, disease is a physical mechanical problem for the doctor, but illness is the whole process from diagnosis to healing and possibly cure. The patient begins to create their understanding of what their disease means through picking up clues from the doctor from the initial consult, right through to surgery and recovery. The entire process – including the conversations with the nurses and the

orderlies and other patients in the waiting room – contributes to the whole illness experience for that patient, and, expressly, in the form of narrative. These clues are often hidden in the things that are not said, the nodding, the squint at an x-ray, and so on. The patient reads these signs feverishly, interpreting each gesture into a narrative they have already chosen on some level (Kleinman, 1989, loc. 953).

How does this happen? When the patient is admitted, the doctor begins by taking a factual medical ‘history’, a constellation of reports of illness in the patient’s blood relatives. Like eyewitness testimonies, all the patient can deliver are interpretations, not necessarily the hard facts of illness. Then the patient begins by telling the story of when he became ill – when it first happened that he was not himself. The doctor has to interpret that narrative in terms of what it could mean for the patient’s health. They must determine which details are irrelevant and focus also on what is not being said, the delay in speech when talking about taboo subjects, the shifting in the seat when talking about substance abuse, etc.(Kleinman, 1989, loc. 1028).

Kleinman argues that this negotiation of diagnosis is steeped in a secular ritual. The doctor wears a white lab coat, sits behind a large desk, with certificates on the wall, which results in the patient recognising the scene as the doctor-patient agreement, and proceeds to wait until it is his turn to speak his part of the ritual (Kleinman, 1989, loc. 2384). The doctor begins with the well worn phrase: When did these symptoms begin? The patient will recall and record. This dialogue allows for the doctor to interrupt, to not maintain eye contact while he writes notes that only he will see and the patient is invited to give evidence from time to time and to present their physical body for probing and examination. The power lies with the doctor who dictates the pace of this appointment.

For the patient, the act of remembering is part fiction and part fact, and as he goes along he re-interprets his explanation of the complaint. The patient might even offer his own ‘explanatory fictions’ to the doctor, and sometimes these explanatory fictions yield profound truths if read in a symbolic light. The more discerning doctor will recognise this, listen more and interrupt less (Charon 2006, p.184). Frequently, the doctor will ‘fictionalise’ his notes, as Kleinman put it, ‘with one eye on peer review, the other on a potential jury trial’ and offer vague, coded phrases that do not adequately describe in detail the individual circumstance (Kleinman, 1989, loc. 3894).

Kleinman calls for more inquiry of the ‘structure of illness meanings’ saying, ‘the manner in which illness is made meaningful, the processes of creating meaning, and the social situations and psychological reactions that determine and are determined by the

meanings' (Kleinman, 1989, loc. 3322). I wish to highlight 'the processes of creating meaning' as to possibly include the visual arts (theatre, sculpture, painting), and all narrative art, for example, literature, music and story (inclusive of constructs such as metaphor, symbol and myth), and dance. Kleinman has not referred to any cosmology here, however I think we could include it if we were to consider it as part of a 'psychological reaction' based in culture.

Another aspect of fiction must be acknowledged: Everyone lies. Factual reporting or factual memory are nonexistent; everything gets re-visioned every time the story is told. The doctor must listen to the story the patient is telling and has to *assume* the story is accurate and true, even if he suspects otherwise, to challenge the narrator on an issue of factual credibility is to lose the trust of that patient. So the therapist/doctor has to treat the patient *as-if* the story is true and use the construct of the narrative in order to get to the right diagnosis and treatment. The doctor might simplify his medical jargon to include factually incorrect but helpful explanatory narratives about the surgery he is about to do, doctors frequently use metaphors from other mechanical disciplines in order to do so, such as using plumbing metaphors when talking about veins and valves. These attempts to help the patient understand what is wrong with their bodies is sometimes simultaneously factually inaccurate but conceptually and in essence true. To nitpick at the metaphors and render them lifeless and useless is not helpful, to embrace the essence of what is being transferred in the symbolism of the metaphor is probably very helpful for the patient and can reassure.

Fiction can take many forms, story telling, painting, drawing, even dreaming. The history of dream work in medicine and occult medicine is rich and informative. Agrippa recommends painting an image and then dreaming with it under your pillow in order to draw down inspiration and information from the *daimones* that resonate with the image (Agrippa, 1993, p. 403). The temple at Asclepius is famous for being a place of worship and of sanctity and purification. Incubation was practised as a means to have direct communion with the Gods, and for the sacred animals to be able to communicate with the sick. Snakes were brought into the temple and their interaction was carefully monitored for signs and omens of the presence of the gods.

Votive uteri made from clay were brought by infertile women to the temple in order to dream and pray to the gods for children (Collins, 2008, p. 86). The clay *uteri* were left at the temple and represented the real and physical uterus of the woman in question. This symbolic, ritual act was a remedial act of suffering, and was 'the practice of hope' that

Mattingly refers to. The clay uterus performs a similar function as toys do for the children mentioned before, this interactive imaginative projection onto an inanimate object, gives the object in question 'agency' and allows a narrative dialogue to develop. This talisman is then an externalised form of an internalised suffering or deprivation. Ficino and other authors of magic (Saif, 2011, pp. 611-12), used talismans in order to communicate with *daimones* or the angelic realm, by making these talismans similar to, and in the form of the thing they were desiring, much like the infertile women worshipping with clay *uteri*. This relationship between the active imagination and the externalised object (given agency), is what doctors such as Jopling refer to as 'the trigger of self-repair' in placebo studies.

This fantasy relationship allows for the fictional element of narrative to play an important role in healing and Jopling argues for the use of narrative healing or talking therapies, on the basis that it would seem that the human brain has a capacity to embrace explanatory fiction, or even conscious placebo treatments. The idea that human beings crave and are hard wired to find spiritual meaning is something science cannot deny.² Jopling describes four basic conditions that all psychodynamic therapies (or talking therapies) have in common as a requirement for a successful treatment, and they are:

1. The therapist should be a recognised healer in the field, and the relationship should be based on trust and emotional connection.
2. The place where this takes place should be considered a place of safety, comfort and should reflect the 'prestige and authority' of the healer.
3. A 'believable' explanation, rationale, or myth that a) resonates with the crisis in question and b) provides a 'procedure for resolving' it.
4. A ritual or procedure is necessary for the patient and the therapist to participate in, and this ritual should be considered by both the patient and the healer as being the 'primary means' of the restoring the health of the patient. (Jopling, 2008, p. 83)

In this section on fiction, I tackled the ethical issues surrounding the deliberate use of placebo effects (creating a meaning response using fictional narrative or construct) in psychological or psychodynamic therapies, which could include astrology as a modality. In particular this could refer to the practice of prediction in astrology. Using an example of a client case history from another author Frank, throughout his book (Frank and Frank, 1991, p. 207), Jopling refers to the way in which the therapist made suggestions that were not historically nor psychologically correct, but 'triggered in the client a series of insights, and occasioned (or was at least followed by) positive therapeutic changes' (Jopling, 2008,

² <http://www.sciencedaily.com/releases/2011/07/110714103828.htm> [Accessed 12 Sept 2015]

p. 262). Reassurances not based on fact about the potential outlook for the future for clients is using fiction (a narrative contract) in a manner designed to trigger 'self-repair', and is therefore employing the placebo effect as described by Jopling, either unwittingly or deliberately. This has truth claims and consequences written all over it, but there is a way to navigate this legally and ethically which is described in the next section, which will allow for astrologers to employ fiction, myth and symbol in such a way that does not undermine the tradition of astrology nor the type of astrology that the particular healer employs (for example horary, decumbiture or natal, modern, classical or medieval). In fact, the role of the astrologer could be described as that of a narrativist. Stiver, writing on Ricoeur, quotes him: 'the narrativist takes up the nascent stories by which people construct their identities and live their lives and develop them more fully' (Stiver, 2012, loc. 1592). Medical narratives, even diagnosis of illness, employ symbol in the same way other narrative constructs do. Kleinman says, 'diagnosis is a thoroughly semiotic activity: an analysis of one symbol system followed by its translation into another' (Kleinman, 1989, loc. 424). Charon makes the point in her book *Narrative Medicine*, that doctors ought to rethink how they write patient notes, even those the patient never sees, such is the power of narrative of the implicit judgments in notes seen by other doctors.

LITERATURE REVIEW 2: PLACEBO EFFECT

In this section I discuss the placebo effect and what it means for narrative medicine. I also refer to the medical literature of those members of the medical community who are most interested in the 'placebo effect' and who have elucidated the many levels on which it functions, and that it should be consciously employed as part of the treatment plan for patients. David Jopling has written a succinct summary of the main arguments for the deliberate and conscious use of placebo effects as part of the treatment, and he focuses on the legal ramifications thereof, and the limitations of the placebo effect. Other important voices in the discussion of placebo are Daniel Moerman, who coined the term 'meaning response' (Moerman, 2002), and Irving Kirsch whose work in understanding the nature of depression and pain management in terms of placebo effects, has a valuable commentary (especially for consulting astrologers) on the therapeutic setting, and what contributes to inspiring confidence and creating meaning in terms of 'inert placebos', discussed below. Other medical authors such as Brody, Waters, Ritenbaugh, Nichter and Benedetti, are

mentioned in passing with reference to their specific take on the placebo effect, whether it is a neurobiological feedback loop (Benedetti), or the special and unique attribute of the doctor (Brody), or whether the placebo effect can be seen as a part of a cultural expression or social narrative (Ritenbaugh, 1999).

The capacity for self-repair is not limited to biological processes alone. Just as human beings are endowed with complex multi-level biological systems to protect against and repair damage, so they are endowed with complex psychological, cognitive, and emotional systems to protect against and repair psychological damage. These too are activated by symbolic and interpersonal interventions, as well as by more specific treatment interventions, such as those supplied by psychological treatments. (Jopling, 2008, p. 21)

This quote from Jopling is extremely important for practitioners who use talking therapies, or symbolic language/visual art in their healing work. This is the core explanation from Jopling as to how some placebos might actually work, and he recognises that human beings are not just a mechanical body and the complexity of both the human being and the range of ways in which we interact with the world and with multiple treatments or stimuli at the same time. Here are definitions of placebo effects according to the latest scientific research and some debates as to why placebos might work:

A) Anne Harrington argues that people are unique and respond differently to treatment, some are more responsive than others, especially those labelled by researchers as 'neurotic, highly hypnotizable, weak in reality testing skills, hysterical, and submissive' (Jopling, 2008, p.127; Harrington, 1997).

B) Arthur Shapiro and Howard Brody suggest that doctors themselves were successful placebo effects, in their skilful use of therapeutic devices, such as hand holding or touching, maintaining eye contact, and other trust building activities (Shapiro, 1969; Brody, 1997).

C) According to Jopling, Placebos 'affect subjective states of awareness, but not physiological states' – what this means is that patients like to please the health care practitioners, so they will distort their perception (of their response to the placebo) to report only beneficial changes but underplay the negative ones (Jopling, 2008, p.127).

D) Patients are able to trigger their own neurological response, especially in studies related to pain or depression. Studies show that when placebo effects are active, endorphins are released in the brain, which has huge consequences in the treatment of depression if patients are able to heal themselves and not resort to pharmaceuticals. (Levine et al., 1978; Tyrer et al., 2008).

E) Some researchers argue that that the placebo response is 'conditioning' or

pavlovian, and that the psychoneuroimmunological process is triggered by active and inert meaning responses (Ader, 1997, pp. 56–58; Jopling, 2008, p. 128).

F) Medical anthropologists argue for the ‘meaning response’ theory in placebo studies, citing cultural factors in healing, and this meaning response is capable of triggering biological processes that contribute to successful medical treatments (Moerman, 2002)

G) The expectation of getting better is also a powerful trigger to get well in patients, and for the first time in this list of definitions, the word ‘imagination’ comes into play. Jopling says, ‘placebo effects...which cultural conceptions...or imagined expectations, can override their pharmacological action’ (Jopling, 2008, p. 128).

Jopling’s motivation seems to be oriented towards the ethical issue surrounding using placebo effects as treatments *per se*. He is critical and cynical of false insights in talking therapies and alludes to the damage that these false insights have in the real lives, marriages and family crisis of patients who believe them. In particular, he cites astrology as being one such ‘plausible, pseudo-explanation’ that should not be confused with ‘the truth’ (whatever he means by that). Arthur Frank counters, that the only thing that matters in a treatment plan is that the patient or client believes it to be true, even when it is not, and that false insights and wrong interpretations can be therapeutically effective. Frank goes further to demonstrate that it is the quality of the transmission of the insight or the attitude of the therapist that conveys the confidence to inspire the client to heal (Frank and Frank, 1991, p. 210). Recall that Jopling (drawing on the works of Shapiro, Moerman, Kirsch, Frank, Brody and others) sets out to understand how and why patients heal and presents three main arguments:

- 1) The medical treatment worked (e. g., the penicillin worked, the body responded, the the bacteria died).
- 2) The disease or illness eventually ‘regressed to the norm’ (e. g., in time the body healed, using its own biological immunological response).
- 3) The patient responded to some other powerful agent or ‘symbolic effect on their imagination’ which affected their belief systems, their emotional responses and feelings of hope were activated. Broadly described these days in medical terms as ‘placebo effect’, meaning response, expectancy effect and includes a healing context that is ‘rich in shared symbols and metaphors’.

This of course presents a problem for the medical field as most healing involves a combination of all these factors, and deciding which one worked better than the others is nearly impossible to pinpoint. Further commentary from Jopling on the problem of

argument (3) reveals his position to be sympathetic to the 'meaning response' as a treatment plan in spite of the fact is that these treatments cannot be verified that can be dismissed (and usually are in the mainstream) by science. He warns 'psychodynamic placebos...should not be regarded a sham treatments or quackery, as placebos have generally been regarded in medical history; rather, they should be regarded as creative attempts to unlock the body's self-healing powers' (Jopling, 2008). And:

even if the psychodynamic psychotherapies sometimes trade in insight and interpretation placebos, it does not follow that they are, qua treatment methods, illusory, sham, or bogus – the psychological equivalent of snake oil; nor does it follow that psychodynamic psychotherapists who elicit the placebo response are charlatans or unethical con artists. Such views are based upon an outdated and pejorative model of the placebo response, the myths and misconceptions of which are slowly being replace by new scientific understandings of how the brain, central nervous system, cognition, language, emotions and social interaction interact to create the placebo response. (Jopling, 2008, p. 20)

Jopling summarizes his position on the ethics of the use of placebos in psychodynamic therapies (astrology could be considered one) by concluding that it is ethical and morally correct and even sometimes helpful to use these placebos as long as the patient was aware that they were placebos, and if the treatment did cause any harm. His criteria are:

- It is unethical to give psychodynamic placebos if it involves deceiving clients or withholding vital information about their treatment.
- Psychodynamic placebos should not be given to clients suffering from severe or life-threatening psychological conditions (such as psychoses or suicidal depression), irreversible fatal diseases or conditions of serious morbidity.
- Psychodynamic placebos should not be used when the threes the potential of irreversible harm to clients.
- Psychodynamic placebos should not be used in the treatment of vulnerable clients or clients who are too incapacitated to give fully informed and educated consent.
- Psychodynamic placebos should not be used when there is the potential for psychologically dangerous side-effects. (Jopling, 2008, p. 260).

Jopling endorses the use of placebo effects in such therapies and one particular excerpt is particularly apt for the use of astrology as psychodynamic placebo: 'It is ethically permissible...when clients are fully informed that their treatments involved placebos...and when they give educated consent to the treatment. ...This approach has the virtue of satisfying the principle of informed decision about their treatment' (Jopling, 2008, p. 260). Further, he states, that it is 'ethically permissible to trigger placebo responses in

psychotherapy if no depiction or intentional ignorance is involved (Condition iii). Placebo responses may be triggered when interpretations and insights help make clients' symptoms intelligible, and help to increase their sense of mastery – *and* clients have not been deceived, misinformed, or misled about the truth-value of the relevant interpretations and insights' (Jopling, 2008, p. 260).

The concept that narratives heal is not new. Some doctors, such as R. Charon (2006), A. Kleinman (1988), A. Frank (1995, 2013), J. Needleman (2014), suggest that patients live stories and create stories as a means of self identity. An outline in terms of how these medical professionals have viewed their patients and their care will demonstrate that on some level, in spite of being scientists, they all acknowledge that illness is not entirely treatable with hard science; that diagnosis is an art, not an empirically designed checklist, and that although treatment may not sometimes be successful, healing happens anyway.

The summary of how this is achieved is through narrative, that self-identity is key to finding meaning in their suffering. This meaning is created through dialogue, non-verbal cues, established cultural ritual, and other means, all addressed under a heading termed by Irving Kirsch as 'inert placebos' – otherwise known as those subtle things that give the patient confidence in the treatment they are being given (Kirsch, 2009).

As part of the ongoing research into placebo effects, Luhrman (2013) has demonstrated that religion (attending of church regularly, and having a relationship with divinity) contributes to better health than in those who do not practise any sort of religion with the support of parish community. The academic contributions of scientists and doctors in the field of placebo effects is, in my opinion, a hidden or masked version of 'divination in medicine', as the placebo effect studies investigate the belief systems of human beings and their ability to respond to meaning on varying different levels, not only physical.

SUMMATION: THE ROLE OF FICTION (AS PLACEBO) IN HEALING

Even seemingly banal narratives are rich with symbolism for some patients, Mattingly observed that in paediatric care the influence of Disney movies as a means to create identity and narrative is both huge in content and impact (Mattingly, 2010, loc. 4105). This influence is not confined only to narrative in the form of cinema or audio tape or even reading from a book, these narratives that children create for themselves often rely on

their imaginative, interactive participation with toys or products of Disney or others. The main thrust of Mattingly's comment above is to show that symbol and narrative can come from any source and no source has exclusivity. This idea is reminiscent of Roderick Main's idea that there are *seasons* of symbols (or in this case narratives). Quoting James Plaskett, Main suggests that there is a 'season of symbols', that is perhaps that symbolic thinking runs concurrently with seasonal activity (Main, 2007, p. 101). For example, at Christmas we might be surrounded by more obvious symbolic images and music. Our varying cultures ensure a rich tableau of image, music, prayer and ritual that is practised seasonally, and once a therapist (not exclusively an astrologer) engages with a cosmology of this order, all kinds of synchronicity (and consequent opportunities for meaning responses) could come alive.

As mentioned earlier, the relationship between the active imagination and the externalised talismanic object (given agency), is what doctors such as Jopling refer to as 'the trigger of self-repair' in placebo studies. Kleinman, quoting Porkert, goes so far as to appreciate a cosmology that has resonance with the body. He puts forward: 'For example, among traditionally oriented Chinese, the body is regarded as a microcosm in symbolic resonance with the social and even planetary macrocosm' (Porkert 1974, as quoted in Kleinman, 1989, loc. 340).

THE CASE FOR HOPE

Mattingly approaches hope as a practice, which demonstrates that it is something that patients have to reach for; it is a verb not a noun. Hope is not a default neutral position. It is the gathering of strength and creating of new endings to terrible stories even when their diagnosis is terminal. Hope, as an activity, implies a transition from one state of being to another, in this way the transformative journey discussed by both Kleinman and Mattingly occurs. As Mattingly asserts, all hope is false hope. All hope implies the expectation of a successful outcome without any logical or rational reason to believe it will be possible: 'Hope, that "waking dream" as Aristotle called it...Its direction is toward what may come to pass. It cannot be predicted – it is a future of "what if". Paradoxically, hope is on intimate terms with despair. It asks for more than life promises. It is poised for disappointment' (Mattingly, 2010, loc. 209). The moment of transformation for patients comes when they identify with the illness giving them the opportunity to be part of a much

larger narrative, to be of service to a higher cause, and to have their suffering mean something in terms of being part of an experimental study that will help others or through the process of setting up a foundation dedicated to improving the treatment of others. This extension of their identity out of their personal experience into a more community-oriented identity is what can motivate people to achieve 'miracles'. They can be inspired by nursing staff, or by a perceived lack in the care they receive, but most often it is in the appreciation of themselves as totally unique and individual, and the need to help others who suffer from the same unique affliction (Mattingly, 2010, loc. 1618). Hence the proliferation of similar charities that provide similar services.

Hope is the goal of the four fold hermeneutic, it is the ultimate transformation from victim to hero, from literal to spiritual, and for the person it is a way of perception rather than a physical change in a corporeal way, although strange and miraculous things happen when you engage with the four fold hermeneutic and take moral responsibility and action. Hope is what happens when all else is lost, it is when you are deep in the Underworld, the lowest ebb of the crisis, where the light is dim and the prospects slim. Frank talks about the transition of a quest narrative into a testimony narrative, that point where the patient owns or changes their story. Frank refers to needing to acknowledge the people who have helped you on the path, and the people who listened and who mirrored your identity back to you in order for the patient to see himself more clearly. He says, 'most significantly, quest stories risk romanticising illness. Here the antidote is restitution stories, remind us that any sane person would rather be healthy, and most of us need the help of others to sustain that health'. This is a popular refrain in this dissertation – the idea that we are a community, that we are one, and yet we need to individualise in order to participate in this holistic cosmos.

Hope, as an activity, is a ritual, it is a praying to a divinity for deliverance, for another chance at life, for the chance to rise again. We find particular resonance with this in an eighth-century religious practice: the Catholic Vespers. The word 'vesper' originates from the Latin for 'evening, the evening star' (*Collins Dictionary*, p. C14). This can be compared to the Greek 'hesperos', which means 'evening, or west', where the planets and sun set along the horizon. Venus, appearing as an evening star, also shares this name 'vesper'. Recalling the most ancient of Sumerian myths from the cuneiform stone tablet translated by Samuel Kramer (1984), the myth of Innana is a representation of a hope narrative and the active power of the role of a narrative construct being able to heal, in this case the pain of Ereshkigal, Being only visible at night, and, hence, the underworld, Venus is the evening

apparition of the mythological representative of Ereshkigal, Queen of the Underworld; whereas in the morning, Venus as the morning star, is the symbolic representation of her sister Innana, Queen of the World.³

The first line of the Catholic Vespers of the Office of the Dead reads 'placebo Domino in regione vivorum' (Psalm 114:9). The first word of this line, 'Placebo', translates to 'I shall please the Lord' and goes on '...in the land of the Living'. This ritual is performed at funerals and to honour the dead, but it is performed as a prayer, or act of divination (Schell, 2009, p. 12). In the myth, when Inanna has been turned to stone and is dead and absent from the world above, we witness the Galatur and Kurgarra treating Ereshkigal to a type of Vesper. They sing to please her, and function as a placebo that releases her from her suffering and allows her, in turn, to release Inanna and to heal. Through this act, we find a potent suggestion of a connection between the ancient Sumerian myth and orthodox Catholic practice.

Returning now to the astrological Venus, the myth reveals the placebo, the mourning song, as the critical transition point between Venus as evening star, the suffering Ereshkigal, and Venus as morning star, Inanna reborn from the underworld.⁴ The return of Inanna from the depths of the underworld depends upon this moment of compassionate recognition. In this way, the Sumerians embedded their associations of death and life and observations of the astronomical Venus into a primal myth. This meant that with every revolution of Venus in the sky, gave those observers concrete hope of the return to light, and the return to health or happiness and the deliverance from the underworld. Simply by re-enforcing the narrative by sky watching, they allowed a cosmology to inform a narrative of hope that had the power to trigger 'self-repair' or healing. Thus the very word 'placebo' is shown to have astrological roots and it's function is to provide hope (as opposed to hard scientific fact) and any healing (even astrological guidance) that uses ritual and talismans, symbols and myth, in whatever narrative construct, is by the exhaustive definitions above, to be considered divination. It is in this cycle of ever-repeating definitions that all seem to turn back on one another, that I am reminded of Ficino's quote about the 'pill' (above), and his understanding that we are but a microcosm of the divine world and we have no other choice but through 'like seeking like' or 'sympathy' we are automatically orientated

³ Personal communication with Bernadette Brady. Fixed Star workshop, June 24, 2003.

⁴ Some practicing astrologers, such as Adam Gainsburg, make a distinction between the superior and inferior conjunctions of Venus in relation to this myth. I consider both periods of invisibility of the planet Venus to be resonant with the mythology of Inanna's descent. See Adam Gainsburg, *The Light of Venus* (Burke, VA: Soulsign, 2012).

to return to the Source. Voss also re-iterates this:

From the sphere of the earth, the elements earth, water, air and fire lead up into the heavenly spheres of Moon, Mercury, Venus, Sun, Mars, Jupiter and Saturn, which in turn lead to the eighth sphere of the fixed stars, and above that to the Divine Mind itself, which is the active intelligence of the One. The human being then finds himself an amphibian, born of the earth yet with a „divine imprint“ in his soul which is threefold: instinctive in so far as it inclines to earthly existence, imaginative and intellectual in so far as it corresponds to the cosmos and divinity. (Voss, 2006, 11)

ASTROLOGY

Now that the cosmological basis of modern medicine has been revealed, and the wider definition of placebo has been explored, it is time to turn to the hypothesis of this research, namely that astrology, as a cosmological narrative system, can provide the same healing effects as the modern wider definition of placebo. To start, one must first define astrology. A working definition of astrology that incorporates its history and current relevance without limiting its use in practice, could be that of Nicholas Campion:

Astrology exists in most cultures at different levels of complexity and develops, like all other human activities, over time. However, in various forms it assumes one or more of the following: (1) the celestial bodies are divine, (2) the stars and planets send messages (Latin omen, or warning) on behalf of gods and goddesses, or God, (3) all things in the cosmos are interdependent, (4) the cosmos unfolds according to a strict mathematical or geometrical order, and (5) different times have different qualities. (Campion, 2012, loc. 275)

While many different kinds of astrologies exist, I am mostly interested in those that deal with natal astrology, that is, the astrology that deals with a person who consults with an astrologer about issues in their life, with reference to the motion of the celestial planets in the sky. I do not deal in specific detail here with horary astrology – which is not to say that decumbiture or horary charts do not belong in the medical milieu – however I am more focused on what happens in a consultation between patient/client with the co-creating of narratives in natal astrology. I intend to explore the language of astrology, and the employment of symbol in narratives both of the client and the astrologer. The idea that astrology might be an ‘explanatory fiction’ forms part of the inquiry into how and why this particular form of narrative may work.

Contemporary astrologers – such as N. Champion (2012), L. Radermacher (2011), J. Brockbank (2011), A. Bird (2006), G. Cornelius (2010), M. Hyde (1992), and B. Brady (2014) – have defined the ways in which astrology functions. One of the most contemporary justifications for the practice of astrology circulating in astrological communities is Jung's idea of *synchronicity*. Jung recognised astrology as being extremely symbolically rich and, given the plethora of references to it in his life work, he appears to suggest that it is able to inform better than other narrative therapies (Phillipson, 2000, p. 95). It would seem that not all astrologers, however return the compliment and some even feel that psychology has a lot to answer for, in that it has subverted a sensitive symbolic system and contaminated it with rigid constructs such as archetypes (Hyde, 1992, p. 109). While Hyde takes issue with Jung on the restrictive nature of archetypes, she does appreciate the personal experience of the breach of reality (and consequential meaningfulness) that a person experiences when in the grip of a particular synchronicity (narrative or physical/literal). I suggest further that synchronicity is not exclusive to astrology but also exists in narrative, as it is a symbolic gesture. Another definition, that of 'astrology is divination', may not seem so on the surface, but with further analysis, appears to be in sympathy with the narrative healing modes being developed in the modern medical community.

In astrology, meaning is located in a world that belongs in a cosmos – that is a world that has a system that is not corrupt, contains order, and is culturally relevant. Frank's characterisation of the relation between inside and outside of the body (above) evokes the Hermetic *as above, so below* cosmology at the cornerstone of modern astrological practice. The concept of correspondences – that my illness must correspond to, and be reflected by, in my social space – is well represented in astrological practice by medieval authors such as Ficino, Iamblichus, and Plotinus as well as more modern authors such as Cornelius and Voss, who express a Platonic (or Neo-platonic) position of us being one with the cosmos.

Geoffrey Cornelius is not alone in defining astrology as divination. Roy Willis and Patrick Curry allude to the 'unknown' in their collaboration in *Astrology, Science and Culture*, where this phenomena of 'katarche' as defined by Cornelius is referred to in their text as an event 'in which the unknown [...] is invited to speak to the inquiry at hand'. This 'unknown' is not of this material world (Willis and Curry, 2004, p. 62). Contemporary astrologer Sue Tompkins writes, 'it is the job of the astrologer to look at things from a wider perspective, perhaps from an inner, magical or soul perspective rather as a priest, shaman or psychotherapist might' (Tompkins, 2006, p. 10). While astrologer Demetra

George, refers to the consultation space as a 'space for the presence of the transcendent' (George, 2009, p. 251). This suggests that although it is not explicit, dialogue exists between this world and another, which includes the role of interpreter/diviner/astrologer.

Darrellyn Gunzburg (2011, p. 186), in a survey-based research paper, quotes Peter R. Webster in his research on creative thinking, as being a 'dynamic mental process that alternates between divergent (imaginative) and convergent (factual) thinking, moving in stages over time' (Webster, 1990, p. 22). This is reminiscent of McGilchrist's approach in his examination of the hemispheres of the brain, and the fact that the right hemisphere has to do with *the new* and *encountering* while the left hemisphere is for *remembering*, and *repetitive* tasks. Perhaps astrologers operate from the right hemisphere when they enter this space. Gunzburg suggests looking at this process through another lens, that of the 'syntax of creativity'. Quoting G. A. Kelly (1955) on primary and secondary types of thinking, allows us to think of the process of interpreting a chart as 'loose-contruing' – which means a type of mental process that is not dependent on knowing the outcome of the creative emerging thought, while being in a state 'where judgments were delayed, and self-consciousness and self-censorship were diminished. [...] Where there was a qualitative alteration to the sense of time and space and where a blurring between self-and-other and self-and-world occurred' (Gunzburg, 2011, p. 191). The way one negotiates themselves into this consultation space, or moment before the experience arises is what Gunzburg describes as a 'secular ritual' that 'enabled the astrologers to step into the space of reading a chart' (Gunzburg, 2011, p. 191). This allusion to time being blurred is similar to what Hyde refers to as 'the judder effect' where a 'breach' in the normal flow of time occurs, and reality is distorted, which creates the opportunity for synchronicity and a meaning response to be co-created.

Brockbank makes a point on the religious nature of the consultation or experience for the astrologer, that it is entirely personal and an interior experience, not able to be examined possibly at all. He says, 'Here we can make comparisons with the religious experience. The religious experience is inner because it is the experience of something from another realm which is not subject to public scrutiny' (Brockbank, 2011, p. 372). Madalyn Hillis-Dineen, another professional counselling astrologer quoted in Gunzburg's research survey of 2010, described the moment of meaning arising in the chart as 'It's like a moment of grace' (Gunzburg, 2011, p. 196). The exercise of demonstrating these different takes on contemporary astrology as practiced, is to show that no matter how secular some astrologers have become, they still describe a change in register in the

consultation space. The question remains open: Is the process of interpretation divination or is astrology divination?

COMPARING ASTROLOGY TO A PLACEBO EFFECT OR MEANING RESPONSE

In a chapter entitled 'The Therapeutic Relationship', Kirsch outlines the effects of these non-verbal inert confidence-inspiring activities and props, and how patients respond to them. He suggests that patients benefit immensely from having sustained eye contact for more than a certain number of minutes, having their arm touched once or twice and having the doctor say their name (Kirsch, 2009, p. 132). When this scenario is transferred from a conventional medical setting to the astrological consultation, the implication is that although astrology might be an 'explanatory fiction' at best, or held to be 'rubbish' at worst, clients still derive primary benefit from the astrologer's sustained attention. While this may disappoint astrologers who would like to 'prove' that astrology is *the* healing agent, it does indicate how astrologers may improve their practice and the real benefit to their clients and patients. In this regard, it would be useful to hold this thought by Nicholas Campion, while considering the role of astrology in medical and narrative healing; he notes that, 'More often than not, the researcher interested in astrology will be challenged in the academy with questions of veracity: Is astrology true? Do you believe in it? Yet, researchers in literary studies are rarely asked whether or not their material is true, or whether they believe in it' (Campion, 2012, p. 85). Jennifer Zahrt adds further, 'When astrology is examined along the lines of and alongside narrative, the question of truth can be sidestepped and a rich array of cultural knowledge can be explored' (Zahrt, 2014, p. 1).

One could consider astrology as a 'process of creating meaning', especially if we consider this in light of the definition of astrology put forward by Alie Bird and Michael Harding: Harding tells us that 'astrology is a language. It is a way of describing that is not random or arbitrary' (Harding, 1993, p. 156; Bird, 2006) and Radermacher in her thesis asserts, 'both astrology and the astrological chart are seen as a *means* towards self-knowledge, personal healing and problem-solving; the astrologer is a "helping professional", and the aim is the personal growth of the individual (both client and astrologer) by *using* the chart' (Radermacher, 2011, p. v).

In *The Illness Narratives*, as a way of describing how meaning is created in the

medical world, Kleinman says, 'Here the clinician listens to the sick individual's personal myth, a story that gives shape to an illness so as to distance an otherwise fearsome reality. The clinician attends to the patient's and family's summation of life's trials. Their narrative highlights core life themes' (Kleinman, 1988, loc. 967). It is in the careful listening to the patient that the doctor appreciates what type of treatment will likely work or not, which way to go so to speak. An impatient patient needs to start treatment immediately, whereas others need to take time to decide, or at least feel as though they are dictating the pace of the treatment in some way. This concept of treating patients according to their personality or temperament is not new: Galenic medicine is based on the humours and treating patients according to an astrological type (Nutton, 2004, p. 234). It is only in postmodern medicine that doctors are forced (most often legally bound) to treat patients democratically, that is to say, the same as everyone else, regardless of the varying differences in personality and disposition.

Indeed, living in a paradoxical manner is considered sane, according to Bird (2006, p. 59): 'In reality, people in today's metropolitan societies exhibit a far higher tolerance of contradiction in their everyday lives than logicians would have us believe possible. Additionally, they demonstrate an instinctive use of strategies which hedge and separate mutually contradictory knowledge systems in order that no potentially useful advice or pleasurable discourse need be rejected out of hand by virtue of the fact that its source threatens to exceed that contradiction-tolerance.'

ASTROLOGICAL TALISMANS AND PLACEBOS:

William Osler makes the point in his book published in 1913, *The Evolution of Medicine*, that medicine has spent the last century desperately trying to distance itself from magic, and in the literature and academic world it seems as though this move has been successful, but ritual and magic persists wherever you find humans in suffering. Liana Saif, sets out an historical perspective on the importance of talismans in medicine, demonstrating the acceptance of the occult in healing and the necessary knowledge of astrology and other arts in order to be a competent doctor. She refers to the writings of Ya'qub ibn Ishaq al-Kindi, Abu Ma'shar and Marsilio Ficino, and Paracelsus, saying, 'We have seen that in the works of Ficino, Abu Ma'shar and al-Kindi, the vocation of the physician entails the knowledge of occult qualities and also the acknowledgment of their astral sources' (Saif,

2011, p. 614). The main argument for this thinking according to Abu Ma'shar and al-Kindi was determined by them to be a consequence of their theories regarding generation, and that forms of potentiality seek to actualise in similar forms, and that the agent of change (or cause) is the heat from the motion of the stars. I speak of the two authors together as it is alleged that al-Kindi taught Abu Ma'shar and their theories concur.

Al-Kindi's take on the role of the imagination in this creative move is expressed thus, 'Man therefore by reason of his proportioned existence arises similar to the world itself. Whence he is called a little world and receives the power of inducing motion in appropriate matter by his own work just as the world has, however by imagination and intention and faith previously conceived the human soul'. Ficino is more explicit in his understanding of what talismans could encompass, he generally suggests that talismans may consist of: astrological charts, gemstones, foodstuffs and herbs related to the planets in question, as well as colour and music. Here he also makes reference to something we may understand by modern standards as a placebo; specifically, he speaks of a pill both made and ingested at astrologically auspicious times:

Under the influence of Jupiter and Venus [...] take, therefore, twelve grains of gold, especially its leaves if they are pure; one-half dram apiece of frankincense, myrrh, saffron, aloe-wood, cinnamon, citron-peel, Melissa, raw scarlet silk, white bean and red; one dram apiece of purple roses, or red sandal, of red coral, and of the three sorts of Myrobalans (Embolic, chenille, and Indi), with an amount of properly washed Aloe equal to the weight of all the rest. Make pills with pure wine of the best possible quality. (Ficino, 2006, p. 351-53)

The Oxford definition of the origin of the word 'talisman' is: 'Mid 17th century: based on Arabic *ṭīlām*, apparently from an alteration of late Greek *telesma* "completion, religious rite", from *telein* "complete, perform a rite", from *telos* "result, end"'. In *Eve's Herbs* J. Riddle, a scholar of ancient medicine, discusses medicinal recipes for contraception and conception. He describes pessories made from crocodile dung and others made from pomegranate pulp. To an occultist, even a modern one, this is encoded with constellation myth and talismanic story. The crocodile is a sacred animal representing death and or danger in ancient Egypt (Brady, 1998, loc. 2214) and its appearance as the major ingredient in a medicine designed to 'kill' a potential pregnancy is not surprising given the sympathetic cosmology inimical to ancient medicine – that is, they borrowed the essence of the fruit or the animal in order to evoke the action of the fruit or animal, through the active imagination or through the chemical reaction to the physical properties of the ingredients.

Just as with the crocodile, the pomegranate has been associated with the fixed star Spica, through the myth of Isis/Persephone. This constellation has embodied the concept of life and death from the Egyptians, to the Greeks and to medieval Europe and beyond (Brady, 1998, loc. 4354).

Riddle (1997) performed clinical experiments on rats with the pomegranate pulp and found that the recipe worked. I argue that the use of the pomegranate is talismanic or indeed *narrative* medicine, in that, it activates the imagination of the woman taking it and this confers some sort of response, or trigger, to the psyche. If the woman taking it believes herself to be the personification of Persephone, then she might believe she is barren and will not conceive, even if the recipe is pharmaceutically sound, as demonstrated by Riddle.

The remedy might be pharmaceutically sound because the fruit is similar to the thing that is in question and might be proof of the medieval concept of correspondences, as the fruit would be considered to be a herb/plant of Venus. Saif (2011), on the pill talisman of Ficino, states, 'It is clear, then that pills have to be made under astrological consideration and identifying the virtues of the celestials. According to Ficino's theory, just like a talisman, a pill is a microcosm and this is the reason behind their efficacy'. Saif summarizes that in this form of medicine, the physician 'has to address all the levels of influence on the body of man' (Saif, 2011). This is re-iterated by Osler who quotes from Maspero in ancient Egypt: 'Whoever treats a sick person has therefore two equally important duties to perform. He must first discover the nature of the spirit in possession, and, if necessary, its name, and then attack it, drive it out, or even destroy it. He can only succeed by powerful magic, so he must be an expert in reciting incantations, and skilful in making amulets. He must then use medicine (drugs and diet) to contend with the disorders which the presence of the strange being has produced in the body' (Osler, 1913, p. 6/loc. 240).

Osler recounts the history of medicine. He does not advocate the use of amulets. While Saif reiterates the four-fold hermeneutic (addressed later), thus positioning the divine in the practice of medicine. If the medical astrologer employs the four-fold hermeneutic, and uses herbs and talismans medicinally, does this constitute a divinatory practice? I would argue yes. Thus, Gregory Shaw, a Neoplatonist like Porphyry, 'assumed that our personal *daimon* could be discovered from these calculations and that, once determined, the soul could perform sacrifices to free itself from the rulers of fate' (2007, p. 2).

In *The Enneads*, Plotinus argues against the belief that the planets 'produce...such conditions as poverty, wealth, health, and sickness', arguing that the planets are signs and not causes. As the planets move, 'pursing the other tasks allotted to them', they will also

‘follow the quality of signifying, just as the one principle underlying any living unit enables us to reason from member to member’. Voss summarizes Plotinus’s view by saying: ‘Plotinus could not have stated more clearly that symbolic perception is the key to spiritual ascent, and that the patterns of the stars facilitate a cosmic or universal perspective on human concerns, enabling the diviner access to a trans-temporal mode of understanding, where past, present and future are one’ (Voss 2006, p. 23).

What we can take from this then, is that talismanic medicine could be defined as a medicine that uses ritual or rites associated with objects, foods, music, dreams or images that signify something to the patient that might have a positive effect on their health. In this way patients implicate themselves in certain narratives that are co-created with their doctor, and their families. They seek to find meaning in their suffering and to find the transformative journey that gives their illness a more spiritual dimension, or a higher meaning, or even a transcendent feeling of oneness with the universe. Indeed, In the *Enneads*, Plotinus talks about symbol being like a chain of being, that builds one meaning onto another and says this kind of correspondence or sympathy can be ‘a reasonable basis for divination’ (Plotinus *Ennead*, II.3.8, trans. McKenna). The use of symbol as the basis of divination, being the key statement.

Are there talismans in the modern medical world? If a prescription says: ‘take three times a day with food’, then that might fulfil the ritual aspect as indicated by the Oxford definition of talisman. And if the pill is a certain colour that has resonance with the culture in which the patient is living, that would satisfy Ficino’s criteria regarding colour as being signifiers for planetary influence. I would further argue, that the packaging of the pill, including all marketing material related to it could again be seen as a medical talismanic use of image. Moerman (2006), who is known for his work in placebo studies, says of marketing and branding, that these create a ‘meaning response’ in patients and according to him this is the very definition of placebo. He is less inclined to be bothered about the factually correct or truth of the symbol used, he refers to the cultural meaning associated with colour (Moerman, 2006) and the ritualistic necessity for placebos to work.

CONCLUSIONS

Recalling the list of reasons why placebos work or not, labelled A-G as mentioned earlier, I suggest that astrology (as a narrative healing modality) could fulfil A) Although

this would be the sceptic's stance for the case of astrology too – that there are hysterical clients who respond to anything. B) Astrologers could make active use of this phenomena, reassurance is now considered part of a healing treatment. C) This is one of the most popular criticisms of the predictive use of astrology, that the client is eager to please the astrologer and fudges the details in order to fit the narrative that the astrologer provides. D) Where astrology is being used specifically to heal in consultation practice, this is the key feature of astrology and placebo effects, and more research needs to be done in this relationship between narrative and trigger responses than in any other area, in my opinion. E) Anticipation of a bad night in the Emergency Department due to the moon being full, is based upon an urban (cosmological) myth, but has a significant astrological placebo effect, and F) and G) in particular, as they refer to the specific use of symbolic narrative in healing modalities. I would argue that D), E), F) and G) all belong together under the bracket 'trigger a healing meaning response' as they are interrelated and not easily effected singularly. I will return to the definitions of other astrologers (and those critics of astrology) whose research demonstrates a similarity of therapeutic function to the placebo effect as delineated above.

Jopling states further 'The understanding of human beings must be couched in terms of the language of intentions and meanings, which are not the same as, or reducible to, causes' (2008, p. 129). So, using narrative modalities, such as astrology, tarot or the I-ching, does not mean that the astrology or the tarot (in itself) *caused* anything to happen, but the intentions and the meanings elicited and the narrative employed is comparable to the placebo effect as described by Jopling above. Recall that Jopling (drawing on the works of Shapiro, Moerman, Kirsch, Frank, Brody and others) sets out to understand how and why patients heal and presents three main arguments:

- 1) The medical treatment worked (e. g., the penicillin worked, the body responded, the the bacteria died).
- 2) The disease or illness eventually 'regressed to the norm' (e. g., in time the body healed, using its own biological immunological response).
- 3) The patient responded to some other powerful agent or 'symbolic effect on their imagination' which affected their belief systems, their emotional responses and feelings of hope were activated. Broadly described these days in medical terms as 'placebo effect', meaning response, expectancy effect and includes a healing context that is 'rich in shared symbols and metaphors'.

These ethical considerations have an impact on professional astrologers who deal with

clients in a consulting practice. If an astrologer or narrative healer would like to work with patients or clients, then the guidelines set out above clearly state that some definition of the kind of astrology or narrative modality being used, needs to be given and needs to conform to the above ethical standards. Medical astrologers are in a particularly tight spot, especially if their patients are seriously ill and have not consulted a mainstream medical doctor and are not receiving treatment at an endorsed facility. To date, there is no regulatory body of medical astrologers who can swear allegiance to a particular caveat that describes what they do in order to comply with these ethics. It is largely left to the public to 'beware' and for the astrologer to be morally sound. In the absence of any empirical research likely to prove the efficacy of astrology for reasons well documented in Brockbank and Bird's papers, (among others), astrologers who use their craft in way or manner befitting the description 'psychodynamic placebo therapy' as defined by Jopling, should perhaps consider that if what we do creates a 'meaning response' then perhaps we could find comparative ground with the placebo effect and its outstanding ability to heal. I do not propose to describe in this paper, an all encompassing definition of the very broad subject of astrology, indeed I would only seek to appeal to those medical astrologers to consider this comparison in the light of the positive way in which medical science has endorsed the placebo effect, and as a means to describe to patients (and critics) as to how astrology might function.

The key phrase here is to consider placebo effects and the use of astrology as 'creative attempts to unlock the body's self-healing powers', not to compare astrology to a 'gimmick' or 'sugar pill'. Comparing astrology to the placebo effect, just as a relegation of astrology into the psychologies camp, dismisses the 'divination' or ritual aspect of astrology, which I think would be yet another post-Enlightenment move to force astrology into the social sciences, I would prefer to keep the definition of astrology broad enough to contain divinatory and ritual aspects while considering that it functions as a narrative healing modality, among other things. The medical fraternity it seems would agree.

Mattingly and Charon refer to the *paradox* of treating terminal illness and the contradictory narratives that are both used and lived by patients, doctors and other family members. Hope is a paradoxical mode of being for Mattingly, whose function is to transform the narrative of the patient from the particular to the collective. Hope is the reason to get up and fight cancer, and some patients need an explanatory fiction in order to inspire them, all patients have a narrative and it is usually centred on self-identity. An astrologer has the opportunity to explore self-identity through the narrative of the natal

chart and if according to Brockbank the stance of the astrologer is that the chart and the dialogue is based on signification, symbolism and metaphor, and one has the attitude of treating the chart in the mode of 'as if' (Brockbank, 2011) then astrology can also be considered to be a narrative healing modality. Michael Harding another astrologer writes 'chart factors reveal, not what we *are*, but how we experience and interpret our lives' (Harding, 1993:, p.155), underscoring the very subjective experience of the narrative workings of the symbolism of astrology.

These may seem like contradictory statements, but to invoke McGilchrist again, these are not exclusive and this mode of thinking and being is healthy. This dual way of thinking is well documented by anthropologists who have studied tribal or traditional medicine in shamanic cultures and the work of Barbara Tedlock and Geoffrey Cornelius demand attention.

Geoffrey Cornelius (2010), in a paper entitled 'Chicane: Double-Thinking and Divination among the Witch-Doctors' describes a healing in a rural tribal community where the audience or village members are seated around watching a man being healed, the conclusion of the story is that the audience are consciously aware that the Shaman is performing a 'sleight of hand' manoeuvre, in pulling out a fake piece of cotton from the sick person, and both the sick person and the Shaman are simultaneously also aware of this duplicity. The very idea that this piece of theatre is able to heal illness is unthinkable in the post modern western world, where the left brain dominant mode of being does not allow for fiction of this nature to be used in such a way. For the patient and the audience there is a collective collusion and an inherent cosmology, or order, to which they are responding to, and their culture allows this expression. It would seem as though the imagination is the place where narrative healing happens and whatever trick or sleight of hand that triggers this 'agent of self repair' or 'meaning response' ought to be examined more in detail. This example is also reminds us of the need for restoration narratives, where the patient is restored back into their rightful place in the community, if illness comes from the environment as Lipton says (Lipton, 2005, loc. 746), then the dialogue between the patient and the community is necessary, and all the more powerful when witnessed and it moves into the narrative of testimony.

Cornelius, in *The Moment of Astrology*, discusses the idea of 'revelation' and of the moment the chart or symbol in the chart 'speaks'. He refers to this critical and seminal moment as 'katarche' and one of the definitions delineated is 'to begin the rites of sacrifice'. This evokes the sense of the definition of talismans as to 'perform' or complete a rite, and it

seems to suggest that the moment the chart comes alive, that is, the moment the reader of the symbol 'sees' the meaning in it, is the moment the chart becomes a talisman, or that the reading of a chart is a talismanic move. Cornelius holds that astrology should be seen as 'divinatory' in the context of augury and dialogue with the gods according to its Hellenic history. He infers that something is asked of the gods. I will return to the subject of this inference in the context of the word *placebo*.

If the part of medicine that is actually healing patients is model no. 3 according to Jopling (above) then, placebo effects such as the ritual taking of prescriptions with 'meaning responses' or 'symbolic triggers of self-repair', and the pill (which is a talisman according to Ficino), so too, is the natal chart for the astrologer and client. And if the natal chart is talismanic, is astrology magic? Cornelius concludes his thoughts on 'katarche' by suggesting that the semantic definitions of the words 'augury' and 'auspice' and 'katarche' could be determined as: 'Linking ritual observance and human initiative', which is both divinatory and talismanic and has relevance for astrology and its use in narrative healing (Cornelius, 2010, p. 126). The word 'inaugurate' has, according to Cornelius never lost its derivative meaning of 'being an important beginning' (Cornelius, 2010, p. 127). Implicit in inaugural meetings is the omnipresence of an 'authority' and a public interest. In the narrative of the patient, there is always the first diagnosis, the first meeting with a doctor or the first time an event of interest takes place which triggers the need for treatment. All further diagnosis and treatments all refer back to this meeting, this 'once upon a time' moment, there will be something symbolic lurking beneath the surface of the literal symptom that the narrative is trying to express. Which brings us to the different levels of interpretation of narrative, the different levels at which patients express their 'illness' and how they integrate these narrative that can lead them to transformation or healing.

Considering Mattingly's discussion of narrative and hope – and the transformative journey that patients need to make in order to heal (not necessarily to be 'cured') – I would like to refer to the shift that the patient undergoes, from his own individual suffering and situation to the suffering of others in a similar situation and how that patient feels as though his own particular narrative has a collective contribution to make.

Geoffrey Cornelius introduces the 'The Fourfold Hermeneutic of Medieval Christianity' as a model for astrologers to understand the various levels on which symbolism can be interpreted in the natal chart. He suggests that this model, which is based on Origen's accounts of the miracles in biblical texts, is coded both into astrology and our DNA as humans: we seek to transcend the physical, literal and corporeal world

and to transform through revelation into a more collective, meaningful union with the divine. By linking the fourfold hermeneutic with the astrological chart, Cornelius puts the human being in the natal chart back into the whole world, not just the physical world, but back into the world of soul – back into cosmos. The fourfold hermeneutic thus becomes a story for everyone to live and participate in. We locate ourselves in it, and we live it through all the axes of the cross in the natal chart.

If used in this way, is the use of symbol in astrology divinatory? I would argue that there are homeopaths, psychologists and priests who are treating patients in such a way, as to lead them from the literal situation or circumstance to find a higher or more soulful explanation for their suffering. This hermeneutic move is not exclusive to astrology nor to orthodox religions per se, but is available to the whole host of psychodynamic therapists who deal with people in pain. The central question in this hermeneutic is ‘What does this mean to (or for) myself and my soul’s path?’ Using the literal events in the life of the patient as being symbolic of something else – so that these events become an allegory or metaphor, and unfolding the metaphor in such a way as to change or alter the normal default actions or behaviour of the patient going forward, can be considered a fourfold hermeneutic move of a Christian or divinatory order. This is where I consider astrology to be divinatory: symbolic interpretation of signatures in a chart lead to the soulful, healing transformation of a patient. The practice of astrology thus determines its definition. Astrology can be seen as a symbolic language, but without the participation with the client, and more importantly, *without the co-creating of narrative*, it is a semantic exercise, but not divination. Tedlock (2009) would agree that the definition of ‘divination’ incorporates or implies the participation of an interpreter, a voice that allows the symbolic to speak: ‘Shamanic practitioners share the conviction that all entities – animate or otherwise – are imbued with a holistic life force, vital energy, consciousness, soul, spirit, or some other ethereal or immaterial substance that transcends the laws of classical physics’ (Tedlock, 2009, loc. 406).

To return to the question of astrology in the role of narrative healing, let us consider once more contributions of how astrology functions from other contemporary scholars. One of the most contemporary justifications for the practice of astrology circulating in astrological communities is *synchronicity*. This concept, first published by Jung in 1952, is defined in three categories of synchronicity as:

1. The coincidence of a certain psychic content with a corresponding objective

process which is perceived to take place simultaneously.

2. The coincidence of a subjective psychic state with a phantasm (dream or vision) which later turns out to be a more or less faithful reflection of a 'synchronistic', objective event that took place more or less simultaneously, but at a distance.

3. The same, except that the event perceived takes place in the future and is represented in the present only by a phantasm that corresponds to it. (Jung, 1955, p. 145)

Numbers 2 and 3 are applicable to astrology. However, in Jung's understanding of both astrology and his concept of synchronicity we find a puzzling lack of definition of what constitutes 'meaning' and what type of astrology he is practising. Geoffrey Cornelius teases this out in his comment on how 'wrong charts' work, in his book *The Moment of Astrology* (Cornelius, 2005, p. 231). Clearly something else was working, and it was not astrology in the way that we assume it to work. Perhaps one of Jung's finest contributions to psychological astrology is his concept of the 'mutual connivance'. Jung states,

Had the astrologers (with but a few exceptions) concerned themselves more with statistics and questioned the justice of their interpretations in a scientific spirit, they would have discovered long ago that their statements rested on a precarious foundation. But I imagine that in their case too, as with me, a secret, mutual connivance existed between the material and the psychic state of the astrologer. (Jung, 1955, p. 85)

Here Jung is referring to *transference* that happens in therapeutic practice in psychology and other narrative healing practices. This 'mutual connivance' forms part of the activated synchronicity, in as much as it links the astrologer and the client/patient together through symbolic interpretation. The astrologer or psychologist often sees a repetition of similar transits (or event patterns in the case of the psychologist) in their own charts (or lives) as those of the client, or they see the same astrological signature repeated for every client that day, amplifying the signature to another level of interpretation, as the chart ceases to be about a singular person. Consider this: A client supplies seemingly objective data (birth time, date, and place) and receives symbolic information that appears to be apt to the situation at hand, accurately mirroring events going on in the astrologer's life, causing an emotional affect, which shifts or leads the patient to a great insight, capable of healing or transforming them in some way (Main, 2007, p. 48; Cornelius, 2005, p. 292). This mutual experience of meaning making or synchronicity builds trust in the patient/healer relationship and is itself a placebo effect as defined by Kirsch in his chapter

the Therapeutic Relationship (Kirsch, 2009, p.132).

Jung argued that synchronicity, which is at work in regular psychological practice, is not exclusive to astrology. He stops short of claiming that it is evidence of how astrology works *per se*, but the implication is there and has been taken up by many modern astrologers. Garry Philipson has noted, 'the attempt to marry astrology and psychology has been a major theme in western astrology over the last seventy years, with Jung generally being brought in to sanctify the union' (Phillipson, 2000, p. 95).

Such a phenomenon (synchronicity that transforms) would contribute greatly to what Moerman refers to as a 'meaning response' in placebo studies. So attributing meaning to events during treatment that shifts psychological paradigms forms part of a placebo effect. If astrology does this using symbolic language and synchronicity, then astrology could be seen to be causing a 'meaning response' which fulfils the criteria for being considered a placebo, according to Moerman, and could be the trigger for self repair according to Jopling. Jopling and Moerman would have no difficulty with the fact that astrology has no causal factor, and they have no problem with fiction or the AS-IF stance, they argue for the outcome of the interaction – that is – has a meaningful response been elicited that contributes to a successful treatment outcome? Astrology has the advantage over other 'talking therapies' in that the occurrence of synchronicity is greatly increased, given the sheer range of symbolism to hand, and the highly individual approach of astrology (every chart is unique) that speaks to the individual soul of the person.

Indeed, if this shift (as a result of an astrologically induced synchronicity) causes the patient to have a spiritual experience of transformation, then the four fold hermeneutic could be at work, meaning that perhaps placebos could be just that – a meaningful shift from literal (the ritual of taking medication to heal a physical condition), to the allegorical (the right medicine), to the tropological (understanding why I am ill and what the illness means to me), to the anagogic and acceptance of the illness as part of a higher process and the awareness of the opportunity of transformational growth. According to Shaw on Iamblichus, it is the yearning and the 'intensity of our longing' that determines the path back to the Gods, not the nitty gritty calculations and desire to be precise in our predictions (Shaw, 2007, p. 4).

The comparison of these various definitions of astrology, placebo, divination, narrative, culture, medicine and cosmology is too broad for such a small paper, and while all avenues of comparison have not been thoroughly explored, I hope the focus on the 'meaning response' has effectively drawn one very clear thread that can be pulled through the

argument that astrology is a language which forms a narrative construct, addresses the soulful requirement of transformation (healing) in medicine, and expresses a cultural cosmology that describes what it is to be human. Although astrologies differ, and although patient narratives differ, the employment of narrative in order to create meaning for patients remains the consistent goal of the healer, whether therapist, doctor, *or* astrologer. The content and definition of narrative is broad enough to include visual stimuli such as art, theatre, talismans, mandalas, and even Facebook cover photos.

The fourfold hermeneutic approach in astrology has been compared to illness narratives. There would seem to be similar agreement with astrology and the placebo definition of 'meaning response', but what common ground exists between placebo and astrology in general, other than the linguistic link of narrative, symbol and ritual? The mainstream definition of the word 'placebo' in relationship to its Sumerian source myth reveals that astrology has been encoded in the word placebo since its beginnings, as shown. I do not propose that all astrology is divination, or that all astrologers should use this definition to describe what it is they do, however, in the medical world, if we astrologers would like the opportunity to work and heal patients, we might want to consider using this comparison in order to gain both entry and respect in the medical field.

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