

HEALING AS ART

Integral Health and Healing

AND TECHNOLOGY

RICHARD GROSSINGER

Since earliest times, our species has evolved two distinct traditions for the practice of medicine. One, the art of healing, is exactly that: an art, practiced through sympathy and intuition, cultivating its own training and techniques and requirements of skill and education. The other is academic and rationalist, giving rise to technological, scientific medicine (allopathy). It includes the ancient and primitive skills of surgery and pharmacy, as well as the sophisticated forms into which they have evolved.

Throughout history, these two traditions have interacted—each has catalyzed the other and supplied it with elements it lacked. In some situations, their identities have merged in one system or individual; mostly they are in active opposition. Sometimes their identities are so confused that one actually passes for the other. At all times, though, information from the systems passes back and forth, and they necessarily develop in creative relation to each other.

Equipment alone does not determine the epistemology of a medicine. X-ray machines, microscopes, and computers have added a depth and range to diagnosis and treatment that is awesome in terms of the equipment with which most medicines throughout history have worked. If the early practitioners of acupuncture, homeopathy, or, for that matter, Navajo sand-painting, had had access to these devices, they would have been able to use them well (certainly homeopaths have incorporated modern

laboratory techniques and computer programs, and traditional medicine has merged with Western medicine in China).

There is nothing about the repertoire of modern medical tools and skills, *per se*, that stands against the art of healing. Allopathy's innovations may be overspecialized or unneeded in individual circumstances, but they are robots at our service; they do not require an alternative. What does require an alternative are our rigid patterns of application.

Unfortunately, technology and the art of healing each pretends to be the exemplar of universal medicine, and so does not seek aid from the other. The art of healing views technology as a shallow modernist imposter, and the mainstream of technology views the art of healing as an archaic, superstitious troublemaker. There has been relatively scant commerce between their capitals.

Sources of Medical Knowledge

Shamans and medicine men (and women) seem to stand near the beginning. The elemental doctors of the early Eurasian world must have been their unwitting followers and apprentices. By other names, their torch was passed through the European Renaissance, surviving the birth of industrialism, into the modern world. Thus, native or indigenous medicine has no center or limits, and exists forever in a vast and undifferentiated field. It originates in the skills of the shaman and the apothecary, whose cures likewise recoil to the beginning of time. Science must lit-



erally fold back on itself, millennia later, to discover its roots in prehistoric ceremonies and crafts.

Ancient Chinese medicine is now Western holistic medicine, but a substantial transmutation lies between the two because neither the practitioners nor their patients, nor even the diseases, exist in the same cultural situation.

It would be difficult to cure many Euro-Americans by Navajo sand-painting and chanting because they would not be attuned to the levels of mythology internalized in the ceremony: They might absorb the exoticism rather than the dynamics. But this does not mean it is impossible. In a familiar healing paradox, an American who does not know a word of Navajo experiences remission of a tumor after such a ceremony, but another Westerner who has studied Navajo for years is unaffected. This is not only because we do not know the active properties of the medicine and the forces involved, but because we do not begin to understand the nature and source of our own resistances to treatment and cure, or what attracts us to a pathology in the first place. We do not know on a biochemical level, and we certainly do not know on psychological, semantic, and parapsychological levels.

"The interior is anterior," proposed theosophist Owen Barfield.¹ That is, the primal complexity of the earliest systems (whether of matter itself, or of thought, or of language), as well as the specific transformations and evolutions of their fabrics over thousands and millions of years, are contained entirely in the present system in some other form. Looking inside ourselves, into the flux of mind and matter that we are, we can perceive the sum of remote influences of which we are the result. As they are anterior to us in time and space, they become interior to our physical and psychic recomposition. From here alone, we continue to refresh and revive institutions—our capacities to heal, farm, govern, make peace (or war), and teach. The original insights of healing and science are still accessible within the obscure and subtle textures of various surviving cultural forms and our imaginal lives.

Science and Its Shadows

Even if we valorize the art of healing, we must acknowledge the importance of machines in our collective psyche. Since the Industrial Revolution, marvelous humanitarian inventions have changed our living conditions: Clothes-

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washing appliances, gas-driven plows, combine harvesters, internal-combustion vehicles, video recorders, space satellites, telephones, chain saws, computers, and the Internet have made for longer and easier lives. Within medicine itself, new diagnostic and curative techniques are being invented almost daily, and our society has even mapped the human genome in search of ways to heal genetic disorders.

Furthermore, there is an enlightened aspect to technology. (Why else have we promoted progress so devotedly these last few centuries?) We want to shape molecular stuff and get to the bottom of life and death for the best of reasons—to make sane medical choices and relieve our suffering. Unless our destiny as a species (and a planet) points to an ecological "stone age" following a cataclysm (instead of journeys to the stars), we should not reject progressive science in its birth throes. In fact, we are inseparable from its crisis, and have long ago passed the fail-safe point. We are the children of industrialism, and, as Gregory Bateson pointed out, renunciation, at this stage of the game, is not only difficult, it's impossible.² Even our antimaterialist dreams are the products of post-industrial upbringing and education.

But something else has not changed. We have all these tools and more, yet we do not really know how to use them in a healthy, beneficial manner. That is, we do not know when we are improving conditions and when we are making them worse. More horrifying, of course, is the possibility that all this technology will ultimately destroy life itself.

If we accept this heritage and remain optimistic about science, and, at the same time, decry the present scientific-technological reductionism, we must admit a split in the scientific tradition. What we claim presently as science is only one aspect of its larger truth. We can then postpone our declaration of universal objective knowledge by proposing that an imposter rules in the name of science and enlightenment.

It is certainly clear by now that science is no longer—if it ever was—the neutral observer it pretends to be. It has been usurped by a cult of quantification, a religion as fanatically observed as Christianity during the Crusades.

We assume we have the map if not the territory. Yet the present human perspective is but one interpretation of the universe among billions that may arise and come and go among sentient species on planets, all of them as fervently “universal” and real during their reigns as this one. Our extraordinarily complex mathematics and measuring systems are but stepladders through a fraction of a fraction of infinity.

Sickness as Symptom

Knowledge of the body represents centuries of anatomical research and dissection. A map of the subvisual world of genes, viruses, and living cells comes from decades of intense microscopic investigation; the behavior of entities in this undisclosed arena continues to be viewed every day by tens of thousands of well-equipped observers. Blood and hormonal chemistry, miniscule tissue changes, and specific drug activity are also under continuous rigorous observation.

The doctor sees each patient as a living example of collected laws and ongoing experiments. He or she can track the person's chemistry, the functioning properties of his or her organs, the statistical likelihood of certain sorts of pathology, the visible and laboratory signs of such pathology, and the most efficient methods of countering a disease, either by chemical change or surgical intervention.

In the most extreme challenge to this worldview, the disciples of alternative medicine see sickness as a symptom or by-product of the lifelong movement of an organism toward integration through self-exploration. We contain the seeds of disease potentiation at birth. They shape us, limit us, expand us; they make change inevitable. Even as we neutralize the symptoms of specific illnesses, we cannot eliminate illness itself, for it is an integral part of who we are and a nucleus of our very personality.

ALTERNATIVE, HOLISTIC, AND COMPLEMENTARY MEDICINES

During the 1970s, the counterculture used terms like “alternative medicine,” “new medicine,” and “holistic medicine” almost interchangeably. There are, in retrospect, differences of connotation. “Alternative medicine” describes a general and continuous emergence of systems of treatment in opposition to the dominant rationalistic, progressive trend throughout Western history. It includes various ancient and folk medicines that reassert themselves from era to era, as well as idiosyncratic and vagrant therapies that may derive, at least in part, from aspects of the scientific model.

When I speak of the “new medicine,” I mean particularly the postmodern constellation of alternative practices that emerged during the last quarter century in North America. Each system of healing, of course, combines ancient practices and new phenomenologies.

The term “holistic” suggests the significant similarity between “new medicine” and traditional medicine as it was practiced in prehistoric and ancient times. In both Stone Age tribes and countercultural clinics, medicine is simultaneously a rune, a philosophy, a science, a conjuring, and a craft; it treats the human being as an entity of mind and body in a biological and cultural circumstance from which he or she cannot be extricated.

“Complementary medicine” is a neologism proposing that technological medicine can be practiced side by side with any number of alternative medicines—for example, acupuncture and Native American herbs with chemotherapy, visualization and shamanic ritual with antibiotics, craniosacral therapy after surgery, psychotherapy abetted by aromatherapy and Ayurveda. Mantras and needles may change receptor sites for hormones.

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Precisely vectored palpation may resume a healing process where the body has been gashed by steel and scarred. Scent essences awaken and transmute primitive emotional states.

"Complementarity" means that incompatible paradigms of healing not only offer valuably competing perspectives, but, by coming from opposite poles, balance each other through specific acts, addressing each other's oversights and enhancing the overall treatment—that is, making it holistic.

"Planet medicine" is the name I have given to the medicine of most of the people on the Earth through most of human history. "Planet medicine" comprises systems that ask basic and original questions about the human condition while treating disease fundamentally as a disorder of meaning and spirit. This would include not only shamanism, voodoo, and faith-healing, but also osteopathy, acupuncture, and herbalism. "Planet medicine" is both prehistoric and contemporary; it has been with man and woman during the whole of their incarnation on the Earth, and has evolved beside them.

Academic medicine is a singular Western deviation, begun with the occupational stratification of society, and hastened by a one-note technological revolution. It has since spread globally, giving the impression that all less "scientific" forerunners bear merely a trial-and-error relationship to the corrected Western system. Yet, as unlikely as it sounds, we still do not know what this medicine is; that is, what the real meaning of its present orthodoxy is. This problem lies at the heart of any attempt to universalize health care.

I do not deny that academic medicine is a branch of "planet medicine"—it is, but only in its exact techniques for curing the sick, not in its claim to a universally applicable system of health in homage to progressive science.

What is wrong with orthodox medicine is not the system itself, which represents generations of anatomical and biological wisdom, but the way in which it presents itself as the sole effective way to treat sickness.

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Insofar as we are self-maintaining organisms in interaction with an environment, clearly no illness of ours will ever be totally cured, that is, excised from our living system. Disease is our metabolic interface with the universe, so indelibly it is the signature of our responsiveness and individuality. It maintains our necessary separateness from the unity of substance at the same time that it is the revolt of nature against our exclusivity—an unrelenting attempt to return our body-minds to the anonymous flow. It is our education, unto death.

The moment we start treating health and disease as concrete identifiable entities subject to linear, technical remediation, we have lost the meaning of an integrated system.

Each person's "struggle" with his or her biological being is recorded in health. A state of relative health or disease has a priority that ideas and attitudes, which merely emerge from it, cannot. That is, there are deep and urgent collective hungers, both personal and cultural, that cannot be expressed except as variations and distresses of health. Their "philosophical" meaning is akin to that of the genes themselves, which also carry a biological message into the world.

Healing is a desperate act, and all cures are miracles. Disease embraces life, and is its close ally from the beginning, when the fertilizing sperm is little more than a virus to which the egg accedes. Throughout the wondrous transformation that follows, disease is the basis of all the defense mechanisms and immunities that keep this creature alive. The final disease is the *nigredo* of the original infection. Life is not a process of freeing oneself of complexes; it is a process of transfusion through them.

No Supernatural Privilege

The danger of sticking to just technological medicine is that doctor and patient lose access to the body's powers of internalization and sublimation, often dulling the natural vitality of living tissue or replacing it with a crutch or synthetic substance that interferes with native responsiveness. Ultimately, only an organism can heal itself. Unless the goal is to create, piece by piece, a cyborg-like entity, all that a physician can do is stimulate a systemic correction.

However, alternative medicines can be equally limited and formulaic. The danger of accepting the alternative-medicine movement in the innovative and modern terms in which it often views itself is that it engenders a false and

shallow sense of supernatural privilege. New holistic medicines can promote the same kinds of wishful simplifications that technological medicines do.

Claims of elixir healing, for example, leave no room for individuality and creative doubt; they are orthodoxies equal to that of allopathy. Human beings are not robots that can be spontaneously vitalized, medicinalized, *chi*-ed, or shamanized into their own higher beings. They are extremely conservative organisms, and their mere contact with a medium, or their reading a book about reincarnation or chanting, or doing a weekend of shamanic or est exercises, is not going to transform their lives, or even affect each person in a consistently benign way. Very concrete, almost miraculous things are possible, but only in gradual passages and with attention to details and idiosyncrasies. There is not yet a universal cure-all or even a metaphor for one.

To bypass both the medical and academic authorities, and to pretend to resolve our diseases by making their remediation spiritual, “holistic,” or both, is a naive overvaluation of our ability to redefine and thereby alter our conditions.

Life Intent

The present crisis of medicine and health care is initially a crisis of definition. We encounter complex systems of medicine and healing operating at different levels of concreteness, and contradicting one another’s definitions of the same processes and terms—while at the same time each proposes universal holism. It is no wonder we often degenerate into rival cults whose actual processes are identical or complementary though proclaimed in different xenophobic dialects. The wars of therapeutic ideologies distract us from the quite unique and complementary usefulnesses of entirely different practices and systems.

Archetypal therapist, homeopath, and MD, Edward Whitmont writes:

Healing at its fundamental level might well be a rebalancing of constituent parts of the whole organism, and a reconciliation with the appropriate superordinate pattern—with Self, world, Tao, God, or whatever we choose to call it. In view of the reciprocal relationship between part and whole, our own state of being might actually be significant to the health of the whole cosmic order, even in its material, bodily aspect.

If we take such a perspective seriously, it might lead us to approach illness differently. We could consider it, instead of a disturbing calamity, a meaningful dramatic crisis in an individual’s life, as his or her way of being in the world, and reciprocally interacting with the world. Healing would then require discovering the inherent “intent” of the crisis.

This perspective does not limit us to a psychological approach to illness. Neither does it imply that all illness can be explained in terms of psychological inadequacy. Each person’s ability to integrate new growth possibilities sooner or later meets its limits. We exist not only as psyches, but also as physical bodies. We embody; we somaticize. Hence, we also depend on the remediation of what we call material substance.³

The physicalizations of symptoms and pathologies are not only random misfortunes but literal expressions of our deepest unresolved crises and life passages. Disease, in that sense, is a collective or even cosmic neurosis written into our bodhisattva bodies in the hope that we can heal not only ourselves but the collectivity.

The hope is that a primal knowledge from our being—from our flesh and bones, nerves and meridians—can enter into our science and philosophy and change them, and society with them.

Excerpted from Planet Medicine: Origins, © Richard Grossinger (North Atlantic Books, 7th ed., 2001)

ENDNOTES

1. Owen Barfield, *Unancestral Voice* (Middletown, Connecticut: Wesleyan University Press, 1965).

2. Gregory Bateson, “Restructuring the Ecology of a Great City,” *Io* #14, *Earth Geography Booklet* No. 3, *Imago Mundi* (Cape Elizabeth, Maine: 1972), p. 141.

3. Edward C. Whitmont, *The Alchemy of Healing: Psyche and Soma* (Berkeley, California: North Atlantic Books, 1993), pp. 34–35.



RICHARD GROSSINGER, PhD, publisher of North Atlantic Books/Frog, Ltd. and author of *New Moon*, *The Night Sky*, *Out of Babylon*, and *Homeopathy: The Great Riddle*. His long investigation into the nature of bodily form and consciousness led to two recent works: *Embryogenesis: Species, Gender, and Identity* and *Embryos, Galaxies, and Sentient Beings: How the Universe Makes Life*. 