

Metaxis and Recovery: Towards a New Vision of Health

CHAPTER FOUR

THE NATURAL POLE

COMPLEXITY AND SIMPLICITY

The Cartesian paradigm strengthened and encouraged for us the idea of *dualism*. Dualism is that trend in thought that divides reality and our own selves into two distinct parts. We most commonly hear about "mind-body dualism." Other indications of dualism would be male-female, dark-light, yin-yang, etc. Dualism has totally infiltrated how we view the world. It is the hallmark of our Cartesian-influenced paradigm. We might be inclined to disparage or criticize people who see things "in black and white," who can't see "shades of grey." These types of remarks or thoughts indicate not only the essential falseness of dualism, but at the same time indicate the essential mistake of our Cartesian heritage. Such indications lead us to concerns with *holism* or *holistic thought* which is usually an attempt to understand the connection between mind and body.

There are a number of implications when we say or think something to the effect that "it isn't a black or white issue." In the first place it implies the true level and nature of the complexity of our lives. A complexity that is rather mind boggling and can be a great source of confusion. We would much rather have our lives be simple. It would be so much easier if we had definite answers. The fact that we don't have easy, definite answers or understandings of this complexity in itself gives rise to many of our "big questions." We really have to fight against the tendency to overly simplify the true nature of our lives and experiences. Not to do so is quite dangerous for us all. When things are going smoothly for us, when we are economically secure and our relationships are gratifying, when our jobs are satisfying we don't necessarily notice our tendencies toward over-simplification. When we lose our jobs or our marriage is on the rocks we really see the tendency to *reduce* the complexity of our lives to simple formulas or conclusions.

Think back to the example of the person driving to a bar. It showed how full and complex each moment of our lives really are. In a way the fact that we ignore so much of our experience is a blessing--so complex and full are our experiences--we can't quite handle it. Here again we need to search for a metaxic balance between the interwoven dimensions of our lives. Not to do so can lead to all sorts of negative consequences. Sociologists have discovered that in times of great social change, or in times of personal upheaval racial, ethnic and religious prejudice increases. When we face difficulties in our lives we also become aware of how complex our lives truly are. This can be so overwhelming that we tend to simplify our problems through scapegoating. In order to make sense of our pain we blame other people. Its the fault of our parents, white racism, the ACLU, the Jewish conspiracy, the corporate rich, the welfare queens. Simplistic thought is indicated during political elections when we cast our vote according to one issue such as abortion. We deny the complexity of our lives.

We fail to remember that our lives are an interweaving of the psychological, physical, social and spiritual.

In many ways the tendency to over-simplification in response to our complex lives is understandable. It becomes dangerous--like so much in our lives--only when we deny that we have this tendency, or when we deny the truth of complexity. If we acknowledge this tendency we usually end up not having an answer; feeling insecure and often feeling confused. This is better than its subtle manifestations when we deny it. If we deny it we tend to make everything a black and white issue. We scapegoat. We fail to be honest with ourselves. It results in so much unnecessary pain and grief and hate. We really have to realize that it is O.K. to be insecure, to not be sure of the answers, to just be trying our best. We are all the same in this regard. An acknowledgment of this insecurity and of the fear it elicits has the power to bring us together. Oversimplification splits us apart both socially and interpersonally.

Any tendency to over-simplification is at the same time a tendency towards *reduction*. What happens when we reduce something? Well, we make it smaller. We take something big and unmanageable and complex, and reduce it to something small, manageable and simple. This way we can get a handle on it. Again, in many ways this is necessary. It is dangerous when we deny that our reductions are just that: reductions of complexities so we can get some kind of handle on them. A good example that is probably familiar to many of us is the case of weight reduction. The person who is overweight has (literally and figuratively!) a big problem. In some ways the problem seems simple: lose weight! But as anyone who has tried to lose weight knows it is *not* easy or simple. It is very difficult and complex. People go from diet to diet, always trying yet another simple, reductionistic (no pun intended!) answer to their problem. They might say "If only I could just..." That "just" is the tip-off that over-simplification is occurring, that there is a denial of complexity. Weight reduction involves more than just the physical shedding of pounds. It involves the whole person: physical, psychological, social and spiritual.

CARTESIAN SIMPLICITY AND FIELD COMPLEXITY

The Cartesian paradigm that is so all-pervasive and has totally oriented our individual views of the world is a reductionistic paradigm. It reduces the complexity of our lives and our selves to machine-like simplicity. Now machines can appear to be enormously complex, but in a very real sense they are very simple. They are just a collection of parts: cogs, wheels, nuts and bolts. Put the parts together in the right way and you have a machine. If the machine breaks you simply replace the correct part and voila! It works again! Simple.

The Cartesian tendency toward simplicity and reductionism is maintained by mind-body dualism. As we said, Descartes said that the mind and body are two separate, distinct substances. This is how we get sayings and thoughts such as "I am in my body," "The ghost in the machine," "I have a body" and so on. This also indicates how the Cartesian paradigm has totally oriented our own individual, personal world views. Such thoughts really do express how we actually feel, think and see ourselves and reality.

These feelings, thoughts and perceptions are, however, totally wrong and incorrect. They aren't true and aren't even remotely accurate understandings of our true predicament. It is no wonder we have such difficulties in our individual lives and in our various societies. The basic, foundational view we have of ourselves is totally wrong.

The field approach to the human addresses this problem. Not only does it address the problem it totally alters our search for solutions to many of the human difficulties. The field is *holistic*. Most of us have heard this word bandied about. Concerns with holism (such as the popular "holistic health") are essentially attempts to get a handle on the complexity of human life without having to resort to destructive reductionism. Reducing the human being or human issues to this or that is a basic form of *violence* against the human. What happens during violence? The victim is *reduced* in some way. This can be physically through injury or death, financially through robbery, emotionally through insult, cruelty or the victim's inheritance of fear. So too when we reduce the complexity of the human through over-simplification we do violence to the human. In the case where simplification leads to scapegoating the violence radiates outwards to other people. Cartesian reductionism has made us, in a very basic, foundational way, violent.

The field approach to the human is counter-intuitive because to a large extent our intuitions concerning what is "real" have been so manipulated by the Cartesian paradigm. The field approach addresses this problem without discounting the great benefits provided by the Cartesian approach. The field approach gets a handle on our lives by dividing the complexity into four basic "simple" areas: the subjective, social, natural and divine. Within each of these four areas is ample room for greater simplification and reduction. However, we are not tempted to totally reduce or overly simplify ourselves down to *just* that one area. By virtue of this model we are almost forced to remember that the human is not *just* physical, mental, spiritual or social. We are a complex interweaving of all four: a *whole*. The whole is much greater, and *different* than a simple sum of the parts.

We can specifically look at each pole of the field. Indeed we have to. It is the only way we can get a handle on our lives. Yet we must always remember that as we look at a specific area it is in many ways an arbitrary distinction. Each pole is always greatly influenced by the other three. Conversely, each pole itself influences, in turn, the others. When we keep this in mind we begin to see the surprisingly radical ramifications of the field approach. Ramifications that are not present within the Cartesian understanding. So much of what we think, believe, understand, take for granted changes with the world view that results from the field approach. *Drastically* changes. Let us now begin to look at some of these ramifications for what we call the natural pole of the field.

THE NATURAL POLE

What do we mean, what areas of human life are indicated by the natural pole? Well, we look at this pole when we are concerned with ourselves as *physical* creatures. We are organic, composed and built up by myriad chemical interactions. It is really quite amazing. Over the past few days on our way to work there has been a dead possum lying on the road. It is relatively whole. It hasn't been squashed. It suddenly hit us

how now it was beginning to decompose. That mystery we call "life" has gone. The little furry body no longer maintains the delicate balance necessary to keep the complex chemical interactions running. Those interactions; the transport of nutrients, the flow of oxygenated blood, the expulsion of toxic wastes no longer takes place. The various atoms, molecules and chemicals that came together to form this living system we call a "possum," and that mysteriously maintained their mutual interactions through time no longer hold together. Bit by bit the various atoms and molecules slowly detach from each other. Floating off into the environment they will join with other atoms and molecules. Some will form inanimate objects. Others will join again in complex chemical dances to produce new living systems. Some will be ingested as fuel for creatures already alive. It is really quite amazing; almost magical.

Of the four main areas of ourselves we are probably most aware of our bodies and environment: the complex physical, organic interplay that produces and sustains life. This is the natural realm. In the quest to maintain and enhance the dynamic interplay that gives rise to and maintains the very basis of life the human creature has gone way beyond any other animal. We have invented *medicine*.

THE BODY-AS-MACHINE: ITS STRENGTHS AND WEAKNESSES

Medical doctors are certainly a class of experts with whom we really cannot do without. So complex is the functioning of our body that it takes years and years of specialized study to have even a partial understanding of just one part. Even doctors have to refer to other doctors for more complete information concerning their clients. For instance, a geriatric psychiatrist is a medical doctor who, after medical school, specialized in the chemical interactions that effect mental functioning. Then he specializes in the mental problems of senior citizens. His specialization is necessary, but also incomplete. He constantly has to ask the advice of other medical specialists. Let's say he has a seventy-five year old patient suffering from depression. He is aware, because of his hard work and study, of what pills will help alleviate the depression. However, many of these pills have side effects such as effecting the interior pressure of the eyes. He notes on the patient's medical records that there is a history of glaucoma. Before he decides which drugs to give the patient for depression he will have to seek the advice of another medical specialist; an ophthalmologist.

What does an expert do? First, she concentrates on one pole of the field. In the case of medicine it is the natural pole. Then she continues to narrow her interest within that pole. In this case on the effect of chemicals on mental functioning. She may narrow her specialized interest even more to the chemical interaction among people of a specific age group. This is necessary and has produced many benefits for us all. However, it is very dangerous when the doctor forgets that her views are narrow and specialized. There is a danger that she might forget or ignore the presence of the other three poles.

Today's medical practices are firmly grounded in the Newtonian-Cartesian paradigm. As said, this paradigm views the world and all of reality as being similar to a giant machine. In order to get a handle on the complexity of reality they reduce it to its machine-like properties. The medical doctor does not see the human as a dynamic field, but acts out of an abstraction of the body as being like a machine. This has made biological medicine a type of *technology*. This technocratic view treats physical

ailments as a mechanic would treat a car. The emphasis is on "fixing" rather than "healing." An array of machines are utilized to aid diagnoses. This can result in the physician being seen as a dehumanizing element in society. There can be a tendency in the physician to lose touch with the patient as a person--a person with fears, hopes, unique gifts and talents.

In many ways the abstraction of body-as-machine has been positive, as evidenced by the dramatic advances in medicine in the past several centuries. It is clear that technical medicine

has facilitated numerous noble achievements. The image of body-as-machine provided a certain strength and specificity to the science of medicine.

According to the great philosopher Immanuel Kant, the abstraction of body-as-machine is perfectly acceptable. Kant assumed that specialization was necessary for progress in science. There is a certain beauty and elegance when medicine sets up methodological and epistemologic (epistemology is concerned with what can actually be known) boundaries and treats the body as a machine. By setting limits on what can be studied and treated, a specific or "regional" science is created. This move to establish a regional science (i.e. technical medicine), although based on a narrow, specialized perspective (i.e. body as a machine) is valuable. Productivity in science requires specificity. Technical medicine is highly functional, pragmatic, and specific.

The body-as-machine abstraction is legitimate as long as the limits of a regional or specific perspective are maintained and recognized. The regional science must remember that it is only a partial view of the human. The regional science must operate within the limited parameters of its perspective. A regional science cannot claim to be a metaphysics of health. It cannot pretend that its narrow, specialized perspective explains, or even *will be able to* explain the total human being. What can happen, and this can be observed in modern medicine, is that the medical doctor forgets that the perspective of body-as-machine is an abstraction. This abstraction is mistakenly taken for the whole. The boundaries of the regional science are transgressed.

Kant defined such a transgression a "paralogism," a logical error of reasoning. When the part (body-as-machine) is taken for the whole (human-as-four pole field) medicine has transgressed the limits of its narrow perspective. A violation of logic occurs. The epistemologic and methodological boundaries, once elegant and functional, are now violated.

Such a mistake results in a truncated view of health where a specialized perspective is mistaken for a metaphysics or a total, complete view. This reductionistic vision does violence to the integrity of the person. The patient becomes "dehumanized." The realm of meaning, the person's plans, intentions, goals, beliefs, and social relationships are neglected, ignored and possibly even devalued. *Yet these are vital and inseparable from total human health.*

In addition to competent primary medical care resulting from a specialized science (body-as-machine abstraction), the physician must take into account the impact of other lived aspects of the patient's experience of life, the other three poles: subjective,

social, divine. It is not essential or even desirable that physicians become experts in psychology, religion or sociology. Excellence in medicine necessitates a rigorous specialization. As long as medical doctors are aware of the limits of their specialty, and do not fall prey to logical error or over-generalization, their approach is valid and beneficial.

MEDICINE AS INTERPRETATION AND IDEOLOGY

Medicine is a vast and elaborate system of beliefs and explanations about disease. Modern medical theory involves belief, just as prior models of folk medicine involved belief. The common assumption that our medical approach is *exclusively* founded on objective facts and hard knowledge is a misconception. Modern medicine is just *one possible model* of health care and in that sense is just one other folk belief about the nature of illness and healing.

Medicine is much more than objective science. On a fundamental level it is an *interpretation of*, and *judgement about* human suffering. The medical establishment is the primary institution that creates our perspectives for understanding health. It provides our definitions of what human health actually entails. As an institution it functions both as ideology and as ritual. That is, it provides certain *meanings* and encourages certain *behaviors*. On one level medicine is a system of meaningful symbols. It serves to guide, direct and in many cases determine our path through the experiences of health, sickness and eventual death.

Medicine is not just science as we might commonly understand. It is also a vast set of commercial interests which command more than 10% of the GNP in America. It is not primarily interested in the existential well-being, or in the personal fulfillment of its patients, but in the efficient, technical delivery of bio-medical services *as a business and for a profit*. It creates an ideology of health that is compatible with, and reinforces productivity, commerce and economic expansion. Its treatment rituals are products of an industrialized, commercialized, consumer-oriented approach to life.

From within the field paradigm the business aspects of medicine take on a meaning different than what we might usually think. We might be inclined to understand the business side of medicine as necessary. After all we all have to make a living and pay bills. Medical technology is increasingly expensive to obtain, maintain and administer. What we see from within the field approach is something quite different. Remember, the field is a *whole*. It is not an arbitrary collection of four separate realms. Rather, it is an "arbitrary" division of what is essentially indivisible. Any change in one pole will necessarily have an effect upon the other three and vice versa.

The fact that medicine is intimately related to business concerns, and in fact progresses with an eye (sometimes *both* eyes!) towards those concerns indicates the intimate relations of the four poles with each other. "Business" is an essentially social construct. How business is conducted differs from culture to culture; it in itself is a region of the social pole. Medicine, as a specialization of the natural pole, cannot divorce itself from the influences of the other three poles.

Ivan Illich, in *Medical Nemesis* discusses the arbitrary and ideological nature of medical practice, including its ritualistic dimensions. "Medicalization" is the modern

medical process of re-defining all human discomfort as disease. Medicalization represents the human tendency towards reductionism and over-simplification. Medicine is a vast system of beliefs which provide rules that tend to translate *all* human suffering and impairment into sickness. Often people experiencing any type of suffering seek guidance and confirmation of illness from this system regardless of whether the suffering has a truly physical cause (the hypochondriac is a prime example). The suffering person is vulnerable to the messages the medical system provides. In essence the person is often powerless to seek alternative explanations or information.

The medicalization of eating disorders is an example of the arbitrary nature of many medical treatments. Disorders such as anorexia are *cultural*. They are found only in Western societies and only in modern times. The disorder might be labelled by medical psychiatry as a "biochemical disease resulting from a neuroregulatory cause." Whatever that means! Treatments occur in bureaucratic hospital settings and involve medication and cognitive-behavioral reprogramming. The person with an eating disorder is *indoctrinated* in the medical role of "sick person" and adheres to an arbitrary set of scientific beliefs and ritualistic solutions. Medical treatment for anorexia is not all that effective because it is not in reality a primarily physical disease. It is our tendency to reduce the complexity of the human, combined with our "forgetfulness" of the proper limits of our area of specialization that medicalizes anorexia. Anorexia should more properly be recognized as a social disease, not a physical disease.

Today's medical systems and institutions represent a vast bio-technical belief system based upon the Newtonian-Cartesian world view. This ideology is the chief carrier of our society's understanding of health and healing. Medicine is also a collection of rituals that have become the rites of passage for the ageing, the infirm, the suffering, and for the dying. These rituals are elaborate and often expensive. They involve sophisticated testing, treatment, and proper submission and deference to the medical expert (not to mention the related rituals of obtaining and maintaining health insurance). Again, we must state, much of this is *good*, but it can also be quite horrid. For instance, when a person is maintained on life support against his or the family's wishes.

This arbitrary technocratic disease model is but just one of many possible health care models. An ecological, preventive model incorporating holistic health and self-care would be an obvious alternative. For political, economic and historical reasons medicine has adopted a bureaucratized and institutionalized approach emphasizing invasive technology. The medical paradigm involves culturally conditioned values concerning what constitutes abnormal health as well as the goals of good health.

TOWARDS THE FIELD UNDERSTANDING OF DISEASE

When we move from the traditional Newtonian-Cartesian model to the ecological field model of the human we not only re-conceptualize the human, but re-conceptualize our understanding of human health. The Cartesian model separates and isolates. The field model is holistic and inclusive.

By disease we mean not just the attack of germs and viruses or physical and organic dysfunctions. Disease is a sociological category as well as a medical category. For instance, alcoholism is not caused by a germ, but we call it a disease. The same can be said for a wide variety of emotional and social difficulties (such as anorexia) which have been medicalized. Any dysfunction that negatively effects optimal health and wellness can be classified as a disease. It is in this sense that we have "generic" disease. This is just like that section in the supermarket where you just have generic "potato chips" or generic "dishwashing liquid."

Technocratic medicine is quite adept in the treatment of many diseases, but often fails to recognize the role of emotion, will, imagination etc. during recovery. Ulcer patients are a prime example. Let us say a person goes to the doctor because of stomach pain and is diagnosed as having an ulcer. The doctor concentrates on the stomach as an isolated organ. The stomach is a part of the machine. He may prescribe treatment that includes medications and a change in diet. He treats the ulcer. But we know that ulcers are influenced by stress. Job pressures, marital difficulties, low self-esteem might all play a part in the development or outcome of this disease. Technical medicine is only peripherally concerned with the impact of these stressors. These types of influences on the physical ulcer represent the other poles of the field influencing the natural pole.

When we operate out of the Newtonian-Cartesian world view we are tempted to isolate our disease. Again we must state that we are not recommending that medical doctors must now become specialists in other fields. Specialization is necessary in medicine. However, the specialist must resist the seduction into a view that reduces human health to *only* the physical. A sensitivity to the impact of disease on other dimensions is essential. More importantly, we recommend that the *patient* recognize how disease impacts all areas of life so that self-care strategies can be developed.

What is needed for total treatment of the disease is the field approach. With the field approach a reduction to purely organic or mechanical factors is prevented. The person may need counseling, may need to learn relaxation techniques, or may even need a more radical restructuring of lifestyle. This is not to say that all organic disease and its treatment can be reduced to non-physical concerns. This would be a another type of reduction and over-simplification.

The fact is, no matter how positive are our relationships, sense of self, work-place and lifestyle, we do *just get sick*. Physical disease is a reality. Physical accidents occur, but total treatment cannot ignore that generic disease impacts upon other aspects of the life field. These same life concerns impact the processes of generic disease. This bidirectional feedback loop (life field-disease), has become the basis for the growing field of "psychoneuroimmunology." This area of study has shown how mental and emotional states can effect the body's response to disease in both positive and negative ways. Through psychoneuroimmunologic paths social, psychological and spiritual dimensions impact the course and outcome of many common diseases. In some cases there may be causal correlations such as in certain stress or lifestyle related disorders.

THE FIELD APPROACH AND DISEASE

The field approach significantly alters our understanding and definitions of disease. Our understandings of disease are derived from the descriptions of generic disease developed by Horacio Fabrega, Jr. Fabrega has illustrated the differences between *disease* and *illness*. "Disease" is a narrow category referring to the primary dysfunction. "Illness" refers to the broader, secondary features such as the subjective, lived experience of disease; the inevitable impact on the other poles of the field. Illness includes the meanings, roles and feelings associated with the primary disease. Disease and illness lead to the demand for *adaptation* to the changes in our lives that result from having a disease and experiencing illness. Disease affects the total human-as-field, not just a part of the human-as-machine. Issues of illness (meanings, feelings, and behaviors) and adaptation (coping and adjusting) are inseparable from the generic disease model.

Traditional biomedicine separates these three dimensions of generic disease. It views them as independent components properly isolated one from the other. Disease is often viewed in the narrow sense. It is approached in a conventional way, based on the body-as-machine abstraction. Medical science, in its specialized and logical way, fails to view disease in its full human impact. Disease is seen as disconnected from the full field of human concerns: biological, social, spiritual, psychological.

ILLNESS

It is when we approach and attempt to understand how primary disease effects other aspects of our lives that we move into the concept of *illness*. "Disease" is largely a socially (Newtonian-Cartesian influenced) defined condition derived from the body-as-machine abstraction. "Illness," on the other hand, is the biological, social, psychological and spiritual state of the person who experiences the disease. This includes personal meanings associated with the disease such as guilt. A doctor who is acting out of the dominant Newtonian-Cartesian approach to the human can be said to treat disease but not illness.

The difference between disease and illness is best understood within the field approach. Any threat to health effects the entire field even though it may center in just one pole. For instance, a person discovers they suffer from chronic depression. They go to a psychiatrist who prescribes anti-depressant drugs. The drugs are effective and the person continues with their life. The psychiatrist has certainly treated the disease, but may have failed to treat the illness. The depression is certainly under control, but how does the person feel about herself as "organically depressed person"? Have her social relations changed? If so is it because she is responding differently based upon her being "organically depressed person" or because others now know her this way?

Naturally, it is effective to isolate and treat the disease, but we must also treat the illness; how the disease impacts upon the other poles of the field. This is necessary not only for total recovery, but for prevention as well. The generic understanding of disease has two parts: the disease proper, and the experience of illness. Disease proper is effectively treated within the Cartesian model. Illness demands a field approach.

ADAPTATION

Disease is a biological reality. Illness is the impact of the disease on the field as a whole. Illness presents a demand upon the person for adaptation. The person must cope with the multiple ramifications of illness and actively pursue a total recovery. In the movement from disease, to its impact as illness, to the demand for adaptation we move to an ever more inclusive, holistic approach to health. Biological, psychological, social and spiritual dimensions are all relevant to the adaptation process. The person suffering from the manifold impact of disease must re-establish an ecological balance or metaxis.

Adaptation is often the ignored dimension of generic disease. Medical doctors treat the disease proper. They may refer the patient to psychologists, social workers, or other therapists to aid the patient in coping with the illness experience. Rarely is there direct concerted aid for the patient's need to adapt to the disease. The ability to adapt is grounded in the symbolic meanings found in the culture. The impact of a disease effects *what things mean*.

EXAMPLES OF DISEASE, ILLNESS AND ADAPTATION

A good example of this is the case of a woman undergoing a mastectomy for breast cancer. Particularly in our culture the woman's breast is a symbol loaded with meaning. The woman experiences disease as a cancerous lump in her breast. Her medical doctor does the proper diagnosis and surgery. Even though the *disease* is "cured" the woman's experience of *illness* has only just begun.

Often, the most obvious manifestation of illness is the fear and stigma associated with cancer. The possibility of recurrence is coupled with an awareness of the many fear-producing metaphors of cancer prevalent in our society. The "war against cancer," "cancer kills," "cancer personality," "disease producing lifestyle" are but a few of the powerful *meanings* cancer may have with which the patient must cope.

Facing life with one breast she may feel "less of a woman." This is a psychological dimension of illness effecting the subjective pole. How will she go swimming at the beach? Will her husband accept her? Will he become impotent? This is illness effecting the social pole. She may rage at God, or at life's unfairness. This is illness affecting the divine pole. She is suddenly very aware of what her breast *means* to her social life, her own sense of self, and her very sense of life's worth and value. Her breast-as-symbol is gone. The meanings it represented are absent or changed. In many ways the breast-as-symbol determined her metaxic balance. Now, her entire ecological field has to be re-symbolized; given new meanings, re-balanced. There is a demand to adapt. This search for new meanings *is* adaptation. Her recovery from breast cancer cannot be reduced to the material or physical. Her disease is not just a matter of physical threat to life. It is also a threat to her as a social, psychological and spiritual person.

The attack of disease and the impact of illness throws the ecological field out of balance. Symbols such as a breast lose or change their meaning. The demand and necessity for re-symbolization asserts itself. It is this re-symbolization that we mean by adaptation. Adaptation is the holistic human response to illness. It is the process of *giving meaning to*, and *coping with* illness. For the person with a serious disease, such

as cancer, adaptation involves flexibly creating and re-creating personal meaning. It also entails devising a coping framework to survive the impact of disease.

Adaptation, in the field model, takes on a holistic perspective. It involves multiple coping strategies relevant to the pole of the field affected. Adaptation processes are dialogical since the human is embedded in a dynamic field of interacting elements and dimensions. What happens in a dialogue? Two or more people talk back and forth, exchange information and impressions. In the process of a dialogue all people part of the dialogue are at least subtly changed and influenced. Adaptation represents a dialogue between the four poles of the field. Each pole is open to change and influences from the other three poles. Biological, psychological, social and spiritual dimensions are all relevant to the adaptation process.

Another good illustration of the importance of holistic principles is found in the field of geriatric medicine. The ageing human, the person facing the natural termination of life, elicits concerns and phenomenon often ignored during the prime of life. As the person's body ages various emotional concerns are elicited. The older person can no longer run up a flight of stairs as they did in their youth. They may have their driving licence taken away and so lose much of their independence. Independence may be further curtailed as their children care for them, a very painful and difficult reversal of roles. Loss of physical vitality and illness, fear of death, retrospective appraisal of life, and questions of value in a youth-oriented culture plague the geriatric patient. All of these are essentially issues of *meaning*. The natural aging process is a demand for adaptation. The older person is often less able to adapt to changes and perceive possibilities for growth. Part of this is a result of the natural decline in mental and physical functioning. Part is a result of levels of education that differ greatly from today's standards. Emotional states such as loss of will and hopelessness are common among our senior citizens.

In addition to competent medical care the elderly patient is in need of a holistic approach. Such an approach would account for the total needs of the human: biological, social, psychological and spiritual. In addition to common biological and social problems, the elderly person needs psychological and spiritual guidance. In the psychological dimension this involves facilitating the perception of meaning and guiding the will to a restoration of confidence in the future. Spiritually, the patient needs to reconnect to ultimate meanings or values, to experience revitalization of the spirit. For an age group that literally stares death in the eye ultimate meanings and values are of prime importance, especially since such concerns are often ignored during the prime of life.

Folk beliefs, religious and spiritual values are inseparable from the ageing human's struggle with illness and the inevitability of death. These ultimate meanings are vital to the human drive to overcome limits such as suffering, pain and death. The importance of the psychological and spiritual dimensions to physical health cannot be underestimated. They are *essential* aspects of the recovery process. These often ignored areas, if properly guided, are able to utilize our own personal resources for change and growth, and connect those resources to physical health.

IDEALISM AND HOLISTIC FADS

Holistic medicine is experiencing an upsurge of interest, particularly through Bernie Siegal's book, *Love, Medicine, and Miracles*. The highly fashionable psychoneuroimmunology--the study of the effect of mental states on physical health--has been called by some the major force on the frontiers of medicine. Chiropractors, midwives, self-help groups, fitness clubs and wellness centers represent a major popular trend in American health care. These trends are great, but they can degenerate into an obsession with purely physical health. This is a particular danger when we combine holistic trends with the pervasive Newtonian-Cartesian world view. We miss the essential point of holistic trends when they are combined with a technocratic understanding of human health.

Americans will pay dearly for their physical health, and more importantly the promise of longevity and youthful appearance. Many of us reveal this obsession by looking to the athlete-businessman as a model worthy of imitation. The rich commercial entrepreneur who stays fit in order to out-compete the competition is becoming our dominate image of the successful and healthy life. This is a horribly restricted view of what the healthy human actually is. It fails to take into account the dialogue that is adaptation. It also fails to take into account the grain of truth present when people remark that if they only did what was "good" for them they wouldn't have anything left to enjoy in life!

We share some basic sentiments that are fueling holistic trends but are certainly wary of the obsession with physical fitness. Holism starts off with a valid premise: the disenchantment with exclusively technologic views of reality that treat only disease, barely acknowledge illness and ignore adaptation. The holistic enthusiast has to some extent punctured the modern myths that serve to guide and direct social and individual life. War, poverty, taxation, corruption, and work that becomes "violent to the human spirit" are disillusioning and are increasingly global developments. However, many attempts at holism seem to miserably fail. They either degenerate into pseudo-scientific quackery or act as a cover for unhealthy obsessions such as the person who maintains fitness and health in service to a sick and greedy quest for money or corporate power.

Attempts at a holistic view are alive and vibrant; thriving at the fringes of traditional medicine. They have developed as a grassroots response to a technical and depersonalized medicine. As such they serve a valuable role. They serve as a corrective to a one-dimensional and truncated medical world view that is exclusively concerned with the technocratic treatment of disease. Holism stresses personal responsibility, common sense and self care. It values qualities often in short supply at our technologic hospitals such as compassion, prevention and the power of positive human relations. The concerns of the terminally ill and aged are addressed in a fresh and hopeful manner, or at the very least an attempt is made to do so.

Holistic approaches have discovered that what in the Cartesian paradigm is immaterial and divorced from the physical--thoughts and emotions--is *not* totally divorced from bodily responses. Anthropological studies of voodoo display that a hex *does* result in death *because the cursed individual believes in the curse*. Closer to home and more popularly, Bernie Siegal's book has resulted in concern for the impact of emotions upon physical health. His groups for cancer patients were ridiculed by his fellow physicians. He also received much negative criticism because he did not treat

his patients "objectively,"(which translated means "like a cog in a machine") but with true human kindness, compassion and empathy. "[S]ome members of the group began to tell me that other physicians thought the things I was doing were crazy. By then, however, I was too happy about the members' improvement to care." Recent discussions on the physician's "bed-side manner" reflect this concern with the violence that is inflicted by the medical technocrat.

These attempts at holism are not without problems however. Much of holistic medicine is contaminated by fads and lack of theoretical clarity. It is often naive and idealistic, reducing good health to a person's state of mind or awareness of their inner uniqueness. Secular "spiritual" exercises such as biofeedback, meditation, and positive visualization are advocated in unsophisticated and fragmented fashions. This shadow side of holism results from an unsophisticated, idealistic approach to health. Popularization and naivete produce a kind of "flabby-eclectic" holism. This can be dangerous. There are only too many "new age" entrepreneurs and other types of alternative healers willing to treat the patient. Often coming across as caring, loving people, they will seduce the patient into believing in healing crystals or their own (the patient's or the healer's) magical healing powers.

Another problem with holism resulting from this idealism is the sense of responsibility it indirectly conveys to the patient. Terms such as "cancer personality" and "disease producing lifestyles" are powerful metaphors used in holism. They can contribute to an oppressive sense of personal responsibility. The person who suffers illness and fails to recover is left with an unnecessary sense of guilt and shame. The patient is blamed for the disease. Furthermore, when the prescribed holistic therapies fail to work the individual is once again reminded of their personal inadequacy. They are left to feel as if they failed the program: failing to master the various power immune diets, biofeedback and meditation strategies.

NEED FOR BALANCE AND AN INTEGRATED VISION OF HEALTH

The importance of a balanced and integrated vision of health is clearly illustrated by the two rising phenomenons. On one side we have the growth of the medical technocrat who may cure, but at the cost of the patient's felt personal integrity. This has lead to Americans' obsession with fitness, physical health and youthful appearance. On the other hand we have alternative healers who respond to the patient's fears and hopes in a "holistic" way. In most cases, however, these practitioners lack a sound scientific basis, with approaches based on idealized theories. In some cases they can only be classified as quacks.

The view of health care that treats the person only through the body-as-machine physical abstraction is inadequate. The exclusive study of distinct and isolated organs, while beneficial in one respect, is too limited. The same is true for an idealistic view that would conceptualize bodily states as being solely an expression of mental or emotional states. Both materialism and idealism are unacceptable reductions of the whole human person.

TOWARDS A NEW VISION OF HEALTH FROM WITH THE FIELD APPROACH

The question of *meaning* is of central importance to the field conception of health and healing. *Health is a state of balance and meaning*. "Balance" is here the key word. Health implies a vital state of meaning and metaxis in the field of life: social, subjective, spiritual and biological. Disease is the disruption of that harmony no matter in which pole it may first appear. It will eventually effect the entire four pole field. Biological disease disrupts the human field of meaning. Social disease disrupts the human field of meaning. Psychological disease disrupts the human field of meaning. Spiritual disease disrupts the human field of meaning.

When our lives function smoothly, when we are healthy and disease free the four poles interact in a state of harmony. They "fit together." No one pole calls undue attention to itself. This is easily seen in our own lives. In the natural pole we don't really pay attention to our body until it is in pain or not working properly. In the social pole we go about our relationships with no problems until the "disease" of social injustice or interpersonal argument impacts our lives. Any kind of disease disrupts not just the functioning of a specific pole, but the essential harmony of the entire field: the harmony of the poles interacting together.

Our metaxic balance is challenged by disease of any kind. Our metaxic balance is essentially a balance of *meaning*. A demand for adaptation is made upon us. Healing involves a search for re-order and re-meaning. The human must experience a renewal of meaning and metaxis to be fully healed.

Our view of health as a vital sense of meaning and balance presupposes, and is based upon the paradigm shift represented by our human-as-field model. We understand health to be an ongoing search, or a lifelong journey for meaning and balance in the ecological field of life. Health is never a static state of being. It is not something one just "has" in some way. The ongoing quest for optimal health and fitness (*metaxic* health and fitness, not just *physical* health and fitness) is both challenged and motivated by the many boundaries that life inevitably imposes. The human journey must traverse natural limits such as those found in ageing, loss, accidents and illness. We must also face the social challenge presented by the limits of communication. Spiritually we are challenged to connect our lives to a meaning or value that is greater than ourselves. Our's is a distinctively *human* journey marked by unavoidable boundaries such as death. The first step towards greater health and fitness is not a trip to the doctor, not an exercise regime, but an acknowledgment of boundary, limit, complexity and a breaking of our denial of death.

Health, as the search for meaning and balance, is a radically different vision of health than the understanding to which we are accustomed. It is an enlarged view of health, one that is related to the human quest for fulfillment and harmony. This view implies the expanded conception of the human that we call the field approach.

The human as viewed within the current Newtonian-Cartesian medical model is too small. It is an image of the human as machine, a technical object with functional priorities. Practical success and functional productivity are its measures of worth and value. *Health* is seen as a condition of optimal productivity according to the dictates and values of the present society. A society that is materialistic, consumer oriented and encouraging of denial. *Health promotion* is a set of rituals for stress reduction and physical fitness in pursuit of materialistic success. The human is reduced to a skilled

athlete in training for the rat race. The race excludes the dimension of human spirituality essential to complete health and fulfillment.

Instead of productivity and functional success we offer the concepts of transcendence and fidelity as keys to human health. Taken together they comprise an authentic human spirituality. Transcendence basically means "going beyond." Adaptation *is* a type of transcendence. Transcendence presupposes and necessitates creativity and imagination. Fidelity refers to commitment to our ideals, our cherished beliefs, our inner gifts and our visions. It also entails action based upon those commitments. Transcendence and fidelity are central to human spirituality and health. They are in many ways opposed to the success ethic espoused in our culture. Instead of the frenetic pursuit of excellence, the "We're Number One," the "Millionaire By Thirty," they emphasize the inner meaning and value of human life. Human spirituality leads to a vital sense of meaning, a connection to community and a strong sense of purpose. Instead of addiction to material success and a compulsion for quick results, human spirituality stresses patience and endurance. Spirituality transforms the approach to pain and gives transcendent meaning to suffering and illness.

Our vision of health is the human as an ecological field, oriented towards transcendence, metaxis and meaning. Human spirituality is integral to our vision.

SPIRIT AND BODY

The dynamics between the human spirit and the human body are traditionally the hallmarks of our dualism, of our tendency to reduce wholes into separates. In some sense this is quite understandable. After all, our body impacts our lived, everyday life quite strongly. The spirit is said to be invisible. The effect of spirit on our lives is not so strong. Our dualistic tendencies have gone so far as to even deny the existence of the human spirit. Certainly our talk about the spirit is muddled and confused. We might say it hasn't even gone beyond the level of discourse a five year old might have on the subject. Part of this is because of our religious indoctrination.

Religion has been that area of human endeavor that claims to discuss things "of the spirit." But religion has also discussed things that elicit fear and guilt. Religion has tended to combine fear, guilt and death along with spiritual concerns. No wonder our thinking on the subject is so muddled! No wonder we even negate the existence of a human spirit or at most relegate it to some indefinable quality. Our historical, religious discussions of the human spirit have more often than not been combined with those areas of life we are prone to deny.

Try this. Right now think of the words "spirit" and "spiritual." Now write down what comes to mind, or draw pictures that represent what comes to mind. Chances are you will find you either have no real sense of what the words mean or you will be on the level of a child, writing about ghosts and such. Chances are your vague intimations of what these words might mean have little to do with real everyday life, and certainly not with the body.

It is in our considerations of disease, illness and adaptation that we are able to discover that which is distinctive about the human. What sets the human apart from the other animals is not language, is not tool use, is not rational thought. It is spirit.

When disease moves into the experience of illness it impacts upon the *symbolic meanings* each of the poles of the field have for us. Adaptation is the necessity for re-symbolization. Re-symbolization is a matter of transcendence, of going beyond boundaries or limits that disease and illness represent. What lies beyond our boundaries or limits is always *not known*. It is "mystery." The ease of transcendence; the ease with which re-symbolization is affected--is what we mean by "spirituality." *It is the human spirit that is aware of that mystery we encounter during experiences of boundary and limit.* It is this awareness that is distinctive about human life.

How we use and develop this awareness will impact upon our physical health in both a preventative and recuperative manner. We have already considered its importance for recovery from illness. A healthy spirituality is also necessary for optimal prevention of illness. Remember, it is meaningful symbols that fuel the human-as-dynamic-field. Symbols are not important within the Cartesian body-as-machine abstraction. It is when we enter into the field approach to the human that we are able to recognize the impact of symbolic meanings (including disease-as-symbol which is illness), and their central importance for health.

The human spirit is the capacity for appreciation of symbolic meanings. Spirituality is the development of that capacity. Both are intimately related to our ability to recognize the "something," the "mystery" that lies *beyond* experiences of boundary or limit. The Cartesian paradigm is unable to recognize or incorporate spiritual experience. The mystery, by virtue of its being Unknowable or Beyond, is always non-empirical. It is in some ways "nothing." It is not a "thing" that can be separated or isolated in an independent fashion. Only when we conceptualize the human as a field of dynamic forces, symbols or meanings, are we able to recognize its importance.

HUMAN SPIRITUALITY AND THE MYSTERY

Human spirituality is vital to our vision of health. The human spirit is intimately related to our capacity to interpret symbolic meaning in pursuit of ultimate purposes and fulfillment. Spirituality is the search to find meaning and seek transcendence. It looks below the surface to the deeper issues associated with pain, suffering and death. It realizes the limits of reason. The meanings to life's deeper questions lie beyond rationality, beyond measurability, and beyond simple observation.

The mystery lies behind those limits. We will talk at considerable length of mystery in later chapters. This will be a central concept for the role of spirituality in our four dimensional paradigm. We confront limits daily, whether they be large or small. *The mystery refers to the essential, unknowable realm which is evoked as one struggles to affirm meaning in the face of boundaries.* Death and suffering brings us face to face with ambiguity and paradox. We can choose hope or embrace despair. We can connect to myths and symbols which affirm our pain and provide hope for healing. Or we can reject spirituality as imaginary, wish fulfillment and just suppress our deeper aspirations.

Spirituality must go beyond the facts of the material world. It must embrace the symbolic powers of myth and symbol. It must call forth acts of imagination and courage. Spirituality is ultimately our awareness and interpretation of the mystery of reality. Human reason and logic cannot penetrate this realm. The experiences of

death, suffering and pain highlight this realm. These grave and constant realities force the human into a face to face confrontation with limit or boundary.

The limits of life force us to make a stand towards this realm of unknowability. Pain and loss force us to come to terms with the deeper questions of life. When we are faced with serious limits we must develop an attitude, approach and stance. The choices and approaches we develop will reflect our spirituality. On a more fundamental level it will reflect an important interpretation. Our progress towards recovery, healing and survival will depend on how we interpret the beyond, the unknowable, the mystery.

We always have to *interpret* this mystery in some way. The traditional religions are systems of interpretation. They say what the mystery might be and then provide guidelines for behavior based upon that interpretation. So, for instance, Christianity interprets the mystery of reality as being personal and benevolent: God. Based upon that interpretation they provide behavioral guidelines such as the need for compassion and charity. In this sense we are always religious because we are always surrounded by and giving meaning to the essential mystery of reality and of our lives.

How we consciously or unconsciously interpret the mystery--our spirituality--will have an important effect upon the healing process. If the mystery beyond what we know is interpreted as being somehow threatening or hostile we might be inclined to give up and not seek total healing or recovery. After all, why give new meaning to our lives if it will always be essentially a *negative* meaning; a meaning that does not offer the possibility of a satisfying or fulfilled life? It is such a shame that the medical establishment rejects the traditional religions. They offer the hopeful interpretation that the mystery is *for* human health and fulfillment. Here the mystery is benevolent. The limits beyond our lives are positively linked to a hopeful perspective. This is especially important for those with serious medical conditions and for the addicted.

HUMAN SPIRITUALITY AND MEDICINE

The spiritual traditions are distinct in their mission. They have long sought to instruct the human in transcendence during times of suffering, pain and death. Medical illness represents a classic form of boundary situation. It is not *just* disease. It is the experience of human limit. Pain and suffering are more than just physical symptoms. They are part of the larger experience of humanity as it confronts boundary and limit. We are all mortal creatures with finite limits. We inevitably grow old and experience a physical decline leading to eventual death.

In this model medical illnesses result in what we call a transcendence crises. As we confront boundary, such as illustrated by illness, issues of transcendence become paramount. Beliefs become indispensable, particularly ones which are capable of powerfully instructing us in a journey of transcendence. Beliefs alone are capable of producing a vital experience of meaning and transcendence. Through belief, suffering can be transformed and we can embark on a creative journey towards wholeness and healing.

Disease is more than an attack by germs or bacteria. It is a challenge to the human spirit. It elicits a re-awakening or renewal of spiritual capacities in response to that

challenge. Disease demands a courageous act of disclosure and affirmation of meaning. "Metaxis" is the word we use to indicate a proper balance between all elements in the human life: social, biological, psychological and spiritual. Health, healing and renewal always aim for metaxis. The above highlights the indispensable nature of ideology and belief. The domains of health and healing are inseparable from issues of faith and belief. The recovery of meaning and balance from a major illness parallels in many ways the path of conversion found in various religious traditions. Total healing from an illness always involves some participation, consciously or unconsciously, in a transcendent ideology and ritual. In many cases this occurs unconsciously as the suffering person embraces traditional beliefs which explain and transform the illness experience. In other cases it may take the form of a more creative and conscious journey. The different styles reflect the many different paths of spirituality.

Contemporary medicine is, unfortunately, a materialistic ideology. In many ways it is opposed to belief, faith and spirituality. The progressive dominance of technological science has served to separate the sick person from cherished beliefs. These cherished beliefs, however, are indispensable to the maintenance of health. They are also vital to recovery from illness. Throughout history transcendent beliefs have offered the promise of wholeness, explanation, fulfillment and conversion in the face of boundary and pain.

Medicine has served to disconnect patients from folk beliefs. Rituals that hold the promise of meaning in the face of suffering are disparaged and ridiculed. Medicine offers only an exclusively bio-technical vision as a replacement. Medicine re-explains human difficulty, illness and suffering from within a secular and technologic framework. In this respect it "resents" faith and religiosity. There is no room in its ideological and ritualistic structures to account for such beliefs.

MOVEMENT: SYMBOLIC GROWTH AS AN AID TO HEALING

One of the central dynamics of the human as four dimensional field is movement. We have said that it is meaning that fuels the dynamic ecological field. Illness results in familiar symbolic meanings losing their life-affirming vitality. The patient with cancer, for example, goes through radical changes. Cancer disrupts previously meaningful activities. The person is symbolically disconnected from the poles of the field. The process of adaptation must move to reassert those connections *and will necessarily do so in either a positive or negative way.*

This dynamic of movement refers to the processes of symbolic growth, development and change. The movement of re-symbolization is the act of transcendence "into" the mystery beyond our limits. If that mystery is interpreted on a primal level as being hostile, the person will be unable to move symbolically "into" that mystery. *This will result in a closure to possible symbolic meanings.* All possible meanings will not be apprehended. That mystery is then *against the person*, it is *hostile*, it is *not on their side*. Because of this interpretation a closure and numbness results. There is a desensitization to available symbols to affirm recovery and adaptation.

In the case of the woman with breast cancer there is a closure to the ground of possible ultimate or transcendent meanings. These meanings essentially emerge from

beyond the limits of her previous field as she has known it. Disease is a sudden, unexpected interruption in the life field. It limits her previously taken for granted activities and involvements. The disease results in an unexpected anomaly in her life: pain, suffering and the many-faceted threat of death. She is confronted with the limits of her biological, social and personal life and her denial of death. If she interprets "the mystery" beyond those limits in a hostile or indifferent perspective, she will have difficulty being open to new, *healing* symbolic meanings.

This de-sensitization or numbness is detrimental to the process of adaptation and total recovery. Because of this closure and stasis of symbolization, she may never totally recover from the illness experience.

ILLNESS, SURVIVAL, AND RECOVERY

It may appear odd to read a sentence such as "The illness is given life affirming meaning." Illness is usually the opposite of anything that could be described as "life affirming." However, as an experience of boundary or limit illness can indeed be life affirming. This cannot be understood within the Cartesian approach, but *is* understandable within the field approach.

Through symbolization the person can positively encounter tragedy and limit. We have previously mentioned the dangers of seduction by an exclusively materialist or idealist approach to the human. Many alternative healers reduce the human to the mental or spiritual and thus fall into an exclusively idealistic view. They may hold out the promise of a belief in the mind's healing powers. The diseased person will only find themselves disappointed and bitter when they painfully discover the limits of the mind's power over the body.

In the case of the woman with the mastectomy the surgical excision of the disease was the first step. This was the technical intervention. The illness experience remained as a residual disability. Next, a creative adaptation was necessary for total recovery from the illness that developed out of the disease. That total recovery was the result of a courageous act of transcendence to new symbolic meanings.

But what of the case where the cancer recurs? No technological medical procedures can help. The person will not live, *but can she recover?* Yes. In the face of such a tragedy her recovery is, at the same time, an act of *survival*. It presents a demand for what Lifton called "symbolic immortality."

The patient is now face to face with death: the ultimate boundary and limit in human life. The disease is an indubitable *fact*. The disease is now a definite part of the field. But how will the person respond? We know that many people in such a situation simply deny this fact. They ignore it. Others, in an almost paradoxical move, attempt to escape the death sentence by embracing death in suicidal gestures.

The work of Elizabeth Kubler-Ross has made most of us familiar with the stages experienced in such a situation. The person is first angry, then denies the fact, then attempts to "bargain" for their life, and finally accepts what must be. This is the process we must all go through to break our denial of death. Physically, the person will not survive, but is there a more subtle type of "survival"? Is it possible that the

person can still "recover" even in the midst of terminal illness? Naturally, we are not talking here about some type of ghost that survives physical death. Indeed, we shall not even comment upon such unknowable things. We know only what occurs in life, and we know the power of symbolic meanings in such a situation.

The disease is now a fact of the field. In many ways it is a fact no different than having brown eyes or curly hair. In such a situation it is possible to be diseased, but not suffer from maladaptation. In Kubler-Ross's work it is the stage of "acceptance." Acceptance implies a courageous act of transcendence. This reflects the real embodiment of spirituality; an embodiment of that which is *distinctively human*.

The mythic-symbolic realm of mystery is embraced. Ultimate meanings are interpreted and re-formulated to create a symbolic "nest" of recovery from illness (though the disease is terminal). A "nest" of symbolic meanings within which the dying patient can "rest." It is an act that is distinctively human *and so, in the midst of death what is distinctive about human life is affirmed and can be said to "survive" in the face of death.*

Of course, our health care industry lends little, if any assistance in this symbolic "soul making." It is a tragedy not only for the patient, but for her loved ones as well. Is this lack of assistance any wonder? In a culture that has embraced and taken as "true" the Cartesian body-as-machine abstraction symbolic meanings are at best "escapes" or "fantasies." They are not what is distinctive about the human.

We shall discuss spirituality--as the hallmark of the divine pole--at length in a later chapter. It is sufficient for now to state that spirituality is a necessary and important component of healing, indeed it is found at the very foundations of all we think, do, feel or say.

OTHER CONCERNS OF THE NATURAL POLE

Of course the natural pole is a realm of much more than just our physical bodies and the quest for optimal health of those bodies. We have focused at length upon the issues of bodily disease and the medicine used to define and treat those diseases because these concerns seem "closest" to us as representative of the natural realm. After all, we can't ignore our own bodies. The above discussion also serves to begin to introduce the intimate relations between the four poles of the field. Medicine is not just about organic disease, it also reflects social concerns. Health is not just a fit body, but entails issues of meaning and spirituality. Our very definition of health is a largely social construct. When we begin to look at other regions of the natural pole our discussion becomes more complicated because of the stronger impact of the other poles--particularly the social and spiritual poles--upon those natural regions. Two prime examples of this are issues of environment and addiction. Neither of these regions of the natural pole are amenable to our reductionistic tendencies.

THE ENVIRONMENT: INTERWEAVING OF SOCIAL AND NATURAL REGIONS

The environment is, quite obviously, a region of the natural pole. Certainly the health of our bodies, and their ability to maintain our lives is inextricably bound to the health

of the environment. There can be no doubt among any of us that our environment is horribly, horribly diseased. Why is it that we do so little about this? Why do we drag our feet? If the temperature of your house or apartment was too warm for comfort you would not sit there and sweat. You would go and turn down the thermostat. If you went to the faucet to get a glass of water and what poured into your glass was brown and smelly and gross rather than clean and pure and sparkling you would be on the phone to the water company pronto! When people come over to your house for a party and there are a lot of smokers you either ask them to please stop smoking, open a window or both. If your pet dog or cat was suddenly sick you wouldn't sit there and watch it die--you'd call a veterinarian.

The above examples seem almost laughably common sense. They are also examples of care for the *immediate* environment. The environment that we depend upon for life and even for simple comfort is so much larger than just our house, apartment or office. It is the entire planet. Yet the "house" of our planet is getting too hot: the Greenhouse Effect; but no one seems to be overly willing to get out of their easy chairs to start turning down the thermostat. The "faucets" of our lakes and rivers are more like sewers. What we would *never, ever* tolerate in our "little" houses we tolerate in our global home. The anti-smoking brigade is on the war path, but only in their workplace and airplanes, not in their life-place of the planet earth. It is easy to worry about our pets and dismiss what this teaches us about the need for concern for all the animals with which we share the planet.

When we look at these issues juxtaposed, that what we would never tolerate in our little homes we tolerate in our big home, we come across looking like little children. Children who can only see two inches in front of their face and ignore, or don't have the capacity to understand that there is a great big world out there. This is sometimes cute, charming and endearing in children. It is disgusting and worthy of scorn in adults. There are two main reasons for our sinful foolishness and foot dragging on environmental issues. 1. Our old devil of the Newtonian-Cartesian paradigm and 2. the inextricable interweaving of meanings from the social pole with this region of the natural pole.

1. The Newtonian-Cartesian paradigm tends to restrict our vision. This is fine in fields such as medical research (where, for instance your vision is restricted to a particular organ or disease) or other scientific endeavors. However, as this paradigm has infected us as individuals it has resulted in a fascination with the immediate. This is ironic, especially today when we say that the world is growing smaller. We have today the capability to be aware of global developments that can have a devastating effect upon our individual lives--such as pollution. At the same time, our Newtonian-Cartesian world view causes us to resist a larger vision. Remember, this paradigm isolates and reduces. On the individual, as opposed to scientific, level it causes us to restrict awareness, narrow our vision and accept easy answers to complicated problems. The result is scapegoating, denial and an inclination to just plain ignorance.

2. The field approach--what we can call the post-Cartesian paradigm--does not allow us to restrict or narrow our vision. It encourages global thinking. *We have* to take into account how all four poles effect each other. We call this "field thinking." No problem or issue can be assessed or addressed simply from within one particular pole in which the problem seems to center. This is most evident in the problem of global pollution.

Certainly this is a physical, organic problem; that is, it centers in, or is primarily an issue of the natural pole. But the four poles of the field are not separate like the cogs of a machine. We do not combine the four poles to make the field. Rather, we divide the field to make the four poles. Environmental issues cannot be separated as purely physical problems to be tackled with physical solutions such as more efficient filters or sewage treatment plants. The destruction of the global home is inextricably bound to meanings that are primarily located in the social pole.

We all know, and admire the sentiment of learning the "lessons of history." Yet few, if any of us, do so. Could this be yet another symptom of our propensity to denial? To seriously look at history (not the history of famous dates and names, but the history that really effects our everyday lives) can be a threat to how we now live our everyday lives. For instance, we fail to recognize that we were not always a consumer oriented society and that indeed, our propensities towards shopaholic frenzies are artificial. We have been manipulated and conditioned into being consumers. With the rise of industrialization and mass produced goods came the necessity of populations to buy those goods. A consumer population large enough to support the on-going industrial production. At first this was totally foreign to how people lived their lives. The consumer, the "shopper" had to be invented. We were invented through advertising.

Previous to our transformation into consumers advertising was limited to communications of a particular product's superior qualities. With the need for consumers to keep the fires of production fueled there was a change in advertising. Advertisers sought to link the particular product to unrelated areas of the person's life.

"Americans did not automatically respond to factory output by multiplying their desires for material goods; an ethic of consumption had to be sold. Advertising came into its own as an industry in the 1920s, as executives consciously strove to incite desire.

"The Lambert Pharmaceutical Company made Listerine antiseptic a common household product by inventing a new disease, halitosis, and then playing upon the romantic fears and desires of female readers."

Of course now we have advertisements that don't even mention the product. They simply link the product with a particular life-style.

So what has this to do with environmental issues? Plenty. We are whipped into consumeristic passion. We hang out at shopping malls. We see bumperstickers that not quite jokingly declare the driver to be "born to shop." In times past clothes were largely functional, but now fashion reigns. Perfectly serviceable clothes are no longer worn because they are not "in." These developments are not necessary or inevitable. We have been manipulated, *brainwashed* into thinking such concerns are of value. As a consequence we buy and buy and buy things that we don't need, don't really even want, can't afford, aren't necessary and don't express our uniqueness as individual persons. But this fuels the industries that pollute our global home.

Here is an example of how our consumeristic insanity destroys our planet. We heard a story of a young couple, newly married. They both work, but make very little money. Their charge cards are at the limit (at 18% interest!). A local department store sends

out a flyer announcing a "sale." One of the items on "sale" is a big stereo system. This entices the couple. Now, this couple had shown little if any interest in music. It was never a priority and it is doubtful whether their ears were sufficiently sensitive to distinguish and prefer the sound of one stereo system over another. They had a few tapes and a small boom box, but spent considerably more time watching TV than ever listening to music. Their charge card at the department store was at the limit, but this particular store had hit upon the wonderfully manipulating scheme of allowing "special" charge accounts on "sale" items. The couple goes and buys the great big stereo.

Well now, this might be o.k. We could think that since they had little money this would be a good investment for their own home entertainment. We could think that in order to expand their horizons they would "get into" music more than they had in the past. None of this happened. They still sit there and watch TV. They have purchased few new tapes, albums or discs. It was a totally unnecessary purchase. It ends up being a very expensive radio. A radio they will be paying on for quite some time at a very high rate of interest. In the meantime, their giving into the manipulation of the advertisement meant that a coal burning electric plant had to belch out just that much more smoke to fuel the machines that made the stereo. The ship that brought that stereo to this country had to make one more trip to get it here. The trucks that met the ship had to emit that much more exhaust to get the stereo to the store. They had to use that much more gasoline to go to the store and get the stereo. The paper company has to cut down one more tree to make the bills the couple receives every month. Etc. Etc. Etc.

How many of us *have* to have a big stereo when we don't really care about music? How many of us *have* to have the most expensive clothes or furniture when we don't really appreciate it? How many of us *have* to drive our car because we somehow think public transportation is "beneath" us? How many of us *have* to buy a new car every two or three years? How many of us *have* to have a fur coat not for warmth, but for advertiser dictated status? Concurrently, how many of us never are able to express our inner dreams, uniqueness, interests and appreciations because we can't afford them? We may truly love and appreciate fine sounding music, but can't afford the stereo. We may be naturally fascinated with automotive technology, but can't afford to indulge our passion. We may have a genuine interest in aesthetically pleasing surroundings (not just seen in a magazine) but can't afford to incarnate our vision?

Each time we purchase a consumer item that we don't need or that doesn't express who we really are we contribute in a small way to the destruction of the environment by unnecessarily keeping mass production flowing. To satisfy our lust for *things* we destroy our forests, belch smoke in the air, dump sewage in the water. We give into manipulative social meanings. We are like trained dogs dancing on our hind feet to the treats held out to us by the advertisers. We think we have accomplished something of importance when in reality we look foolish. The dancing dog in the pink tutu looks unnatural. So does the young girl (or older woman) manically collecting countless sweaters and "outfits."

We will end our brief discussion of the environment with the words spoken by Chief Seattle when he was forced to give his lands to the government.

"I will make one condition: the white man must treat the beasts of this land as his brothers and sisters. I am a savage and I do not understand any other way. I have seen a thousand rotting buffaloes on the prairie, left by the white man who shot them from a passing train. I am a savage and do not understand how the smoking iron horse can be more important than the buffalo we kill only to stay alive. Every part of this earth is sacred to my people. Every shining pine needle...every mist in the dark woods...every humming insect... The sap which courses through the trees carries the memories of the red [people]....This shining water that moves in the streams and rivers is not just water but the blood of our ancestors."

Thus do socially constructed meanings permeate the natural pole. To not recognize the insidious destructive qualities of these socially constructed meanings is a symptom of denial. These meanings will eventually destroy us. Literally destroy us. When people long for "simpler times" we wonder if they are willing to spend their leisure doing something less environmentally complicated than going to the mall.

ADDICTION: INTERWEAVING OF SPIRITUAL AND NATURAL CONCERNS

Addiction is an illness to which the government and the media devote a great deal of time and energy trying to combat. There is an on-going call for a "war" on drugs. There are potential threats to privacy through urine tests of corporate employees. Business has also addressed the issue not only through the selection of employees but through its manifestation in the health care sector. Hospitals compete with each other to gain customers for their rehabilitation programs. Addicts of all stripes are placed upon waiting lists for these programs. In the meantime they continue to take their drug of choice. With the advent of "crack" cocaine the problems of generic addiction seems to have skyrocketed. We try to solve this problem by keeping the drugs from entering our country by imposing harsh penalties on dealers and even casual users: by posturing. We do little to address the true issues addictions raise.

When we look at the issue of addiction we must once again conclude that we have failed to learn from history. In this case recent history--the history of the only successful program for addiction--Alcoholics Anonymous. Before crack, before heroin there has always been booze, and those who abused it and became addicted to it. Prior to the 1930s alcoholism was understood as a moral problem of sorts. The addicted person was thought to have a lack of will. There was no effective treatment for this addiction. The addict could reasonably be expected to drink him or herself to death. The founding of the A.A. fellowship by Bill Wilson marked the genesis of effective treatment for alcoholics and, by virtue of similarity of illness, all addicts. Make no mistake. We often say "alcohol and drugs." This is not quite accurate. Alcohol *is a drug* no less destructive than heroin or crack. Simply because it is a socially sanctioned drug does not in and of itself merit a special classification.

A.A. succeeded in helping people recover from their addiction, become and live sober without the help of any 28 day rehabilitation programs, hospitals or comprehensive insurance payments (though of course, a doctor's care was often needed during the detoxification process). *It is the only program that in all of history has worked in treating addiction.* Because of its effectiveness numerous other self-help groups have sprung up--all patterning themselves after the "12 Steps" developed by A.A. These groups are not businesses. You do not pay money to join or receive their benefits.

Anyone can walk into a meeting of Narcotics Anonymous, Overeaters Anonymous, Gamblers Anonymous and partake of effective treatment.

Is addiction a primarily physical problem, a lack of metaxic balance in the natural pole of the field to be addressed by medical doctors? Certainly addiction has physical effects and may even have a genetic component as part of its cause. Is addiction primarily a social problem? Certainly addicts are often the socially disenfranchised or are the interpersonally isolated. Is addiction primarily a psychological problem, a problem primarily located in our subjective pole? Certainly addicts are often haunted by traumatic memories and engage in disordered thinking. But what do the *real* experts say? What do those who have recovered say? What do those who *invented* effective treatment say?

"When, therefore, we were approached by those in whom the problem had been solved, there was nothing left for us but to pick up the simple kit of spiritual tools laid at our feet.

"The great fact is just this, and nothing less: That we have had deep and effective spiritual experiences which have revolutionized our whole attitude toward life, toward our fellows and toward God's universe.

"We were in a position where life was becoming impossible... [W]e had but two alternatives: One was to go on to the bitter end, blotting out the consciousness of our intolerable situation as best we could; and the other, to accept spiritual help."

These people, many close to death because of their addiction do *not* say "go to this doctor," "go to this hospital's rehab," "go to this type of psychiatrist or psychologist." Addiction is not primarily a physical, social or psychological disease. Addiction is primarily a *spiritual* disease that then, as it becomes an *illness* has physical, social and psychological ramifications and effects. The person may need physical, social or psychological help, but this will not cure the addiction. Addiction is a disease of the spirit.

We are often suspicious when we hear "free offer." After all you can't get somethin' for nothin'! Hence we might feel doubtful that simply going to free meetings will help us recover from our addictions. The medical establishment, *as businesses for profit* has exploited this. They tell you you should take their 28 day in-patient rehab program (provided you have adequate insurance!). After all, they make lots of money off of this. With a very high rate of relapse you might come back (and pay) two or three times. We have already looked at the phenomenon of medicalization. This process is quite evident in treatment for addiction, yet addiction does not require primarily medical care, it requires spiritual care. (Naturally, a severely addicted person may require medical supervision and assistance for detoxification and may require the rehab experience to aid in identifying factors that contribute to the addiction.)

THE PROCESS OF ADDICTION: SPIRITUAL DISEASE IMPACTING THE NATURAL POLE

Key to any 12 Step program is the two fold idea of "powerlessness" and a "Higher Power." These two themes are interrelated, are central to recovery from addiction, and are indicators of the spiritual nature of addictive diseases. To admit that we are powerless over someone or something is to acknowledge that we have come up against a boundary or limit in our lives. The first step of 12 Step programs is to *admit* powerlessness. This is often remarkably difficult for modern people to do. This difficulty can be attributed to our Cartesian world view. There has been so much that we have discovered our power over such as electricity, natural threats, physical disease and discomfort etc. It becomes difficult for us to then admit that there are simply some things over which we are powerless.

Powerlessness is what we feel when we acknowledge that we are at a boundary in our lives. What lies "beyond" any boundary is the mystery of reality and of life. This is a call to awaken our spirituality: our ability to re-symbolize what things mean to us even though we can't *change* those things. An alcoholic cannot change the fact that he or she can never drink normally. They are powerless over this. No technology, no treatment will ever change this fact. However, it is also a fact that many alcoholics do recover and live many, many years and decades in sobriety. They do this by changing what things *mean*. They do this through acknowledging a Higher Power; what we call the mystery that lies beyond our boundaries. It is through an acknowledgement of this mystery that we are "freed" to re-symbolize, to re-interpret, to give new and different meanings to our lives. When we do this we also behave differently. Addiction is never primarily to a substance. It begins with addiction to meanings, to an inability to perceive new and different meanings. It is only later in the addictive process that substance abuse develops in all its physical ramifications.

A good example of this is seen in cocaine abuse. Let us take the example of a young man just beginning in the job market. He carries with him the Cartesian world view and all that entails. He defines human success and value primarily in materialistic terms. He wants to be the stereotypical "yuppie." This world view also causes him to be functionalistic, that is, he works very long hard hours in his quest for material success. His leisure time is also in service of his career as are his interpersonal relationships. He looks down upon the plumber or other blue collar worker. He judges the value of people by the clothes they wear, the cars they drive, the restaurants they inhabit. He is, as described in Tom Wolfe's *Bonfire of the Vanities* a "master of the universe." But deep, deep down within him something is wrong. The Cartesian world view commits violence against the basic, primal integrity of the human. He is lacking in metaxic balance between the four poles of the field. He is unaware of the primal importance of the mystery for his life.

Then he tries cocaine. First of all, the coke makes him feel really, really *good*. Better than he's ever felt. Better than when he bought his BMW. Coke now *means* "feel great." Secondly, the coke is very, very expensive. When he buys coke, especially in any quantity it *means* that he is a rich success. Thirdly, when he turns other people on to the coke he achieves status and attention. The coke *means* friends, women and interpersonal status. Coke becomes a meaningful social and subjective symbol. The man now becomes addicted to these meanings of good feelings, success and popularity. Now in real life we do not always feel good, we often fail and not everyone likes us. These are very real boundaries and limits in our lives. The coke dissolves those boundaries for the man. The coke functions as a *pseudo-spirituality*.

Coke does *not* mean "waste of money," "loss of health," "escape from life's problems," "being used by people." The man is in denial of these realities. So he does more and more coke. Perhaps he destroys his finances, loses his job. If lucky he finally ends up in rehab or at a 12 Step meeting.

This person did not start out addicted to coke. He started out searching for the "good" things in life, but he could not accept the real life boundaries of pain and conflict. He could not accept the essential insecurity of living surrounded by a primal mystery. He could not accept being powerless over these painful aspects of life. He first became addicted to the meanings that led him to believe that he could control such things--when in fact we can't. This is spiritual disease, an addiction to sick--dare we say *insane*--symbols of value. Symbols that reduce the whole human to a materialistic functionary. His recovery from addiction entails re-symbolizing all of reality--all four poles of the field--and admitting that he is powerless over much of life's difficulties. It entails an admission that there is a Higher Power: something he cannot control, comprehend or change; something that always appears to us as a great and profound mystery, our understanding of which can never be more than a symbolic interpretation.