Introduction to Special Topic Section: Toward a Transpersonal Medicine

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Introduction to Special Topic Section: Toward a Transpersonal Medicine

Transpersonal psychology arose from recognizing the limitations of humanistic psychology, which had in turn developed in response to human needs left unaddressed by previous psychoanalytic and behavioral models. Similarly, people have turned to complementary and alternative medicine (CAM) for wellness needs left unaddressed by conventional medical care. Transpersonal medicine moves beyond the limitations found in both conventional Western medicine and many CAM alternatives to catalyze a complete and total reformulation of medicine into a system designed to achieve whole person wellness at all levels, including body, mind, and spirit. It seeks to integrate the knowledge gained through exceptional human experiences of healing into the everyday practice of medicine and to make extraordinary healings ordinary.

Just as transpersonal psychology includes and expands upon conventional psychology to encompass spiritual and transformative processes, so too does transpersonal medicine include and expand upon conventional medicine to bring these further dimensions of human experience into the healing endeavor. The human body contains powerful, innate healing capabilities. From a transpersonal perspective, the question becomes one of how best to activate and support them.

Western medicine began as a mind-body medicine. In ancient Greece, Hippocrates wrote that the physician should treat the person, not the disease. With the advent of modern pharmaceuticals and market-driven care, however, the focus of medicine has shifted to a materialist model in which only the disease matters. This has led to gross distortions in care, and too many ineffective and expensive treatments producing unnecessary suffering. Using the most conservative figures, medical care provided by physicians is the third leading cause of death in the United States (Starfield, 2000), a far cry from Hippocrates’s dictum, primus, non nocere, first, do no harm.

Changing to a new medical paradigm will not be easy. Western societies hold entrenched beliefs about what medicine is and is not. There are powerful economic forces dependent on maintaining the status quo. Thomas Kuhn (1962), in his book *The Structure of Scientific Revolutions*, described three stages by which a scientific paradigm is replaced. The first stage is to recognize an anomaly. Medicine has had scientific proof of the mind’s connection with disease and healing at least since Beecher’s landmark work with placebos in 1955. That psychological states strongly predict disease progression and that many people recover from even life-threatening diseases using no conventional treatments is well documented. These are anomalies within the current medical model. The second stage involves a gradual recognition by the greater community that there may be a discrepancy. One can see this with the medical community actively exploring integrative approaches to care based on consumer demand. People are voting with their wallets to receive more satisfying, less expensive, and sometimes more effective treatments outside the dominant model of care. The third stage is change to the new paradigm, still with areas of resistance. This has not happened yet, although there does appear to be momentum in this direction, especially from the weight of evidence incongruent with current medical models, and from people realizing that the current system only addresses part of their wellness needs.
A consciousness-based medicine would naturally follow from the best available evidence. Psychologist and philosopher William James espoused a pragmatic idealism (1909), which states that consciousness precedes, gives rise to, and permeates all physical forms. The founder of quantum physics, Max Planck, said, “I regard consciousness as fundamental. I regard matter as a derivative of consciousness” (Sullivan, 1931, n.p.). Most religions, too, describe the world of things as arising from the world of soul or spirit. Converging evidence from philosophy, physics, religions, and wisdom teachings can be seen to suggest that consciousness is primary and physical forms secondary. So one type of transpersonal medicine might be called consciousness-based medicine.

Conventional Western medicine employs a bottom-up philosophy in its approach to treatment, emphasizing physical treatments in a physical model of illness. It carries an underlying assumption of disease as enemy, and does battle using drugs and surgery as its primary weapons. Its treatments aim almost exclusively at the biochemical level, that is, the biological, chemical, and electrical interactions within the body. Medical authority inheres to the physician, who is the outside expert employing a heroic healer mode of treatment.

Consciousness-based medicine could employ a top-down philosophy in its approach to treatment, emphasizing psychospiritual treatments to engage all dimensions of human experience in the healing process. It views disease as an unfolding process within the patient’s life. Disease is assumed to carry meaning for the person and for the community that, when understood, increases the capacity for expression of an innate drive toward health and wholeness. Interventions aim to identify life-supporting processes unique to the individual. Healing authority inheres to the patient, with the physician or other professional employing the companion mode of an experienced guide.

Transpersonal medicine might reintroduce the patient’s voice into treatment protocols. If disease is an outward manifestation of an inner process, it becomes incumbent upon the patient to access the healing wisdom within, finding the voice of the inner physician. The current state of integrative medicine is to use conventional treatments for the disease along with adjunctive care such as support groups or massage to reduce the negative side effects of the primary treatment itself, such as using acupuncture to reduce chemotherapy-induced nausea. Transpersonal medicine would instead make use of all available treatment modalities, beginning with the least risky and most broadly helpful psychospiritual interventions.

Other implications of transpersonal medicine include necessary additions to research methodologies. French philosopher Maurice Merleau-Ponty (1983) used research conducted in the medical, biological, and behavioral sciences to point out the fallacious theoretical assumptions underlying conventional scientific methods when applied to human physiological or psychological functions. These errors can only be corrected, he wrote, by seeking to understand individual processes of meaning making. The meaning making process has been identified as the key element necessary to produce the placebo response (Moerman & Jonas, 2002), which is defined as healing in the absence of a conventional medical treatment. Transpersonal research methodologies could substantially increase the range of topics able to be rigorously explored, leading increased understanding of how to treat diseases and perhaps even to an expanded understanding of the cause of disease.

Kelly A. Turner gives a solid example of what transpersonal medicine could look like, both in research design and clinical application, in her article Spontaneous Radical Remission of Cancer: Transpersonal Results from a Grounded Theory Study. She traveled around the world interviewing patients who recovered from terminal cancer using non-conventional treatments, and the healers they worked with. Her original research report describes the transpersonal beliefs and practices contributing to these powerful healings.

In Results of a Transpersonal, Narrative, and Phenomenological Psychotherapy for Psychosis, Lewis Mehl-Madrona, Erik Jul, and Barbara Mainguy describe the impressive healing results of a study in which they treated as real the subjective experiences of people suffering from psychoses.

James L. Oschman and the late Maurie D. Pressman provide a richly researched model for mind-body interactions. Their article, An Anatomical, Biochemical, Biophysical and Quantum Basis for the Unconscious Mind, details some of the evidence for nonlocalized information processing in the body.

Energy healing and healing at a distance are common themes when considering transpersonal medicine. Former president of the Institute of Noetic Science (IONS) Marilyn Schlitz, in her article Transpersonal Healing: Assessing the Evidence from...
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Laboratory and Clinical Trials, gathers the empirical evidence and comes to some perhaps surprising conclusions.

With transpersonal medicine’s view of healing as transformative process, knowing where people are in that process can help identify the type of intervention most likely to support growth and change. In The Seasons of Wellbeing as an Evolutionary Map for Transpersonal Medicine, Donald Epstein, Simon Senzon, and Dan Lemberger describe the stages of change they have observed through decades of experience helping people navigate the transformative process using transpersonal healing techniques.

Marie Grace Brook and Randy Fauver take on one of the most compelling mysteries in conventional medicine: How does the placebo response work? Their article, A Possible Mechanism of Action for the Placebo Response: Human Biofield Activation via Therapeutic Ritual, describes a novel solution with significant transpersonal implications.

In his article, A Brief History of Mind-Body Medicine, Elliott Dacher takes an integral approach to exploring the progression of medical care from its soul-oriented roots in ancient Greece to its modern mechanistic incarnation, through to its possible future evolution.

The final article in this transpersonal medicine series is published posthumously. In his far too brief life Daniel Rhoda contributed much to making Ayurvedic principles understandable and palatable to the general public, including co-authoring an award-winning Ayurvedic cookbook, Eat-Taste-Heal. In his article here, Ayurvedic Psychology: Ancient Wisdom Meets Modern Science, he turned his attention to existing research applying Ayurvedic practices to psychological problems, and considers how transpersonal approaches might improve the quality of the research. The journal’s editors are honored to have known and worked with Daniel. He is missed.

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References


About the Author

Randy Fauver, PhD, is a professor and researcher in the fields of psychology, consciousness studies, and integrative medicine. He holds a BS from Bastyr University in Health Psychology and Spirituality, a PhD from the Institute of Transpersonal Psychology in Psychology, and a certification in Mind Body Medicine from Harvard University and has taken integrative medicine courses at Stanford University. He spent several years living in Native American communities in Colorado training under their spiritual leaders; is a Research Fellow with the BIAL Foundation; and has taught Narrative Medicine, done NIH-funded research, and developed an Integral Health program at Stanford University’s School of Medicine.

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