

Asclepius' Rod

An Overview of the Struggle between the Sacred and the Profane in Medicine

Pierre Morin

Context of the Discourse about Health

The concept of health is, as Hannah Arendt said about words in general: “something like a frozen thought which thinking must unfreeze” (1971: 431). In common language we take the meaning of the word “health” for granted. When we speak about health we assume a tacit understanding and consensus about the notion of health, for instance, the good and muscular shape of a healthy body or that smoking is in general bad for your health. On second thought, however, the hidden difficulties of defining the concept of health become manifest.

For some, health is a core value of life and closely related to their general sense of well-being; for others health is less central. Obviously, most people’s preferred approach towards illness after getting sick and suffering is to get treatment and through treatment to restore their health. This approach towards restitution is encouraged by most scientific medical practice. Disease becomes an enemy and cure is a version of conquering that enemy. The notion of talking about illness as meaningful experience is seen as superfluous—even vaguely subversive—to biomedicine. Kleinman (1988) talks of an “iron cage” of reductive concerns with mechanically viewed bodily processes and a too technically narrow and therefore dehumanizing vision of treatment. For him, the particular significances of a person’s illness, the stories in which patients reveal the meanings

they attach to their suffering provide a way to break out of the current limitations of medicine. Mindell (1984) related with his “Dreambody” concept the subjective experience of bodily processes and diseases to symbols, roles, and patterns found in night dreams. He opened the door to possible enriching experiences and to the unfolding of extended meanings.

In addition, illness and suffering are a social experience. Cultural values and collective modes of experience shape individual perceptions and expressions and these culturally shaped patterns of how to bear illness and disease are taught and learned via our socialization. Thus, social interactions influence sick people’s illness experience. For example a group grieving for their friend with supposedly terminal cancer may limit the diseased person’s identity to the terminal cancer patient role. Thus, both aspects of social experience—its collective mode and intersubjective processes—are formed by the characteristic cultural meanings of time and place. These cultural representations and moral values interfere with the sick person’s subjective experience and her ability to recreate a renewed sense of self and coherent view of her challenged life process.

The Debate about Health

I believe that illness experience is embedded in a social and cultural discourse about health. Today’s beliefs and behaviors that relate to the body and its suffering are linked to larger

socio-cultural debates. For example, I speculate that the notion that illness might already contain possible implicit meanings and growth potentials is, among other things, stimulated by actual and historical debates that revolve around secular and religious concepts of health and disease.

I intend to demonstrate that people's interpretations of their ailments and bodies, as well as their illness experience, have circulated around polar themes that have been erupting and conflicting with each other throughout history. I am not an historian of medicine and science, and therefore won't pretend to address all angles of the question in this article. My aim is much more modest: I am trying to expose some of the assumptions and ideas about the discourse of science and medicine relevant to actual conceptions of health and disease. The longer I study how people have dealt with health and disease the more I grow to believe that the various polarized discourses, such as: nature versus nurture; individual versus collective or social; body versus mind; secular/profane versus sacred/religious; and objective disease versus subjective illness—reflect a deeper struggle of getting to know ourselves and our bodies. The debates about health are in my eyes an ongoing group process that wants to awaken us to the many intertwined levels that influence our notions of health and disease. Together we are dreaming and unfreezing the essence of "health" and "illness" into life and being. The struggles between the many thoughts and beliefs about health and illness are, in my eyes, paradoxically, an unwavering creative project that invites us to spiritual and sentient aspects of life.

Asclepius, the Greek god identified with health and disease, and the first known physician, is often portrayed with a winged staff and two intertwined snakes in a double-helix, which has come to be the symbol of the modern physician, the caduceus. The caduceus is a good emblem for my contemplation of the evolution of the medical discourse. I conceive it as an ongoing dialogue between divergent polar conceptions, with singular themes orbiting around a center of attraction, the rod; the

rod symbolizing the stable and guiding sentient realm. The various dichotomies received over time varying degrees of attention, with some more central than others in different periods of history. I believe that the evolving dialogue between polar views of health brings to light new facets of universal human problems, and thus allows us to deepen our understanding of these essential issues and ourselves. "If evolution is continuous creation," says Bergson, "it creates progressively not only the forms of life but also the ideas that make it possible for the intelligence to understand it, and the terms that could be used to express it" (1911: 103).

The Sacred and the Profane in Medical Discourse

A sacred framework sees, for example, the ultimate explanation of illness in nonnatural causes (such as divine punishment) and being sick in moral terms (the individual is responsible for his illness). Medico-religious paradigms can assume an individual or collective form. Illness is either linked to the fundamentally evil nature of fallen man in creation or to individually and collectively broken taboos. In medico-religious paradigms, humans are exhorted to strive against evil through government of the body. The profane world, on the other hand, is the world of natural causes such as physical agents like viruses or social and environmental factors. In the profane framework of illness the individual is not held accountable. This is the domain of materialist Cartesian concepts that define illness as malfunction of the human organism.

In *The Elementary Forms of the Religious Life* (1954) Emile Durkheim describes the belief system of primitive society as based on a profound dichotomy between the everyday world of practical activities and the sacred world. Medicine is primarily religious and disease is symbolic of the relationship between the sacred and the profane. Diseases are sometimes perceived as omens and the appropriate remedy is to identify the demons responsible and expel them by ritual incantations. In many ancient societies disease is symbolic of the relationship between the sacred and the profane

world. In older and more recent shamanic traditions human illness is also thought to provide a bridge between these two worlds. For many people today, extraordinary states of consciousness, which are seen as mental diseases in modern society, reveal sacred values to humans.

Greek medicine represents, in contrast, a first secular orientation to health and illness. The humoral theory of disease, with four basic elements (fire, water, air, and earth), four qualities (hot, cold, dry, and damp), four humors (blood, phlegm, yellow bile, and black bile), and four personality types (sanguine, phlegmatic, choleric, and melancholic) describes a primitive mechanical concept in which the body could be imagined as a hydraulic system. Illness is a consequence of an excess of one element and a lack of balance (Turner 1996). The notions of balance also reflected the premise of Aristotle's ethics in which good life was expressed through moderation and avoidance of excess.

The Judeo-Christian legacy was deeply ambiguous with respect to the importance and role of secular medicine. The ascetic doctrines of institutionalized Christianity treated the body as a means of human education through suffering. In the view of Pauline theology, sickness was seen as the inevitable punishment of the flesh. The body, as the vessel of the soul, was seen as corrupted by the Fall from Grace in the story of Adam's disobedience. Disease was sent by God and again related to a supernatural plan. Healing became relegated to the realm of the spiritual and the cure of the soul took precedence over the cure of the body. Most ailments as well as certain specific maladies, such as leprosy, were associated with the almighty's punishments for sin. According to the Book of Leviticus

But if you will not hearken to me, and will not do all these commandments, if you spurn my statutes, and if your soul abhors my ordinances, so that you will not do all my commandments, but break my covenant, I will do this to you: I will appoint over you sudden terror, consumption, and fever that waste the eyes and cause

life to pine away. (May & Metzger, 1965: 26.14-16)

However, through this suffering human beings can come, through humility and pain, to a better understanding of God and themselves. Disease is a corruption that indicates the sinfulness of humankind, but also creates the occasions of insight and knowledge.

Christianity has, according to Drewermann (1991), fostered a one-sidedness of Western culture in a twofold way: first in marginalizing and controlling our individual bodily nature as well as controlling external nature, and second in supporting a one-sided goal-oriented thinking of progress and development.

Jytte Vikkelsoe (1997) demonstrated how institutionalized Christianity introduced in an authoritarian manner the notion of value opposites and how this opened the way for many forms of oppression. Salvation was linked with definite behaviors and values. Conforming to these values was rewarded and became a measure of goodness; non-conforming was punished. The church fought against amoral behavior with powerful instruments. This led to the oppression of the more impulsive nature of human beings, to the repression of people's inner spirituality and marginalization of emotions, as well as exclusive encouragement of rationality. The Fall of Man was mostly blamed on the weakness of Eve and Christian theology was basically misogynist, and thus patriarchal. Theologians, reinforced by the legacy of Greek philosophy, which favored reason and rationality and degraded the female body and its physical earthy nature (e.g. female blood in menstruation), saw men as the crown of creation, and everything else in nature ranking below them (Chittister, 1998). Women were physical and natural; men were reasonable and spiritual. The implications for society of the theological justification of difference, the approbation of a hierarchy of values with men on top, just below a male God, can hardly be overestimated. It opened the door for the oppression of women in all aspects of life; it launched a continuing war against the body; and it made the exploitation of the earth possible. It justified domination

and has consolidated the power of the center over the margin. It has influenced human politics and values ever since.

Furthermore, Kleinman (1997) claims that monotheism has had a determinative influence on Western biomedicine. The idea of a single God and Augustinian imperative of a universal moral order led to the dominance of rational principles, the idea of a single objective truth. It also fostered a single-minded approach to illness and care with an extreme insistence on materialism as the foundation of knowledge. Medical orthodoxy developed on the base of Cartesian materialism strong value orientation, seeing nature as physical and bare of any teleological meaning. The idea that serious illness may involve a quest for meaning was disavowed. The emphasis on quantitative data and the rejection of qualitative interpretation led to an objectivistic worldview bare of any moral purpose. The positive aspect of this reductionistic approach has been the development of biochemical-oriented technology and its many successes in the treatment of acute pathology. But in proceeding within this cultural logic of dualistic value opposites between male and female, mind and body, hard and soft, strength and weakness, technology and human experience, biomedicine sanctions marginalization of the “softer” side of the poles. Following that logic, “soft” medical procedures and specialties, which concentrate on the human practice of medicine and understand its social, psychological and moral aspects have low value, provide the lowest incomes, and attract more women practitioners.

Christianity, as we have seen, has had manifold influences on dominating views about health. First it pushed Greek rational thoughts about health undercover until Renaissance humanists revived them and combined secular views with Cartesian dualism and materialism. Then it bestowed the developing new worldview and philosophy of prospering Western science with a moral incline, e.g. when science generates religion-like doctrines.

Faith-based religious views on one hand, and more rational and humanist conceptions of the

body on the other hand, have built the warp and weft of the fabric of medical thinking. At different times one view has been more predominant than the other. In the struggle between magical and scientific conceptions epilepsy, for example, has held a key position. Despite many attempts by mainstream medicine, throughout history, to remove the “divine” label, epilepsy continues to be ascribed to supernatural causes and many treatments for epilepsy have in many cultures occult associations. (These spiritual remedies were for long time—and some might still be—far safer than the medical therapies.)

Thus, one way to define “modern” or “scientific” medicine is by its detachment from a religious framework. Golup (1997) connects science with a secular approach to reality void of any divine design or providence. This separation has happened over time. Many social movements (for example institutionalized Christianity) were opposed to it, and it has never been really completed. Freitas (1999) establishes the beginnings of that process with Hippocratic (ca. 460-377 BC) medicine, the foundation of Greek written medicine. Rational curiosity about the cause of illness replaced a healing system that was dependent on the supernatural. The new philosophy saw human life and man governed by the same physical laws as the cosmos, and thus, reason would be able to explain health and disease. Others (Golup 1997) see the surge of modern science with the rediscovery of the grandeur of Western civilization after the Dark Ages and the domination of the Roman Church. The renewed interest in the ancient thoughts of Aristotle, Plato, Virgil, Cicero, and others allowed the rediscovery of a vision of man as rational being. From a human understanding of God’s plan the Renaissance humanist came to a view that man must control the world created by God. The study of nature through one’s own eyes became important as a requirement for one’s ability to change nature.

The secularized worldview which is deemed necessary for a scientific conception and analysis of nature, nevertheless, has not yet permeated

all aspects of life and society. Religion controlled people's actions from birth to death as late as the Enlightenment and the ensuing social revolutions. Neither was the Greek understanding of health just rational. Ancient Greece had its own tradition of folk healers, including priest healers employing various methods of divination (Freitas 1999). Pergamon, for example, the site of the sanctuary of the healing god Asclepius was a place where the attendant priests converted the dreams of the patients into therapeutic regimens. Thus, in many aspects the medicine of ancient times was primarily religious. The hands of the gods or God were in everything. Disease was caused by spirit invasion, sorcery, malice, or the breaking of taboos, and sickness was both judgment and punishment. These beliefs are still prevalent in many tribal cultures around the world. They also remain influential in our perceptions of ailments that lack obvious scientific or causal explanations. Confronted with disturbing symptoms, many people will at some point have thoughts that relate the symptoms to repressed thoughts and preoccupations. Magical or archetypal thinking, irrational fears, the association of emotions and feelings with disease and their cures are features of this "religious" thinking. In my view both approaches are valuable and both have been hurtful and helpful over time. More recent discourses in medical practice are striving for integrating preexisting polarities, the secular and spiritual views of the body and medicine, as well as the mechanical and more sentient aspects of disease and illness.

Dr. Bernard Lown, a renowned cardiologist, provides many examples of the extraordinary powers of words, including words that transcend the mechanical body, words that can injure and maim, and words that can heal. One dazzling example is the case of a sixty-year old critically ill man who recovered after he heard Dr. Lown referring to the galloping sound of his heart, paradoxically a bad prognostic sign in conditions of heart failure.

On Thursday morning, April twenty-fifth, you came in with your gang, surrounded the bed, and looked as though I was already in a casket.

You put your stethoscope on my chest and urged everyone to listen to the "wholesome gallop." I figured that if my heart was still capable of a healthy gallop, I couldn't be dying, and I got well. (1999: 82)

In recent years many scientific studies have been conducted on distance healing and the effects of prayer or meditation on medical treatment. The numinous realm has become part of a scientific endeavor. Increasing research is done on the biology of religious experience in an attempt to learn how physiology connects with spiritual experiences (Andresen & Forman, 2000). The issue of religion and science has long been perceived in either/or dichotomies, presuming that the two poles exist only in opposition to each other. In academic medicine, religion and science have mostly been two opposing paradigms with the new development mentioned above constituting an exception. However, in the lived experience of people, they were never that separate. The empirical and religious components of medicine have always evolved in intertwined strands. In its immediacy, illness is always experienced as a disorder of the material and biological body and as a disruption of the sentient, or spiritual, body.

The first characteristic of the living body is that of sentience. The very meaning of our bodies is that they are animated by sensations. These subtle sensations of pressure and tension give us a sense of where our bodies are in space, as well as an immediate sense of connectedness to the body. These sensorimotor experiences also distinguish the lived body from all other physical objects. They provide us with a primary "knowing" that is a "knowing" through the body. And this subtle "knowing" from within is what connects us to the sentient Dreaming world ("the Tao that cannot be spoken") as basic reality.

One aspect of every disease process is that it interrupts our sense of integrity, the taking for granted of the body. The body part most affected by the process receives a more material and object-like quality. An example of this sensory disturbance and disruption of the

“sense of ownedness” (Toombs, 2001) of the sentient body is when you wake up in the middle of the night and discover that your arm has “gone to sleep.” In those instances you most likely experience your arm as profoundly other, an object that is no longer part of your body. Likewise illness draws attention to the material nature of the body. Besides that, illness is also experienced as a disruption of the sentient body—a disruption that includes an altered experience of space and time, changes in self image and self-identity, and threats to social roles and status.

Historical Concepts of a Sentient Body

Historically the notion of a sentient body is best exemplified by the movement called “Vitalism.” In reaction to Cartesian dualism and materialism some biological scientists in the School of Medicine of Montpellier in France (Joseph Barthez, Théophile de Bourdieu, Xavier Bichat, and Claude Bernard) developed in the middle of the eighteenth century the concept of a vital principle basic to all living phenomena. A counter movement to the reductionistic tendencies of growing “scientific” developments, vitalism remained a unifying philosophy in search of a metaphysical fundamental principle. Its roots are found in early Greek thoughts. Anaxagoras talked of a “nous” which guides life’s unfolding. It also derives from the “logos” of Heraclitus and the “entelechy”—or life force—of Aristotle. Its big questions were: What is life? What is the innate force in living organisms and where does it come from? How is it manifested and how does it work? The Cartesian solution to splinter mind from body (dualism) and its implicit materialism appeared to many as spiritually lethal. Vitalist thinkers attempted to reunify the self: not merely the elusive mind and body, but also the passions and intellect, the heart and head, the self and other. Many philosophers tried to integrate mechanism with a superimposed vitalism. Others tried to find answers to the emergence of the separation of mind and body. How did they come to be separated? Was dualism part of God’s plan or the result of some other intervention? Vitalistic beliefs and ideas

surged throughout history and culminated in the Bergsonian (1859–1914) notion of “élan vital.” For Bergson élan vital is the dynamic energy which guides the evolution of the living; it is the force behind any form of creativity, the arts, philosophy and sciences, and it blends and transcends matter and spirit (Chiari, 1992).

Many succeeding thinkers, including the phenomenologists Husserl, Heidegger, and Merleau-Ponty, continued to follow this metaphysical thread and worldview. “The world and life are given consciousness through the transcendental ‘I,’ or the individuated essence of Being, apprehended as intersubjectivity” (Chiari, 1992: 261). In the phenomenologist’s eyes some aspects of the real world cannot be known; they are not measurable, only apprehensible by a subject. They differentiate between phenomenal reality, which can be assessed and verified by measurements, and noumenal reality, the aspect of reality that transcends the presence of an observer and that can only be experienced by the human being.

While the profane almost eclipsed the sacred during the Renaissance, some subversive sacred views, such as vitalism, flourished. In nineteenth-century America some other popular movements were operating outside conventional religious and medical institutions and doctrines, exploring new dimensions of the realm of consciousness and health. Influenced by progressive ideas, social reforms, and the successes of science, they pursued the discovery of laws that would reveal the scientific secrets to health and the hidden spiritual foundations of life. The allopathic medical treatment model was still primitive and its medical practice often dangerous. This relative newness and lack of safety helped popularize alternative medical systems such as Mesmeric healing, Mind Cure, and Spiritualistic trance-induction methods.

Emanuel Swedenborg (1688–1772) and Franz Anton Mesmer (1734–1815), two figures of eighteenth-century Europe, were very influential in the efflorescence of these unorthodox American religious and medical movements. Swedenborg outlined a cosmology

segmented into a hierarchy of different spheres of existence—ranging from gross material to subtle and spiritual—and an entire cosmos that was interpenetrated with a transcendent spirit. His law of correspondence described events in the spiritual world having corresponding manifestation in the physical world. Swedenborg believed that hidden spiritual laws were immanent and understandable and that one could improve one's lot if they were known.

Mesmer was a Viennese physician who created a medical system based on trance induction, mental cure, and a belief about vitalistic fluids underlying human health. With Swedenborg he forged a world view and sense of identity organized around an increasing interest in consciousness and powers of the mind. Their ideas affected the popular movements of Spiritualism and Mind Cure. They were also influential in the development of psychology and psychiatry and inspired the popular interest in altered states of consciousness, dreams, and metaphysical or unusual occurrences such as sleepwalking and clairvoyant properties, and mental healing powers.

The Spiritualists' and Mind Curists' worldview of cultivating mental and spiritual affirmations, prayers, visualizations, and meditation to improve one's health and well-being stood against mainstream secular and rationalistic belief systems. William James (1842-1910) was fascinated by these insurgent popular medical, psychic, and religious phenomena and studied them with the methods of science. Through careful analysis of mental healing and experiments in applied hypnosis, he and his colleagues of the American Society for Psychical Research were able to elaborate and extend current theories of the unconscious mind and its various manifestations. From this consciousness-oriented research physicians and psychologists from what has been called the Boston School of Psychopathology incited the practice of modern psychotherapy. Weaving ideas about the subconscious mind together with cross-cultural perspectives on religion and mysticism, James articulated a vision of the powers of the human mind and the nature of consciousness. By the

1920s research on consciousness and religious states would be replaced by the more materialistic and reductionistic methods of behaviorism.

North American spiritualism and European vitalism are two historic examples of dissident spiritual views. In more recent times some physicists and astrophysicists have tended towards a spiritual view of life, one which gives meaning and direction to evolution and its self-regulating creativity. The metaphysical and teleological conceptualization of life that opposes entropy and gives meaning and direction to evolution has managed to endure despite materialism and scientism. In physics Newton determined the forces controlling the fate of objects and saw them as lifeless. Leibniz disagreed and insisted upon an inner force, the "vis viva," the mover of matter, for only matter can move matter, and the spirit or energy which is able to move it is necessarily part of it. History has for a certain time decided in favor of Newton. Einstein's relativity theory ($E = mc^2$), on the other hand, asserts that every material object has an energy which is inherent within it. But as Mindell (2000) observes: "Newton's idea of lifeless matter still prevails in science, since energy is defined mechanically. Yet Leibniz's 'vis viva' hovers in the background, behind the new tendency of scientists on the cutting edge of physics who are exploring where consciousness enters matter" (134).

With the rise of genetics and evolution, vitalist ideas disappeared almost completely except inside some departments of theoretical physics.¹ Modern molecular biology ascribes life to an emergent property of biochemical processes and any vitalistic life force or energy field is deemed unnecessary and unacceptable. Nonetheless functional descriptions still fail to capture the organizing principle present in living systems, the kind of inherent wisdom which fuses together amino and ribonucleic acids into proteins, molecules, and organisms. New concepts of quantum theory (quantum coherence, quantum entanglement, quantum state reduction) are drawn to explain basic intercellular and intermolecular dynamics and to revise macroscopic physical systems. They

form the new fields of quantum holism² and quantum vitalism (Esfeld, 1999; Hammeroff, 1997). The question is still open as to whether quantum holism can be regarded to be universal in the physical realm or limited to the microphysical level. For Hammeroff, life is a macroscopic quantum state: "Life is an emergent phenomenon involving macroscopic quantum superpositions which are, in reality, self-organizing blisters in fundamental spacetime geometry" (1998: 1).

At the quantum level where the existence of particles is determined by the presence of an observer, one is confronted with a subjectivity which makes possible a new type of knowledge that transcends the phenomenal. Mindell relates the indeterminacy of a quantum state, the unobserved state of a particle, to a dreamlike non consensual³ experience of reality: "Because our normal state of consciousness marginalizes sentient, reflective processes, we become uncertain about the nature of reality.... The important point is that reality rests on interactions between the observer and the observed at levels of experiences we do not always normally notice" (2000: 197).

With his "Dreambody" concept and his incorporation of quantum physics into conceptualizations of medicine, Mindell (1984, 2000) opens a dialogue that embraces seemingly antagonistic views. The sacred and the profane come together. He differentiates between the everyday world of practical activities in which consensual views of reality reign and a more symbolic numinous realm that is governed by more dreamlike events. Symptoms are seen as an attempt to compensate the one-sidedness of consensual reality and as a link to the world of sentient experiences. Mainstream views structure our experience of normality, what we perceive as functional or dysfunctional, normal or deviant, healthy or unhealthy. It influences the way we feel about certain group of people (e.g. the elderly) and various types of bodies (e.g. the thin and the obese body, the ill or diseased body). The doctrines that arise from the social discourse are subjected to power struggles within competing social groups and

interests with some dominating over others and defining what counts as "truth." These perceptions and values are constantly challenged and have a long history as I have tried to demonstrate by delineating the broader historical context in which the discourse of science is embedded in medicine.

From Mindell's standpoint the most marginalized aspect of today's discourse about life and experience of life is the realm of Dreaming. Materialistic views dominate our current perception and experience of reality. From quantum physics he extrapolates a dimension of experience in which time is nonlinear and parts, events and ideas are entangled and nonlocal. In this sentient dimension basic tendencies, moods, and atmospheric changes reign. Subtle influences and energies resonate throughout our bodies and manifest in slight discomforts and symptoms at the fringe of our awareness. They can later develop into full blown symptoms and diseases. A quantum or sentient medicine's aim, says Mindell (2000), is to discover the origin of problems before they manifest as symptoms.

Asclepius' rod is a good metaphor for this sentient realm. The rod stands for the core from which the dreaming manifests. From a central core the manifold themes unfold as polarities and dichotomies and in creating tension and diversity they bring forth consciousness and awareness. The two intertwined snakes awaken us to the complexities of health. They stand for dualistic thinking whose strength is to raise the polarities and issues. The rod represents the complementary aspect of seemingly opposing approaches, the sentient realm of interconnectedness in which there are no rigid boundaries between things, thoughts, persons, and events. In the historical debate the rod as the unifying sentient experience has been marginalized. Polar mechanistic and vitalistic concepts are the two opposite sides of the same coin. Both views emerge from a deeper level, the fecund field of emptiness from which everything arises. The rod is the root foundation out of which matter and the power that gives rise to the matter emerge. From a sentient

perspective there is no such thing as inert material. Every object, cell, body is full of scintillating potentialities. From this viewpoint even the most materialistic aspects of disease processes, such as test results documenting a physiologic or biochemical process, have a dreamlike quality that mirrors their sentient origins.

Concepts of sentience and Dreaming defy the philosophical prejudice of the scientific community against such vitalistic concepts as guiding entelechies, *élan vital*, and final causes. Yet they rest, as we have seen, on modern physics and are needed to understand and treat diseases and to accommodate facts that don't fit the old models of a physicalistic and mechanistic view of humankind.

Conclusion

There are many medical traditions that are open to competing paradigms, nondualistic, and not troubled by the uncertainty of human experience. Taoists understood the cyclic nature of the world. In their thinking, the dynamic contrasts and polarities don't form independent units but are, like Yin and Yang, components of the body-self. They are in complementary opposition and in a continuous flow. The symbol of the ouroboros (the snake biting its tail) and the metaphor of dancing Shiva, who with one hand creates the world to destroy it with the other hand, describe the melting pot of natural opposites. Complementary or natural opposites don't combat but rather complement each other. "They arise together, depend on each other while they exist, and perish together" (Vikkelseoe, 1997: 32). Body processes are additionally seen in close interaction with Yin/Yang constituents of the group and nature. In India the body-self is held to be permeable to substances and symbols in social interactions. Health is a balance among the body's humors and the constituents of the outer world. And, as I have shown, in parts of ancient Western society a similarly dialectical or balanced view existed of body, self and world. Furthermore, most of these cultures perceive bodily complaints also as collective moral problems: they are symbols of disharmonies in social relationships and in culture.

Each medical tradition has its own validity and no one tradition covers all the different aspects of human misery. It seems clear that Western health sciences offer powerful tools for understanding and treating many different conditions and open up new possibilities for positive change. On the other hand, dominant scientific and medical language reinforces dualistic worldviews and devalues patients' sense of wholeness. Biomedical materialism got rid of God and the soul and views matter as being inert. It disproved the concept of vitalism, a vital power or life force. This thinking has proved enormously successful for certain purposes in certain areas. But in this disenchanting worldview there is no place for mystery and magic. With the demise of the divine and the numinous realm, with the denial of sentient experiences and our dreaming nature, all our inner experiences, which follow alternative values to those of objective materialism, are marginalized. With the denial of the idea of a force of life that animates our bodies and selves, there is no room for the therapeutic powers within ourselves, which help us regain strength and overcome fatigue and sickness.

Based on his "Dreambody" concept and his understanding of quantum mechanics, Mindell (1984, 2000) proposes a new holistic approach to medicine and body experiences. He developed many tools and skills for unraveling the subjective meanings underneath our bodily complaints which I cannot describe here in detail. To conclude I would like to focus on the question of how an integrated view of health translates into our own lived experience. Most of us will, while we are healthy, direct our attention outwards towards our involvements in the world and our bodies will remain largely unnoticed and taken for granted. Our bodies stay in the background of our awareness. Our conscious focus is towards meeting the challenges of everyday life, and we marginalize the subtle dreaming aspects of our living bodies, their primarily sentient characteristics. In sickness, when our symptoms submerge us, the body then suddenly becomes the foreground. When faced with symptoms most of

us will probably display a biomedical reflex in which we seek restitution and cure. I am not saying that this is wrong but that in so doing we remain unaware of the lived experience of our own bodies. I suggest a culture in which we relearn an empathic understanding of our bodies and an experiential awareness of the sentient feelings that animate our bodies. One way to enhance experiential consciousness of the body's "dreaming" is by engaging in embodied practices such as sentient proprioceptive inner work. Sentient meditation on the body brings the lived body into conscious awareness. In this practice we are directed to turn our attention to the immediate experience of the body and to discover the subtle feelings that permeate our bodies. This sentient symptom work is a way to tune into the dream-song of our bodies and to explore the essential life force that gives our lives meaning and direction. Empathic listening requires that we give our bodies' stories ongoing attention, rather than only when symptoms flood our awareness.

Furthermore, each person's lived experience is complex and multifaceted. Lived experience does not abide by an either/or approach nor by the rational and objective truth "stance" of Western medicine and science. In our lived experience, many perspectives are simultaneously true and interconnectedness is a basic reality. From this perspective every disease, like epilepsy, is spiritual and material. There is no separation between the sacred and profane realms. The distinctions are helpful because they nourish the group process which is necessary for increased consciousness and awareness. But ultimately all factors need to be accepted and included as part of any disease process; the sentient realm of the rod as well as the intertwined snakes who symbolize the manifold polarities. Reality has a material foundation and a non-visible and non-visualizable dimension of pure generative power. Symptoms in their material and subjective expression are, from that perspective, not only a source of suffering and pain, but an unseen ocean of creative potentialities.

Notes

1. Vitalistic notions also prevail in concepts of Eastern medicine, homeopathy, and in the field of complementary and alternative Western medicine. They describe the body's health and vitality in terms of energy and/or information which may explain some of the renewed interest in these alternative concepts. They further assert the need to regain a sense of the sacred which was traditionally a feature of the healing profession.
2. Quantum holism is the description of quantum states as superposed and entangled possibilities or tendencies that actuate by virtue of observation. All the possibilities that can happen to an observed system when it interacts with an observing system are described by the quantum wave function, a mathematical equation that englobes all actualities.
3. The term consensual stresses the notion that reality is a cultural concept, not an absolute truth. Arnold Mindell (2000) adds a concept of non-consensus reality that encompasses all spheres of experience that get marginalized (e.g. altered states of consciousness and foggy dreamlike states) in the process of shaping consensus reality by the more dominant parts of society.

References

- Andresen, J. & Forman, R.K.C. (Eds.) "Cognitive Models and Spiritual Maps. Interdisciplinary Explorations of Religious Experience." *Journal of Consciousness Studies*, Volume 7, Number 11-12, 2000.
- Arendt, H. "Thinking and Moral Considerations: A Lecture." *Social Research*, Volume 38, Number 3, 1971: 417-446.
- Bergson, H. *Creative Evolution*. Translated by Arthur Mitchell. New York: Henri Holt and Company, 1911.
- Chiari, J. "Vitalism and Contemporary Thought." In: F. Burwick and P. Douglass (Eds.). *The Crisis in Modernism. Bergson and the Vitalist Controversy*. Cambridge: Cambridge University Press, 1992.
- Chittister, J.D. *Heart of Flesh. A Feminist Spirituality for Women and Men*. Grand Rapids, MI: William B. Eerdmans, 1998.
- Drewermann, E. *Der tödliche Fortschritt*. Freiburg: Hoffmann & Campe, 1991.
- Durkheim, E. *The Elementary Forms of the Religious Life*. London: Allen & Unwin, 1954.
- Esfeld, M. "Quantum Holism and the Philosophy of Mind." *Journal of Consciousness Studies* Volume 6, Number. 1, 1999: 23-38.

- Freitas, R.A. *Nanomedicine, Volume I: Basic Capabilities*. Austin, TX: Landes Bioscience, 1999.
- Golup, E.S. *The Limits of Medicine: How Science Shapes our Hope for the Cure*. Chicago: The University of Chicago Press, 1997.
- Hammeroff, St. "Quantum Vitalism." *Advances: The Journal of Mind-Body Health*. Volume 13, Number 7, 1997: 3-22.
- Hammeroff, St. "What is Life? Quantum Vitalism." *Quantum Approaches to Consciousness*. quantum-mind@listserv.arizona.edu. November, 1998.
- Kleinman, A. *The Illness Narratives: Suffering, Healing, and the Human Condition*. New York: Basic Books, 1988.
- Kleinman, A., Das, V. & Lock, M. (Eds.) *Social Suffering*. Los Angeles: University of California Press, 1997.
- Lown, B. *The Lost Art of Healing. Practicing Compassion in Medicine*. New York: Ballantine, 1999.
- May, H.G. & Metzger B.M. (Eds.) *The Oxford Annotated Bible with Apocrypha*. New York: Oxford University Press, 1965.
- Mindell, Arnold. *Dreambody*. Portland, OR: Lao Tse Press, 1998.
- . *Dreaming While Awake: Techniques for 24-hour Lucid Dreaming*. Charlottesville, VA: Hampton Roads, 2000.
- . *Quantum Mind: The Edge Between Physics and Psychology*. Portland, OR: LaoTse Press, 2000.
- Toombs, S.K. "The Role of Empathy in Clinical Practice." *Journal of Consciousness Studies*, Volume 8, Number 5-7, 2001: 247-258.
- Turner, B.S. *The Body and Society*. London: Sage Publications, 1996.
- Vikkelsoe, Jytte. *Beyond Guilt and Innocence: Towards a Process Oriented Criminology*. Diss. Union Graduate School, Cincinnati, Ohio, 1997.
- Pierre Morin, M.D.**, is trained as a medical doctor and process work therapist. He is currently enrolled in a Ph.D. program in health psychology with Union Graduate School in Cincinnati, Ohio and works as a therapist in Portland, Oregon.