# TAO OF INTEGRATION

## Archetype, Medical Systems & A Vision of Healthcare in the Age of Chronic Disease

Christian Nix

 

# The Tao of Integration

## Archetype, Medical Systems

## And

## A Vision of Healthcare in the Age of Chronic Disease

**For my parents who have given so much,**

**And for Selene without whom this work would never have come about.**

 

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## Preface

I once read somewhere that a man should not seek enlightenment unless he seeks it as a man whose hair is on fire seeks a bucket of water. My journey to understand and teach about integration, health and illness reminds me of this advice. I have not dallied in medicine, but plunged into it – like a man whose hair is on fire. I cannot say what enlightenment is but I *did* find healing and in the most unlikely place and manner.

Writing is work, plain and simple. I agonized over certain themes and sections, but in the end found joy in stretching my communication skills. The actual writing of this book took only a few weeks, once I determined to go through with it. Yet the long series of experiences which have led to my insights – such as they are – were as intensely arduous as they were seemingly interminable.

Even so, I may state with absolute candor that I have understood integration – as I describe it in the pages which follow – since I was a boy of 10 or even younger. What I did not possess then was the ability to communicate what I saw and understood. When, in my late 20's I was called to medicine, I merely looked and everything presented itself.

Any time someone commits to a work, the tile of which begins with 'The Tao of . . ." he or she will be subject to considerable examination and criticism. But the naturalness by which this work has come about – by which I mean the clear mandate I have felt to produce this piece both for the purpose of adding clarity to the enormously complex topic of integration in medicine as well as the pressing and troubling fact of inadequate healthcare – is a comfort to me in the face of whatever criticism lies-in-wait.

Like so many first-time authors, I debated over the vanity of producing this piece. Like many before me, I sought any avenue by which to duck this obligation. Yet as Pressfield states in *The War of Art*, "The reason I went ahead with it was because I was so miserable *not* going ahead with it. I was developing symptoms."

 

I am aware that what follows may only remain relevant for a brief period, so rapid is the pace of change in the world in 2010. Yet if this work acts as a lens through which one may *see* integration, bringing into focus the issues and concepts which constitute the debate – however briefly – then I am content that my labor has been worthwhile.

Christian Nix
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## Section One

# *The Tao of Integration*

Change is upon us. In so many aspects of life, the human race is desperate to discover a sustainable way into the future. Medicine is no exception. In fact, medicine - by its very nature and representing as it does the sum-total of humanity's experience and understanding of life - is the area least-likely to be ignored and perhaps most significant to get right. Is there a way for medicine to evolve? Of course.

This book is about the *tao of medical evolution*. The evolution of medicine in the 21st century is largely tied to one single issue; integration. What is integration in medicine? This is the million dollar question during this epoch. How can one define and understand integration and how is such a process to be achieved? This work is my attempt to answer this pressing question. My hope is to present a *metaphorical lens* through which one may view the process of integration, recognizing some of the essential dynamics and factors at play in this evolutionary process. The way in which medicine must now evolve is not as confusing as it seems. However, the lack of clarity in *communicating* about this momentous change - which is as inevitable as it is essential - compells me to shine whatever light of understanding I have obtained in the furtherance of this process, as much for my own sake as for others.

One may always define something - at least in part - by declaring what it is not. Integration is ***not*** a group of medical professionals from different modalities all working under one roof. To label this integration - which is the common practice and current status quo – is tantamont to calling a room full of armed men an army, or a playing field full of athletes a team; in each case there is absent a *glue* of understanding, the lack of which prevents communication, collaboration and that all important allowance of diversity within unity that is so paramount for great achievement. This book is the glue which allows an image - of how integration *might* look - to emerge in the mind's eye.

In the broadest terms integration is - like evolution itself – a process. It is not a dogmatic set of beliefs or rules, so much as a process entered into by the medical professional – from which a new, third thing arises. (1) It is a specific, definable quality.

 

In fact there are certain discernable vicissitudes which make this evolution - within certain parameters - utterly predictable. By the end of this book, my definition will – I hope - be complete, coherent and intelligible. In order to begin the journey toward integration in medicine therefore, one must begin with an appreciation of the historical moment.

In 1998 John Austin published his study on why patients seek 'alternative health care.' (Astin, 1998) The results may have been surprising to the established orthodoxy but perhaps not so to the lay-patient. There is wide-spread acknowledgment - by medical professionals and lay-persons alike – that the conventional model of Western bio-medicine maintains a bias of methodology which likens the body to a machine, the life-process to a mechanical basis, and a living system to a complex factory. (2, 3, 4) These industrial and mechanistic metaphors have been useful in developing surgical and biochemical techniques and advances, but even conventional science acknowledges the limits of the 'body-as-machine' motif since living-systems clearly exhibit several characteristics which do not conform to a mechanical metaphor. I will define the characteristics of conventional medicine in a later section and in great detail. Suffice for now to include comments from distinguished scholars who alude to this great gift and the strength of the conventional approach.

> "A singular premise guiding Western (conventional) science and clinical medicine (and one, we hasten to add, that is responsible for its awesome efficacy) is commitment to a fundamental opposition between spirit and matter, mind and body, and (underlying this) real and unreal." (Scheper-Hughes and Locke, 1987)

Here the authors highlight the strength of the conventional model as the very characteristic cited by Astin's report as the primary factor driving patients to seek 'alternative care'; namely the mind-body separation.

> "Darwin's alienation of the outside from the inside was an absolutely essential step in the development of modern biology. Without it, we would still be wallowing in the mire of an obscurantist holism that merged the organic and the inorganic into an un-analyzable whole. (Lewontin: 2000)

 

This 'alienation of the outside from the inside' is the signature of conventional medicine. To appreciate fully the historical moment, I must include the whole passage wherein Lewontin goes on to add:

> "But the conditions that are necessary for progress at one stage in history become bars to further progress at another. The time has come when further progress in our understanding of nature requires that we reconsider the relationship between the outside and the inside, between organism and environment." (Lewontin: 2000)

The above passages highlight two points, 1) conventional medicine made a tremendous impact because it *differentiated the 'inside' from the outside*; and 2) the time has come to contextualize the advances of the conventional model by reconsidering its relationship to the whole. Taken together, both Astin, Lewontin and Scheper-Hughes and Locke all indicate the same point; to wit, the conventional model with its motif of mechanistic differentiation must reconsider the proverbial *big picture* and the connection between 'inner' psychic functions like thoughts and feelings and the 'outer' physical body. Other authors commenting on this issue go even further.

> "Crisis . . . 'a crucial or decisive point or situation: a turning point . . . an unstable condition . . . involving an impending abrupt or decisive change . . . which aptly describes the transition taking place in science today. In physics, biology, chemistry . . . experts concur on the fact that the traditionally western dependence upon reductionism . . . has reached its limits." (Pritzker, 2002)

Pritzker notes the same 'glass-ceiling' as the others. She also introduces a word and concept I will refer to, making great effort to describe it in the most specific and unambiguous language available to me. That word and concept is *reductionism*. This is the single, underlying presuppostition which supports the assumptive reality of conventional, Western bio-medicine. Logic and observation tell the rest of the tale; for reductionism gives rise to this glass-ceiling in a most logical and predictable way. Yet people swim in a cultural fish-bowl, unaware of either the water or the glass that limits and defines the horizons of their reality. *Reductionism **is*** the fish-bowl of the West.

 

If this section merely restated, however cleverly and well sourced, the *problem* of conventional reductionistic medicine, then it would be as plain and insignificant as any other of the dozens of explanations that exist heretofore. However, *this* book is about change. As such, I segue as quickly as I may to that solution which necessity will force upon one-and-all - the willing and the reluctant - as medicine integrates its distinctly different approaches into a single, *world-medicine*.

As one approaches the goal of understanding integration in medicine, the perils of abiguity increase. Like any journey, not everyone will make it. In traditional cultures - and even in our own youthful North American culture - it is widely acknowledged that only the best and brightest are cut-out for the study of medicine. Great deference is shown the man or woman who undertakes such a task. Perhaps therefore it is fitting that not everyone should arrive in safe-heaven with a new-found understanding of integration. If it were simple, it would already be patent. If it were obvious, someone would have already thought of it. I make this disclaimer precisely because the next point flings open the door through which paradox must enter. This cannot be helped and those for whom paradox is an annoyance which distrupts the tidy order of their mind, much of what follows will seem hopelessly contradictory. But no apology can be made for the complexity or the paradoxical nature of what follows. In fact, the astute reader will note that I have already spinkled the text with the slightest flavoring of paradox by pointing out that reductionism is simultaneously the belief by which conventional medicine has reached its heights of greatness ***and*** the cause of the glass-ceiling.

Reductionistic conventional medicine is tied to this single limiting characteristic, which has brought its boons and now refuses to be unseated from its throne. Conventional medicine is a hostage of its own success. How may one contextualize reductionism and relate it to the larger whole? By examining considering and appreciating holism of course.

> "(holistic) medicine, simply by virtue of its totally different methods of observation, may be able to fill in many of the gaps in our current knowledge of medicine in the West and this enable us to reconcile these two divergent perspectives into a single integrated and comprehensive picture of reality." (Porkert, p. 59)

 

Holism is a different fish-bowl all together. To understand holism, one must plunge into alien and unfamiliar waters. As you will see, holism is a purview which - once explained - makes sense in a way that bio-medicine and biochemistry with its mechanistic 'facts' do not. Nevertheless, there is real danger in ambiguous understanding of holism. In fact, holism as it is currently practiced in North America and most of the Western world is *not* holism as it comes to us from the holistic East. Holism as it is practiced in North American society is – with few exceptions - a new kind of installation and a poorly made imitation. Even though conventional medicine must make way for the contextualizing presence of holistic logic, holism in it's bastard-child get-up is actually the greatest impediment to this change that must result in integration. This results in paradox number #2. Paul Unschuld asks the question,

> "Where could a foreign idea be accepted, assimilated, or transmitted without being influenced by the particular situation it meets, by the changing languages that serve as a means of transportation, and by the preconditioned patterns of thought cherished by the final receiver?" (Unschuld, p. 55)

Indeed, this is precisely the case with holism in North America and other Western cultures. Just as "modern science and technology require an absorption of the thought processes which acompany them;" (Huntington, p. 73) so too holism requires a different way of thinking. In fact, holism is nothing if not a distinctly different way of organizing reality.

Holism as it is being grafted onto North American culture has a distinctly dangerous ambiguity which undermines it's own progress. That ambiguity is the idea that holism is based on *spiritual* insight and / or intuition. (7) Doubtless there is an element of the divine involved in any situation of illness and healing. But, as I will explain, holism is logical science. It is rational, logical methodology and requires no communication with spirit-guides or disembodied entites. Holistic science is every bit as logical – and even more trustworthy - than anything we call logic in the reductionistic West.

> "Western medicine, like (holistic) Chinese medicine, developed empirically. Unlike Chinese medicine, however, it developed without being guided by a fundamentally stable theoretical framework." (Yan, 1991)

 

**What is the crisis? A Deeper Look**

"The chassis is broken and the wheels are coming off." (5) (This from an article by Ralph Snyderman and the emminent Andrew Weil.) So many sources attest to the impending colllapse of the conventional medical system, it is hard to fathom just how it continues to function and why more is not being done to avert disaster. Robert Becker cites the failure of the aforementioned biochemical, body-as-machine motif.

> "In the last two centuries, medicine more and more has come to be a science, or more accurately the application of one science, namely biochemistry. Medical techniques have come to be tested as much against current concepts in biochemistry as against their empirical results. Techniques that don't fit such chemical concepts - even if they seem to work – have been abandoned as pseudoscientific or downright fraudulent . . . In effect, scientific medicine abandoned the central rule of science – revision in light of new data." (Becker, p. 18-20)

The issue of helathcare reform is doubtless complex and may not accommodate a single answer. Nonetheless, Mark DeHeven points out one of the most obvious aspects of the crisis, stating

> "Healthcare in the U.S. and the current practice of medicine must change. Currently we are spending about $1.5 trillion ($5440/capita) annually, 75% of which is devoted to treating and managing chronic (mostly preventable) disease using conventional (read: remedial) modalities. The projection is $3.4 trillion ($10,500/capita) by about 2011 or 18% of GDP . . . Our care delivery is about 95% treatment and 5% prevention. The U.S. cannot sustain the present system for much longer." (DeHaven, 2005)

The economics of conventional medicine are unequivocally unsustainable.

> "It is to all our benefits to maintain their (aging, elderly population) health at the highest level of functioning they can maintain for as long as possible without additional supports. We want to keep people functioning at the highest level so families don't need to care for them and they don't need to spend their resources to provide costly care. It's a public resource issue." (Sturrock, 2006)

Yet there is a more perplexing aspect to this issue of defining the exact crisis.

 

When Alen Greenspan – former chairman of the Federal Reserve - spoke his mind about the financial crisis in 2008, his candor seemed to be inspired by heaven. Loosely quoted Greenspan said 'What happened is that we have come to the end of a way of thinking. The thinking that got us into this crisis no longer serves and must change. The thinking that created this crisis will *not* be the thinking that gets us out." (AP) The thinking that forged the conventional medical system has – in a sense - run its course. This again has to do with the historical moment.

In 2005 the World Health Organization (WHO) published its report on chronic disease. Eight out of ten people will die prematurely of chronic disease in the 21st century. (WHO, 2005) Why is this significant? Because it is this shift in the state of the world's health that undermines the conventional model as much or more than any stubborn adherence to the worn-out, 'body-as-machine' metaphor. As I will explain in section two, conventional reductionism *is simply not suited* to the treatment and management of chronic disease. Furthermore, holism is. Consider what this pressages according to Thomas Kuhn and his classic work, *The Structure of Scientific Revolutions*,

> "the emergence of new theories is generally preceded by a period of pronounced professional insecurity. As one might expect, that insecurity is generated by the persistent failure of the puzzles of normal science to come out as they should. Failure of the existing rules is the prelude to a search for new ones." (Kuhn, p 67-68)

Clearly, more than one source attests that we are indeed in the midst of a *scientific revolution*; and what is that revolution? From what to what? The growing prevalance of chronic disease in the world's patient population is tantamont to the death-knell of conventional medicine as the dominant model of medicine in the world. As Becker, Kuhn and others allude, the 'puzzle of chronic disease is not coming out as it should' when conventional reductionistic methodology is applied. Conventional medicine can *never* address chronic disease adequately precisely becasue the epistemological strengths of conventional medicine are inherenly geared to make sense of problems that generally relate to traumatic illness and acute injury - and I will explain why. This fact – as already noted – is what makes reductionism so supremely well suited to its given task. No source anywhere disputes this observation. Am I saying that conventional medicine will become

 

obsolete? Of course not; there will always be a need for traumatic injury and acute illness care. The shift is not a wholesale dismissal of conventional reductionism in favor of ancient holism; this would be no shift at all but rather a regression. The current scientific revolution is toward integration; and integration must be defined as the clear and unambiguaous understanding of the strengths and weaknesses of reductionism vis a vis holism and the correct use of the correct model for a given patient's presenting condition.

But *what is the crisis*? What are the specifics? What is the glass-ceiling and how did it get there? Can it be understood by someone without a Ph.D or MD after their name? The answer to the last question is a resounding 'yes.' However the answer to the former questions requires a little patience and must inevitably traverse territory claimed heretofore by those scientists and specialists whose thinking must now evolve. How prophetically true the words of Thomas Kuhn who wrote about the axiomatic quality of theoretical assumptions, noting that it is the nature of theory - rather than reality itself - that determines what a scientist 'notices' and what she remains unaware of. "No part of the aim of normal science is to call forth new sorts of phenomena; indeed, those that will not fit the box are often not seen at all." (Kuhn, 1962) If Kuhn were alive, he would have no trouble recognizing the nature of the revolution which now besets science and humanity's thinking about the natural world, health and illness.

**The *Quantum Omission* and the *I / Thou Relationship***

In the briefest possible terms, the crisis confronting conventional medicine stems from the willful omission of one single aspect of reality: quantum science. Quantum science is the golden-child of physics. The quantum view of reality is the most accurate, most profound, and most perplexing that reductionistic science has ever discovered. So what's the problem? Quantum reality finds no expression within conventional reductionism. This is the short answer to the question of the glass-ceiling. But one must understand something of the practical aspects of quantum in order to proceed toward the solution of the crisis. In lay terms, quantum holds out one single truth; 'you are *seeing* (i.e. feeling, experiencing, etc.) what you are *seeing* because it is significant to you.' That's it. That's quantum.

 

> "Implicit in such a . . . vision (i.e. the vision of conventional medicine) . . . is the image of a scientist who stands outside the system as impartial observer, able to predict events according to deterministic laws, without disturbing events in any way . . . the term "spectator" must be struck from the record and the new word "participator" must replace it. By virtue of the quantum theory . . . physics and physicist are no longer separable but are one indivisible whole." (Peat, 1987)

The observer-as-participator is the veritable 'elephant in the living room' - not only of conventional medical science - but of managing chronic disease. The patient with chronic disease isn't a passive entity, detached from and uninvolved in the illness / recovery process. They are a *participator* in that process. Paradox # 3 arises when one is forced to admit that while 'observer as participator' implies and results in self-empowerment - the veritable Holy Grail of healing from or at least managing chronic disease - nonetheless, the gods will have their way and no amount of insight or empowerment can outrun the will of heaven. (See section 3, *Control and Illusion*)

The choice to negate the quantum tenant that 'what you are seeing is significant *to you*' is the rock upon which the ship of reductionistic medicine founders. Include this tenet in conventional reductionism and you no longer have reductionism. In holism, it is axiomatic that a particular patient's signs and symptoms have significance and meaning; their thinking, lifestyle habits, diet, etc. are all significant. This is holism; the patient clearly has a part to play.

Holism, by it's very nature, confronts the patient - sometimes rather brusqely - with the truth of their participation in the reality of their health / illness. The 'choice' to ignore the individual patient's role in the creation of their health / illness is not so much a choice as it is the natural result of a concatenation of beliefs which can be traced to the single guiding assumption that reality can be understood by reducing things to smaller and smaller units – i.e. reductionism. In other words, reductionism *must* lead to patient disempowerment. The inability to see the connections between things – between one's dietary choices and one's physical ailment, between one's resentments and one's illness, between one's attachments and one's stresses – is the fundamental basis of reductionism. Reductionism is fundamentally a doctrine of separation.

Is a choice *really* a choice if it is not recognized as such? Paradox #4 is that the answer to the above question is both yes and no. 'Yes,' in the sense of the consequences

 

it's creates. 'No,' in the sense that no conscious recognition existed to create the result and therefore is not easily 'owned' by the individual who made that 'choice.' But the omission of quantum reality is, at the level of officialdom and orthodoxy, hard to pass off as an unconscious oversight. Knowledge of quantum was discussed around the dawn of the 20th century. Neils Bohr, Wolfgang Pauli and famed psychologist Carl Jung all had considerable insight into the workings of quantum reality and it's potential effects on the thinking which has given rise to the conventional reductionistic model and its long foreseen crisis and glass-ceiling. Again, one is forced to ponder why this crisis has been allowed to develop and why more hasn't been done to shift away from the dead-end thinking of reductionism towards the inclusion of quantum.

The answer may have some complicated explanations. But the simple explanation is that there is money involved in letting patients believe they are powerless. Alot of money. Enough money, apparently, to kick this truth about quantum down the road so some future generation will be forced to deal with the train-wreck that has occurred. In 2008 the consulting firm McKinsey found $650 Billion in excess medical costs. (6) These costs arise from excessive diagnositic tests and superfluous surgical procedures and prescriptions which consitute so-called *best practices* and which MD's are required to follow (to say nothing of the ever-present threat of litigation if they do not). Underlying all such unnecessary expenditures is the patient who is passive (not to mention discouraged) and thus unable to take a single step to help him / herself.

If the quantum realization posits an empowering aspect to a patient's reality and if holism contains this same dynamic, then why not simply sweep away reductionism and replace it with holism? Obviously, the crowning achievements of reductionistic medicine - surgery and the powerful and unprecedented advances in bio-chemistry and the pharmaceuticals these advances have given - are still of great value and will play some roll in any future healthcare scheme. Yet, the wholesale replacement of reductionism with holism is a tempting option for many of the acolytes of holistic medicine in the West. Thus the stage is set for the adversarial relationship that exists between conventional medical orthodoxy and the *holistic rebels.*

It is yet more tempting to re-label holism - calling it '*Integration'* instead. This is merely a predictible and excessive swing of the pendulum. Indeed there exists a noticeable learning-curve among medical practitioners who come to study and embrace

 

holism and holistic medicine in which reductionism is demonized and holism is presumed to be the salvation of all medical issues not responding to conventional care. This may be true in a huge percentage of cases, so well does good-quality holistic practice address and resolve - or at least manage - situations of chronic disease. Indeed, this overly-enthusiastic embrace of holism evinced by so many holistic acolytes may actually be a necessary stage in one's development. Yet it must be tempered with the time-tested methodology and logical holistic science that is still so scarce as to be almost unknown in holistic practice in North America. There is a serious danger in failing to go through this developmental stage in which holism is presumed not only to be superior to conventional reductionism; but that its presumed superiority arises on the basis of a *spiritual* dimension. This is precisely what has happened - and is still happening - as holism seeks it's way in out of the cold.

What is the danger of practicing holism in this *backlash* mode? Holism, as it is being grafted onto our reductionist culture, is not holism-proper (as I have already outlined and will detail in the pages to come). Holism as it is being practiced by the overwhelming majority of holistic practitioners is actually a backlash against the perceived ills of reductionistic culture's emphasis on materialism. (7) Mistunderstood in this way, holism becomes a further expression of that all pervasive, defining element of Western culture: individualism. (Huntington, p.73) Practitioners succumb to a guru phenomenon in which they believe themsleves endowed with supernatural abilities to treat illness in lieu of logical methodology (and if the patient fails to respond, well then it must be because the patient didn't believe, didn't have enough faith and positive thinking).

Section 3 is a collection of essays exploring issues relevant to integration in medicine, some of which seek to examine the more glaring pit-falls which lie-in-wait for one who has failed to clarify what holism is and is not, does and does not do. Suffice to say here in brief that holism-as-backlash bears one single feature resulting in an utterly predictable outcome: the predictable result of holism-as-spiritual-medicine (tempting as it is in our de-ritualized, de-mythologized, demystified, secular, 'scientific' and modern world) is simply . . . poor methodology. This is the kind of New Age tartuffery that tommohawks in the cradle any real effort to bring holism into the grand gala of healthcare reform. (8) As I will demonstrate – and as any well-thought out, high-level student and

 

practitioner already understands – *holism is science*. Holism is logic, albeit logic based on a distinctly different assumption about reality. There is a logical, rational, scientific basis to holistic medicine - the negation of which renders non-professional practice. Holism-as-spiritual-intuitive-medicine negates this time-tested, empirical and utterly empowering methodology.

**What is integration specifically?**

One does not – strictly speaking – practice medicine integratively. Rather, one practices holistically or reductionistically; and by knowing the strengths and limitations of each system, may thereby permit integration to arise by infusing the complementary yet mutually exclusive opposite archetype to enter when and as needed. Predicting things like strengths and weaknesses within a given system is no great leap once one understands the way in which each system organizes reality. Understanding this point is essential for integrative specialists as it allows for 1) the practical application of a treatment strategy in a clinical setting; and 2) informed discussions regarding administrative decisions.

For example, there may indeed be an aspect of a given patient's condition that requires the attacking of disease. Attacking disease is what reductionism does best. In fact, its the only thing reductionism can do. (see Section 3, *Bu Fa vs. Xie Fa*) That's all it knows. But that same patient may have several aspects of their condition which require the harmonizing of patterns of imbalance and even the supplementation of their own reserves and resources. This is the province of holism since holism is uniquely positioned – by virtue of its epistemology – to render support to the patient's own inherent vitality.

> "The respective strengths and weaknesses of Chinese and Western medicine overlap in a way that makes Western medicine seem best suited to coping with (acute) infectious diseases and Chinese medicine with those functional disorders and chronic illness in which discrete or long-term physical symptoms have not yet become apparent. . . (yet) we also know that people are less susceptible to infection when their vital functions are in good working order, and this is something that (conventional) medicine knows next to nothing about." (Porkert, 1988)

 

Integration therefore is not a new thing, except in-so-far as it applies differently the old things – i.e. reductionistic cognition and holistic cognition. By *cognition* I mean to highlight the specific, discernible characteristic of reductionistic reality vis a vis holistic reality. By *cognition* I also mean to highlight the truth that reductionism and holism are archetypal stencils of making sense of the world of sensory stimuli. In other words, reductionism and holism are, at one and the same time, the fundamental principles which underlie and birth specific medical systems; and they are the primary archetypal modes of ordering reality which pervade human consciousness and evolution. The study of how people make sense of their reality is a useful one during an epoch which requires one and all to recognize and consider the merits of alien cultural ideas on their own terms.

> "Concepts such as 'curved space' or 'wave-nature of particles' can be understood by some, but to most people they make no sense on the basis of everyday experiences, and they cannot be expressed adequately with the linguistic tools that have evolved alongside these everyday experiences. Hence, some researchers in philosophy and in the theory of cognition are in a process of turning their view away from the age-old question of what is real and what is imaginary, to an analysis of mankind's cognitive abilities." (Unschuld, p. 9)

The usefulness of this approach is the 'metaphorical lens' I mentioned at the outset. What one comes to realize is that, "It is in a comparative way that one can learn from another tradition to see an aspect of one's own that one had not been paying attention to; and a kind of illumination goes up." (Campbell, 1997) Not only does one come to understand aspects of one's own system that one had not noticed or considered previously, but one also realizes that different systems can describe the same situation differently.

> As a result of their fundamentally different perspectives on reality . . . (holistic) Chinese and (reductionistic) Western medicine can make their observations and then present us with two different 'versions' of the same phenomenon." (Porkert, 1988)

Reductionism and holism are the primary, default settings within the human psyche. One cannot go beyond or beneath this bed-rock. In any given situation where change is occurring or required, these archetypes will be at play. They are the parameters

 

by which evolution is guided. Since I am concerned with reductionistic and holistic cognition as it applies to medicine, medicine will be my praxis for illustrating this phenomenon. Nor is this idea of cognitive archetypes so far fetched, as other teachers seem to notice and declare similar insights. Tony Robbins nailed this concept in his book *Unlimited Power*

> "Metaprograms are the keys to the way a person processes information. They're powerful internal patterns that help determine how he forms his internal representations and directs his behavior. Metaprograms are the internal programs we use in deciding what to pay attention to. We distort, delete, and generalize information because the conscious mind can only pay attention to so many pieces of information at any given time . . . A computer can't do anything without software, which provides the sturcture to perform a specific task. Metaprograms operate much the same way in our brain. They provide the structure that governs what we pay attention to, how we make use of our experiences and the directions in which they take us." (Robbins, p.254)

What Robbins calls *meta-programs*, I am referring to as *cognitive archetypes*. Reductionism and holism are the primary cognitive archetypes of evolution in much the same way that *The Creative: Heaven* and *The Receptive: Earth* are the 1st and 2nd hexagrams in the *I Ching* – i.e. the primary images of creation; all else springs from these two. Reductionistic conventional medicine and holistic medical practice so typify, exalt and champion these primary archetypes that knowledge of their fundamental strengths and limitations *should* be and *must* become standard fare for students of medicine (any style of medicine) in the 21st century. Integration as it is being practiced and attempted is largly a hodge-podge of misunderstanding about the fundamental, inherent characteristics which spring from the primary archetypes of reductionism and holism respectively. This is not difficult to see. The issue is, *who wants to look*?

The current debate seeking to define and advance so-called integration cannot seem to move beyond the play-ground style argument over who's system is better. But this tension of opposites is a necessary ingredient and must not be dismissed.

> "The confrontation of the two positions generates a tension charged with energy and creates a living, third thing – not a logical still-birth . . . but a movement out of the suspension between opposites, a living birth that leads to a new level of being, a new situation." (Jung, P. 298)

 

Integration is the 'living birth' and the 'third thing' which "manifests itself as a quality of conjoined opposites." (1)

**'Becoming Trasparent to the Trancendent'**

As a last, parting gesture before we set out on our journey toward integration, let me lift the curtain to reveal the methodology I have used to arrive at my thesis. The astute reader will have noticed already that I have - in reducing the archetypes of evolution down to two choices - committed the same act which I seemingly criticize in the pages to come; to wit, I have reduced the process of medical integration down to two primary archetypal players. It seems irrefutable that reductionistic conventional medicine is hampered by the separation and isolation of the *either / or* motif it evinces and that this fundamental premise is what negates conventional medicine's ability to treat chronic disease with anything that might be called success. But it is equally true that the ability to reduce situations to an *either / or* template is precisely the stregth of reductionistic cognition - a useful stratagem as Lewontin and Scheper-Hughes and Locke all declare and explain above. That my thesis should employ an aspect of the model of integration I set forth in my thesis is no witicism of a clever author. It is what Mathew Bronson and Ashok Gungadin refer to as 'Double-bracket thinking' or 'Thinking parenthetically' in their article *Circling the Square: Reframing Integral Education Discourse through Deep Dialogue.* (9) It is also what Joseph Campbell refers to as 'becoming transparent to transcendence.' (Campbell, 1997) I demonstrate the validity of my thesis by applying it to my writing *about* my thesis.

Though I myself 'separate and divide' these concepts for ease of explanation and the convenience such contrivance affords, the ebb and flood of archetypal interplay in reducing and uniting is utterly without pause. As a Western man, I show my bias and my cultural preference for this *either-or, good-evil, observer-apart-from-observation* motif by proceeding in this way. My transparency on this issue is intended to illustrate: 1) the efficacy and necessity of such a simplistic approach; and 2) the ineffable truth that we are all immersed in this primary archetype and it is co-regent holism, every step of the way. Do not, dear reader, deride or chastise me for this juxtaposition of theory and praxis. Do not chalk it up to derangement either. What follows in the succeeding pages and in the

 

succeeding years will bear me out; and if my findings are false, then this work will fade into the obscurity it deserves.

 

## Notes to the Text and Works Cited

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# Section Two

## Reductionism

### On the Separation of Mind and Body

The primary, fundamental distinguishing characteristic of reductionism is the root presupposition that reality in the phenomenal world is revealed by reducing or separating any given phenomenon into its smaller discrete units. The various secondary characteristics which follow are all inextricably linked with and supportive of this single, primary assumption. Perhaps the first noteworthy implication – since it bears so heavily on the role reductionism affects when applied to science in general and medical science in particular – is that this single, primary assumption lends to an emphasis on physical, material reality.

Think for a moment. If one believes that access to deeper, truer, more *real* reality is found by reducing phenomena to smaller, individual and discrete units; then obviously one must have something to reduce. The emphasis on physical reality arises by default. One is given to a bias of physical matter simply because one finds no obvious recourse to the reduction of things invisible and immaterial. How does one reduce a thought or other psychic phenomena? Students and devotees of Buddhism will argue that this is precisely the strength of that faith. But in terms of science, such 'proof' must be verifiable and any procedure must be reproducible as this is the very backbone of scientific theory.

> "Science, assisted by mathematics, was able to describe the universe in quantitative terms that had impressive predictive power. Using the scientific approach, any phenomenon could be isolated and analyzed under repeatable conditions until even the most complex of processes were reduced to a collection of known elementary units acting predictably as a result of the forces between them." (Peat, 1987)

Matter – in contradistinction to ephemeral thought - can be weighed, measured, calculated, counted and otherwise *quantified*. Such evidence fits the rules of the reductionistic scientific method. We can all agree to such evidence and so we call this evidence 'objective.' To quantify and reduce thoughts down to base desires and

 

motivations – as in Buddhism – may still be scientific in a psycho-analytical sense, but it necessarily implies subjectivity (both of the observer and the subjective experience of the subject being observed, as in illness). Subjectivity is like *kryptonite* to 'objective,' reductionistic science with its, perhaps, unintentional bias towards physical matter (see section 3, *Axiomatic Culture,* (*Loss of Subjectivity)*).

> "If and when we think reductionistically about the mind-body, it is because it is 'good for us to think' in this way. To do otherwise, using a radically different metaphysics would imply the 'unmaking' of our own assumptive reality. To admit the 'as-ifness' of our ethnoepistemology is to court the Cartesian anxiety – the fear that in the absence of a sure objective foundation for knowledge we would fall into the void, into the chaos of absolute relativism and subjectivity." (Scheper-Hughes and Locke, 1987)

One must contextualize reductionism within the current historical moment as well as the circumstance out of which it emerged and has risen to such prominence. The 'ethnoepistemology' of the West ***is*** a void of subjectivity. (1)

> "By over-valuing our capacity for objective cognition we repress the importance of the subjective factor, which simply means a denial of the subject . . . it is characteristic of our extraverted sense of values that the word "subjective" usually sounds like a reproof; at all events the epithet "merely subjective" is brandished like a weapon over the head of anyone who is not boundlessly convinced of the absolute superiority of the object." (Jung, p. 230-231)

Reductionism is the leitmotif of conventional medicine. I have mentioned already, and it is worth repeating, that paradox is the rule when examining cognitive archetypes. Why? Because the very strength of a given cognitive archetype is simultaneously its limitation and bounding horizon. In reductionism this means that the ability to reduce phenomena to smaller and smaller sub-units is - at one and the same time - the epistemological tenet which lends to its tremendous efficacy *and also* the 'glass-ceiling' by which the crisis of its evolution (or inability to evolve) is bound. (2, 3)

The insight and ability to separate the inner, psychic, subjective realm from outer, physical, manifestations, was not necessarily a 'new' idea by the time Darwin

 

championed his theory. Goethe and others had propounded such a notion for some time previous. Nonetheless, this stroke required real courage considering the dogma of the church who saw such disregard of the 'vitalist' notion of an ineffable creative spark as nothing short of heresy. The ideas set forth by Darwin were finally given due consideration precisely because they were ideas whose time had come; ideas which could no longer – for any dogma or established doctrine – remain unexplored.

Integration and the insights laid down in this piece are likewise no longer something one can dismiss. The paradox of integration is tied to this chore of reconciling the *subject / object* split that so defines and limits Western consciousness. Jung sums-up this paradox with neat concision; "The world exists not merely in itself, but also as it appears to me." (Jung, p. 230) In other words, reductionism provides an exhaustive description of the external and 'objective' world; yet the subjective aspect too *must* find expression – not at the *expense* of objectivity, but *in coordination* with it. That is to say, the holistic interpretation of events must run alongside and contribute its own perspective to the medical gaze if true integration is to occur. What has been left out of the objective focus is the singular most essential ingredient; namely the human being! "What is the subject? Man is himself – we are the subject." (Jung, p. 230) Other authors recognize this essential ingredient and its conspicuous absence.

> "The time has come when further progress in our understanding of nature requires that we reconsider the relationship between the outside and the inside, between organism and environment."
> (Lewontin: 2000)

The time has indeed long-since arrived in which the achievement arising from reductionistic epistemology must – of necessity – find context within the whole; to wit, context within holism; for - without a notion of the proverbial 'big picture' - the isolating and separating of reductionism becomes as a snake eating its own tail. Witness the marvelous ability of reductionistic, conventional medicine and its surgical techniques (aided by biochemistry) in replacing organs and joints, excising malignant tissues and transplanting marrow; these and other procedures may be as miraculous as they are 'old-hat' within the conventional reductionistic model - but they have yet to even approach

 

that sublime achievement of nature by which the organism receives its first and truest form and vitality – how-so-ever 'imperfect' to the gaze of reductionistic science.

> "As surgeons become more and more adept at repairing bodily structure or replacing them with artificial parts, the technological faith came to include the idea that a transplanted kidney, a plastic heart valve, or a stainless-steel-and-Teflon hip joint was just as good as the original – or even better, because it wouldn't wear out as fast." (Becker, p. 19)

The subject / object split which characterizes reductionism – from clinical interactions to research methodologies – is a *choice* (albeit a largely unconscious and overlooked one). It is also the Achilles Heel of reductionism. The presumed 'objectivity' of reductionism *is* the glass-ceiling. It is also – from the perspective of holistic cognition – a fallacy and half-truth.

**A Focus on Physical Matter**

> "Measurement! It is the very foundation of the modern scientific method, the means by which the material world is admitted into existence. Unless we can measure something, science won't concede it exists, which is why science refuses to deal with such "non-things" as the emotions, the mind, the soul or the spirit." (Pert, p.21)

The exclusion of the psyche – i.e. the thoughts and feelings – of the individual is essentially the first (unintended) casualty of reductionism in medicine. In a sense, it can't be helped; in order for reductionism *to be* reductionism, it must select something to reduce. Reducing thoughts is open to every possible manner of debate; thus reductionism settles for physical matter as the 'objective' and quantifiable substrate.

> "sickness can be identified only when it brings about a detectable physical change in one of these various substances" (i.e. bones, muscles, tendons, organs, skin, nerves, veins arteries, blood, hormones and the other material, corporeal, substantial tissues of the body). (Porkert, 1988)

 

The emphasis on physiology occurs as epistemological prestidigitation.

> "Physiology elaborates this world in the language of mechanism and function . . . (which) serves as the architecture for developing medical knowledge . . . (this) quickly becomes the only reasonable way to think." (Good and Good, 1993)

If one even tacitly agrees (as medical students in conventional medicine *must*) that deeper, more real reality can be plumbed via reducing phenomena to smaller and smaller units, then the life process is inevitably transformed into a mechanistic interaction not unlike gears and levers. This is a case of the map being mistaken for the terrain.

> "As a result of their fundamentally different perspectives on reality . . . emphasis on functional and organic factors in the one case, and retrospective analysis of past events (with) emphasis on somatic and material factors on the other – Chinese and Western medicine can make their observations and then present us with two different 'versions' of the same phenomenon." (Porkert, 1988)

Reductionism - and holism as well - are nothing more than 'maps.' Yet the success of reductionism during the last century or so has led many to insist with a vehemence approaching fanaticism that the reductionistic map *is* the terrain - to wit, that the conceptual model is more real than the actual clinical and lived reality. In traumatic illness or injury as well as acute infectious disease, it matters little what the patient thinks or feels - staving off death is the immediate goal and for this the 'body-as-machine' reductionistic motif is largely sufficient; but it is *chronic disease* that is now the concern of all human-kind; (4, 5) and for this new challenge, the body must reemerge - not as super-machine but as vital and living organism.

> "We also know that people are less susceptible to infection when their vital functions are in good working order, and this is something that (conventional) medicine knows next to nothing about." (Porkert, 1988)

Boosting vitality - as I will explain in section 3 - is all but impossible in an approach that leaves off precisely after it has mechanistically completed the task of repairing the physical structure. The task of revivifying and reinvigorating falls - as

 

alluded to by doctor Porkert – to an approach that considers each aspect of the patient's unique condition in relationship to the whole of that unique condition. The 'one-dimensional' focus on physical aspects of health and illness inherent in reductionistic cognition leads to a predictable blindness – a blindness easily remedied by shifting one's gaze to the holistic cognitive archetype.

**Loss of Meaning**

Meaning is a layer of reality which exists as a result of context within the whole or larger setting. When individual, discrete units are reified, the greater picture is disregarded and meaning along with it.

In chronic disease, it is axiomatic that the patient must learn to understand their signs and symptoms - the manifestation of their illness - in a way that is meaningfully significant and therefore empowering. One may even come to grasp chronic illness as something of a teacher. The patient who understands the *meaning* of their illness - what the bodily ailment is *saying* or indicating about their life-process - is an empowered patient who may then move on to the next stage of choice involving decisions about augmenting and revising certain lifestyle habits (i.e. diet, mental attitude, et al).

"In Western medical theory, illness is judged negatively." (Freidson, 1996) Yet this too is nothing more than the predictable myopia that arises from reductionism's segmentation of reality. The prevalence of chronic disease in North America is a direct reflection of the unsustainability of the life-style that predominates among North American people. One could easily re-label chronic disease, instead calling it *unsustainability illness*. The connection between the way people are living (dying) in the *drive-thru, give-me-more-convenience-and-give-it-to-me-now* way that whole generations of Americans have come to demand is so obvious from the holistic point of view – and so obscured from the reductionistic point of view – as to induce both laughter and despair. Auto-immune disease, neuro-degenerative disease, heart disease, kidney disease and respiratory illness all respond to the one thing that no one in the reductionistic fish-bowl is ready to concede; namely, 'one cannot live the way we live and expect to be free from illness.' The country is ill because the life-style we have come to accept as *normal* is utterly without either precedent or sustainability.

 

> "The patient's so-called model of illness differs most significantly from the clinician's not in terms of exotic symbolization but in terms of the anxiety to locate the social and moral meaning of the disease. The clinician cannot allow this anxiety to gain legitimacy or to include ever-widening spheres of social relationships." (Taussig, 2003)

My belief is that patients feel this connection as well as the out-of-control-ness of both the pace and the scope of 'normal' life in the U.S. Yet no part of the reductionistic model is geared to acknowledge this connection. (6)

Carl Jung saw the usefulness of a world-view that accepted as implicit the need to infuse meaning. The attempt to render objectivity in science has led to largely meaningless - if copious - quantitative information that has the inherent ability to leave patients and scientists alike stumped and wondering, 'so what?' It seems that 'so what' can only be addressed when meaning prevails. Jung's insight was to realize that meaning was created in the realm of the subjective; or - put another way - meaning arises out of the individual's personal experience.

In *Psyche and Cosmos* Rick Tarnas, tells of the significance Jung read in the phenomenon of synchronicity – the bedrock of holistic cognition. "Jung's concept possessed a special relevance for the schism in the modern world view between the meaning-seeking human subject and the meaning-voided objective world." (Tarnas, 2006) In other words, whereas the holistic archetype cannot ignore this connection between subject and object, the reductionistic archetype insists on an inherent assumption that subject and object are separate, disconnected, discrete and unaffected by one another. Thus, to the reductionistic cognitive archetype, an inner realization has no corresponding outer manifestation and an outwardly presenting sign or symptom holds no inner significance for the individual suffering its consequence. To label this 'reality' or 'science' is a limiting and - as time and the growing prevalence of chronic disease may reveal - dangerously arrogant assumption to defend. This notion of a subject / object separation is a *choice* and axiom of reductionistic epistemology. Its consequences naturally lead to a medical system not unlike the one which currently constitutes orthodox, conventional medicine.

 

The important take-away point is that the needs among the patient population are increasingly moving away from the heroic intervention so well performed by conventional medicine and toward the inclusive and empowering approach afforded by holism; furthermore, it greatly behooves the integrative specialist to get clear in his / her own mind about the limits and strengths of these axiomatic assumptions.

**Strife and Collateral Damage**

> "Within the U.S. context, biomedicine incorporates certain core values, metaphors, beliefs and attitudes that it communicates to patients such as self-reliance, rugged individualism, independence, pragmatism, empiricism, atomism, militarism, profit-making, emotional minimalism, and a mechanistic concept of the body and its repair. For example, U.S. biomedicine often speaks of the war on cancer . . .in the case of cancer treatment, U.S. biomedicine manifests a pattern of aggression that seems in keeping with the strong emphasis in American society on violence as a means for solving problems." (Baer, 2003)

Reductionism expresses and gives rise to a natural affinity for strife. The *either / or* aspect of the reductionistic archetype is a decisive dynamic in which one side of a given duality is chosen over and at the expense of the other half of that duality. This either / or dynamic is - in the largest and most final terms - the life and death struggle of the phenomenal world. (In contrast, one may read in the section to come how holism, by its very nature, possesses an inherent affinity towards balance, equilibrium and the 'middle way.') In contradistinction to the holistic preference for equilibrium - reductionism displays an inherent affinity toward victory or defeat; one side reigning over the other. The zeitgeist of life in the West in this epoch manifests as a conspicuous backlash against reductionism's inherent preference for strife and a puerile and sentimental embrace of holism's inherent preference for peaceful, harmonious equilibrium. Holism does indeed possess a preference for equilibrium; however, the holistic neophyte who fails of clarity regarding holism's inherent characteristics denies the existence of holism's militaristic metaphors and references. (7) This characteristic feature of reductionism's preference for decisive action is labeled 'bad' or 'aggressive' (with an evil connotation). Yet for the purposes of the thesis I seek to advance, I must clarify that decisive 'live or die' atavism is the very essence of aggressive life in the

 

temporal, phenomenal world. I submit therefore that those who live submerged in the culture of reductionism and who yearn for a more holistic (and presumably compassionate and peaceful) world view, do so without fully comprehending either holism with its own inhering limits or reductionism with its very necessary, championing of the essential atavistic, life-or-death dynamic. As Joseph Campbell explains,

> "the tree of life and two birds on the tree, fast friends. One eats the fruit of the tree and the other, not eating, watches. Those are two aspects of ourselves. One, we eat the fruit of the tree, we kill a life in order to eat it and we win and play the world of action. Then in contemplation as the meditative one, we are removed from the destiny of the one who is killing and winning and losing. I think of a tennis match . . . where on the court one is on one side of the net and there wouldn't be a game if one didn't play that game hard against the other one. But also there is the referee who doesn't care who wins. And a good sport is one who can hold both positions. You're playing the game as hard as you can . . . you participate on one side . . . That's part of participating of the sorrows of life, the cruelties of life . . . all life is sorrowful. So the bodhisattva participates with joy in the sorrows of the world, suffering himself in the world. This is the crucified one who *came to be crucified*. The crucifixion is not something that should not have happened. It's something that *must* happen. Participation in the sorrows; it's an important concept." (Campbell, 1997)

The ability to embrace the reductionistic *either / or*, live or die, atavistic impulse is every bit as essential as the ability to recognize the inherent similarities in a given situation - to wit, to see patterns and to recognize how to restore harmony to seemingly disparate units. In other words, killing is as necessary as harmonizing. But it must be done with a reverence for the thing killed. So often I see peace-loving folks whose idea of peace is to withdraw from the life-struggle (usually because of the convenience afforded by excess of wealth) and to let someone else do the killing for them. "Vegetarianism is the first turning away from life, because life lives on lives. Vegetarians are just eating something that can't run away." (Osbon, p. 119) Such 'humanitarianism' involves not 'peace and love' as much as apathy and misapprehension. So, I am *not* saying that the *either / or* motif of reductionism is wrong or bad. On the contrary, it bears an exceptional place in the mosaic of integration and in the dynamics of life. Nietzsche too was clear on this point as he declares in *Beyond Good and Evil*, "One has watched life badly if one has not also seen the hand that considerately - kills." (Nietzsche, p. 80)

 

However, in medical practice, unintended illness caused by treatment is a feature that leaves considerable room for improvement. This is an especially pressing topic of concern because the vast majority of iatrogenic illness comes – not from the fact that there is no other option, but because of a refusal to acknowledge any other approach. For several decades now, there has been a popular belief that reductionistic science is Science (with a capital S) and that all else must be nonsense.

> "If we are to explore a style of thinking that is . . . "somehow different" from our own and remain within the realm of science, we may also have to part with our Western notions of what is and what is not "scientific. There is no cause for alarm, however, since (holistic) Chinese science fulfills all the preconditions for an exact science, which is to say that it is equipped with a *clear and unambiguous vocabulary* that is organized by means of certain rules into a system that is *consistent and free from internal contradictions*. This system has specific techniques of *observation and diagnosis* at its disposal, and on the basis of these a logical, coherent and totally intelligible therapeutic system is constructed." (Porkert, p. 51-52)

Perhaps the most significant and limiting aspect of conventional, reductionistic medicine lies in its taxonomy of disease. The aim of conventional medicine is one of attacking or destroying disease. In contrast to this preference to focus on disease, there exists another approach which, among other differences, is focused on the boosting of vitality. (See Section 3, *Bu Fa vs. Xie Fa*) Conventional medicine treats or attacks *disease*. Holistic medical treatment based on pattern discrimination treats a *pattern* of imbalance. A *pattern* is a holistic rendering of a patient's entire picture of health or illness; including age, sex, constitution, body-type and whatever other specific factors go into making that particular patient different and unique compared with any other patient that has ever presented with the same, named-disease condition.

This seminal difference – the treating of disease by conventional medicine and the treatment of patterns by holistic TCM – is the pivotal point at which the reductionistic and holistic epistemologies diverge. (8) It is from this pivotal distinction that all subsequent distinguishing implications and relative characteristics may be traced. Furthermore, this pivotal distinction – treating a disease or balancing a pattern - arises from a single axiomatic, epistemological assumption about the nature of reality. The

 

holistic and reductionistic archetypal modes of cognition each carry and rely upon specific assumptions of cause and effect. The attacking of disease by conventional medicine is not an arbitrary decision or a haphazard clinical application. It is the natural therapeutic intervention arising from the singular axiomatic assumption that reality can be reduced to smaller and smaller sub-units of physical matter. The conventional approach *has* to attack disease. That's all it knows; it can do no other. (9, 10) Fortunately, when called for and in the grave situations where no other option obtains, it performs this task with great aplomb. But since this piece seeks to expose the shift toward a patient population now suffering primarily from chronic disease (4, 5) in which patients frequently require supplementation – either of warmth (function) or fluids (righteous yin substance) - one must also declare the limitations of the conventional medical approach as Dr. Manfred Porkert does, saying, "we also know that people are less susceptible to infection when their vital functions are in good working order, and this is something that (conventional) medicine knows next to nothing about." (Porkert, 1988)

> "The beauty of (holistic) Chinese medicine is that, using its system of prescribing, one can tell exactly who needs what medicines in what amounts. Thus (holistic) Chinese medicine, when correctly practiced, provides healing without side effects (iatrogenesis). This is exactly what makes Chinese medicine the safe and effective system of medicine it is and why it provides such a wonderful alternative and complement to modern Western medicine which tends to prescribe the same medicine for all persons with the same disease. Since each person is different from every other person, no one medicine, or nutritional supplement is going to be right for every person even with the same disease. And that is why one gets side effects (iatrogenesis)." (Flaws, 2008)

Consider the two general categories of illness claimed by conventional medicine as its sole property: infectious disease and acute or serious illness. What does a person's diet or life-style matter when they are in cardiac arrest, or experiencing acute kidney failure? Such problems are to be *attacked!* Yet, which system is better suited to deal with chronic disease?

> "Systematic scientific research and the practical application of (reductionistic) medical science resulted in the conquest of an entire group of epidemic diseases. Those left unvanquished were functional disorders and chronic illnesses – which may be promoted or aggravated by stressful working conditions, nervous tension, or psychological strain brought about

 

> by anything form a sedentary mode of life to the unnatural disruption of our environment to the perennial instability of our social milieu. And these disorders, as we know by now, are the special province of (holistic) traditional Chinese medicine." (Porkert, p. 63)

Over and over I read how 'integration is . . . (here the author describes holism in more or less correct detail). (See section 3, *Myths of Integration*) This is the lowest level of understanding regarding the shift that will result in true integration. It is also representative of the either / or motif that underpins reductionism (i.e. - if it is not *this* then it must be the *other*). This wholesale dismissal of reductionism in favor of holism is precisely what integration is *not!* The shift toward integration only *looks* like a mad-dash toward holism. In reality, integration is simply the logical application of that system best suited to diagnose and treat the current epidemic of chronic disease – which happens to be holism because of the inherent strengths of the holistic cognitive system.

The holistic hack who has not clarified the full breadth of holistic cognition fails to acknowledge that indeed many of the metaphors employed in holistic pattern discrimination have precisely to do with militaristic concepts such as *invading, combating, attacking and overwhelming*. If acute or histological aspects of a chronic disease arise, then *of course* reductionism will be called into duty in the service of integration. But this swinging of the pendulum from reductionism to holism - and the subsequent labeling of this pendulum swing as *integration* - is simply ignorance. It is ignorance of the inhering strengths and limiting characteristics of these primary archetypes and their subsequent influence on their respective medical systems; and this ignorance is characteristic of hard-line adherents of either system.

The focus on attacking evils *must* include collateral damage - not only due to the lack of technical specificity which, for example, cannot help but introduce cytotoxin to healthy cell tissue as is the case with chemotherapy, but also because of the ultimate inter-connectivity of each and every cell within the body.

 

> The specificity of the diagnosis and the selectivity of the treatment not only make this approach more efficient but also manage to avoid all the side effects that cause so many problems when a symptomatic, prolonged . . . . program of drug therapy is prescribed by Western medicine." (Porkert, 1988)

To attack one part is to attack the organism entire. Am I arguing that such an approach has no place in medicine? Not at all. In dire circumstance, such a methodology may indeed be the avenue of last possible egress. Yet such 'healthcare' is essentially equivalent to a commander in the field calling in a bombing-run or artillery barrage on his own position, knowing that his own troops will be annihilated along with the enemy. As a standard-of-care, such methods constitute rather poor strategy and leave much to be desired. Yet the reductionistic cognitive archetype is so geared toward 'attacking' evils, that such a policy is accepted as standard, constituting what is referred to as *best-practice.*

Consider that, conventional medicine accepts and dismisses collateral damage in the form of iatrogenesis. The U.S. National Center for Health Statistics and the Institute of Medicine estimates that deaths from iatrogenesis actually surpass deaths from malpractice. The numbers for 2002 of the leading causes of death place deaths related to medical malpractice at 98,000. (11) These are unintentional mistakes and the unfortunate results from risky procedures that comprise the cutting edge of technological intervention. Yet, a far more arresting figure is the sum attributed to 'correctly' prescribed medicines. There were 106, 000 (11) deaths from medicines for which a certain number of 'casualties' is apparently factored into the equation. The conventional approach accepts this. It seems iatrogenesis is an inherent characteristic of the epistemology of strife that underpins the conventional, reductionistic approach.

**Literal Mindedness**

The bent in reductionistic culture toward literal mindedness is a knee-jerk reaction to two conspicuous characteristics: 1) the super-emphasis on physical, exoteric and material reality; and 2) a strong institutional influence on Western thought and society. These twin-spawn pose a 'which came first, chicken or egg?' paradox. Did the exoteric

 

reification of material reality birth the reductionistic institutional parapet? Or did the institution of the church – adopting and proclaiming for its own ends the notion that God is 'out there' somewhere and thus *everything good is outside and grace comes from without* - give birth to reductionistic culture? Either way, there exists a peculiar blindness within reductionistic cognition that prevents one from accepting symbolism and metaphor as legitimate and real on their own terms. Reductionism is actually anti-metaphor, anti-symbolism. Nor is this blindness limited to medicine. In fact, it seems to me that just as reductionistic cognition is a precursor to conventional science in the West; so too, the institutional bias of Western religions antedates the institutional bias of Western medicine. And what is that particular bias? In religion, the institution of the Church has been the model by which reality is essentially dictated to the masses; to wit, "despite its extroversions the West, too, has a way of dealing with the psyche and its demands; it has an institution called the church, which gives expression to the unknown psyche of man through its rites and dogmas." (Jung, p. 494)

The literal mindedness of the West is bound to our insistence that "everything good is outside" (12) which is the institutional imperative of the church – without which its authority is gossamer and phantom as smoke. It seems anachronistic to say so in our secular and de-spiritualized Western culture, but "The West is thoroughly Christian as far as its psychology is concerned . . . grace comes from . . . outside. Every other point of view is sheer heresy." (Jung, 488) It is not difficult to witness the similarities between the institutional influence of the church and the authority of medical science.

> (Campbell) "I think contemporary religion is in a very bad spot. It's because they have taken the symbols as the reference. For instance . . . religions are a constellation of metaphors; and a metaphor points to connotations that are of the spirit, not of history and in our religions we're accenting the historical image that carries the message but we stay with the image . . . and you lose these messages. The thing about Jesus is not that he died and was resurrected but that his death and resurrection must tell us about our own spirit (psyche)."
>
> (Toms) "Why do you think we do tend to this literal interpretation? Why does that occur?"

 

> (Campbell) "I think it is the result of a strong institutional emphasis in our religions in the West and a fear of the mystical experience. In fact the experience of the divine within you is regarded as blasphemy. I remember giving a lecture on this problem . . . and I spoke of it as the God in you coming out through your life . . . (the priest said) that's heresy. That's blasphemy. Blasphemy is the word he used. Okay, (incredulous) so all the spirit is out there somewhere and not in you?! What's the meaning of the saying 'the kingdom of heaven is within' you if you can't say it's within me?" (Campbell, 1997)

In institutionalized Western religion, the experience of the divine within is blasphemy. In institutionalized Western medicine, the experience of self-healing and self-realization through illness is blasphemy. The one, single realization the conventional physician *cannot* permit is the patient's realization that their illness is guiding them to an inner awakening in which that patient learns of their own power to heal and to change the life-style and habits contributing to their illness. (13) Conventional medical science achieves this through the negation of such connections and through non-commonsense, technical language. (14) But this realization of the divinity within (i.e. that one may affect his own healing and recovery) is; 1) precisely what holism insists upon as it seeks to enlist the patient's effort in lifestyle augmentation; and 2) what chronic disease requires.

In chronic disease, there is meaning in one's illness. It is *not* a random assortment of signs and symptoms unrelated to one's inner psychic state and awareness. The relationship between the religious institutions of the West and the medical cognition of reductionism is not as far-fetched as it might seem. In religion, literal mindedness has been apparent for centuries. Some of the best and brightest minds of the past century have plenty to say about this phenomenon.

> "All the gods of the world are metaphors, not powers.
> All imaging of God . . . is supposed to refer to that which transcends all knowledge, all naming, all forming; and consequently, the word has to point past itself. In our tradition, the idea of God is so strongly personified as a person that you get stuck with that problem whenever you think of God." (Osbon, p. 163-4)

One could rewrite the above passage to reflect the truth of this same dynamic in a medical context.

 

> 'All the (signs / symptoms) of (chronic disease) are metaphors, (not mechanistic facts). All imaging of (illness) . . . is supposed to refer to that which transcends (mechanistic understanding) and consequently, the (illness) has to point past itself. In our tradition, the idea of (illness) is so strongly (mechanized) that you get stuck with that problem whenever you think of (healing).'

This concretization of illness as a mechanistic phenomena – the inevitable result of biomedical and biochemical imaging and language – renders the psychological aspect of chronic disease non-existent.

> "Now, monotheism is a concretization of God, a mystery that actually transcends concretization . . . if you read the historical "facts" as metaphors . . . you will discover . . . a marvelous array of psychologically valid symbols that are fundamentally okay until they are concretized." (Osbon, p. 179)

Just so, if one reads the signs and symptoms of their chronic disease as symbols of their life-process, one "discovers a marvelous array of psychologically valid symbols that are fundamentally okay until they are concretized" (into biochemical and mechanical images). As a physician, my experience is that patients often sense that a way exists to recover from the most pernicious and insidious chronic condition; but reductionistic medical science is not helping us do it, because it's talking about metaphorical dynamics as if they were mechanical facts.

> "People know there is a way to have this spiritual development take place, but the church is not helping us do it, because it's talking about metaphorical events as if they were historical facts . . . The Virgin Birth is metaphorical, and so is the Ascension . . . His Ascension represents the inward, mythological journey. And the Virgin Birth represents the birth of the spiritual life in the human." (Osbon, p. 168)

(Presto! Change-o!)

> "People know there is a way to have this (healing) take place, but the (established, institutional, orthodoxy of medicine) is not helping us do it, because it is talking about metaphorical (relationships between mind and

 

> body) as if they were (mechanical facts). The (revelation of one's inner power) is metaphorical, and so is the (the connection between the mind and body that can affect healing) . . . (the patient's healing) represents the inward, (medical, self-healing) journey. And the (inner realization) represents the birth of the (empowered recovery) of the (patient)."

The birth of the spiritual life in a religious sense is tantamount to that sublime awakening of empowerment that occurs when the patient understands with the power of revelation not just *that* their inner psychic world is connected to and influential of their outer, physical illness, but also precisely what 'action' to take (psychologically speaking) to remedy their condition. Just as the moment of spiritual awakening is supremely personal, so too the realization of how to heal is an utterly solitary affair. No one can do it for another; but one can derive clues – metaphorical clues. The power to at least manage and possibly even recover from the vast majority of chronic disease may in fact reside *within*, requiring an awakening to one's inner understanding of their own life-dynamic and the actions, thoughts and habits one has taken (or failed to take) that have resulted in illness. Yes, *of course* there may be factors that complicate this generalization, but such complicating factors are precisely what the physician is there to counteract. In managing and recovering from chronic disease, the real work falls to the patient.

Modern medicine with its bedrock of reductionism is to the patient what the church is to the Western citizen: it is the institution whose dogmas will save you from dealing with that which you are afraid to face. Just as the average church-goer is saved from the real spiritual journey and need not endure the mystical experience - since the church will look after his soul; so too the average patient need not examine their role in the creation of their illness since the medical establishment will come up with a drug or a procedure to save their body. In both cases, there is a denial of ownership that results from the institutional influence that takes responsibility for that which the individual must ultimately puzzle out for himself / herself.

In chronic disease, the *mystical experience* is the working out of one's illness; learning the lesson of that particular illness and the recovery and return journey of sharing with others the 'gem of insight' one has gained – i.e. the subjective experience

 

that, it would appear, can be understood only through *metaphorical common sense* or not at all (by all). Yet this relationship to illness as something metaphorical and allegorical to inner growth and development is something utterly discouraged by an institutional model that dictates salvation (recovery) lies in taking a pill, in having your prostate or breast removed. It becomes more and more difficult to keep a straight face when one sees commercials that promote happy-looking, healthy people in the first half of the time slot, only to spend the second half detailing the myriad possible side-effects of their product; "if you experience an erection that lasts more than 24 hours, be sure to seek medical care." (Commercial for Cialis) Does an old man *need* a pill that results in Priapism? ("I've had a hard-on for three days! You think I ought to call my physician?!")

Might there not be a psychological lesson afoot? In dictating the reality of health and illness to patients, the doctor-priest of conventional medicine essentially denies patients the chance at self-realization and self-empowerment. If you think it is normal and healthy to get lots of ass in your mid to late 60's the way you wish you had in your 20's and if medicine is offering a pill that might make your cock stiff for a day and a night – since it seems not to work at all without such pills – then why the hell not? Really!?

The parallel I seek to expose is the link between religious institutions and the institution of medicine. The commonality they share is the belief that "everything good is outside . . . grace comes from . . . outside;" (Jung, p. 488-90) which is analogous to the reductionistic medical bent to elevate material reality. In both cases, there is a loss of the symbolic nature of psychological reality. The symbols of religion – which Campbell cites as misunderstood and pinned down to a strictly historical meaning – are equivalent to the signs and symptoms of chronic disease and the meaning and metaphorical significance they contain for the individual patient. Both of these *symbols* point beyond themselves to something bigger, more significant; something allegorical and transcendent. Just so, the reality of health and illness has been maintained by the institution of conventional medicine which tells the patient population what it must believe - establishing the notion of what it is to be healthy - to which everyone must conform.

 

> "The imagery and religious life of the West has been maintained by certain institutions, for instance when you have a College of Cardinals telling you what you must believe, and establishing the mythology to which everyone must conform . . . meanwhile people are experiencing life in ways that are not those that the officers of the institution understand and so you have a split in Western consciousness." (Campbell, 1997)

The *split* in Western consciousness referred to by Campbell is the nagging realization that extroversion and the reification of 'objectivity' is so instinctively one-sided that it inevitably produces a backlash of subjectivity which – in its tormented wish for inclusion - misses the mark and instead ends up defending the doctrine of *personal subjectivism*. Failure to reconcile the subject / object split essentially *is* the glass-ceiling and quantum omission that defines and limits reductionistic cognition.

In the same way that religious institutions insist upon dictating the reality of the individual's spiritual adventure and inner development; so too the reductionistic institutional posture – obscured as it is by a 'medical gaze devoid of common-sense' and devoid also of the subjective, actual lived experience of the individual patient – is out of touch. It cannot relate to anything beyond its own literal, body-as-machine metaphor, nor arrive at that inner / outer dialogue wherein illness of the physical body is so clearly related to disharmony within the psyche – which is the rule when dealing with chronic disease. So long as a patient experiences illness in a way that MD's have been trained to recognize and treat – i.e. heroic intervention, body-as-machine – then conventional medicine is well-suited and may be applied with confidence. But when a patient's experience no longer conforms to the 'non-commonsense' view of conventional reductionistic medicine – e.g. chronic, degenerative, auto-immune disease and functional disorders – then reductionistic medicine is utterly at a loss to produce successful outcomes. Is this not precisely the dynamic at play among the tens-of-millions of patients who cannot get relief from their chronic disease via conventional medical treatment; and who insist that their MD physician 'doesn't hear them' or 'doesn't listen to what I am telling him / her (about my experience of illness)'? The truth may be that MD's *can't* hear. They are not trained to relate to a patient's subjective experience, but must instead reconstruct the medical gaze into something that reflects a mechanistic

 

understanding that does not resonate with the way patients are actually experiencing illness.

> "The teaching of social science to medical students, however, typically engenders resentment. As they begin to redefine the object of the medical gaze in the language of science and the body, medical students express nostalgia for the commonsense view of human suffering, fearing that they will lose precisely those qualities they most hoped to bring to medicine." (Good and Good, 1993)

The loss of lateral-minded metaphor and a commonsense understanding of health and illness is an axiomatic part of the assumptions and learning-process underlying reductionistic training and medical culture.

The literal interpretation of religious metaphors as concrete historical facts is the self-same deception perpetrated in reductionistic medicine. Its seed is the axiomatic assumption in the West that 'everything good is outside.' (12) In other words, the emphasis on material and external reality which arises naturally in the reductionistic cognitive model is also what fuels and supports the literal mindedness that turns metaphors into facts.

> "A critical experience for most medical students (is) where they see physiological responses to various chemicals introduced into a living animal . . . (which) serves as the architecture for developing medical knowledge . . . (this) quickly becomes the only reasonable way to think . . . physiology elaborates this world in the language of mechanism and function." (Good and Good, 1993)

The language and psychology of reductionism in medicine obviates common sense by its use of concepts and lingo that simply cannot be understood by the lay-person and which must be learned by the conventional medical professional at the cost of their ability to relate to a commonsense view of health and illness in favor of a biochemical and mechanistic grammar. (See section 3, *Language and Integration*)

Chronic illness is freighted with meaning; and the inability to make sense of the language of the body, the way it *speaks* during illness, is the great bane of reductionism in medicine. Yet, to understand the *language* of the body, one must first assume a posture of inclusion of *metaphorical* similarities. It is the *inner / outer dialogue* that

 

reveals the metaphorical meaning of a given illness, condition or symptom. The taking literally of mechanistic 'facts' by a given patient essentially reduces that patient to a passive entity who must await salvation from without (in the form of a transplant, drug therapy or other heroic biochemical or mechanistic procedure). The metaphorical language of holism makes such common-sense that the patient is *confronted* with their role and *must* acknowledge the part they are playing in their illness / recovery. In holism, this is axiomatic.

> "(Holistic) medicine has a much more down to earth and immediately understandable vision of what causes joint pain and what you can do for it. Most of us on hearing that the most probable initial event in OA (osteoarthritis) is the mitosis of the chondrocyte with increased synthesis of proteoglycans and type II collagen, won't have the foggiest notion of what this means on an everyday level and what we ourselves can do about this. Traditional Chinese Medicine . . . is based on a vision of the human body as a microcosmic miniature of the natural world. Therefore, the language of Chinese medicine is the language we use everyday to describe events in the world around us. More importantly, using this language (metaphors), we are empowered to take charge of our own lives and well-being so that whether we experience pain and discomfort becomes a function of how we live our life." (Flaws and Frank, 2006)

Just as institutions encourage a misapprehension of the metaphors of religion and mythology – 'advertising a historical interpretation' – so too the institutional emphasis of Western medicine insists on a medical reality that does not correspond with the patient's lived experience.

> "In the Thomas gospel when the disciples ask Jesus, "when will the kingdom come?' Now the orthodox answer is that the kingdom is going to come historically. The answer there is the kingdom comes psychologically. The answer that is given is that the kingdom will not come by expectation. The kingdom of heaven *is* spread upon the earth and men do not see it." (Campbell, 1997)

Watch what happens if I rewrite this passage, substituting several key words to render a medical context in lieu of a religious one. With regard to chronic disease, the (patient) asks (the doctor),

 

> 'When will (healing) come? Now the (reductionistic medical) answer is that (healing) is going to come (mechanistically, from outside). The answer (via the holistic cognitive model) is that (healing) will come psychologically (from within). The answer that is given (in holism) is that (healing) will not come by (reliance on something from outside). The (healing of your chronic illness) is spread (out before your inner eye's realization) and (you do not see it).'

**Exoteric focus**

> "We in the West believe that a truth is satisfactory only if it can be verified with external facts . . . truth must coincide with the behavior of the external world." (Jung, p. 494)

As Jung points out, "the West is thoroughly Christian as far as its psychology is concerned . . . not . . . in a religious sense, but in a psychological one. Grace comes from elsewhere; at all events from outside. Every other point of view is sheer heresy." (P. 488) What is the significance of such an orientation? It is the locating of 'salvation' in the material, external world that not only gives rise to an emphasis on material reality but a dogmatic belief that *only* material reality is real. Hence, the conditions for a 'one dimensional' understanding of reality are inherent in reductionistic methodology.

Michael Tausig writes about this same issue concerning the lack of alternative ontologies in American medicine, saying that they are "denied by an ideology or epistemology which regards its creations as really lying 'out-there' – solid, substantial things-in-themselves . . . this illusion is ubiquitous in our culture." (Taussig, 2003)

Not only does reductionism promote this 'one-dimensional' view of reality, focused as it is on exoteric, material aspects; *it is also a feature of reductionistic cognition to deny equal ontological status to any other version of reality save one which reflects reductionism.* A good example of a contrasting point of view exists in Tumbuka culture where "for the Tumbuka dreams are *real* . . . not taken as a fiction of the mind but as a reality of the soul . . . For the Tumbuka, there is no sharp demarcation between the reality of waking consciousness and the reality of dreams . . . both have the same status of reality." (Freidson, 1996) The author makes a careful distinction between ontological status and reality. "Having the same status does not mean, however, they share the same reality . . . they (Tumbuka) clearly differentiate between the reality of waking

 

consciousness and dreams. They do not however, dichotomize between the two into real and unreal . . .these two realities have an equal ontological status." (ibid) The possibility that qualitatively different aspects of reality may be equal in ontological terms is not a feature of the reductionistic model.

The focus on external reality is nothing other than a synonym for reductionistic cognition's emphasis on material, physical reality.

> "It is a paradox, yet nevertheless true, that with us a thought has no proper reality; we treat it as if it were a nothingness . . . We can produce a most devastating fact like the atom bomb with the ever-changing phantasmagoria of virtually non-existent thoughts, but it seems wholly absurd to us that one could ever establish the reality of thought itself." (Jung, p. 486)

The significance of highlighting this aspect of reductionistic cognition is the weight of implication such lop-sided focus bears on patient empowerment. Disavowing the effects - or even the existence - of the mind's thoughts and emotions is like trying to swim the English Channel with one arm and one leg: not a good idea and frustrating and exhausting to say the least. Yet this stubborn insistence by Western institutions to 'dumb-down' the population works against the individual at every turn.

> "Our Western systems . . . have been institutionalized. Our mythologies are institutionalized and salvation comes from membership in an institution . . . you can't find it in yourself you find it only through the church. These men from the East come . . . and they tell us the real mystery is in yourself (sic). We have that! The kingdom of heaven is within you. Who's is heaven? God's in heaven. Where's God? Within you. That's not what the church advertises . . . god is in the tabernacle or the church or something like that . . . this thing the (holistic) orient is bringing is a realization of the inward way . . . when you sit in meditation, you're coming to the divine mystery right there in yourself. That's what the (holistic) East is teaching us . . . The truly mystical finding of the divine not only within you but in all things is not favored . . . (by) institutions. The big thing that the orient is bringing to us, the mystery is inside yourself . . . '*You are it*.' That divine mystery that you seek to know is the very source of your own life, it is the being of your being and you find it within." (Campbell, 1997)

 

The truly significant discovery that the power to manage your chronic disease is (or at least *may* be) within you is likewise not favored by reductionistic medical orthodoxy. The 'inward way' of Eastern religion and medicine is tantamount to the inner awakening of one's role in driving their illness / recovery.

Medical procedures such as surgery for life threatening conditions or traumatic injuries do not require great consideration of an individual patient's thoughts and feelings. Such 'trifles' may be relegated to that sphere of insignificance that permits the doctor-mechanic to attend to the physical structure sufficient enough to secure physical survival. Yes, *of course* radiation and microbes and car accidents come from and occur in the external world. (Here even the inside of the physical body must be understood as 'outside' since it too is an aspect of physical reality rather than inner, psychic reality). Yes, of course one needs to take precautions, mitigating the effects of radiation, maintaining good hygiene and wearing one's seatbelt and driving with enough caution to avoid collisions. But beyond a certain threshold, the external world is as it is. No amount of positive thinking can preserve one from the effects of radiation exposure or acute pestilential illness or being mangled by a drunk driver. (Here I refer to the fatuous kind of *'if-I-smile-idiotically-and-pretend-I'm-so-bloody-jolly-then-it-will-make-it-so'* kind of positive thinking that is a main feature in the three ring circus that is the self-improvement industry in the U.S.)

Yet chronic disease demands an inventory and inevitable restructuring of the inner realm.

> (Campbell) "What you have to come to is a new level of understanding of what your relationship to life *might* be. That's the creative act . . . action requires an innovation."
>
> (Toms) "Sometimes were afraid of the new. The new is almost like a threat to our well-being."
>
> (Campbell) "Right and we're also afraid of being criticized. It's a sticking your neck out. That's what life is. This is what every minute requires. In any kind of creative work, painting, writing, music composition, or inventive action, you're sticking your neck out. You know the symbol of the Star of David, this symbol occurs also in the Sanskrit tradition in India and it's placed in the center of the heart . . . the upward pointed triangle

 

> (represents) 'effort' to move toward the spiritual call of the new, innovative experience. The other represents the inertia that calls you down to what was done before and the way it was done before. It's that new things that's life. Life is always new. There's a growing point, and where you're not at the growing point, you have become more or less a robot. That's the 'wasteland' - people living not in terms of innovative thinking but in terms of how it was done successfully before." (Campbell, 1997)

In chronic disease, 'doing things how they have been done before' is what leads and has led to the 'wasteland' of illness. It is a psychological innovation that must be 'administered' if the patient with chronic disease is to set upon a path to discover the *Grail* of recovery. Furthermore, it is *in the psyche* that one may discover a plasticity of thought and the emotional control to which recalcitrant illness is inevitably linked and by which it may be mitigated and managed. It is a given for the patient with chronic disease that for recovery to take place, it will not be 'business as usual,' psychologically speaking. Chronic disease changes the patient's inner perspective; and this may be the very factor that *needs* changing in order for the patient to recover. This *change may be the lesson* the patient needs to learn in order to evolve and thus recover. If medical orthodoxy preaches that 'everything good is outside' (exoteric focus) how may a patient even begin to recognize the error that lies within the psyche, let alone begin to restructure their perspective? Such inquiry not only highlights the significance of choice but also begs a reconsideration and more mature definition of choice than the one currently in vogue and invoked by the New Age, self-improvement industry. Carolyn Myss speaks with conviction about the profound power of choice,

> "Most important of all, I hope to highlight for you the significant power of choice that is the core gift of the human experience. For all the many gifts that the human being has, that we have as individuals, none is as powerful or as profound as our power of choice; and I would further say, none is as misunderstood, misrepresented or eclipsed in its potency . . . for every choice there is a consequence . . . what I've discovered in my own work is how intricate and involved the choices are that we make in life. I think for most us choice is defined by what we say . . . at a very pedestrian or very elementary level. The deeper, creative choices we make in life are the ones we're not aware of. Those are the ones that have power. The choices of our attitudes, the choices of our belief systems, the choices of our resentments, the choices of the manner in which we love and the

 

> quality of love - all of these subtle choices that we really don't think about moment to moment . . . in terms of why we judge someone, how we judge someone, how we *choose* to see someone - these are choices, every one of them, and every one carries incredible potency . . . I track their (patient's) choices and their body tells me the consequence . . . their life tells me the consequence . . . you need to be aware that (choice and consequence) are registered in your biology and they're registered in your biography." (Myss, 2001)

The focus on exoteric reality hampers and limits the conventional reductionistic approach to research as well. In her book *Decolonizing Methodologies,* Linda Smith describes the fundamental pitfalls of conducting research on peoples of different cultures without casting an eye to the biases of the observer and concludes that research and analysis done 'at a distance' can never accurately portray the lived experience of the people it seeks to illuminate. Furthermore, the types of biases one maintains when conducting research as an outsider serves only to highlight the self-referential bind-spot of the observer.

> "Most research methodologies assume that the researcher is an outsider able to observe without being implicated in the scene. This is related to positivism and notions of objectivity and neutrality. Feminist research and other more critical approaches have made the insider methodology much more acceptable in qualitative research . . . **the critical issue with insider research is the constant need for reflexivity**." (Smith, 1999)

The parallel here is that the legacy of exoteric emphasis lends to predictable results whether one applies such an epistemology to methods of anthropologic study or whether one seeks to empower one's patient. The obvious conclusion is that one must include the subject(s) being studied. ". . . Community concerns were always reframed around standard research problems. How can research ever address our needs as indigenous peoples if our questions are never taken seriously? It was as if the community's questions were never heard, simply passed over, silenced." (Smith, 1999) Similarly, it is of essential importance that an individual has their own concerns taken seriously, included as a part of their process of healing. Without this inclusion of their subjective view-point, any therapy or technique will only ever be of partial success. The input about how a people (person) will take part in their own redemption from illness to health is an

 

essential and conspicuously absent piece in the methodology that sees phenomena and patients as essentially discrete, disconnected and (only) physical entities.

This essential issue of how research-methodologies affect study-outcomes points toward a fundamentally different assumption about patients, suggesting that researchers *must* address different criteria. Is it not essential – in a model in which self-empowerment is primary – that the patient be permitted to discern for themselves not just the pattern of events that lead to illness, but also the meaning of their experience as it relates to wellness / recovery? How can a patient learn to recognize the ways and moments in which their mind is creating their matter? Judith A. Sedgeman of the West Virginia University initiative for Innate Health offers her solution.

In a paper on Innate Health and Healing Realization (IH/HR), Sedgeman makes an interesting observation that gives interdisciplinary evidence of the same type of shift that research methodologies face in attempting to include the lived experience of the individual. In her research on stress and its effects on a given individual, the question is shifted as to the where stress arises.

> "The persistent assumption that stress is a consequence of factors outside of the control of the individual, however, has kept research attention on the relationship between stressors and the individuals who are subject to them. As a result, studies focus on how best to protect people from stressors or equip them to respond to stressors as successfully as possible. A question for further study is how people access their internal resiliency. What allows some people to draw on their internal strengths when they most need them, while others are easily overwhelmed? What explains the power of the psychological immune system, and why is it not consistently engaged or functioning?" (J. Sedgeman, 2005)

The author highlights the disconnection between the source-origin of stress and the person suffering its effects. The compelling twist that Innate Health researchers are introducing is that, *the individual is empowered and not passive*. So long as stress is seen as an *outer* force, no individual can hope to manage it. This belief that stress arises from *outside* is consistent with a methodology based on the beliefs that give rise to the eminence of Western science and that now limit that science. In other words, the essential difference to this empowering approach lies in the way the research question is

 

posed and the method by which inquiry is conducted. By shifting assumptions about the origins of stress and no longer assuming that stress originates from *without* the individual who experiences its effects, the patient's subjective reality and, more importantly, their personal role in the creation of that stress is acknowledged and included in the methodology. If one were to put on the interdisciplinary goggles necessary in this line of investigation, one can discern that this is roughly analogous to the findings of Linda Smith who reminds us that it is not possible to approach another group of people as an outsider and ever hope to wholly understand their lived experience (so long as one were to remain an outsider). Furthermore, the suppositions of IH/HR are consistent with the tenets of holistic modalities in which the shift is toward an empowered individual. If the way in which one frames an inquiry of their experience is central to how they will recognize and narrate that experience, to how that experience will color and shape their reality of health or illness, then any patient who seeks healing is better served by a method of inquiry that permits them to frame their search for pattern and understanding in an empowering way from the start and assumes that the source of their illness is *not outside* of their choosing but rather *within it!*

Ultimately, whether or not one actually possesses the will and the personal agency to change one's psyche in such a way as to affect physical healing, such a posture may still present a better orientation than the stubborn adherence to a belief in the primacy of physical reality. Why? Even if one is *unable* to change one's mind, it is identification with the preeminence of the mind that *allows for the mere possibility*. Denial of the mind's preeminence negates even the chance-to-have-a-chance of rescuing oneself from illness and affecting one's own recovery. In other words, the achievement of healing from chronic disease – or even the successful management of a recalcitrant chronic condition – may or may not be actualized; but it *cannot* (or will not) even be *attempted* so long as one adheres to an exoteric orientation; to wit, until one realizes that it is within the pliable psyche that one may reorient one's mind, finding empowerment within one's illness and maybe even recovery. After all, "we have, as yet, no idea as to where that reality (physical, 'objectivity') ends and where purely constructive imagination begins." (Unschuld, p.9)

 

**Individual focus**

> "For all the poet's anthems, war's object is nothing nobler than the imposition of one nation's will upon another by means of force and threat of force . . . Or shall we cite Achilles and say we emulate the *virtues of war*? Rubbish! Any virtue carried to its extreme becomes a vice!"
>
> - Hephaesteon to Alexander, *The Virtues of War*
> by Steven Pressfield

Reductionism is essentially a reification of the one (reduced) thing, distinguishing that one thing from every other thing that is excluded from the isolate. This is precisely how Western pharmaceuticals are produced when the 'active ingredient' is isolated from a plant substance, reproduced synthetically and made into a pill to be sold for profit by the pharmaceutical industry. That Western culture champions individualism can hardly be refuted. "Again and again both Westerners and non-Westerners point to individualism as the central distinguishing mark of the West." (Huntington, p. 73) Yet, the preference of reductionistic Western culture to emphasize and elevate the individual is yet another point over which the haze of paradox hangs heavy and - to many - obscures the route by which one may adhere to a path of individuality and individual development.

The pursuit of individual genius and adventure is the essence of the 'hero journey' a la mythology and may be the seminal gift of life in the West. At the least, it is the great boon of Western culture to bestow such an opportunity.

> (Campbell) (This gift and opportunity are) what are symbolized actually in the forest adventures of the Grail. There's a wonderful statement In the Quest of St Gral, . . . the knights are challenged by Gawain to go in quest of the Grail to behold it unveiled . . . but they thought is would be a disgrace to go in a group. Each entered the forest at a place that *he* had chosen where it was darkest and there was no way or path. That is to say that each must find his own path; following a path, you're following someone else's destiny; and one of the great spiritual insights of the peculiarly European, Western tradition is that each of us has his own destiny and just doesn't run along an already mapped out track." (Campbell, 1997)

 

Yet it is the nature of illness in the world today, and in the West in particular, that requires a reconsideration of the boon and the bane of individuality. The basic epidemic of illness in the West may be the result of societal discord and the unsustainability of the *every man for himself, me first* ethic. Witness the medical industry that actually benefits financially from illness. The more sick people there are, the better the medical business booms. The food industry allows poisons to be introduced into the water and soil so that people can eat 'healthy' food – which is then traced back to cancer and other chronic and degenerative disease. This is the basic motif of life in the U.S. where the disconnection and inherent conflicts built into our society drive the prevalence of chronic illness and define the nature of chronic disease. No one seems to contend that the defeated and downtrodden indigenous peoples of the world tend to exhibit high rates of alcoholism and suicide arising from the despair of their defeat and captivity, the loss of their lands and culture. Yet - quid pro quo - a similar recognition (that a huge percentage of the chronic disease in the U.S. is nothing other than a reflection of the unsustainability of the lifestyle we have created) is considered apostasy.

> "The . . . life of the west has been maintained by certain institutions, establishing the (reality) to which everyone must conform . . . meanwhile people are experiencing life (illness) in ways that are not those that the officers of the institution understand and so you have a split in Western consciousness." (Campbell, 1997)

The 'split in Western consciousness' is nothing other than a misapprehension of the gifts of individuality. Your own 401K might be in great shape, but what are you going to do if there is no more water to drink or no more clean air or safe food to eat? As Campbell professed early-on, "the in-group now is the whole planet." (15) The shift that became apparent on a global scale in the last 100 years is that we are all on one planet – *together!* Thus individualism - like any virtue taken to its extreme - can invert into a vice. Like any gift, such individual focus begets obligation. The obligation of the *hero journey* - to society at any rate – is to return with a gift.

In the holistic East and other traditional societies, there exists a societal demand for relationships and traditional family structure. In the West, we have no such emphasis and one can witness the fractured and disoriented dynamics of our society which result from the fractured and dysfunctional nature of familial relationships. This setting-out

 

upon one's adventure and the subsequent return and bestowal of one's gift is the fulfillment of the quest. True, the beginning of the hero journey requires an apparent selfish setting-out to do what is deeply significant to one's individual heart and psyche; but the complete journey involves a return - after trials innumerable - to bestow the gift of knowledge and experience upon the benighted, the timid and those who stand (because of tender youth) at the threshold of their own call to adventure within the *Dark Forest*. "It is the one who has gone on the adventure who is the founder of institutions (here the institution founded by the hero is seen in the best sense, connoting innovation and not the stagnation of the wasteland)." (Campbell, 1997) This return is often *more* confounding then the heeding of the individual's call to first set out. It is a surely fraught with obligation and responsibility.

> "The great problem is bringing life
> back to the wasteland,
> where people live inauthentically"
>
> "Bringing back the gift to integrate it into a rational life is very difficult. It is even more difficult than going down into the underworld. What you have to bring back is something that the world lacks – which is why you went to get it – and lacking it, the world does not know that it needs it. And so, on the return, when you come with your boon for the world and there is no reception, what are you going to do?" (Osbon, p. 81)

The 'hero journey' and the focus on individualism is a gift that few encounter, since it is not primary (or even considered) in traditional cultures. Even within American-style culture, few answer the call-to-adventure. Fewer still will survive and sustain their journey long enough to emerge victorious; and even fewer of these will find a way back to their society of origin, discovering a way to bestow their gift. Why? While the essential and authentic Western tradition affords the possibility of the 'hero journey' yet few heed such a call. It seems to me the material comfort and 'success' of convenience conspires to tempt the neophyte away from the pursuit of virtue and adventure. Institutions and TV commercials present the image of riches and ease, diffusing the desire to pursue the glory of self-realization. But this is no excuse; not a legitimate one anyway; merely an observation. The creative hero of Western culture must buck tremendous odds to find and survive his adventure; but even more-so to bring

 

life back to the wasteland of the institutional landscape. Life in the West - religious life, but also and especially in the last 100 years, the life of the medical profession - has been institutionally dominated; so much so that legitimate and needed ideas and practices have been dismissed and ignored, left to starve or beg for a living while the mechanistic, 'objective' approach reigns. (16)

In the institutional landscape, the physician reserves for him / herself the role of the *hero*; the one individual who - because of the arduous journey of their medical-school training - can save the hapless and helpless patient. While this may - as mentioned already - be legitimate and sufficient in cases of traumatic illness and injury which require 'heroic' intervention and (surgery, emergency care); it is precisely this approach which fails on its face when chronic disease is at issue, fraught as such illness is with the need to empower patients to reclaim their own agency in driving their own recovery.

In a world that shrinks by virtue of its inter-connectivity, the role of the individual hero-journey is transformed to yet greater and greater focus on inward realization. The 'I'll-do-what-I-damn-well-please' version of individuality becomes less and less viable - not to say more transparently obtuse.

> "Within the U.S. context, biomedicine incorporates certain core values, metaphors, beliefs and attitudes, that it communicates to patients such as self-reliance, rugged individualism, independence, pragmatism, empiricism, atomism, militarism, profit-making, emotional minimalism, and a mechanistic concept of the body and its repair." (Baer, 2003).

The paradox is that while American culture reifies strong individualism, that same agency finds no outlet in the reductionistic, commodity model of medicine and healthcare. Here is the split in Western consciousness writ large; a split between theoretical concepts and lived experience, which manifests amidst the unique combination of social facts and cultural assumptions in American medical ontology. Reductionism may be an axiom of culture. But the vested (self)interest of a commodity model of medicine and healthcare that obviates the possibility of reconciling patients and physicians, mind and body through 'an irreconcilable conflict of interest' (Taussig, 2003) is a social fact, a coercive force and a choice that only becomes recognizable as a choice in the moments when authentic existence emerges within clinical or quotidian reality; to

 

wit, when the sacred finds expression within the profane. (Eliade, 1963) In other words, the subject / object dichotomy works against the patient's revelation at every turn; reductionistic medical professionals reinforce this subject object split (perhaps unconsciously) in the name of profit and prestige and the whole system from top to bottom hinges on this schizophrenic rendition of reductionistic reality.

In terms of cultural epistemology, the focus on individualism remains tethered to the vicissitude of meaningful interaction within the group – *while simultaneously maintaining allegiance* to one's inner directives. This is where the focus on individuality regains some of its significance: in the contextualizing of the individual journey within the inclusive mosaic of human society. This may also be the gift of American culture to the world – which *must* endure - no matter what the fate of the U.S. as a nation in the years to come. In an article entitled *Is America Necessary*, Jacob Needleman describes the human need for individual adventure and realization – apart from the tribe – not only as the indispensible ingredient in societal growth and human evolution; but as the seminal gift of American culture. (17) The paradox is that while the *me-first* version of individuality is clearly tied to the nature of chronic disease in the U.S.; nonetheless, the individual quest for novelty and adventure is the very thrust of innovation and evolution. While community promotes order and equilibrium, it is breaking-away from the tribe which results in the gift of growth - in novel solutions to life's changing challenges.

It is this gift which may have to diffuse into the other cultures of the world if America and her championing of individual freedoms cease to exist in the years to come. This is also the very dynamic which must now eventuate regarding reductionism in medicine. Without a diffusion of reductionistic cognition into the various traditional and holistic societies (with their bias of obscurantist holism), the thrust of life, the *either / or* decisive sword of action rusts in its scabbard to the detriment of the human spirit.

With regard to medical integration, it is the contextualizing of the individual's subjective experience and individual insight that is the main ingredient required to re-inspirit a patient's individual power. It is the revivification of their own courage and insight - thus halting their chronic, lifestyle driven illness - and the courageous journeying toward recovery and empowerment. It is the recognition of that transcendent principle that the individual patient is part of something greater, part of the hugeness of life. Perhaps it is even the revelation of one's life-purpose and mission that may be

 

recognized and fulfilled through illness and recovery. Regarding medical systems, the 'hero journey' of reductionistic medical cognition *must* now complete the return journey and discover a context within the whole. Will reductionistic culture fall? I am no prophet; but the vicissitudes of necessity weigh heavily upon history; and few epochs have borne such a burden of necessity as this one.

**Disempowerment**

"What is the subject? Man is himself – we are the subject."
(Jung, p. 230)

There are perhaps two contributing factors to the conspicuously disempowering dynamics of the reductionistic cognitive model of medicine. First, the ubiquitous split between subject and object; and second, the obvious denial of experiential learning that has become the norm in our institutional wasteland.

I have not been shy in hinting that empowerment is the seminal imperative of 21st century medicine as it seeks to manage the epidemic of chronic disease via a coherent medical model by which one may understand and apply integration. Already one may hear voices descrying the vicissitudes of integration. (18)

The conventional reductionistic cognitive model - for all its hubris and admirable technological advances - will *not* be the forerunner in any system which emerges to aid the multitudes of people suffering from chronic disease. It simply *cannot*. It is ultimately ill-suited to such a roll - to say nothing more of the economics involved. This is at once an unpopular statement and an encouraging one; unpopular because of the tremendous authority and concomitant pride evinced by the conventional approach – denying other ontologies as it does; (19) encouraging because so many answers already exist regarding the remaking of medicine into something bold and new and better suited to the actual lived-experience of patients with chronic disease. To unmake our reductionistic ethnoepistemology and admit other world-views will feel like an anguishing defeat to many who have swallowed reductionistic cognition hook, line and sinker. It will be

 

especially bitter since every knuckle-head who ever took a weekend workshop on Reiki will flaunt their own holistic approach's superiority. But the truth of necessity remains: reductionism must give-way in the pressing search for approaches which manage chronic disease; and it must give-way to holism, inherently suited as holism is to this precise roll and task. (20)

Yet rather than continuing to beat this drum, I would like to close this chapter with an examination of the dynamics of disempowerment. What is the specific cause of such naïveté? How is it that so many administrators and 'authorities,' teachers and writers have achieved their posting with such obvious and lamentable lack of direct personal experience? To answer, one may turn yet again to mythology.

The dynamics by which people inherit their titles and position, their wealth and their status is precisely what is dealt with in the Grail myth.

> (Campbell) "The problem of the Grail quest is the revivification, (the) reanimation of what is known as the *wasteland*. The wasteland is a world where people live, not out of their own initiative, but doing what they think they're supposed to do. And people have inherited their official roles and positions. They haven't earned them. This is the situation of the wasteland. Everybody is leading a false life . . . . it's a place where the sense of the vitality of life has gone. People take jobs because 'you gotta live,' that sort of thing . . . the hero of the Grail is the one who acts out of his own spontaneous nature. He comes to the Grail castle, and here is the Grail king who is maimed and lame, as the whole country is (maimed and lame). Why is he maimed and lame? The sense of it is that he (the king) was not living out of the spontaneity of his own life . . . The sense of the Grail and the sense of most myth is the finding of the dynamic source in your life . . . then there is the problem of coordinating your own well-being with the goods and needs of the society; but *first* you must find your trajectory and *then* comes the social coordination."
>
> (Toms) "So we could say that in certain parts of American society that we do have a wasteland existing in our culture."

The Grail King who is maimed and lame is symbolic of the administrator who wields tremendous authority but who has never had an original idea or cutting-edge thought in their whole career. Nor is such a denouncement overly cynical. In medicine, this is the norm and has been for decades as Becker's 1985 classic (*The Body Electric*) attests.

 

> "The present system is in effect a dogmatic religion with a self-perpetuating priesthood dedicated to preserving current orthodoxies. The system rewards the sycophant and punishes the visionary to a degree unparalleled in the four-hundred-year history of modern science." (Becker, p. 332)

This is so clearly the situation in U.S. healthcare where the huge majority of persons in positions of authority have done nothing innovative or inspirational to earn their 'title;' but have merely followed the rules of they way things have been done before. Yet, these same 'maimed and lame rulers' dictate and administrate to the masses regarding what is and isn't *real* regarding health and illness without ever having gained the actual experience that differentiates the *maimed and lame* from the authentic leader. Consider the shaman in traditional cultures.

> (Toms) "Joseph, you were talking about the Indians. It just brings to mind . . . the role of the medicine man and it just occurs to me that we don't have medicine men in the same way that we once had them."
>
> (Campbell) "Well the medicine man was primarily one who had had a profound psychological experience in adolescence. Lets say the shaman, what's know as the '*shamanic crisis*' . . . typically the person in early youth is alone . . . and hears the music of the spirits talking to him . . . he's got to hold onto that relationship otherwise he looses his life . . . sometimes what's put upon him was a difficult life and the shaman's life *was* a difficult life, one of deep psychological responsibilities and experiences which he himself hardly understood. This is really a form a mystical experience . . . through vision one comes to the knowledge of something within oneself, we've cut that out." (Campbell, 1997)

The priest is the officer of the church in the same way that the *lame* administrator is the officer of the institution. Her authority is bestowed and inherited, not earned by experience. The shaman who descends into illness or psychological perplexity is like the patient with chronic disease. He (the shaman) must emerge strengthened and informed by his experience (or not emerge at all); so too the patient with chronic disease is afforded the opportunity to turn illness into *enlightenment* – but only if he adheres to a medical system which promotes patient empowerment.

 

The value that myth serves to illustrate is that of inner, human, psychological dynamics that have been with us down throughout the ages - i.e. the *Dark Forest* that represents the dark corners of the human psyche; the cave in the Arabian Nights that symbolizes the dark and unexplored inner 'cave' of one's psyche, in which are stored treasures of *gold and gems*. Seen through metaphor and myth, there is nothing extraordinary about the *wasteland* situation in U.S. healthcare. It is all quite patent and predictable. (See section 3, *Axiomatic Culture)*

Perhaps therefore, a better question is 'how might one avoid joining the *wasteland* dynamics which must inevitably arise when the uninspired have assumed the lordship of institutional rule?' The answer here is as refreshing as it is obvious. If those in authority rule poorly by dint of their dearth of direct personal experience, then one must seek to break whatever fetters shackle one's limbs, preventing the encounters which result in the direct, personal experience so indispensible to good leadership. Campbell's commentary below is on the journey of personal experience and the mythological dynamics of innovation.

> "(Nietzsche wrote) There are three stages of the spirit . . . The first is that of the camel. The camel gets down on its knees and says 'put a load on me.' This is the condition of youth (and learning). When the camel is well-loaded he gets to his feet and runs out into the dessert. This is the place where he is going to be alone, to find himself, and he's transformed into a lion. The second transformation then is of the lion. The task and function and deed of the lion is to kill a dragon; and that dragon's name is *Thou Shalt.* On every scale of the dragon, a law is written; some dating from 2000 BC; some others from yesterday's morning newspaper. And the dragon is to be killed. If it's a well loaded camel, it's a potent lion and the dragon *is* killed. There are two different mind-sets . . . submission obedience learning, and now, you're a potent lion. And when the dragon is killed, the lion is transformed into a child (a wheel rolling out of its own center). That's what the child represents . . . the human being has recovered that spontaneity and innocence and . . . that courage . . . thoughtlessness of rules." (Campbell, 1997)

 

In other words, empowerment inevitably arises from experience and the courage to innovate. Yet,

> (Toms) "When we look at our entire educational structure, one notices that it's almost devoid of life experience. It's basically knowledge out of books. That seems to be a big problem . . . If we look at our own culture . . . Christ was a teacher of the experience. He wasn't just imparting information, he was speaking form his own experience . . . somehow, the tradition lost that experiential aspect and it turned into a College of Cardinals telling you what to do." (Campbell, 1997)

The College of Cardinals in Western religion is analogous to the *doctor-priest* of Western medical science who dictates medical reality to patients as the College of Cardinals dictates the reality of the (conformist) psyche. Each in his own way denies the opportunity for self-realization. Our institutions churn out factory model thinking which actually promotes the enslavement of the very individuals who defend such institutional bullshit. Even the idea of the 'cutting-edge' has been Shanghaied and dumbed-down by institutions so that it is not offensive or too difficult for that lowest-common-denominator of mediocrity that is now the goal and primary achievement of those automatons who seek nothing more noble than to join the wasteland in their turn.

> "Especially among young people, the new media together with the erosion of old concepts of authority open the way to acute awareness of this new bondage. The young perceive that their right to say their own word has been stolen from them, and that few things are more important than the struggle to win it back. . . . they also realize that the educational system today – from kindergarten to university – is their enemy." (Friere, 1990)

The fear of departing from an 'objective' reality is so threatening to reductionistic cognition that there actually exists an unspoken 'denial of other ontologies.' (19) The way this manifests is as a type of arrogance emanating from conventional reductionistic orthodoxy which simply dismisses the possibility that other approaches even *could* be valid. This is so pernicious in the U.S. that even a statement like this one is likely to incite real resentment; though if one's heart set store by candor, these words are controversial and disturbing only by their truth.

The subject / object split that pervades reductionistic cognition exists as a 'double-world,' the most conspicuous effect of which is to induce patient (student)

 

passivity. Technical language (as opposed to metaphorical references) and non-commonsense images of the body-as-a-machine establish the 'one-track' mind of physiology and the concomitant passivity that is required of the patient in the reductionistic methodology. Michael Taussig reports on the pathologizing of patients, the dynamics of which the medical profession seeks to obfuscate through technical language. But, as he points out, "Health care depends for its outcome on a two-way relationship between the sick and the healer. In so far as health care is provided, *both* patient and healer are providing it, and indeed, the concern with so-called noncompliance is testimony to that." (Taussig, 2003) The patient who comes to see the physician in the American commodity model of healthcare is expected and even required to be passive in order that the physician, who holds a vested interest in the labeling of the patient's disorder, prescribing treatment and acting it out upon the patient (object / disease entity) before him / her.

Where are the patients who emerge from their ordeal of chronic disease strengthened and informed by their brush with death? Such realization is tomahawked in the cradle (along with the meaning inherent in subjective experience) by a cognitive system that denies subjective experience as part of illness - dismissing it as 'merely subjective.' Anyone who has had an experience of illness and emerged to tell the tale is in a position to aid others who are in similar straits. The unfortunate effect of the exoteric orientation is that the scientist-priest who determines cultural reality officially denies patients such a realization. "The patient's so-called model of illness differs most significantly from the clinician's not in terms of exotic symbolization but in terms of the anxiety to locate the social and moral meaning of the disease. The clinician cannot allow this anxiety to gain legitimacy or to include ever-widening spheres of social relationships." (13) The symbolism and metaphorical connections which may be discerned in the process of a disease is not unlike visionary experience; and what is the inherent dynamic of the visionary experience? Such a question touches the very core of mythology.

> "That is (the vision quest) the basic myth. It is the quest . . . for the visionary relationship to that world (the world we are in now) . . . to find a spiritual relationship to the world that you're in. As the world changes, the vision quest changes as well. . . the first visions were those of the

 

> shamans in the caves . . . when settled peoples began to be important . . . in larger communities . . . the problem of relating to those comes up and we have more complicated priestly relationships . . . the shaman goes out and the priest comes in . . . the shaman's deities were his own private familiars whom he discovered in vision . . . the priest is the officer of those deities. He doesn't necessarily experience them as the shaman does. That poetic experience is what we've got to have again . . . the vision quest to reactivate our world has to deal with our world." (Campbell, 1997)

The *visionary experience* of an encounter with IBS is that one *cannot* (over)eat all the crappy, processed foods one would like, wolf antibiotics and generally consume whatever the modern food industry and refrigeration can devise. The subjective reality of IBS and myriad other chronic diseases has nothing whatever to do with the *personal subjectivism* so vilified and feared by reductionistic methodology. I know parents whose children have been given antibiotics in the first 24 hours of their lives! I once sat through an interminable presentation regarding the growing prevalence of recalcitrant fungal infections in diabetics. The solutions offered by the presenting MD physician on every gruesome slide . . . antibiotics! No one legitimately contests whether or not antibiotics cause fungal infections like c. albicans. Bloody hell, penicillin itself was discovered in the mold growing on bread. The ludicrousness of such lack of connection, context and meaning made me dizzy. From the holistic point of view, there is no mystery as to the prevalence of chronic disease in the U.S. - nor is there any great debate about how chronic disease may be addressed and managed.

The real evil of dismissing metaphorical language from clinical interaction is that without the holistic bent to empower patients to see their chronic illness symbolically, the possibility of transcendence is denied, lost. This essential transcendent dynamic is inherent in the holistic cognitive model. Once one can conceive of one's situation in metaphorical and symbolic terms, the focus of healing can shift from an indulgent and morbid fascination with one's condition to a transcendence of inhering limits and preconceived notions about one's being.

> By means of the transcendent function we not only gain access to the "One Mind" but also come to understand why the East believes in the possibility of self-liberation . . . (wherein) it is possible to transform one's mental condition and thus arrive at a solution of painful conflicts. (Jung, p. 499)

 

The holistic dynamic of metaphorical parallel gives rise to this possibility of transcendence. The holistic cognitive bent toward empowerment is the seed of self-realization, self-liberation and self-healing. In addition, the transcendent function of this *I / Thou* take on reality inherent in holistic cognition does several things. (See section 3, *I / Thou)* The ubiquitous backlash patients report when first encountering a notion of the empowered view of holistic cognition is a rejection of the idea that they themselves are to blame. 'I am a good person. I didn't do anything (worse than my neighbor) to deserve this cancer.' This effectively ends any notion of empowerment since the patient cannot accept such a burden of blame. But this notion of a personal blame is precisely what is navigated by a notion of the transcendent. It is not *you* personally - in a sense of human justice - who is to blame; but a symbolic and transcendent you that is the psychological self. The ego *must* defend its innocence; but the deeper *you* that exists as part of the greater organism of humanity understands the need for the illness and the challenge it represents. This transcendent principle avoids the self-centered notion of blame, elevating the concept of responsibility to a sphere which includes the whole human species – regardless of personal subjectivism. Not only does the transcendent function allay any burden of guilt, it is the means by which one may achieve the goal of healing. Victor Frankl apes my understanding, saying, "It is not the neurotic's self-concern, whether pity or contempt, which breaks the circle formation; the cue to cure is self-transcendence!" (Frankl, p. 152)

 

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19. "for the Tumbuka dreams are *real*. . . not taken as a fiction of the mind but as a reality of the soul . . . For the Tumbuka, there is no sharp demarcation between the reality of waking consciousness and the reality of dreams . . . both have the same status of reality." (Freidson, 1996) Freidson makes a careful distinction between ontological status and reality. "Having the same status does not mean, however, they share the same reality . . . they (Tumbuka) clearly differentiate between the reality of waking consciousness and dreams. They do not however,

 

dichotomize between the two into real and unreal . . .these two realities have an equal ontological status." (ibid) **The possibility that qualitatively different aspects of reality may be equal in ontological terms is not a feature of the reductionist model.** Nix, Christian. P. 15. *Axiomatic Culture, Social Facts, Personal Agency and Vested Interest in Integrative Medicine and Healthcare Education. December 3, 2006*

20. "*n-of-1* trials are . . . applicable to chronic, recurrent conditions that require long-term, non-curative treatment . . . narrow population (i.e. large *n)* . . . fails to include qualitative measures, thereby missing important data regarding meaning . . . *n-of-1* . . . may be able to identify more effectively the ways in which patients find meaning through CAM therapies." Johnston, Bradley C and Mills, Edward. N-of-1 Randomized Controlled Trials: An opportunity for Complementary and Alternative Medicine Evaluation. *Journal of Alternative and Complementary Medicine, volume 10, number 6, 2004, pp. 979-984*


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# Holism

## On the Inseparability of Mind and Body

The inner / outer correspondence and bi-directional influence between mind and body which is the axiomatic heart of holism, is also its bounding horizon. As an archetype, the fundament embraced by holism is the principle and existence of synchronicity. Synchronicity may be defined as an outer event which bears meaningful significance to the inner psyche of the individual witness; but which nonetheless cannot be explained by any connection of physical cause and effect. There is precisely no logical explanation in reductionistic cognition that offers understanding of why, at the moment I grasp a realization seminal to my personal inner, psychological growth and development, at the very instant that – after being haunted for several years by this inner, perplexing riddle - a rainbow should emerge and the sun break from behind the clouds to illuminate the little square of forest wherein I reside – and *only* the little square of forest wherein I reside. Yet I may attest with gospel-like sincerity that such 'communication' does indeed take place. This is synchronicity; and this is holism writ large. Applied to medicine and medical systems, this principle of holism plays out as an *inability* to separate the mind and body.

Nor is the contrast between the reductionistic and holistic methodologies limited to an application of medicine. Book-learning is a type of reductionism. In fact, the pedagogical methodology of almost any institutional approach to learning bears this reductionistic feature. Attend any weekend-workshop-style institute of education and the curriculum more-often-than-not involves a reducing of the main points to be mastered and a regurgitation of that list of points from wrote-memory. This is what Friere termed, the *banking system of education.* (1) Knowledge from book-learning is to reductionism what wisdom is to holism. Wisdom involves more than knowledge from books, or formalized, institutionalized education. Wisdom involves the *use* of knowledge, the active process of implementation. It involves subjectivity; again, this issue of personal experience - the same personal experience that is denied by an ontology that insists things are *out there*, *solid and substantial* and implies a monopoly on *real* reality. (2) The

 

shaman's deities were his because of his experience and the quality of consciousness he earned. The patient who learns to control and even recover from their chronic disease is – like that shaman – someone who has more than just a knowledge-base; that patient has the wisdom of experience. Just as reductionism naturally leads down a path that ends at a residence called 'disempowerment,' so too holism – by its very nature – leads the patient to the 'palace of empowerment.' There is a natural bent in the holistic cognitive archetype that requires patient participation and by which the patient gains experience, not just knowledge.

**A Focus on Interconnectivity**

In holism, the mind-body connection is simultaneously its strength *and* its limitation. This is the self-same paradox that underlies reductionism. There is no such thing - according to this seminal axiom of holism - as a thought or emotion which fails to have some effect, however minuscule, on the soma or physical substance. Likewise, physical structure and substance *must* bear some freight of implication on the psyche – i.e. the thoughts and feelings. This truth is especially peculiar in a society (U.S) wherein politics has somehow discouraged any notion of common sense. Calling a fat person fat is rude to the point where one must actually deny the evidence of one's senses. One does not find this in say (holistic) Latino cultures where, "it is as it is or it isn't at all." (Jung, p. 499)

*Of course* many – (though perhaps not all) – fat / obese people harbor poor thinking and useless, disempowering emotions, the stress of which is alleviated by (over)eating. *Of course* many skinny, nervous folks harbor worried or pessimistic emotions, causing them to 'burn-up' their bodily substance in anxious preoccupation. The fact that it is considered *impolite* to point this out is nothing other than an affirmation of the ubiquitous mind-body split and a testimonial of the almost angry fervor reductionism commands of its adherents in its denial of other ontologies. To excuse such obvious co-relations is to dismiss holistic reality entire. In the name of 'politeness' there is an assumption that the individual is not responsible for their thoughts and emotions, when – in holistic reality – this is actually a primary focus of therapy, and the battleground upon which the fight for health / illness may be won or lost. The holistic

 

emphasis on subjective psychic impressions – i.e. thoughts and emotions – elevates this inner aspect in such a way that one is inevitably confronted with the preeminence of the mind. As challenging as this twist may seem, it is also a slant on reality which flings wide the door to serious empowerment.

Whereas reductionistic medicine reifies physical structure and emphasizes outer, material, exoteric reality; holism elevates the primacy of the mind. If there is a difference to be made between the mind and body (as seen through the holistic gaze) in regard to medicine, health and illness, it is this: whereas the body's physical structure can only be crafted so far in the achievement of its highest expression of physical perfection; yet the mind is a puzzle that offers essentially infinite exploration and augmentation. The physical body grows and peaks at around age 30. At 35 years, most bodies are already in decline. But the pliability of the mind and its enrichment and flowering show little in the way of such limitations. To hear Joseph Campbell speak of his own life when his journey was into its eighth decade is to witness the truth of the mind's capacity to continue the adventure long after youthful vigor has departed. "Here I am well along in life and it's still building-up!" (3) Yet this advantage – if it is one – comes with a price-tag of responsibility. Once, one understands the holistic bent with its emphasis on the primacy of the mind, one is bound to this knowledge; to wit, one can no longer behave as though one's thoughts are some unimportant flotsam – a mere epiphenomenon of the brain. As Carolyn Myss admonishes, "Become ever so mindful of your thoughts." (4)

**Meaning is Inherent**

The next car in the train of holistic implications is that of contextual meaning. Holistic diagnosis consists of patterns of signs and symptoms. A pattern is – by definition – a multiplicity of factors, considered together and in relation to one another. There is no such thing as a pattern consisting of one item or criteria. Each item (sign / symptoms) is considered in its contextual relationship to the totality of that whole picture. Furthermore, each individual manifestation (or symptom) only *exists* in relation to the whole and bears its own meaning only within the context of that whole.

 

A good example is pain. While there may be situations in which a patient is exceedingly uncomfortable and in which it is advisable to relieve their pain by masking it; nonetheless, the prevalence of NSAID's (Non-Steroidal Anti Inflammatory Drugs) attests to the fact that most people suffering from pain dismiss the message it is conveying about some functional aspect of the body – and along with it, the meaning this symptom brings.

> "In (holistic) medicine pain is never merely a causal symptom . . . ; it is regarded as an integral component of a particular illness. Thus pain should not be treated and suppressed in isolation, since it will disappear of its own accord as soon as the particular functional agency that caused it has been identified and subsequently removed or equalized." (Porkert, p. 62)

Consider the way in which holistic pattern-based diagnosis and its axiomatic assumption of inner / outer, holistic connection views the phenomenon of pain. Pain is never an isolated symptom to be covered up. There is meaning in pain. Its significance may be discerned, with or without professional help. NSAID's are a great example of the culture of separation that is manifest in conventional medicine, where pain is masked in an attempt to dismiss it. Jason Theodosakis M.D. reports on the use of NSAID's, the main treatment of arthritis by conventional medicine.

> "Only occasionally do you find inflammation in the later stages of the disease. Furthermore, there is preliminary evidence that when you put anti-inflammatory pills in a culture with cartilage cells, it impairs the healing process. So, you're covering up the pain but probably impairing the healing process and stopping the signals that you have joint pain . . . they (NSAID's) do not address the cause of disease and may in fact worsen it. . . . NSAID's and aspirin usage has been linked to increased cartilage destruction. . . . ironic since most users of NSAID's and aspirin are people with osteoarthritis caused by cartilage damage in the first place." (Theodosakis, 1997)

Additional side-effects appear substantial. Brent Bauer M.D. and Milt Hammerly M.D. report that approximately 16,000 deaths a year are attributed to gastrointestinal bleeding from the use of NSAID's and aspirin. (5) Everybody prefers not to be in pain, so the taking of medication may not be the important point. What *is* at issue is they way in

 

which pain is either imbued with meaning or seen as a mere nuisance to be dismissed and covered.

The way holistic Chinese medicine (TCM) cognizes the reality of pain is based on a different presupposition. In TCM, the statement of dogmatic fact regarding the subjective experience of pain reads, "Where there is pain there is no free flow, where there is free flow there is no pain." The concept that *something is obstructed* is the metaphorical heart of the meaning of any symptom of pain. According to TCM theory, qi and blood must remain free-flowing. Furthermore, since holistic cognition assumes that inner and outer realities are inherently reflexive, the cause of the painful obstruction could be internally engendered, as an emotion; or externally contracted, as from an environmental excess or traumatic injury. No matter what the cause, there is inherent and immediately attainable meaning rendered by the subjective experience of pain.

The freight of meaning that is inherent in any situation – when seen through the holistic cognitive archetype – is championed by Johnson and Mills in their December 2004 article about the primacy of subjective meaning and the importance of qualitative analysis in studying patients with chronic disease.

The authors suggest an *n-of-1* methodology (which is synonymous with holistic pattern discrimination) which not only permits, but actually requires the inclusion of the patient's subjective experience of illness and the meaning such illness implies. The authors *do not* suggest that *n-of-1* utterly supplant all methodologies of research. Rather they advocate the elevation of an *n-of-1* approach in the study of Complimentary and Alternative Medicine (CAM) or - to be consistent with the lexicon of this piece - modalities which are based on holism, on the *inclusive* aspect of patterns of relationships, not on the *exclusive* principle of reductionism.

What type of patients and medical situations might benefit from such a shift in research methods? "*n-of-1* trials are . . . applicable to chronic, recurrent conditions that require long-term, non-curative treatment." (Johnson and Mills, 2004) Why does *n-of-1* hold special appeal for such situations? Because "narrow population (i.e. large *n)* . . . fails to include qualitative measures, thereby missing important data regarding meaning . . . *n-of-1* . . . may be able to identify more effectively the ways in which patients find meaning through (holistic) CAM therapies." (ibid) In the same way that holistic

 

cognition imbues reality with an interconnected and qualitative bias, so too *n-of-1,* pattern discrimination emphasizes the qualitative and subjective aspect of the patient's lived experience of illness. Inherent in such a view is that symptoms maintain meaning for the patient. Meaning, qualitative insight and the subjective experience are all supported by an *n-of-1* approach and these seem also to be the primary tenets of diagnosing and treating disease for which no cure yet exists – i.e. chronic disease.

In order to conduct research on such a supposition, quantitative research based on assumptions of linear cause and effect, reductionism and the doctrine of separation must necessarily give-way to (or at least include) a qualitative approach in which the patient's inner reality and felt-experience of illness or healing is paramount to the promotion of empowerment. Furthermore, holistic cognition - by its very nature – lends not only to a qualitative methodology detailing one's lived experience, but to an *n-of-1* approach in which the uniqueness of each individual and their experience is held to be of importance equal to any quantitative set of data. Holistic pattern discrimination is precisely such a methodology.

Can holistic physicians impart a basic grasp of holism, revealing to individual patients how choice is influencing their health or illness? Contained within this question lies some of the tenets and suppositions about what a useful shift in healthcare must consider. Ultimately, a mixed approach which employs both qualitative and quantitative methods may provide the most accurate way to collect data and to decipher its meaning. Yet, the attempt to render objectivity in science has led to largely meaningless - if copious - quantitative information that has the inherent ability to leave patients and scientists alike stumped and wondering, 'so what?' It seems that 'so what' can only be addressed when meaning prevails; and meaning is created in the realm of the subjective; or - put another way - meaning arises out of the individual's personal experience.

 

**Preference for Equilibrium**

The *and / also* leitmotif of holism in which any given phenomenon is considered in relationship to the whole mosaic of other aspects, lends to an inherent notion of equilibrium. In the holistic meta-program, too little is not enough and too much is overkill. The middle-way is deemed 'just right.' This middle-way is nothing other than the *Confucian Doctrine of the Mean*. Consider the emphasis given to this profound philosophy - already several millennia old - in our modern culture's, 'if a little is good, more must be better' notion of success. Timothy Ferris positions this virtue of 'less is more' as one of the central tenants of his compelling work, *The Four Hour Work Week*. Greg Cootsona bases his entire work on this idea in *Say Yes to No*, in which he exhorts at length the virtues of getting rid of material, mental and emotional clutter in order to embrace the more satisfying existence which arises when one realizes that more is not necessarily better. The popularity of these two works - and others like them - which expound on this virtue is self-evident and requires no further endorsement. No matter how it is cloaked, the message is the same; 'moderation in all things – including moderation.' (6) These authors are reinvigorating the old and - from the holistic point of view - obvious truth that balance in all things is superior to excess or lack.

In medicine, this preference for equilibrium has profound implications in the treatment and management of chronic disease.

> "(holistic) Chinese medicine holds out the possibility that the functional disorders associated with chronic illness can be exactly understood and selectively counteracted." (Porkert, 1988)

What makes a medical approach *functional medicine*? Why is it useful in the treatment of chronic disease? The short response is that functional medicine treats patient's functions, that is, their *functional* ability. But this is a mere tautology and will not suffice for any real insight. Instead, let us examine an actual case in order to understand how functional medicine meets the needs of patients with chronic disease.

Diabetes Mellitus (DM) is a quintessential chronic disease. Its onset is almost always tied to lifestyle as the single greatest risk factor is obesity. This makes DM an excellent example because chronic disease is the single area of treatment that most benefits from functional medicine – i.e. the treatment and management of disease with no

 

'cure.' The professionally agreed upon, holistic TCM patterns related to the Western conventional medical disease diagnosis of DM are:

1. spleen vacuity – liver depression
2. spleen vacuity with damp encumbrance
3. spleen vacuity with stasis and stagnation
4. damp heat brewing and stagnating
5. yin fluid vacuity and depletion
6. yin vacuity with heat exuberance
7. lung heat and fluid damage
8. liver yin insufficiency
9. heart yin insufficiency
10. qi and yin dual vacuity
11. qi and yin dual vacuity with blood stasis
12. yin and yang dual vacuity

Witness the elegant specificity with which each condition of DM may be discriminated. This is in stark contrast to the *one-size-fits-all* motif of reductionistic treatment. Consider the difference between a lab test of blood glucose concentration and the treatment of signs and symptoms – of patterns – related to functional aspects of DM. (7) There is another advantage to pattern discrimination as it also manages to treat at a sub-clinical level, thus preventing the onset of serious chronic illness.

> "The respective strengths and weaknesses of (holistic) Chinese and Western medicine overlap in a way that makes Western medicine seem best suited to coping with (acute) infectious diseases and Chinese medicine with those functional disorders and chronic illness in which discrete or long-term physical symptoms have not yet become apparent. (Porkert, 1988)

One need not have a fasting blood glucose level of > 125ml/dl in order to be treated at the functional level for patterns relating to and eventually resulting in full-blown DM.

A TCM pattern - like those listed above - is a descriptive of imbalance. The qualitative signs and symptoms corresponding to spleen vacuity with liver depression are: fatigue, general lethargy (especially after meals), bloating after meals, lack of strength in the four limbs, heavy head, general lassitude, easy bruising, possible loose stools or alternating constipation and diarrhea, possible fever and chills, a swollen tongue with teeth-marks on the edges or cracks in the center, emotional outbursts, irritability, PMS,

 

breast distension and pain, possible pain in the costal region, and a bowstring pulse. Each and every one of these can be verified and corroborated by another party and all save pulse diagnosis can be witnessed and understood by the patient himself. Consider the empowerment that arises from such corroboration. Whereas conventional medicine relies on a system of pathologizing patients, the dynamics of which the medical profession seeks to obfuscate through technical language; holistic pattern discrimination derives from an equation that is the metaphorical equivalent of 'laying the cards face-up.' The patient's role in helping to balance their own dis-equilibrium begins to reveal itself from the very first visit.

In holistic TCM – to the surprise of many - there is a logical, rational and utterly scientific methodology. After substantiating a pattern diagnosis of spleen vacuity with liver depression, the physician would then state the treatment principles. The treatment principles are a statement in theory of what is required to balance the patient's presenting pattern of disharmony. The treatment principles which logically follow a diagnosis of spleen vacuity with liver depression are thus to 1) fortify the spleen and boost the qi; and 2) course the liver and rectify the qi. This is the application of heteropathic therapeutic intervention required to *rebalance* a pattern of *imbalance*. There are certain acupuncture points and internal medicinal formulas – agreed upon after many generations of use – which reliably fortify the spleen and boost the qi, and course the liver and rectify the qi.

In a real-life patient with DM, there will likely be multiple patterns of imbalance presenting simultaneously. Thus for example, if there is spleen vacuity, there will be dampness (a pathological accumulation of fluids in the body). If there is liver depression there is likely to be heat. If there is heat there will likely be dryness. Witness the incredible complexity of a chronic disease like DM and the marvelous specificity of treatment afforded by pattern diagnosis. Dryness and dampness are diametrically opposed, irreconcilable opposites. Yet the system of pattern discrimination not only allows for the discernment of opposing phenomena; but the logical, time-tested heteropathic treatment of patterns also permits these opposing conditions to be treated *simultaneously*. The additional advantage afforded by holistic TCM pattern discrimination in the management of chronic disease is that therapeutic interventions have been worked out over a period of not less than 2500 years of recorded, literate

 

practice. In other words, to affect the necessary therapeutic intervention of ameliorating spleen vacuity with liver depression, one may reliably follow a time-tested, standard operating procedure. (8) Certain acupuncture points and internally administered Chinese medicinals can be prescribed in poly-pharmacy formulas which may be counted upon to affect exactly the necessary functional change toward recovery while simultaneously avoiding the unwanted changes dubbed 'side-effects.' Theoretically, every TCM professional in the world could look at the treatment of a given patient with spleen vacuity / liver depression and either agree or disagree with the acting physician's use of medicinals and selection of points based on this logical, time-tested and consistent approach to treatment. Diagnosis in any system of medicine – but especially functional medicine and pattern discrimination – is a *repeated process.* No physician gets it right the first time, every time. Yet, with continuing revision and augmentation of both the diagnosis and the subsequent treatment plan the margin of error diminishes. If the diagnosis and treatment plan accurately and logically address the patient's condition, then the clinical outcome is utterly, scientifically predictable.

**Lateral mindedness**

The Western cultural tendency toward literal mindedness transcends medicine. One sees the self-same dynamics in religious traditions in the West as in institutional medicine, and for precisely the same reasons. In both cases – medicine and religion – the heavy influence of an institutional point of view renders this literal minded bias unavoidable. No one did a bigger, better job teaching about the importance of metaphor than Joseph Campbell, for whom mythology simply could not exist, let alone be understood, without the lateral-minded ability to grasp metaphor.

> "Myths are metaphors. If you mistake the metaphorical image for a reference to a fact – which is what has happened in the interpretation of myths frequently in religious traditions – and then find that this fact cannot ever have been a fact, you throw it out, and you lose then the reference along with the tenor of the reference." (Campbell, 1997)

 

Holism exists – in contradistinction to reductionism – in the realm of metaphor. Metaphor – by its very nature - ***is*** lateral thinking. Because these metaphors are so easily explained and understood, even by lay-persons; and furthermore, because the heteropathic rectification of a pattern of imbalance is so effectively managed by lifestyle and empowered choices, once grasped by the patient with chronic disease, the good holistic physician often enough becomes obsolete save for occasional maintenance. (Bean, 1999) The metaphors of holistic medicine are nothing other than references to images and aspects of nature and the forces of the external environment which then become the metaphorical basis for understanding the inside of the body. Without a clear grasp of this aspect of holism - its metaphorical basis and the language of metaphor which constitutes communication within the holistic cognitive archetype - one simply cannot practice, let alone understand holism. This metaphorical language – albeit freighted (at least to the holistic professional) with technical concepts and implications - is simplicity itself. Yet consider how difficult it is to acknowledge these metaphorical verisimilitudes when one swims in the reductionistic fish-bowl.

> (Toms) "There are many millions of people that, for instance, interpret the Bible literally. There *was* a great flood. There *was* a Garden of Eden; etcetera, etcetera. There *was* a fall. What about that interpretation of the Bible?"
>
> (Campbell) "Well that literal interpretation of the Bible faces the problem of scientific and historical research. We know that there was no Garden of Eden. There was no universal flood. Interpreting Biblical texts reduces their value. Things happened long ago and so what? But if you can understand what the flood means in the way of reference to spiritual circumstances – the coming of chaos, the loss of balance, the end of an age and the end of a psychological posture – then it begins to talk to you again." (Campbell, 1997)

Just as the metaphorical events of the Bible can be read literally, thus reducing their value to the individual's realization of their psychological significance, so too the signs and symptoms which accompany chronic disease can be reduced to biological and mechanistic 'facts' which reduces their significance in revealing the psychological dimension of chronic disease to the individual patient. One

 

sees that self-same blindness - so well described by Campbell regarding religious institutions - exists also in the world of reductionistic medicine.

> "A critical experience for most medical students (is) where they see physiological responses to various chemicals introduced into a living animal . . . (which) serves as the architecture for developing medical knowledge . . . (this) quickly becomes the only reasonable way to think . . . physiology elaborates this world in the language of mechanism and function." (Good and Good, 1993)

In their essay "Learning Medicine" Byron Good and Mary-Jo Good concentrate on "phenomenological dimensions of medical knowledge, on how the medical world, including the objects of the medical gaze, are built up, how the subjects of that gaze – the students and physicians – are reconstituted in that process, and how distinctive forms of reasoning about the world are learned." (ibid) The creation of clinical reality and the effects of this process upon those who are doing the constructing are widely recognized by medical anthropologists. In the reductionistic model in which the metaphorical understanding of illness is eclipsed by technical language in favor of 'objective,' quantitative and physical proof, the reality revealed through metaphor that the patient is participating in their illness is ignored. The insistence on 'objectivity' utterly negates the subjective and commonsense view of the patient's actual lived experience. The 'punch line' to this insistence on 'objectivity' is that - in the last analysis, as Arthur Kleinman and Michael Foucault testify - a good case can be made that even 'objectivity' in science is nothing more than a culturally agreed upon aspect of subjective reality. (9) Good and Good go on to point out, "Several aspects of the medical world and the experiences associated with discovering this world may be identified. First, it is wonderfully reductionistic." (Good and Good, 1993) In their conclusion, the authors note that,

> "The teaching of social science to medical students, however, typically engenders resentment. As they begin to redefine the object of the medical gaze in the language of science and the body, medical students express a nostalgia for the commonsense view of human suffering, fearing that they will lose precisely those qualities they most hoped to bring to medicine." (ibid)

 

Witness how the institutional loss of commonsense in medicine perfectly parallels the loss of commonsense and empowerment of the individual in Western religious traditions.

> "Our Western systems . . . have been institutionalized . . . and salvation comes from membership in an institution . . . you can't find it in yourself you find it only through the church (institution). The (holistic) East tells us the real mystery is in yourself . . . That's not what the church (institution) advertises . . . The truly mystical finding of the divine not only within you but in all things is not favored by traditions . . . (by) institutions. The big thing that the Orient is bringing to us, the mystery is inside yourself . . . '*You are it*.' That divine mystery that you seek to know is the very source of your own life, it is the being of your being and you find it within." (Campbell, 1997)

The finding of the 'divine mystery' by a patient with chronic disease is the discovery by which one has created one's own illness through ignorance (willful or otherwise) of the proper way to live. (This is not to say that certain instances of illness do not arise from congenital defect or even as *karmic* disease. Yet such is the exception and not the norm.) Consider the (mis)understanding of mythology that was so well explained by Joseph Campbell and how this self-same dynamic is operating in medicine.

The world of reductionism exists as an axiomatic assumption of reductionistic medical culture. Inherent in this ontology is the subject / object dualism that obviates 'commonsense' in the medical language and gaze. If 'commonsense' is a casualty in medical school and MD's themselves have been trained out of a commonsense view of the body in favor of the body-as-machine motif that is the essential bedrock of reductionistic epistemology, how much more difficult must it be for patient's of reductionistic medicine to conceive of their health / illness in a way that makes sense and thus empowers them to act on their own behalf to aid recovery? The nostalgia for commonsense is a nostalgia for the metaphorical understanding which arises in the language of holism and holistic metaphor.

The kernel of this issue regarding lateral-minded metaphor is that despite metaphor's inherent usefulness in creating empowered patients – the Holy Grail when dealing with chronic disease - conventional reductionism, mistaking the map for the

 

terrain, dismisses metaphoric contrivance as quaint and simple-minded; 'a jolly-good attempt at science, eh what?!' In actual point of fact,

> "(Holistic medicine) . . . is based on a vision of the human body as a microcosmic miniature of the natural world . . .and the language we use everyday to describe events in the world around us. More importantly, using this language, we are empowered to take charge of our own lives and well-being so that whether we experience pain and discomfort becomes a function of how we live our life." (Flaws and Frank, 2006)

An utterly simple analogy, opening the door to an understanding of the aging process is the metaphorical likening of the life of the body to a candle. The wax is the substance which is burned up throughout the course of one's life by the flame of consciousness. Such a metaphorical analogy highlights the necessity to conserve yin substance and to avoid such habits – like cocaine, cigarettes and coffee which do nothing if not deplete the body's yin substance prematurely (the wax of the candle) by drying out tissue and speeding up metabolism – to wit, by increasing the intensity of the flame and thereby burning up the wax of the candle more rapidly.

Another useful metaphorical equation for understanding the digestive system's primary role in maintaining well-being is to liken the stomach to a pot and the spleen to the fire beneath the pot. The pot must not become too hot, or it burns up the contents too rapidly (resulting in rapid hunger as in diabetes); the fire must not grow weak or one ends up with 'semi-cooked' food – to wit, incomplete digestion and concomitant poor assimilation (as is the case with myriad digestive disorders but also that ubiquitous malady in the U.S. patient population, obesity).

An imbecile can grasp these empowering references because such metaphors provide a map of understanding by which one may re-cognize one's next eating experience according to this metaphorical template. Yet the biochemical view speaks of stomach acid and helicobacter pylori and other items which offer little insight for the common-sense view, cannot be corroborated by the actual lived experience of the patient and which often-enough induce iatrogenic imbalance by focusing on one factor - to the exclusion of all others - thereby promoting disharmony in the system as a whole. The real cause of acid reflux is more often *not* an excess of stomach acid, but its deficit.

 

Reductionism attacks the problem by prescribing antacids and producing iatrogenesis that weakens the digestion. Which *map* is more useful to the patient?

> "(holistic) medicine's description of the human body and disease is merely a map created by the human mind . . . a map is not the terrain the map is describing, and that there can be several different kinds of maps of the same terrain depending on the purpose of the map . . . there can be an infinite number of maps . . . each one different from the other, but *each valid for its own purposes*."
>
> "the biomedical map of the body we all learn in high school biology is only one potentially valid map of the body. It is the map of modern Western medicine. But Chinese have developed their own map of the human body over not less than 2,500 years, and that map is just as valid even though it is very, very different from the biomedical map. . . . Therefore, the map was pragmatically useful if only (and just like the Western medical map) only provisionally true."
>
> "Personally, I find that the majority of my patients can understand all this -- that there can be different maps of the body and its diseases that these different maps may all be pragmatically effective in clinical practice. However, (and here's the important part,) just as it is wrong to use a rainfall map to decide the best route of driving from Colorado Springs to Boulder, it's important to keep medical maps separate. In other words, one needs to understand the Chinese medical map on its own terms -- that one should not try to reduce it to or try explain it by the Western biomedical map. That would be like comparing apples to oranges." (Flaws, 2009)

In the era of chronic disease, holism is the map of choice for empowering individual patients in aiding their own recovery.

**Esoteric focus**

The preference for holistic acolytes to *over-emphasize* esoteric or inner, psychic reality is not so much a characteristic of holistic cognition as it is a backlash reaction by people who are disenchanted with the super-emphasis of reductionistic cognition on material or exoteric reality. (10) Nonetheless, it *is* true that "the (holistic) East bases itself on psychic reality . . . on the psyche as the main and unique condition of existence." This emphasis on psychic reality is not a problem unless and until it assumes a dimension that fails of harmonious inclusion in the distinctly Western psyche. It is in a comparative

 

way that one may avoid the Western tendency to "acquire from without what we feel we lack from within." (Jung, p. 490)

Yes, Eastern holism prefers psychic reality to physical, manifestation and the "multitudinous illusory forms of māyā." (Jung, p.494) But elevating holism's preference for inner, psychic reality (pseudo-spiritualism in medicine being the most grievous example of this) is to fall right back into that same benighted sea that believes "everything good is outside." (Jung, p. 490) Instead, one must discover the equivalent dynamic within oneself.

> "If we snatch these things from the East, we have merely indulged our Western acquisitiveness . . . We have really learned something from the (holistic) East when we understand that the psyche contains riches enough without having to be primed from outside, and when we feel capable of evolving out of ourselves." (Jung, p. 490)

This backlash is as predictable and self-evident as it is damaging. While acknowledging the realm of inner thoughts and feelings may be an enormously important revelation – a veritable epiphany - for many folks who live trapped in and unconsciously enslaved by the dominant-culture's (perceived) preference to disregard such internal premonitions as intuition; (11) nonetheless, one can become a slob or megalomaniac regarding psychic abilities. "You can get distracted by the desire for psychic powers. Whether you have psychic powers or not, you still face the problem of a life destiny and a life tragedy." (Osbon, p.132)

It seems to me that everyone is 'psychic.' The real question is whether or not an individual can understand and work with their inner realm to create an empowered, virtuous and harmonious life based on that understanding. The holistic mind-set of the East holds that such a state *is* possible. The West - dominated by the notion that "grace comes from . . . outside" (12) - hinders this realization of an empowering experience of the divine. Paradoxically of course – at least in daily, secular life – it is the reductionistic West that champions individual liberty and autonomous achievement. In medicine, the paradox is that *not all illness can* be cured. We are, after all, mortally ill simply by virtue of our birth. In this sense, miraculous healing that seems to bear no explanation – from

 

any cognitive, archetypal or technical point of view - corresponds exactly to the Western reductionistic notion that "grace comes from . . . outside" (ibid) Paradox! (See section 3, *Control and Illusion*)

Yet in the *professional* practice of holistic medicine, the focus on inner, subjective impressions *does not* negate the existence of outer, objective evidence. In other words, it does not imply a *personal subjectivism*. (13) For example, a holistic TCM pattern - like those listed above (supra, *Preference for Equilibrium*) – are a description of imbalance. Thus '1) spleen vacuity with liver depression' is a specific set of objective signs (meaning that both patient and practitioner can verify and agree upon their existence) and subjective symptoms (meaning that the patient reports the experience of some aspect of their condition that the practitioner is unlikely to witness, but which may nonetheless be deduced by the high-quality, circumspect and professional holistic physician). If the patient presents with a crimson-red tongue, red eyes and a rapid pulse (100 bpm), several thousand years of empirical observation validate the likelihood that such a patient will *feel* a sensation of heat. Their subjective sensation is not strictly a personal subjectivism. This reconciliation between the objective (signs) and the subjective (symptoms) is a major reversal of the subject / object dichotomy that reigns in conventional medicine. Taken to its logical conclusion, one may state and substantiate that it is this reconciliation of subject and object that allows for the inclusion of that which the conventional, reductionistic epistemology *cannot* achieve – i.e. consideration of the quantum reality, in which the observer and the observed are not separate. (Peat, 1987) Put another way, it is axiomatic in the holistic model that the patient *is* a participator in the reality of their health or illness. The patient and physician both witness the subject / object, inner / outer connection and work in tandem to alleviate the pattern of imbalance. Furthermore, any other third-party could (or should be able to) come and witness the presence of the same objective evidence.

There is a damaging misunderstanding about subjectivity by both MD physicians and holistic neophytes as well, and the misunderstanding is exactly this: "The prominence of the subjective factor does not imply a *personal subjectivism,* despite the readiness of the extraverted attitude to dismiss the subjective factor as "nothing but subjective."" (Jung, p. 493) In conventional medical circles, there is wholesale dismissal

 

of holistic methodology based on this misunderstanding. The basic attitude is one of distrust and even disdain for the holistic approach because it must be 'mired in obscurantist holism' that cannot differentiate subject from object. The sin of the holistic neophyte who has failed to clarify what holism is and is not, does and does not do, is the other side of that same coin. Holistic knuckle-heads all over North America insist that they know what is going on with a patient's diagnosis because they can *intuit* or *channel* or because their *spirit-guides* help them to '*see*.' Rubbish! Such poor methodology is every bit as damning to holism's inclusion in the mainstream as is the hegemony of established medical orthodoxy and its failure to include the subjective impressions of the patient's actual lived experience – which is precisely what mature and professional holism is inherently geared to offer.

When a reiki practitioner holds her hands over me to 'diagnose' my condition, what she comes up with is inevitably an image of something about herself - reflected off of me, but not necessarily emanating from me. (The absurdity that a person who has studied 'medicine' for 4 weekend workshops – which is often the duration of the curriculum to achieve the title 'Reiki Master' - is so preposterous as not even to merit discussion.) Yet, this kind of 'medical' practice is extremely illuminating in a self-indulgent way. Indeed, any good physician can and must be able to explain her diagnosis; and where else can this explanation come from save her personal, subjective experience? In the case of reiki, there is inevitably a *personal subjectivism*. The *professional* physician avoids the trap of *personal subjectivism* (and this is the only way to avoid this trap) via professionally agreed upon, time-tested methodology. The literate tradition of holistic medicine, the professionally agreed upon signs and symptoms, the time-honored debate and contributions of colleagues of many generations of high-level practice involves not personal subjectivism but rather a *collective consensus about subjective experience.*

The principle sin of the holistic hack is the dismissal and abuse of the rational intellect with is logical methodology as a means to spite the reductionistic block-headed inability to recognize the mind / body and subject / object connections. The holistic hack rejects proper, rational, logical methodology – in effect demonizing methodology – as a

 

backlash, knee-jerk reaction against the linear logic of reductionism, mistakenly demonizing linear-logic as the chief evil.

> "Would that more people could remember the scientific or philosophical reflections of the much-abused intellect at the right moment! Those who abuse it lay themselves open to the suspicion of never having experienced anything that might have taught them its value and shown them why mankind has forged this weapon with such unprecedented effort." (Jung, p. 357)

Linear-logic is not the problem; the assumption that *real reality* consists only of physical matter is the problem. It is not the reductionistic bent to follow a procedure of scientific inquiry that is at issue, but the tenets and assumptions upon which that procedure is based. Nor is this bitter feud a new one. It is the same argument that has existed between science and religion for several thousand years.

> "As a result of the fact that our tradition has been rendered in scripture, and all of our institutional religious traditions are based on this scripture, and the scripture dates from 2000 or more years ago . . .we have become fixed to a view of the world that is out of accord with what we now are experiencing in the way of the world . . . When you consider that (in) 1543 when Copernicus published his heliocentric system, this could not be assimilated by the religious teachings of the time. The story of Galileo's trial is well known . . . Then when Darwin brings out in the middle of the 19th century . . . (the theory) of the evolution of life, and again. The science that has been held against modern science is an archaic one . . . of about 2000 BC against that of 2000 AD. But the religious mood of the recognition of the mystery of the universe that lies behind *all* these images - any image can become an icon, a revelation of this dimension that is transcendent of the science and yet informs it . . . it's the work of poets, artists to bring that out, to know what the world-image today is and to render it is the old seers did and the old prophets, render it is a manifestation of this transcendent principle. That's what we lack today . . . poets and artists who really speak of the mystery. There's been so much social criticism in our arts . . . the other function of the poet of opening the mystery dimension . . . has been forgotten. What we lack isn't science but poets and people to reveal to the heart what the heart is ready to recognize, namely this mystery. (See section 3, *Control and Illusion).* (Campbell, 1997)

The reiki practitioner may be lauded for one aspect only and that is the effort – however amateurish – to reveal the mystery that reductionistic science has largely forgotten. Reiki (or any holistic therapy that lacks of logic) practiced in this way

 

is – in effect – an attempt to remind folks (patients and other medical personnel) of the transcendent mystery that is so conspicuously absent from the positivism of modern science. But the backlash of this effort is that logic – holistic logic – has been disregarded in favor of personal subjectivism. Holistic logic is metaphorical and poetic by its very nature, reveling to the heart what the heart is ready to recognize; namely the mystery of inner / outer connection in driving illness / recovery.

Ponder this: which takes precedence, the mind of god or the mind of man *as* god? What is the difference between callous indifference and benevolent impartiality? What is the difference in terms of clinical application? To the reductionistic gaze, with its adherence to 'objectivity', they are the same. Yet the true difference between these two perspectives is absolutely everything; and – as Campbell points out – it is the same argument that has come down throughout the centuries and now takes the form of the current debate between holism's legitimacy as a rational, logical science and reductionism's claim of owning *real reality.* (Here I direct the reader to the full passage in Jung's essay as his lucidity on the tension between the intellect and the psychic unconscious is so absolutely germane to the current debate between established orthodoxy and the New Age as to constitute revelation.) (14)

Personal subjectivism is not the kind of subjectivity present in holistic pattern discrimination. It is not the kind of subjectivism that – in the end – rests on faith and fails of logic or corroboration. It is a subjectivity that is a kissing cousin to the 'objectivity' so lauded by reductionistic cognition and medical 'science.' Where one *does* witness this questionable 'faith-based' personal subjectivism is with low-quality, non-professional, holistic dabblers and hacks. This is the kind of New Age irresponsibility that argues '*this is my personal truth and if I say it's true then no one can refute it because I create my own reality'* horse-manure that makes MD's cringe and well-thought-out patients run.

The real danger of this kind of poorly thought out, faith-based 'logic' is not limited to the patient alone. Consider synchronicity, the veritable essence of the holistic cognitive archetype. To witness the 'coincidences' of life and imbue them with

 

significance is a hugely empowering breakthrough for the main of our reductionistic culture's patient population. It is nothing other than a confirmation that indeed another kind of logic exists - other than the linear logic that is the official party-line in reductionism. Yet, the danger of synchronicity lies in rampant subjectivity wherein every outer occurrence becomes a portent of immense significance, causing one to become mired in obscurantist holism. Carolyn Myss comments on this danger, stating the problem thusly,

> "Your interior world has assumed an authority in your perceptual world that you have no mature relationship with . . . You begin to lose a relationship to the world in which the world is your primary other. The primary other becomes an interior space that has no clarity to it. You are looking to find on your inside the same security anchors you had on your outside . . . specifically you fear for your physical survival . . . you want God or the divine to come to your rescue at a physical, life, survival level." (Myss and Estes)

Holism ***is*** inherently geared to acknowledge the preeminence of psychic reality (15). But this inherent emphasis is misunderstood and fatuously over-blown in New Age circles – thus transforming this characteristic strength afforded by holism into a vice which leads to non-scientific methodology. As the eminent Bob Flaws points out, "(Holistic) Chinese medicine has been recast into what we (in the West) would *like* it to be." (10) This break from the time-tested methodology that is so important to the logical application of holism (as it is practiced in China) is the holistic hack's attempt at innovation. But, as Jung declares, innovation must stem - not from a dismissal of tradition - but an inclusive understanding.

> "(the modern man / woman) must be proficient to the highest degree, for unless he can atone by creative ability for his break from tradition, he is merely disloyal to the past. To deny the past for the sake of being conscious only to the present would be sheer futility. Today has meaning only if it stands between yesterday and tomorrow. It is a process of transition that forms the link between past and future. Only the man who is conscious of the present in this sense may call himself modern." (Jung, p. 457)

The holistic hack rebels against traditional methodology by recasting holism into what he wishes it to be. He does this as a means to spite the perceived reductionistic bent to get lost in the forest of non-commonsense understanding of illness, thus overshooting the

 

mark. It is *not* conventional medicine's insistence on rigorous, professional methodology that is the problem; but rather the content and presuppositions upon which that methodology is based that need to be reconsidered and revised.

**Group consciousness**

In Malcolm Gladwell's 2008 work, *Outliers*, the first chapter examines an Italian American community in Bangor, Pennsylvania in the mid 20th century that was statistically anomalous regarding deaths from heart disease. (16) Researchers looked everywhere for the x-factor that would explain it and finally concluded that neighbors sharing community and committing to something bigger than their individual concerns was as much a tenet of good health, longevity and well-being as any other consideration, and - when compared side by side - actually trumped low-fat diets and the avoidance of other factors in regard to heart health.

In others words, group consciousness, the inherent preference of the holistic cognitive archetype, is good for people. Why is the group dynamic so central to well-being? It breaks folks out their own petty revelry and decreases self importance. Samuel Huntington cites this as a patent characteristic in the East; "East Asian success is particularly the result of . . . cultural stress on the collectivity rather than the individual . . . the work ethic is born out of the philosophy that the group and the country are more important than the individual." (Huntington, p. 108) In other words, teams, clans and communities are good mojo.

Group consciousness involves a loss of ego. Paradoxically, this is precisely the merit-badge so sought after by those New Agers who – by excluding themselves from society and with a seriousness that begs no disagreement - claim to have achieved a higher state of awareness. So much misunderstanding surrounds the existence and usefulness of the ego that when I hear any such nonsensical declarations regarding the elimination of one's ego, I confess I find myself using it as the litmus test for whether or not the speaker is worthy of my respect and consideration. One cannot *witness* oneself as egoless. Someone has to be present to be doing the witnessing. That *someone*, in the

 

West, is the ego. Similarly, one cannot declare that one has got-rid of one's ego. There must be something present to make such a declaration. That *something* is the ego. Jung seems particularly vocal on this subject.

> "since the introverted (i.e. psychically focused) attitude is based on the ever-present, extremely real and absolutely indispensible fact of psychic adaptation, expressions like "philautic," "egocentric" and so on are out of place and objectionable because they arouse the prejudice that it is always a question of the beloved ego. Nothing could be more mistaken . . . Certainly the ego does not play the same role in Eastern thought as it does with us." (Jung, p. 232, 492)

Loss of ego – it seems to me – involves commitment to and submersion in something, collective, something greater than self-indulgent isolation from the herd. Holism - a consideration of the whole, of multiple aspects, parts or individual units in relation to all others - maintains an axiomatic assumption of the primacy of group consciousness. The application of this axiom to our fractured and sometimes morbidly indulgent focus on individuality is an antidote to the reductionistic culture's inability to think beyond individual gain (when it comes at the expense of the whole).

Yet again the reader must revolve on the pivot of paradox in order to reconcile – or at least to consider – the complementary standpoint; namely that individual liberty and 'truth attained through one's individual experience' is the essence of the Western spiritual tradition. (Campbell, 1997)

> "Each entered the forest at a place that *he* had chosen where it was darkest and there was no way or path. That is to say that each must find his own path; following a path, you're following someone else's destiny; and one of the great spiritual insights of the peculiarly European, Western tradition is that each of us has his own destiny and just doesn't run along an already mapped out track."
>
> "This is why I don't think the guru thing is as great as it's supposed to be. It's an oriental idea where the uniqueness of the individual is *utterly disregarded* . . . I've spent a long time with oriental studies. I see *nothing* that does not say, 'each has the law of his caste, or his tradition, or his church or whatnot' to follow. There's never any indication that you've got it right in yourself and that no one knows." (Campbell, 1997)

 

The paradoxical need to reconsider a focus on group dynamics is that it is perhaps the defining experience of America to offer the individual his / her own path of adventure, realization and attainment. Nowhere else, ever in human history have so many millions had the opportunity to pursue their individual development and follow their personal quest as in America. Yet, one is set to ponder whether or not the pursuit of individual gain has run its course or rotted on the vine. As a physician, I cannot ignore the nature of the epidemic of chronic disease in the U.S. There is a decidedly distinct aspect of unsustainability to the illness I witness in America. It is disease based on the unsustainability of the lifestyle that exists there and the isolation of the individual from anything like real and genuine community and deep communion with something larger than one's generally petty wants and neuroses which have combined to create a specific aetiology one sees nowhere else in quite the same degree or severity.

**Empowerment**

> "(holism) . . . is based on a vision of the human body as a microcosmic miniature of the natural world. Therefore . . . we are empowered to take charge of our own lives and well-being so that whether we experience pain and discomfort becomes a function of how we live our life." (Flaws and Frank, 2006)

The previous 7 characteristics of holistic cognition are tantamount to this single, crowning realization: empowerment. Sounds sweet eh? Not so fast. As Lincoln said, "Nearly all men can stand adversity, but if you want to test a man's character, give him power." Empowerment carries responsibility or else everyone would buy it at Wal-Mart. Understanding and recognition of 1) the inner/outer, bi-directional relationship between the mind (psyche) and body; 2) the inhering and thoroughgoing inseparability of ones thoughts / emotions from one's physical substance; 3) the meaning which arises - not just in physical illness but in all the 'chance' *synchronicities* of life which guide one's destiny; 4) the awareness of and preference for moderation in all things and the virtue not to seek excess fame, wealth, etc. merely for their own sake; 5) the all-important ability to 'hear ' and 'see' life from the symbolic and archetypal point of view, grasping

 

metaphorically what society and institutions insist upon concretizing into historical and physical facts; 6) The 'Virgin Birth' into the spiritual life and the inward recognition that one may indeed 'save the world' precisely by saving oneself - to wit, by recognizing that the power to transform illness into healing resides within one's own psyche; 7) the subsequent awakening to group dynamics (preserving one from the mythological fate of Narcissus), the binding of the individual to a group which has not been thrust upon him / her but rather is a group of his / her own choosing; and thus voluntarily-bound, the discovery of oneself liberated and elevated rather than imposed-upon. All these seven characteristics presage empowerment as a kind of final reward, a fruit of one's labor.

In medicine, consider the stark and opposing tendencies which are the nature and inhering characteristics of reductionism vis a vis holism; a notion of holistic causality births an approach to medicine in which patients are empowered to create their health (or illness) and are not reduced to passive roles or mere disease entities to be lorded over by doctor-mechanics. Let us review one last time some of the factors at play in the dynamics of empowerment – including subject / object reconciliation, the nature of language in creating medical reality, the preference for equilibrium and the meaning rendered through functional diagnosis and the treatment of signs and symptoms in chronic disease.

In holistic TCM, Diabetes Mellitus (DM) is referred to as *wasting thirst* or *thirsting and wasting*. The disease mechanisms that lead to patterns related to DM are dryness and heat leading to qi and yin vacuity. The mere concept of DM in TCM yields a certain insight that is consistently logical with the methodology of a functional approach to clinical intervention. In TCM, DM is conceived of as a 'melting down of muscles and flesh into urine.' The very concept is one that corresponds to the patient's actual subjective experience of illness. Such correspondence between the conceptual and linguistic creation of reality cannot fail to inform the patient – on some basic level – as to their condition as well as what must be done to affect its amelioration. (8)

Diagnosis and treatment based on pattern discrimination is done at the functional level. It is an approach which seeks leverage in healing by emphasizing the functions / dysfunctions present in a given patient. Long-term – i.e. chronic disease – *is* functional disease. It begins as a dysfunction of normal, healthy body systems and proceeds – often over many, many years – to worsen in severity until a structural, histological imbalance

 

results. In DM, the end stage complications are all histological conditions in which the structure of tissues has been altered, usually resulting in cardio-vascular failure, renal failure and or neoplastic malignancy. Therefore, functional medicine is medicine well-suited to treat chronic disease. Pattern discrimination lends to the approach that is functional medicine. Chronic disease is disease of longstanding functional imbalance which is best managed by a medical approach that seeks to balance aspects of (dys)function.

A patient with chronic, serious heart disease does not simply wake up one morning needing a quadruple by-pass. There are nearly always some functional signs and symptoms that are prelude to such a crisis which then requires heroic intervention. One exception to the above assertion might be a congenital defect of the heart in which blood supply was insufficient. In this case, heroic intervention, observation and analysis at a distance and conventional medicine would be the most appropriate and timely therapeutic intervention. But the patient with chronic disease is the new focus of human health and healthcare (17) and the patient with chronic disease benefits far more from an approach that seeks to harmonize dysfunction than it does from a methodology that; 1) obfuscates the connections between disease causes, lifestyle factors and the presenting signs and symptoms of dysfunction; 2) results in therapeutic applications best described as 'One size fits all. Take it or leave it.'

The inclusion of a patient's lived, subjective experience is a conspicuously absent and essential piece in the mosaic of healthcare reform. The inclusion of the patient's subjective experience necessitates not just a shift in research methods but also a shift in the assumptions which underlie phenomena of healing in the natural world away from linear causality - the bedrock of all conventional inquiry and research - toward the inclusion of a holistic principle of causality. Furthermore, the inclusion of a holistic principle permits patients the opportunity to achieve what is perhaps the single greatest tenet of any shift in healthcare: self-empowerment through choice.

James Gordon M.D. of the *Center for Mind-Body Medicine* places self-care at the center of any shift in treatment strategy. (18) The demands of modern diseases and the state of human health in this epoch suggest that the patient with an empowered ability to 'read' the signs and symptoms, who is able to determine for themselves what action to

 

take in alleviating their own suffering stands a much better chance of achieving and maintaining a good quality of life in the face of chronic disease.

Conventional medicine relies on a system of pathologizing patients, the dynamics of which the medical profession seeks to obfuscate through technical language. But, "Health care depends for its outcome on a two-way relationship between the sick and the healer. In so far as health care is provided, *both* patient and healer are providing it, and indeed, the concern with so-called noncompliance is testimony to that." (Taussig, 2003) Here Michael Taussig acknowledges the bi-directional relationship that is required in all but the most dire of traumatic circumstances. This quote confirms the importance of the axiomatic assumption of relationship and connection between observer and observed that is automatically present in and inseparable from the holistic archetype. Not only can physicians and patients both witness the truth of the patient's illness by verifying qualitative signs and subjective symptoms; but there exists the possibility that a patient who understands the meaning and significance of their signs and symptoms may become an empowered patient.

Among the Tumbuka people of Africa, it is axiomatic that illness bears with it the opportunity for empowerment. "In Western medical theory, illness is judged negatively, but for the Tumbuka some illnesses have a positive value attached to them . . . it is a necessary component in the creation of the prophet healers known as *nichimi*, extremely valuable and highly regarded members of their society." (Freidson, 1996) Here is the cultural valuation of 'illness as teacher' and also the continued elevation of lived experience over theory and discourse.

A great healer in Tumbuka society is not merely a well-read student with good grades and perfect attendance; rather, the prized physician in the experiential, musical ontology is one who knows his / her craft through doing, through having experienced illness and vanquished it or assimilated it as an ally in the path of knowledge that healers of all cultures tread in seeking mastery of their craft. The author of this phenomenology of illness himself experienced a similar awakening to 'illness as teacher' when he reveals, "when I look back on these episodes from a distance . . . there seems to be some kind of relationship between my symptoms and the circumstances of my work – a resonance between my internal state and external actions, and the dynamics of the *vimbuza* affliction." (ibid) In North American medicine, experience is taboo. (19) The notion of

 

illness-as-teacher, is ignored and deleted from officialdom in favor of the 'doctor as hero' dynamic which not only disempowers patients, but also allows patients to deny all responsibility for the cause of their illness as well as their recovery.

*Quantum theory* and its corollary c*omplexity theory* are not new; and yet the simple law of quantum physical reality – that observer and observed are not separate entities but rather interconnected and inextricable – has no real purchase in conventional medicine. Ordinary science (science which operates to the exclusion of quantum and complexity theories) has yet to reconcile this omission. In *Synchronicity: bridge between matter and mind,* F. David Peat writes,

> "Implicit in such a . . . vision . . . is the image of a scientist who stands outside the system as impartial observer, able to predict events according to deterministic laws, without disturbing events in any way."

The scientist is as a priest in Western culture, dictating the very fabric of reality, vetting what is real and unreal, perpetuating this insidious split in Western consciousness.

Among the Maya people, it has been recognized for centuries that a shift in consciousness will occur around the year 2012 (the end of the Maya calendar); whatever ancient science was used to calculate this calendar, someone foresaw a major change in store for humanity. The Chinese oracle, the *I Ching* likewise presages such a change – also in 2012. What could this shift be save the awakening of that benighted segment of the human race who still denies the fact that we are not separate from our world but that – contrary to the dearly held belief among the conventional orthodoxy of medical science in the West – observer and participator are one and the same? The signs are everywhere; and yet what culture so willfully ignores innovative action in compliance with this inconvenient truth as reductionistic culture, where the split in Western consciousness seems most pronounced and pernicious?

> . . the term "spectator must be struck from the record and the new word "participator" must replace it. By virtue of the quantum theory . . . physics and physicist are no longer separable but are one indivisible whole." (Peat, 1987)

 

The quantum dictate that the observer is actually a participator can be likened to synchronicity. The patient who notices a connection between an inner state of realization and an outer manifestation that gives form and expression to that realization (or vice versa) has just experienced a moment of quantum clarity in which the seemingly separate entities of mind and body, immaterial and physical reality are revealed as one seamless, indivisible whole. The patient who observes the reality of their illness thorough the holistic lens is *participating* in that reality.

Complexity theory holds that there is an abstract pattern which underlies and gives rise to spontaneously emerging and self-organizing realities. So, what of it? To the patient with chronic disease, the management of and recovery from their illness would greatly benefit from a version of reality that includes and acknowledges connections between things and allows for the emergence of the spontaneously arising reality . . . *of recovery*!

Connection between psychological states and physical manifestations may be the new manifesto for patients battling chronic disease. It is through the making of such connections that a patient finds the empowerment to care for himself / herself. To the patient with chronic illness, connecting the effects of dietary habits, lifestyle choices and exercise regimen, noting how each of these factors affects the course of one's disease – either slowing its progress or speeding its exacerbation – is of ultimate and primary importance. Successful management of disease for which there is no cure may have everything to do with this ability to draw connections between inner realization and outer behavior. The talent to recognize synchronicity may be the requisite skill that leads patients with chronic disease to successfully allow for the emergence of the self-organizing reality of healing.

The physicist Wolfgang Pauli was one of the first to report such a possibility and did so in correspondence to his countryman Carl Jung. Jung and Pauli both recognized the implications of a synchronistic principle of causality. "Pauli believed that synchronicity made it possible to begin a dialogue between physics and psychology in such a way that the subjective would be introduced into physics and the objective into psychology . . . in which subjective and objective aspects would reveal different features of the same underlying phenomena." (Peat, 1987)

 

The inclusion of a patient's lived experience mimics the very notion of quantum reality – the exclusion of which so defines and limits the conventional, mechanistic approach to healthcare. With the inclusion of a synchronistic principle of causality, the patient's role in determining their own health and illness becomes impossible to ignore. This is the identical realization afforded by quantum reality in which the notion of an isolated observer collapses utterly.

Not only does a qualitative emphasis require a shift in assumptions about causality in nature; but emphasis on meaning also requires that assumptions about healing be expanded to include more than a notion of merely physical cure. A research methodology that includes a synchronous principle of causality will orient a patient-subject toward the discovery of *meaning* within their quest for healing and recovery – whether or not that quest ends in cure.

It is subjective meaning that is missing from a heavily quantitative approach. It is synchronicity that imbues experience with meaning. It is holistic cognition and qualitative research methodologies – of which pattern discrimination is the praxis - that imbues healing and research with meaning. It is meaning that empowers patients to manage chronic illness. It is meaning that is the common thread.

 

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7. "It is estimated that nearly one third of the people suffering from diabetes alone remain undiagnosed." Wielawski, Irene M. *Improving Chronic Illness Care.* To Improve Health and Healthcare, Volume X. p. 53
8. There are seven basic ways that one may experience such heat and dryness resulting in qi and yin vacuity. 1) Natural exuberance or insufficiency 2) dietary irregularity 3) psycho-emotional stress 4) unregulated stirring and stillness 5) unregulated sexual activity 6) iatrogenesis and 7) *gu* or parasites / worms. (gu is a Chinese disease concept which includes infections agents as well as Candida Albicans and other forms of intestinal dysbiosis resulting in severe malnourishment and pathological heat. Managing functional aspects of DM involves 1) reducing thirst, 2) reducing hunger, 3) decreasing urination, 4) ameliorating fatigue, 5) relieving feelings of general malaise and 6) promoting weight gain. The blood glucose level is a laboratory exam and so will not qualify for our functional criteria although it is no less important than the others. Each of these functional disorders is managed by an aspect of treatment in which the physician heteropathically mitigates imbalance.
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12. "Grace comes from elsewhere; at all events from outside. Every other point of view is sheer heresy." P. 488. Jung, Carl Gustav. *The Portable Jung*. Joseph Campbell (edit.) Viking Penguin, New York, New York. 1971
13. "The prominence of the subjective factor does not imply a *personal subjectivism*." P. 493. Jung, Carl Gustav. *The Portable Jung*. Joseph Campbell (edit.) Viking Penguin, New York, New York. 1971
14. "Would that more people could remember the scientific or philosophical reflections of the much-abused intellect at the right moment! Those who abuse it


 

lay themselves open to the suspicion of never having experienced anything that might have taught them its value and shown them why mankind has forged this weapon with such unprecedented effort. One has to be singularly out of touch with life not to notice such things. The intellect may be the devil, but the devil is the "strange son of chaos" who can most readily be trusted to deal with his mother. The Dionysian experience will give this devil plenty to do should he be looking for work, since the resultant settlement with the unconscious far outweighs the labors of Hercules. In my opinion, it presents a whole world of problems which the intellect could not settle even in a hundred years – the very reason why it so often goes off for a holiday to recuperate on lighter tasks. And this is also the reason why the psyche is forgotten so often and so long, and why the intellect makes such frequent use of words like "occult: and mystic: in the hope that even intelligent people will think that these mutterings really mean something . . . The voice finally declares, "everything must be ruled by the light," which presumably means the light of the discerning, conscious mind, a genuine *illuminatio* honestly acquired. The dark depths of the unconscious are no longer to be denied by ignorance and sophistry – at best a poor disguise for common fear – nor are they to be explained away with pseudo-scientific rationalizations. On the contrary it must now be admitted that things exist in the psyche about which we know little or nothing at all, but which nevertheless affect our bodies in the most obstinate way, and that they possess at least as much reality as the things of the physical world which ultimately we do not understand either. No line of research which asserted that its subject was unreal or "nothing but" has ever made any contribution to knowledge." P. 357-8. Jung, Carl Gustav. *The Portable Jung*. Joseph Campbell (edit.) Viking Penguin, New York, New York. 1971

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