

Integration 101: Course outline

Integration in Medicine: From Historical Moment to Teacher Training

Course Goal:

After taking this course, students will possess the confidence to communicate intelligently about the vicissitudes of integration in medicine through illuminated discourse and experiential learning / teaching.

Course Abstract and Meta-purpose:

The issues and challenges confronting a competent understanding and application of integration in medicine require an atypical approach. In contrast to the somewhat fatigued and fatiguing orthodoxy involving literature surveys and term papers - which promotes little more than the regurgitation of previous opinion - integration, by dint of its lack any clear precedent, requires more than just multidisciplinary and interdisciplinary knowledge from books. Rather, it requires *practical understanding and application*. It requires intelligent communication skills. It requires effective application of practical clinical skills. Most difficult of all and most significantly, it requires an experiential foundation by which the student may appreciate the challenges of integration which alone determine and distinguish the integrative professional from the legions of non-professionals whose 'expertise' does not transcend the writings of various questionable sources who likewise exhibit a conspicuous dearth of experiential wisdom on this, their chosen topic.

Therefore, this course proposes a considerable emphasis on experiential learning as a means for clarifying the various writings which constitute the important didactic portion of our journey. Chief among these units of experiential learning are:

- Divination with the *I Ching* - as a means to illuminate and explore the shamanic reality of the extra-dimensional aspect of synchronicity as well as how this phenomenon affects the psyche of the user/student.
- Ceremonial use of cacao - as a means to safely explore the concept of 'plants as teachers' - again illuminating the extreme of the holistic cognitive system in which the inner psychic aspects of human reality are axiomatically understood to be in bi-directional relationship with the outer, physical aspects of the environment at large. This unit of experiential learning thus illustrates and juxtaposes the contrast between the holistic cognitive reality of inclusion, of patterns of interconnected relationships

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vis a vis the Western cognitive system of reductionism that is the default setting so familiar to students in North America and other Western cultures.

- Clinical applications of holistic therapies according to pattern discrimination – as the praxis of all didactic learning and theoretical understanding gained in the course reading material. Whether or not students seek clinical skills, this experiential unit is indispensable for grounding all theoretical discussion in pragmatic applications. In other words, students need not seek to master the clinical skills presented in this portion of the course – though there will be ample emphasis for such understanding and mastery; yet, the study and application of certain aspects of holistic diagnosis and treatment is necessary to illustrate the various vicissitudes of the holistic cognitive system, juxtaposing holism vis a vis Western reductionism in an utterly practical application of the theoretical principles of integration laid down in the discussion and reading.
- Presentation, Communication and Teaching Skills – as a means to elevate the students’ understanding and mastery of points essential to deeper issues relating to integration in medicine. No matter what else the integrative professional will be required to do – clinical practice, administration, et al – *all* will be called upon to teach. Hence the importance of superlative presentation and communication skills. This experiential portion of the course will allow students the opportunity to learn and apply competent teaching and communication skills as a means to develop the confidence necessary for high-level professionalism in the burgeoning field of integrative medicine.

Students will be encouraged (and in fact required) to synthesize their understanding (both intellectual and practical) in producing a unit of learning / teaching to present to classmates, peers, other medical professionals and / or lay persons. This essential evaluation is the most thorough, most demanding and most telling of all possible ‘final exams.’ It is also the single most significant threshold for the integrative professional who wishes to encounter the kind of opportunities which only arise from competent teaching / communication skills and the peer recognition invited by such a skill-set.

This course of study is the most comprehensive and well-thought-out program for clarifying the vicissitudes of integration in medicine currently available. Students are shown the essential challenges and obstacles and then required to forward their own solutions – for integration is assuredly a personal journey to understanding as much as it is about discovering better clinical applications. No other course provides such clarity

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and succinct summary of the requirements of integration nor does so in a manner which so promotes experiential understanding of this essential and timely topic.

Learning outcomes:

Students will be able to:

1. Discuss in their own words the vicissitudes of integration in medicine with clear appreciation of the respective strengths and limitations of the dominant medical systems of holism vis a vis Western medicine.
2. Discuss and demonstrate practical understanding of the psychological dimension of integration and the epistemological considerations that underpin medical systems of Eastern and Western culture.
3. Demonstrate competence in shamanic-style rituals including ceremonial usage of cacao and divination with the *I Ching* as a tool for understanding the psychological phenomenon of synchronicity.
4. Discuss and demonstrate practical competence in the ethical considerations unique to holism and Western medicine as well as the cognitive and epistemological considerations that make these considerations different for each of the dominant medical systems.
5. Discuss and show practical competence in the linguistic parameters which differentiate holistic medical reality from Western medical reality with specific emphasis on how language creates clinical reality.
6. Demonstrate practical competence in basic clinical skills related to the diagnosis and treatment of common patterns in chronic disease as well as complaints of pain, stress, anxiety and depression via the holistic TCM system of pattern discrimination, teishin, needles, moxa and internal medicine. **
7. Demonstrate competence in presentation, communication and teaching skills.

Methods:

1. Using a variety of sources and approaches, students will learn about integration and the historical moment which demands this shift in thinking. Discussion and reading material will focus on the basic epistemologies which underlie and give rise to the dominant medical systems in the world today as well as their inhering strengths and limitations.
2. Investigation of psychology – and specifically the aspect of psychology that deals with the various mythological traditions of the peoples of the world – reveals important understanding of the challenges confronting integration in medicine. Students will learn about these challenges and inherent obstacles through the ‘lens’ of psychology and mythology as a means to highlight a comparative study of cultural-cognition and epistemology.

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3. Experiential learning is the sine qua non of integration. Without this experiential basis, all becomes mired in inconsequential academic superfluity. Units of experiential learning will highlight the reading material as a way to clarify and further illuminate concepts essential to high-level understanding of integration. A ‘cacao ceremony’ will be held and students will learn the fundamentals of the *I Ching* via online material and live presentation.
4. Since the ethical considerations of holism differ greatly from the ethics of Western reductionism, there must be allowance made for and attention drawn to this difference. Students will write and reflect on their own experience (clinical or otherwise) to discover clarity in the management of holistic medical ethics.
5. Using online material, audio presentations, various reading material and live discussion, students will be tested in linguistic clarity as well as competent understanding of how linguistic parameters effect the construction of clinical reality.
6. Using a unit of learning for clinical professionals, students will gain insight and competence in the application of clinical skills in applying Teishin therapy, acupuncture and moxabustion as well as the prescription of a basic repertoire of internal medicinal formulas for the treatment and management of common patterns related to chronic disease, pain, stress, anxiety and depression. Clinical practicum will occur at the Hospitalito in Santiago Atitlan, Guatemala.
7. Progressing through the fundamentals of presentation and teaching skills, students will learn and practice creating presentations, writing articles and creating classes for teaching about the various aspects of their chosen clinical skill-set with an emphasis on how to discuss all material from the point of view of integration – viz. the perspective created in the reading and experiential learning prior to this ‘final exam.’

Reading List:

- Campbell, Joseph. *Myths to Live By*. Penguin Group, New York, New York. 1972.
- Campbell, Joseph. From and audio recording; *The Wisdom of Joseph Campbell with Michael Toms*. New Dimensions Radio. 1997. Copyright, Hay House Incorporated, 2004
- Castaneda, Carlos. *The Active Side of Infinity*. Harper Collins, New York, NY. 1998.
- Dong yuan, Li. *Pi Wei Lun, A Treatise on the Spleen and Stomach*. (Translation and annotation by Bob Flaws) Blue Poppy Press, Boulder CO. 2004
- Harrington, Anne. *The Cure Within; A History of Mind-Body Medicine*. W. W. Norton and Company. New York, NY. 2008.

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- Jung, Carl Gustav. *The Portable Jung*. Joseph Campbell (edit.) Viking Penguin, New York, New York. 1971
- Meldman, Louis William. *Mystical Sex: love exstasy and the mystical experience*. Harbinger House. New York, NY. 1990.
- Myss, Caroline. *Spiritual Madness: the necessity of meeting god in darkness*. (audio material)
- Myss, Caroline. *Essential Guide for Healers*. (audio material)
- Nix, Christian. *The Tao of Integration, archetype, medical systems and a vision of healthcare in the age of chronic disease*, 2010. <http://www.christiannix.com/books1.html>
- Osbon, Diane K. *Reflection on the Art of Living: A Joseph Campbell Companion*. Diane Osbon (edit.) Harper Collins, New York. 1991
- Peat, F. David. *Synchronicity: the bridge between mind and matter*. Bantam Book, New York, 1987
- Porkert, Manfred. *Chinese Medicine*. Henry Holt and Company, New York, NY. 1988
- Pressfield, Steven. *The War of Art*. Rugged Land LLC. New York. 2002
- Servan-Schieber, David. *Anti-Cancer, a new way of life*. Harper Collins, Toronto, Ontario. 2009.
- Unschuld, Paul. *Medicine in China: a History of Ideas*. University of California Press, Berkeley and Los Angeles, California. 1985.

Topics Covered and Units of Learning

Unit 1: Weeks 1-5

Introduction: definitions and fundamentals

- The historical moment: understanding medical systems.
- What integration is *not*.
- What is integration specifically?
 - Medical systems East and West
 - Holism and reductionism
 - Cultural cognition

Reading:

- Campbell, Joseph. From and audio recording; *The Wisdom of Joseph Campbell with Michael Toms*. New Dimensions Radio. 1997. Copyright, Hay House Incorporated, 2004 (Disc 1)
- Flaws, Bob. (Selected essays and podcasts)
 - Flaws, Bob. *Myths of Orientalism*, podcast (http://www.bluepoppy.com/cfwebstore/index.cfm?fuseaction=feature.display&feature_ID=1489&ParentCat=217)
 - Flaws, Bob. *The Issue of Spirituality in Chinese medicine*, podcast (http://www.bluepoppy.com/cfwebstore/index.cfm?fuseaction=feature.display&feature_ID=1488&ParentCat=217)
- Harrington, Anne. *The Cure Within; A History of Mind-Body Medicine*. W. W. Norton and Company. New York, NY. 2008.
- Nix, Christian. *The Tao of Integration, archetype, medical systems and a vision of healthcare in the age of chronic disease*, 2010. (Intro and section 1) <http://www.christiannix.com/books1.html>
- Porkert, Manfred. *Chinese Medicine*. Henry Holt and Company, New York, NY. 1988
- Unschuld, Paul. *Medicine in China: a History of Ideas*. University of California Press, Berkeley and Los Angeles, California. 1985.
- Jung, Carl Gustav. *The Portable Jung*. Joseph Campbell (edit.) Viking Penguin, New York, New York. 1971 (On Eastern and Western Thinking)

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Unit 2: Weeks 6-8

Psychology and Mythology in clarifying integration

- On the psychology of Eastern and Western thinking
- On psychology and how this relates to a cultural cognitive system
- What is the value of directed consciousness? What the danger?
- What is the ego? What intuition? What are the dangers of ambiguous or fatuous understanding?
- What is the relationship between the conscious and unconscious?

Reading:

- Campbell, Joseph. *Myths to Live By*. Penguin Group, New York, New York. 1972. (Selected chapters)
- Campbell, Joseph. From and audio recording; *The Wisdom of Joseph Campbell with Michael Toms*. New Dimensions Radio. 1997. Copyright, Hay House Incorporated, 2004 (Discs 2-4)
- Campbell, Joseph. *Myths to Live By*. Penguin Group, New York, New York. 1972. (Selected chapters)
- Jung, Carl Gustav. *The Portable Jung*. Joseph Campbell (edit.) Viking Penguin, New York, New York. 1971 (Selected essays)
- Nix, Christian. *The Tao of Integration, archetype, medical systems and a vision of healthcare in the age of chronic disease*, 2010. (A Letter to Lonny Jarrett) <http://www.christiannix.com/books1.html>

Unit 3: Weeks 9-13

Shamanism, Synchronicity and the *I Ching*

- What is the value and purpose of ritual?
- What would the readings and audio material say? * Do you agree or disagree?
- What are the practical aspects and exercises associated with shamanism and sorcery? Are they legitimate? How can one find out? What is the relationship to integration? To quantum science?
- Did / do shamanic practices and ancient traditions involving 'magic' and 'sorcery' have something to teach modern students of integration something about the riddle of quantum reality? *

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Reading:

- Castaneda, Carlos. *The Active Side of Infinity*. Harper Collins, New York, NY. 1998.
- *I Ching*: online material
- Myss, Caroline. *Spiritual Madness: the necessity of meeting god in darkness*. (audio material)
- Nix, Christian. *The Tao of Integration, archetype, medical systems and a vision of healthcare in the age of chronic disease*, 2010. (A Note on Shamanism) <http://www.christiannix.com/books1.html>
- Peat, F. David. *Synchronicity: the bridge between mind and matter*. Bantam Book, New York, 1987

Unit 4: Weeks 14-17

Sex, Ceremony, Ethics, Compassion and Self-esteem

- What is the ethical dilemma of the holistic practitioner and how is this different from the ethics of Western medicine?
- What is compassion? What the dangers?
- What is self-esteem? What the temptation?
- What is the value and proper role of the ego in an ethical sense? What does the reading and audio material have to say? Do you agree or disagree?

Reading:

- Business and Ethics: online material
- Meldman. *Mystical Sex*.
- Myss, Caroline. *Essential Guide for Healers*. (audio material)
- Cacao Ceremony (experiential learning activity)

Unit 5: Weeks 18-22

Clinical Clarity: Language, Research, Pathophysiology and Epistemology

- Holistic Pathophysiology and cultural cognition revisited and enlarged to clarify clinical application
- Prescriptive methodology East and West: two ways of describing the same thing

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- The role of language in the creation of clinical reality
- Patterns in chronic disease and their treatment protocols
- What is the significance of the *quantum riddle*?
- Research methodologies: Does the way in which we frame research questions affect outcomes?
- Cancer: the quintessential integrative illness

Reading:

- Barefoot Medicine Training: online material
 - Statements of Fact in Holistic Medicine
- Nix, Christian. *The Tao of Integration, archetype, medical systems and a vision of healthcare in the age of chronic disease*, 2010. (Burden of Proof in Holistic Medicine, Control and Illusion) <http://www.christiannix.com/books1.html>
- Porkert, Manfred. *Chinese Medicine*. Henry Holt and Company, New York, NY. 1988
- Selected studies and essays: Dr. Keith Block;
- Block, Keith. Could Integrative Cancer Treatment be Cost-Saving and Resuscitate a Submerged Medical System? *Integrative Cancer Therapies*. 8(3) 205–207 © SAGE Publications 2009 Reprints and permission: (<http://www.sagepub.com/journalsPermissions.nav>)
- Block, Keith. Cost Savings with Clinical Solutions: The Impact of Reforming Health and Health Care Economics with Integrative Therapies. *Integrative Cancer Therapies* 2010 9: 129. The online version of this article can be found at: (<http://ict.sagepub.com/content/9/2/129>)
- Eliaz, Issac. Selected Essays. (<http://www.dreliaz.org/meet-dr-eliaz>)
- Dong yuan, Li. *Pi Wei Lun, A Treatise on the Spleen and Stomach*. (Translation and annotation by Bob Flaws) Blue Poppy Press, Boulder CO. 2004
- Servan-Schieber, David. *Anti-Cancer, a new way of life*. Harper Collins, Toronto, Ontario. 2009.

Unit 6: Weeks 23-25

On Presentation, Communication and Teacher Training

- *Nothing* is more impressive in the long term nor serves as a better marketing tool – not fancy business cards, not an expensive website – as

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the ability to teach to peers, colleagues and lay-persons about difficult and timely topics with confidence. Nothing.

- What is the current status-quo-understanding of professionalism? Do you agree? Is there a better, more useful definition?
- Why is professionalism such a key element for the holistic practitioner and integrative specialist?

Reading:

- Barefoot Medicine Training: online material
 - Presentation, Communication and Teacher Training Skills
- Pressfield, Steven. *The War of Art*. Rugged Land LLC. New York. 2002