

INTRODUCTION

On a clear chilly winter Monday morning in Fremantle, Western Australia, I was sitting having breakfast with Ray, my wily and spritely octogenarian friend. It was before a day of consulting and not helped by a mobile phone call from someone in an emotional crisis. That was an ominous sign and suddenly the day started to look long.

I was still recovering from the day before, with its excitements and dilemmas. The Saturday before that I had a brief meeting with my publisher and we had decided to delay the release of my second book (a work about health and sexuality) for the time being. This was one of two works that I had completed on the topic of sexuality in the period between the completion of my first book, *Medicine at the Crossroads*, and its subsequent release. The production process from the writing to release of *Crossroads* (for short) had taken over a year, mainly because all the editing had been 'in house', a collective process involving several friends and colleagues. Another reason for this length of time was because *Crossroads* was a coffee table or reference work - depending on who bought it - that contained numerous pictures, photographs and diagrams.

The proposed second book looked at sexuality through the lens of the pornographic phenomenon before exploring it from a cultural perspective, then radiating out into health generally and sexual health in particular, finally culminating in a spiritual perspective. I had taken an approach that contained a significant amount of autobiographical material and explicit fiction. The decision to delay publication was so that we could make sure the content was 'safe' from various perspectives.

The fiction in this work had excited me creatively. So, whilst editing this second book, I started on some fictional short stories with the connecting theme of sexuality and the paranormal. This approach really took hold of me and, almost before I knew it, I had another book on my hands and the beginning of a potential series. When my publisher and I decided to delay the pornographic work, we settled on making the paranormal one the sequel to *Crossroads*, because it seemed a safer work with no obvious autobiographical component and also had a fictional emphasis.

But I was going too fast. These second and third works I considered to be my literary and professional future. The book series was given a title: *Psychosexuality*. The themes of sexuality, health and spirituality I was anxious to develop into workshops and retreats, as well as future works critical of modern medicine in general and psychiatry in particular; challenging their current approaches to health and sexuality. I was also keen to be involved in the reconnection of sexuality within the Western mystical tradition, most specifically alchemy.

Medicine at the Crossroads I had seen as a statement and point of departure. It was a statement about my journey in health, medicine and healing to that point in time. A point of departure because I felt it drew a line in the sand for me, such that the subsequent books marked a more distinctive break from my medical background and an avenue into a creative future that did not necessarily involve medical practice.

I was compelled with its release to reconnect with *Crossroads* after a year's absence with book launches, radio interviews and seminars on the subject matter. I re-read the Foreword of *Crossroads* and Roger's remark that the book was the 'keel of a boat'.

I asked Roger, a fellow traveller and author, what he had meant by this:

"Well, I asked my brother (who was involved in publishing) and he reckoned there are at least three books in there."

I heard that comment but ignored it, as I wanted to keep my focus at that time on the sex books (and who wouldn't want that!); but it had rankled me more than a little.

Back to the Sunday before the breakfast with Ray:

First the excitements: I had a meeting with someone I had not met before to explore the possibility of a working collaboration in retreats aimed at sexual issues for couples. This was the first time we had met, the rapport was sound and complementary, and future possibilities started to emerge before our eyes. Buoyant, I went off to the second meeting. This was with my de facto personal assistant, Joyce. De facto: meaning she was basically teaching me about my job! I had a lot to tell her about the earlier meeting and the emerging possibilities, so the decision to go next with the book on sex and the paranormal seemed to be settling into place.

Joyce had friends and colleagues there when I arrived. Some were acquainted with Crossroads and were keen to see where I was taking it. It now dawned on me that I may be throwing the baby out with the bathwater and that somehow I had to connect the theme of Crossroads with the Psychosexuality series... but how? I kept quiet about this, although Joyce was thinking the same, I was certain. Then one of her guests, a journalist, made public the same observation.

Bugger! Another book to make the connection? The prospect seemed daunting... I was already into planning the third of the Psychosexuality series! There was a vague possibility though: Crossroads obviously didn't emerge from nowhere; there was a significant amount of knowledge and experience that had preceded it, some of which had found its way into print. I was still feeling a bit of a dilemma, but could sense that Joyce knew which way I should proceed, although she wouldn't let on - just yet. She has a delightful habit of letting me come to my own realisations, trusting I'll get the 'right' one!

Back to the morning breakfast, where I'd just finished the phone call. Ray looked directly at me:

"You know there's actually three books in Crossroads?"

Here I was again.

"What do you think they are?"

"Holistic medicine, the doctor-patient relationship and mysticism." Ray wasn't one to beat about the bush.

It was about that time that everything seemed to fall into place. I could almost see Joyce smiling.

About a decade earlier I had become involved in various forms of educational delivery. Initially this was to support the natural health product business, although it started to take a life of its own before some of the ethical issues I was dealing with at a professional and business level, as well as personal changes, caused me to stop and confine myself to medical practice.

In that period I had done a number of deliveries including seminars, booklets and audiotapes on subjects as diverse as heart disease, parasite infestations, the use of supplements, poisoning in the environment and dietary issues in general. I had also added sections on sexual and spiritual health to the mix in anticipation of extending the accompanying seminars to workshops and retreats, before the retreat business project I was then involved in fell through. I had even collated all this material into a theme about rejuvenation, with the possibility of a book, before the publisher I was recommended to effectively slaughtered my delicate emerging literary ego. I concluded that I was obviously

not born to be a writer.

It was Theo, my current publisher and sponsor, who pulled me out of that perception and encouraged me to write *Crossroads*, a book of which I have become proud. Being a musician he understood the concept of a 'voice'; felt I had one, and was prepared to back me. I remain forever grateful.

Here, in Ray's company, it all fell into place. I already had the material to bridge *Crossroads* and the *Psychosexuality* series, I simply had to collate and edit it; well, almost. There was the necessity of changing some of the style, deleting a bit and adding more, particularly with new material that may have emerged in the intervening years, although, somewhat surprisingly, there actually wasn't a lot of that.

I also started to see more. The work associated with the rejuvenation theme had acted as an undercurrent of information to *Crossroads*, which was more of a philosophical work. In fact, as a result of feedback, I was beginning to realise that *Crossroads* would put quite a demand on the reader. It would ask them to develop their own health maps and this may be somewhat daunting, so it is mainly a work that might inspire some to explore their health from a different paradigm, but doesn't actually do much of the mapping process as such. I have always been reluctant to write in that way, I find formulaic works simplistic and usually lacking rigour; I was looking to achieve a more comprehensive work when I envisaged *Crossroads*. It might be a bit of hard work for the reader, but they could always re-read it, or come to the seminars and workshops I had to back it up, with material content... that I now began to realise was largely drawn from the rejuvenation notes.

I couldn't get away from the fact that the rejuvenation material contained information that could also be delivered in a book format. In this way, it could be a companion work to *Crossroads*, a sort of sibling, as well as expanding on what both Roger and Ray had identified. Also, because rejuvenation leads naturally into the sexual and spiritual domains, it could also function as a bridge to the *Psychosexuality* series. It was so simple! You just wonder why it had taken me so long to see it... maybe it's just my age?

Growing Younger is born. It is now less than a week later and there is already more than enough existing material to draft into shape for a book, so now here I am writing the Introduction. Well, that was easy! But I won't get carried away prematurely: *Crossroads* made me realise that getting the material together into anything like a cohesive form and subsequently seeing it materialise into a book will bring its share of surprises and frustrations, but at least a start has been made.

Let's take a peek at what the book is all about, although first a word or two about terminology would be appropriate. Most terms are familiar and self-evident, with the probable exception of rejuvenate, which literally means 'make or become young again' and will also be used as a noun (rejuvenation) or even a little quirkily as an adjective (rejuvenative). There is an emerging branch of medicine called 'anti-ageing medicine', which I will not be using. Why? Because it is within the current medical paradigm that sees aging as some sort of failure and this is definitively not the position taken in this book.

Which is what? 'Become young again' implies a literal return to youth, whereas 'make young again' is more symbolic. It is the latter position I will be taking with the term 'rejuvenate': that rejuvenation is primarily symbolic, directed toward a youthful attitude and which might also lead to a literal and physical rejuvenation and any associated healing. Indeed, it is my position that the symbolic must precede the literal, if it is to be

authentic. The inevitable consequence of rejuvenation would be longevity, even without a literal regression of the aging process.

As indicated above, first and foremost *Growing Younger* is a companion volume to *Medicine at the Crossroads*, providing more practical material and direction. *Crossroads* is a distillation of my knowledge and experience as a medical practitioner, with particular reference to the current difficulties the profession is facing and offering some directions into a more constructive and creative future, which I see as nothing less than a new paradigm.

To achieve this I had to get away from the temptation to provide maps for and directions to the consumer. Why? Well, because I see that we are facing a new paradigm any such mapping was in danger of being too restricted and reductive, when it wasn't entirely clear how this new paradigm might shape up, if it eventually does so at all. So *Crossroads* was written as a contribution to the process, rather than grandiosely prophesising how the structure would look in a definitive manner, even if I may have given more than a little indication and provided a little 'pushing'.

Crossroads is designed to allow the consumer to enter into this process and from it to find their own path - map - through the maze of the health fields. This is also because it is ultimately believed (by me at least) that such a map has to be individualised and constructed with individual temperament and disposition in mind; this is something the wisdom of approaches from antiquity teach us, if nothing else.

Crossroads obviously rests not only on experience, but a veritable mountain of information I have sought and accumulated in over thirty-five years in the field. Most significantly, and probably gleaned by the alert reader from my comments above about natural health businesses, I have not stayed in the medical mainstream, in fact, far from it. The natural health businesses provided me with an enormous amount of collateral health information that I have digested and portions of it appear in this work.

One anecdote bears a mention in this regard. After writing and delivering on issues such as heart disease, mental health, diet and supplementation, I was asked to produce a tape on poisoning in the environment (the subject matter of chapter four and, to a lesser extent, chapter three). No worries, thought I, just give me the information because I'm a little sketchy on the subject. After I digested the material I realised exactly 'why' I was sketchy; the material was overwhelming, frightening and a challenge to many of my medical beliefs and conceptions. I was also frightened for the health of my family and our bathroom has never fully recovered... for its betterment, I might add. The shopping cart is now also radically different. I won't take the risk any more and my head is well and truly out of the sand. But I wish my colleagues knew this...

There's a lot of factual information in *Growing Younger*, all of which was as accurate as research and documentation allowed at the time of the original collation (mainly eight to ten years ago). If anything has changed, it would not be for the better, so I will stand by what has been written, even if not entirely accurate or subject to dispute by other authorities. I have named my sources above and they may be subject to prejudice, but they are more exposed than the medical establishment is to this sort of criticism and, in general, I found them quite ethical in fact-finding.

Let me give you a slant on how to view information. During my research period I heard an audiotape by a natural health practitioner about minerals, in which he made a comment that, on average, medical doctors lived sixteen years less than the average person, so why would you trust them with your health? I also heard that he had to revise

the figure down when challenged. But we are still left with the fact that, on average, it seems that doctors have a life expectancy significantly less than the normal population. You could argue the obvious: stresses of the job, their 'selfless' attitude etc., but I'm afraid that doesn't lessen the core message. Which is what? That the people who are responsible for and meant to assist you in matters of health have a lesser life expectancy.

Another fact (which I mention in this book): At the turn of the last century (1900) the estimated cancer incidence was 1 in 80 and at the turn of this century (2000) it had risen to 1 in 3. Now the critical approach could be something like this: We are living longer, so you'd expect more cancer. That might be the case, but even if you do live longer, then why is that so? Another: Early detection means we are picking up more. Example: Cancer of the prostate was previously usually only detected at post-mortem, now we have the blessings of early detection (the PSA test). Well that might shift the figures a little, but when you consider that early detection in this case probably makes little difference to life expectancy (and sometimes contributes to morbidity with issues like incontinence and impotence), then are we any better off? Anyway, the difference between 1 in 80 and 1 in 3 is simply so vast that we are missing the point: We have a greatly increased incidence of cancer in our so-called civilised society with its advanced healthcare. Why? Maybe we need to look at these issues in a different way, which is what *Growing Younger* attempts to do.

As a companion work *Growing Younger* provides the factual and detailed infrastructure to the more philosophical and speculative content of *Crossroads*. As I re-read the material I had collated I could see 'why' I came to many of the conclusions I wrote in *Crossroads*. So, as these conclusions were not 'plucked out of thin air' I thought I would share my sources with the interested consumer, even if they have already undergone a significant amount of editing.

I also believe this will provide a wider perspective for the consumer to develop their own map, because the entire *Growing Younger* is a map of sorts: A map directed toward rejuvenation in this case. But enclosed within this mapping process are various subsets and apparently idle information that you can extract and use to your own ends, particularly with the guidance of *Crossroads* as a sort of superstructure.

So what is the actual nature of *Growing Younger*?

I haven't actually separated out the identified streams of holistic medicine, the doctor-patient relationship and mysticism, as identified by Ray and implied by Roger. To my mind this would be too mechanical and reductive, and it doesn't suit my style. Which is what? Well, I am very much an old-fashioned polymath; I like to work between disciplines and to look to underlying patterns and trends. Whilst this was a common position for scholars and writers up to the turn of the nineteenth century, it seems to have gone out of fashion and is not encouraged by modern academia, reinforced by many trends and expectations too numerous to explore here.

The polymath tends to a holistic philosophy, almost by definition. So *Growing Younger*, first and foremost, places health and medicine within the context of holistic medicine. *Growing Younger* is therefore primarily a holistic medical text, though not directed toward the establishment nor defined by its rules and expectations. The overarching theme of rejuvenation effectively lifts medicine out of that context and redefines it. So, like *Crossroads* and complementary to it, *Growing Younger* is making comment about the emerging paradigm.

My primary anticipated audience is the interested consumer seeking information and guidance. Although comment about my work has frequently made reference to it being suitable to medical students and trainee doctors, this is not my intention. Such comment may be accurate but, unless peripatetic, I cannot see students and trainees reading my material. Why? Well I have three thoughts in this regard. The first is that medical training is onerous enough with the amount of information that requires digestion and absorption, such that any such works as mine would add another dish to a crowded menu and maybe one that doesn't suit the restaurant anyway. A second is that it may be destabilising and threatening. A third is that a colleague and I were involved in public representation to a new university medical curriculum some years ago with our ideas and got nowhere, absolutely nowhere.

I also have to be honest to my disposition. The amount of contribution that the medical establishment has made to my work is scant from the creative and positive perspective. I am also far more interested in helping my patients in whatever way I can, rather than proving (read justifying) my methods and approach to critical and disinterested colleagues. Patients I find to be receptive, even hungry for this, and it is to them that this body of work should be appropriately dedicated, as it is from them that I have probably learnt the most.

So, whilst there is not a separate section in *Growing Younger* on the doctor-patient relationship, it is actually embedded in the subject matter in a sort of living manner about how it could be conducted. There are a few general principles though that could be outlined here. Treat your patient as both intelligent and equal in status to yourself. Answer their questions honestly and not with medical obfuscation. Do not hide behind facts and statistics. Treat your patient with humility and compassion and try and put yourself in his or her shoes. Don't allow political or legal pressures to dictate your management. I'm sure, from the consumer's perspective, you can think of a lot more.

From the patient's angle, be responsible. There is nothing that lightens a doctor's heart more than a patient who does this. Be empowered, it is your body - and mind - that is being 'treated'. You have a right to know what is going on and to participate in the management process. Take control of your health and involve your doctor in this, but don't allow him or her to dictate. Again, there is more.

Mysticism: Thanks Ray! I know he is right, although I would give it a slightly softer and more contemporary title: Spirituality.

Crossroads finished with the conclusion that the new paradigm would need some fundamental reorientating principles, the most supervening of which I see as spirituality. I drew heavily on myth and medical history for this conclusion and tried to identify that the modern medical position represents a radical discontinuity from this healthy base. Emotion and sexuality were also drawn upon to indicate their importance not only in the health arena, but also as necessary bridges to an appreciation of the spiritual world with its relevance and impact on issues of health.

In *Growing Younger* this is expanded upon and both the areas of sexuality and spirituality are explored in more detail. Beginning with some connecting patterns to *Crossroads* - mythology and history - later in the book these topics are elaborated on and integrated into the overarching holistic perspective and philosophy, which remains the core theme of *Growing Younger*. This then provides the connecting threads to the forthcoming *Psychosexuality* series.

So what is the actual structure of *Growing Younger*?

Chapters one and two embrace many of the themes from Crossroads and even repeat some of the content. I make no apology for this and it should be remembered that Crossroads developed out of much of this core material, maybe with the exception of the last two chapters here, which represent a more practical approach to the issues of sex and spirituality and to which we will return in more detail in the epilogue. Some repetition is unavoidable in any case, but sometimes, particularly when put in a different context, it serves to reinforce the principles and validity of the information, especially when it may have a relatively timeless quality. As I write more like an artist than a scientist, it is inevitable that various themes will continue through these works. After all, it is this background that allows us to familiarise ourselves with a painter, isn't it? You'd hardly confuse a Dali painting with a Van Gogh, for example. Like a painter, these works are layered, sometimes circular; it is my style and I hope you like it.

Chapter one explores the concept of rejuvenation and places it in a modern context, to make it both intelligible and accessible. To do this it is necessary to explore the dilemmas within which modern medicine finds itself and to see the disconnection from patterns in our past that I consider still very relevant. Like Crossroads, we take a journey through the mythic and historical landscape within which, if modern medicine were appropriately placed, we would discover the less fear-ridden and more creative and purposeful dimensions of healing. Our cultural heritage is rich with these underlying patterns, which are elucidated in such a way that we can more accurately define both healing and the healer. These definitions are outlined in more than a little detail for easy reference.

Then we move in chapter two to a 'deconstruction' of the modern medical position. Please remember, deconstruction is not the same as destructive; it is more like alchemy, a necessary breaking apart so that any reconstruction can be wholesome and not contain the inherent distortions that are present in modern medicine and which this chapter highlights. The elements explored in chapter one are used as a sort of blueprint to begin this reconstructive process. Time is taken to look at the elements in the modern health scene that contain features of a creative reconstruction, both within the medical profession itself, as well as the complementary health disciplines. Whilst some mental health features are broached, the bulk of the information concerns the body itself and is generally directed towards the rejuvenation principle.

By chapter three the issue of what and how we eat has risen to the fore, and will require a whole chapter to explore what is a very complex and confusing field. I use the principles raised in the earlier chapters to chart a way through the confusion and to clarify what works and what doesn't. The whole issue of nutritional supplementation is outlined in an accessible manner and, once again, the chapter closes with some easy to follow guidelines to chart your way through this territory.

The environment is the focus of chapter four, both inner - the body - and outer. This extends from some of the inevitable concerns we have about our nutrition and extends to a commentary about cleansing and detoxification. But the broader environmental issues, specifically chemicals and what we are doing to the planet, make up the bulk of the chapter, which is thus not for the faint-hearted. Whilst some disease issues are discussed, this is not in a detailed and prescriptive manner. In fact, it is worth highlighting here that this is one trap I do not get into in Growing Younger.

It would be easy to classify illnesses and disease and then to go through them in a linear and methodical manner using the principles the book espouses, so why don't I do that? One reason is that I would be falling into a subtle trap and defining the territory

according to the classificatory guidelines of modern medicine, with which I have taken more than a little exception to over the years. From the consumer's perspective the focus would then be on the illness or disease and 'how to fix it' in a prescriptive manner; a term borrowed from pharmacy, so also questionable. It is my strong and firm belief that we must get beyond this disease-oriented perspective and look to the underlying patterns not only to illness and disease, but also to wellness, longevity and rejuvenation, as the modern medical model effectively excludes these. This is nothing short of the guts of the paradigm shift I have talked about and explained on many occasions, both here and elsewhere.

By chapter five we are prepared to face the whole vexed issue of the mind-body problem and to get well beyond it. To do this I provide some fairly detailed maps of what a modern view of the mind looks like, how it connects with the body, and how they work together – even as a unified whole. There is an exploration of some more mind-directed therapeutic processes and some criticisms of both the extent and content of the professions in medicine that have to date had a mortgage on the mind and its workings. The serious flaws in this orientation are exposed and constructive alternatives outlined. A lot of the positions taken in this chapter will seriously challenge any preconceptions you may have in this area, so read with caution!

By chapter six we start to move away from the primarily physical and medical orientation explored to that point and move into the vexed area of sexual health and well-being. Yet this is much more than a discussion about sexuality with reference to physical and mental health; it is a broad examination of sexuality extending from the brain into our emotional and instinctive life, and then seeing how it connects with spirituality. Disciplines such as Tantra and alchemy support this exploration and reference is made to how various spiritual disciplines and certain religions look at the issue. There is more than a little contention here to satisfy those who enjoy a little controversy. So much so that the main features of this chapter are, as earlier indicated, the subject matter of future books.

Chapter seven may be a little gentler by comparison, but contains subject matter that is far-reaching. In essence it says that without a spiritual framework modern medicine has little room to manoeuvre with respect to the changes that beset it and that a rejuvenative view of health demands. Here we pick up on some of the themes of earlier chapters, such as mythology and shamanism, illustrating their practical relevance to our age. A tour of some spiritual attitudes towards health issues extends to a practical exploration of how they are applied in the form of techniques and approaches. That this chapter rests on the issues raised in the previous chapter is a given, but needs reiterating here.

Then in the final chapter, eight, some attempt is made to lift the guidelines given in the earlier chapters into some sort of cohesion. I have hesitated to do this chapter, as my belief is that it requires practical backing and delivery, such that I see workshops and retreats as the main structures in which the material could be appropriately presented, delivered and absorbed. If you can take this as a given, then maybe the constraints and restrictions of trying to put some sort of outline into a written format won't seem so limited.

The epilogue will then take some of the issues of chapter eight a little further. It will also explore the ramifications of chapters six and seven, as they are the 'bridging material' I talked of earlier to future works on sexuality and spirituality, two of which are already written and others will inevitably follow.

If you want to gain the most from reading *Growing Younger* then I am going to provide a

suggestion that will augment your reading experience. Buy yourself a blank book, a journal. This can be as simple as a school exercise book or as ornate as the many elaborate blank ones in any reputable bookshop, particularly if you have a mind to ritualise and “honour” what I am about to suggest. As you read each chapter you may want to have the Growing Younger Journal with you to make any notes that come from reading the book, or add thoughts and ideas you have in response.

By the time you get to the end of chapter seven I introduce the Journal Process we use in “Psychotique” (Appendix 1) and invite you to do the same. This is where the Growing Younger Journal process can really come alive and in chapter eight the remainder of the appendices are introduced into the process. If you want to add the appendices themselves to the Growing Younger Journal then go to the website and you will find them in a downloadable format. The website will also direct you to where and how you may want to extend on this process.

In conclusion: Even though Growing Younger is a companion work to Medicine at the Crossroads, it also stands on its own as a creative work. In effect this means that Growing Younger can be read in its own right without recourse to Crossroads, which may be read before, after, or not at all. The information given here is sufficient with respect to providing a much broader landscape to the fields of health and medicine than the profession or even the media will give you. If you are inclined to think the Internet now serves this function, I have more than enough exposure and experience to disappoint you, as it does not, and a considerable part of my professional role is to help people sift through the information they find there, collate it and exclude what is either flawed or self-serving.

More than this, Growing Younger has an emotional subtext; it aims to inspire you and to develop a view of health that is passionate, creative, purposeful and vital. At the time of writing I am looking toward my sixtieth birthday. I do not see a future littered with degenerative problems, physical restrictions, sexual dysfunction and a bleak view of old-age, even death. If Growing Younger encourages you to do the same, then it has served its purpose.