International Journal of Transpersonal Studies

Volume 33 | Issue 1 Article 13

1-1-2014

A Brief History of Mind-Body Medicine

Elliot S. Dacher
Private Practice

Recommended Citation

Dacher, E. S. (2014). Dacher, E. S. (2014). A brief history of mind-body medicine. International Journal of Transpersonal Studies, 33(1), 148–157. *International Journal of Transpersonal Studies, 33* (1).
http://dx.doi.org/10.24972/ijts.2014.33.1.148

A Brief History of Mind-Body Medicine

Elliot S. Dacher
Private Practice
Aquinnah, Massachusetts, USA

From its earliest sources the medical tradition has recognized the causal role of the interface of mind and body in health and disease. Cultural and historical circumstances have determined the degree to which each of these two key factors are emphasized. In modern times we are emerging from an exclusive materialistic emphasis on biology to a renewed acceptance and understanding of the role of the mind and consciousness in health and disease. This re-balancing of the two great forces of healing can be traced to a progressive expansion of knowledge in the fields of stress, past-traumatic stress, biofeedback, cognitive and behavior psychology, psychoneuroimmunology, neuroscience, and personal and transpersonal consciousness. The Integral perspective is a useful integrative model that expresses the inter-dependence of consciousness and biology in health and disease, allowing the practitioner to integrate the expanding set of methodologies that enable an increasingly subtle clinical approach to the critical interface of mind and body in health and disease. This paper is a review of the ongoing development of an increasingly sophisticated and subtle mind/body knowledge that offers the modern practitioner a more expansive approach to the alleviation of disease and realization of human flourishing.

Keywords: ***mind/body, consciousness, neuroscience, stress, mindfulness, psychoneuroimmunolgy, human flourishing, integral health, consciousness health and disease, psychology and consciousness, Shamata Project, Aurobindo, Wilber***

The Caduceus, the Western symbol of health and healing, has its origins in ancient Greece. This well known medical symbol depicts two snakes curled around the staff of the Greek god Hermes. Each snake represents one of the two essential aspects of medicine. The outer aspect is our biology. The inner aspect is consciousness: mental and spiritual life.

The Medicine Buddha is an Eastern symbol of health and healing. The wise figure of the Buddha is in a sitting position holding a branch of the *Arura* plant in his right hand, which symbolizes all external therapeutic approaches to healing. In his left hand, he holds a bowl containing the elixir of wisdom, the inner force of healing.

These ancient symbols, arising from the human psyche across time and diverse cultures, are identical in meaning. They offer a universal wisdom gained by the great healers and sages of the past. It is said that a harmonious and balanced interplay of body, mind, and spirit, the inner and outer aspects of life, is the basis of a far-reaching well-being.

There are times when the inner and outer aspects of health and healing join together in balance and union. At other times, one becomes dominant while the other recedes into the shadows. When they are symmetrically developed and seamlessly interwoven a comprehensive and integral approach to health and healing occurs. To the contrary, when one aspect of existence, inner or outer, dominates one's understanding and methodologies one has have a partial and limited capacity for well-being. That is the dilemma of modern times.

An exclusive emphasis on the biological aspect of healing has provided the West with advanced diagnostic and therapeutic approaches, safe surgery, risk-reduction strategies, an extended lifespan, and a better life. For this one can be grateful. However, disregard of the important role of mind and spirit, the inner aspect of healing, has left Western society with an entirely new set of ailments. These can be characterized as the epidemics of modern times. Chronic stress and post-traumatic stress, anxiety, mood disorders, premature disease, addiction of all sorts, attention deficit disorders, fatigue syndromes, and subtle malaise are sourced less by biological factors than by the absence of a healthy mental and spiritual life. Modern medicine has extended the length of life, but not its quality.

The Mind Body Interface

Over the past century the scientific basis for the mind/body interface has been progressively explored and documented, a reality well know to pre-scientific healers and long ago acknowledged by common sense. Ongoing interest and research has led to an increasingly subtle understanding of its dynamics. The evolution of this understanding spans the fields of anatomy, physiology, microbiology, neuroscience, and consciousness—personal and transpersonal. As a result, a multi-dimensional knowledge of the subtleties of the mind/body interface has been assembled, and with this knowledge comes the possibility of increasingly subtle levels of mind/body self-regulation, a capacity previously reserved for mystic adepts. Following is an overview of the evolution of a Western understanding of the mind/body interface.

In 1956 Hans Selye published his seminal work, *The Stress of Life*. His research was a bridge between the fields of psychology, physiology, and pathology. He observed that when the body is under psychological stress it responds with a series of predictable biological and physiological changes. He identified a variety of somatic changes including swelling of the adrenal cortex, atrophy of the thymus, and gastric and duodenal ulcers.

Selye went further. He theorized what he called the *General Adaptation Syndrome*, an overarching theory of the long-term impact of stress on biology. It was, he stated, as if we were given a certain amount of adaptive energy at birth, like a one time deposit in a bank account. We could draw upon this energy reserve when confronted with life threatening events. At such times this natural protective stress response was appropriately activated to guide the body through acute stress. Selye noted that this on and off activation of the stress response was a natural survival mechanism. In contrast, the continuous activation of the stress response caused by the ongoing mental stress of modern life, is quite the opposite. It is destructive to our biology rather than protective. According to Selye (1978), the chronic activation of the stress response leads to an exhaustion of our coping mechanisms and premature and ongoing damage to our biology.

Moving forward a couple of decades brings one to the research of Robert Ader at the University of Rochester and Candace Pert at Georgetown University. Ader (Ader & Cohen, 1975) extended the work of Selye by demonstrating the capacity of the mind to regulate immune function. Pert (1999) identified mobile chemicals called neuropeptides, which are manufactured and secreted in response to mental stressors by many cells in the body. These neuropeptides, the agents of immunoregulation, circulate throughout the body orchestrating a complex and far-reaching physiological and morphological response to stress. This response involves organs, tissues, the endocrine, and even the immune system as investigated by Ader. This research enhanced an understanding of the biological mechanisms that translate mental stress into physical dysfunction. This new field of research was called *psychoneuroimmunology* (PNI.)

The research of Richard Davidson (Davidson & Lutz, 2008; Lutz, Dunne, & Davidson, 2006) at the University of Wisconsin extended this knowledge base by exploring the role of the mind in enhancing well-being. They posited the question, If stress and mental suffering could lead to physical abnormalities, could the opposite, a state of mental health, be reflected in the body as well? Their initial work focused on identifying areas in the brain that appeared to be related to happiness and well-being. They identified the pre-frontal cortex as the specific area that becomes activated in states of well-being, as measured through complex EEG recordings and functional MRI testing. Working with long-term meditators, they were able to demonstrate through his research that inner development, achieved through mental training—resulting in the development of higher and more expansive states of consciousness—is translated into levels of well-being that can be measured subjectively, as well as in measurable changes in activation of the centers of well-being in the left frontal pre-cortex.

This work was further expanded through the research of Sara Lazar. Lazar's group found structural differences between the brains of experienced mediation practitioners and individuals with no history of meditation (Lazar et al., 2005). They observed thickening of the cerebral cortex in areas associated with attention and emotional integration. MR images were taken of the brain structure of 16 study participants two weeks before and after they took part in an 8-week mindfulness-based meditation training program, as well as of a control group of non-meditators. The analysis of MR images found increased grey-matter density in the hippocampus, known to be important for learning and memory as well as in structures associated with self-awareness, compassion, and introspection. Participant-

reported reductions in stress also were correlated with decreased grey-matter density in the amygdala. None of these changes were seen in the control group. Brain tissue, once thought to lose its plasticity at an early age, is now known to undergo morphologic as well as physiologic changes which accompany the expansion of consciousness through meditative practices.

Note that the understanding of the mind-body interface has become increasingly subtle, beginning with discovery of the impact of mental stress on the body at a gross anatomical level. Further research led to an understanding of the physiological changes associated with stress. The emerging research in neuroscience is now suggesting that brain tissue can undergo physiologic and morphologic changes as well, far into adult life.

It is now evident that subtle mind/body regulation is dependent on the development of increasingly refined levels of consciousness. For example, biofeedback, one of the original self-regulation modalities, impacts physiology through the hard-wired autonomic nervous system. This is an example of a coarser form of the mind/body interface. In contrast, the discovery of the role of neuropeptides as a mobile body messenger system, the basis of the field of psychoneuroimmunolgy, demonstrated the subtler pathways of self-regulation modulated through a highly flexible biochemistry. The neuroscience research of Davidson, Lazar, and others demonstrates the role of consciousness in driving very subtle levels of self-regulation through intentional inner development.

Much as mental distress can cause physical dysfunction, it can now be postulated that a healthy and developed consciousness can be the basis of mental and physical well-being. The development of consciousness can serve as a basis for enhanced happiness, peace, and optimal well-being. All of the dots have not as yet been connected. However, if one adds a bit of common, sense, personal experience, and timeless wisdom to current research, there is a compelling case for the central role of, consciousness in health and disease.

The Response

The recognition of the deleterious effects of mental stress on mind and body has led to a series of efforts to counteract this stress and the accompanying biological dysfunctions. These efforts, as discussed below, range from coarse to subtle, and differ in methodology and outcomes. As a result of an increased understanding of the impact of consciousness on mental and biological well-being, efforts are now ongoing to harness consciousness-based training as an intervention to enhance mental and biologic function. This is a natural response to the evolution in understanding of mind/body interactions. A brief overview of current mind/body approaches will demonstrate the evolution of self-regulation methodologies.

Superficial Relaxation Techniques

The simplest yet least effective way to address mental stress utilizes methodologies that can be best classified as superficial relaxation techniques. These techniques provide temporary relief from mental distress. However, they do not provide psychological understanding, expand consciousness, or enhance mental hardiness. Examples of relaxation techniques include: yoga, biofeedback, massage, "energy" work, "taking a vacation," movement techniques, the use of drugs and alcohol, and so on. The defining characteristic of a relaxation technique is that it quiets and dulls the mind temporarily, as long as the technique is ongoing. Little to no insight or skill is gained.

Psychotherapy

In the late 19th century William James–physician, physiologist, and scientist–developed an interest in the emerging field of psychology and authored what were then definitive works in this field. His seminal work (James, 1890/2010) emphasized the study of the mind as a scientific process, one that was inextricably bound to issues of health and healing. Today, psychological therapy in its many forms serves as central methodology in the healing of emotional stress, behavioral dysfunction, and mood disorders. Its approach is based on cognitive understanding of the personal historical sources of dysfunctional beliefs and behavioral patters. By shining a light on these hidden childhood sources of mental afflictions individuals gain greater understanding and flexibility in breaking the yoke of dysfunctional perspectives and patterns. The diminishment of mental dysfunction, stress, and distress can be correlated with diminishment of related biologic dysfunction.

Mindfulness Training

Mindfulness meditation was introduced to Western psychology in the 1970s through the field of transpersonal psychology (e.g., Goleman, 1971, 1972; Deatherage, 1975) Mindfulness training was introduced in the 1980s as a form of meditation (e.g., Kabat-Zinn, 1982). It has received widespread attention and is currently in use in multiple settings. Mindfulness

training generally consists of a number of weekly sessions in which participants are taught to non-judgmentally observe sensory experiences, feelings, and thoughts. This effort allows an enhancement of present moment awareness, a dis-identification with afflictive thoughts and feelings, and a level of insight into the impermanent nature of mental phenomenon.

Much the like the practice of yoga, mindfulness training has been extracted from its larger context. In the context of its tradition Hatha yoga is one of eight branches of yoga, whose goal is freedom from the habituated, "unawakened," dysfunctional mind. Practiced merely as a stretch and relax technique, it becomes another temporary relaxation technique. The same can be said of mindfulness training. It is a foundational and entry level practice in the Buddhist tradition whose central aim is to quiet the overactive mind, allowing for the transition into the latter two stages of meditation: resting in the still mind, and abiding in the mind's natural essence.

The development of mental clarity and insight, which occurs only in the later stages of meditation, requires that the practitioner relinquish the technique of mindfulness at an appropriate moment. It is the ensuing non-cognitive mental clarity that eventually leads to knowledge that cuts the transpersonal sources of afflictive emotions, bringing these root sources of stress, distress, and mental suffering to a final end.

Mindfulness training that does not progress through the later levels of meditative practice becomes an advanced relaxation technique. Helpful and stress-reducing insights are gained. However, without the transpersonal insights and wisdom accessed at higher levels of consciousness it is not possible to address the root sources of mental stress and distress, which alone can bring these dysfunctions to a conclusion.

The Meditation Process

The meditative process, in its traditional and full scope, can readily be distinguished from the limited and temporary goals of relaxation techniques, the cognitive longitudinal insights of psychotherapy, and the mind-calming techniques of mindfulness training. Meditation is a profound and multifaceted approach to understanding the nature of mind, the human condition, and beyond to a transcendent and impersonal knowledge of self, life, and the unitary nature of existence. Its aim is no less than the permanent eradication of all forms of suffering and the promotion of the pinnacle of human potential, human flourishing.

Much as one may turn microscopes and telescopes outward to examine the outer material world, one can turn the full power of meditation inward to discover the intricacies of the intangible inner world. Study, reflection, and practice are the three elements of such an inner "self-education." The third and final step of practice is essential. Intellectual understanding is important, but it does not have power to transform lives, mentally or biologically, but the experiential insights attained in practice have the power to grasp deeper truths and permanently integrate them into lived experience.

There are three stages of meditation. The first is calming the overactive mental activity of the ordinary mind. This is the realm of mindfulness training. The second is resting in the underlying mental stillness which is characterized by spaciousness, clarity, and ease. The third stage is the effortless capacity to rest in the natural and simple essence of mind, unperturbed by mental activity or outer experiences. It is what one might call the authentic self.

The first two stages of meditation result in the development of a healthy human life, one that is characterized by present moment awareness, diminished or even absent reactivity and stress, a balanced emotional life, meaningful relationships, and a service orientation to work. A *healthy human life* is a major accomplishment for any individual.

The third stage of meditation goes beyond a healthy human life to a transcendent understanding of the non-dual nature of existence, and a full and permanent harmonization of body, mind, and spirit. This highest development of consciousness brings an end to all forms of suffering, simultaneously revealing the fully developed qualities of human flourishing—pervasive peace, enduring happiness, an all-knowing wisdom, authentic love and compassion, and boundless freedom.

From this brief overview of the three stages of meditation it becomes apparent that the goal of meditation goes far beyond that of relaxation techniques, psychotherapy, and mindfulness training. This is not to diminish the value of each of these approaches at appropriate stages of development. However, it is important to remain aware of their limitations. Only through a comprehensive understanding of the multiple layers of mind and consciousness can one break through the fundamental conditioning that leads to stress and suffering, mental and physical.

Ongoing Research

From the perspective of consciousness-based research it becomes possible to assert the hypothesis that the stress and distress of modern day life result from an undeveloped consciousness, and that the resulting mental disturbances play a pivotal role in the development and progression of mental illness and premature disease. It follows from this hypothesis that an expansion of consciousness should impact on these disorders in a positive direction.

The impact of consciousness-based studies on mental and physical well-being can be considered from two perspectives. The first looks at the correlation between mental stress and mental and physical well-being. This approach seeks to demonstrate that mental dysfunction accompanied by persistent psychological distress is a contributing factor to biological dysfunction. There is an extensive literature on this approach (Scherwitz et al., 1983; Rose, 1980; Schnall, Landsbergis, & Baker, 1994), and this research will not be reviewed here. The second perspective aims at directly measuring the subjective and objective results of consciousness-based interventions on measurable mental and biological factors.

The importance of this second category of research is its emphasis on the impact of specific interventions on mental and physical well-being, rather than a documentation of the correlative relationship between mental stress and disease. Further, intervention-based research allows the researcher to measure the impact of consciousness-based trainings on health as well as on disease.

The impact on mental and physical disturbances of *Mindfulness-Based Stress Reduction (MBSR)* programs, based on the work of Jon-Kabat Zinn (1982, 1990) has been investigated in multiple settings. The intervention is typically an 8-week program that focuses on mindfulness training, as described earlier in this paper. The research has examined the effect of this training on the subjective experience of pain, ability to relax, regulation of immune function, ability to cope with stress, medical symptoms, immune function, mood disturbances, anxiety, and depression, among other factors (Kabat Zinn, 1985; Kabat Zinn 1992; Davidson et al., 2003).

The results of these studies and others support the hypothesis that mindfulness-based training programs are effective in reducing subjective pain (Teixeira, 2008), enhancing coping skills (Chiesa & Serretti, 2009, 2010), decreasing anxiety, depression (McCarney, Schulz, & Grey, 2012), and negative emotions (Sedlmeier et al. 2012), assisting relaxation, increasing subjective well-being, and decreasing medical symptoms (Grossman, Niemann, Schmidt, & Walach, 2004). These short-term studies neither address the question of long-term impact, nor the potential that more intensive consciousness-based training may enhance the impact of these initiatives.

The *Shamatha Project* (e.g., MacLean et al., 2010) is the most comprehensive study of meditation to date. By extending the intensity and scope of meditation training, this clinical research project seeks to measure the psychological and physiological alterations achieved through the implementation of a consciousness-based training program that is more extensive in scope and intensity than basic mindfulness-based training as described above (MBSR).

MacLean et al.'s (2010) study randomly assigned 60 healthy people, with prior meditation experience, to an intensive three-month meditation retreat, or to a control group. The control participants at a later date participated in a three-month retreat as well. Laboratory assessments of all participants were obtained before, during, after the intervention, and at various follow-up points. Participants practiced on their own about six hours per day over the three-month period. Monitoring to assess participants' skills and behavior consisted of measuring efficacy at cognitive and perceptual tasks, responses to emotional provocation, subjective questionnaires, and physiological and biochemical testing.

The emphasis on shamatha (Buddhist practices designed to improve sustained attention; MacLean et al., 2010) and compassion-based training differs from the mindfulness methodology. Shamatha is often translated as calm-abiding. In its traditional form, this training ascends through nine levels of development. It begins with mindfulness training, which is directed at calming the coarse overactivity of the mind and cultivating one-pointed attention. However, shamatha training progressively abandons the emphasis on mindfulness to focus on developing the capacity to rest in a still mental state free of cognitive distraction. The attainment of this higher state of consciousness is *obstructed* by the further use of mindfulness techniques.

This second stage of meditation allows for the development and stability of an unconditioned state of mental clarity, which is the source of phenomenologic insights that are thought to perceive with great accuracy the true nature of the mind and human experience. It

is this transpersonal capacity that enables individuals to permanently overcome the mental and physical disturbances caused by mental afflictions, which result from an incorrect understanding of self and life.

As an adjunct to formal sitting meditation practice, compassion-based training utilizes specific methodologies that open the heart to an unconditional and broad-based experience of inter-connectedness with others and existence. The emphasis is on the development of "otherness" as a substitute for excess "I-ness." Inter-connectedness, in contrast to social isolation, is hypothesized to reduce mental distress. This hypothesis is supported by long-term cross-cultural and bereavement studies that correlate social isolation with enhanced morbidity and decreased life span (House, Landis, & Umberson, 1988; Berkman & Glass, 2000). The combination of intensive insight and compassion-based interventions of the *Shamatha Project* (MacLean et al., 2010) provide the most extensive methodology applied to investigation of the relationship between higher levels of consciousness, health, and disease.

Early results of this intervention show that intensive contemplative training sharpens and sustains attention, enhances well-being, leads to less judgmental and more empathic responsiveness to the suffering of others, and impacts on important physiological markers of health (MacLean et al., 2010). The assessment of biomarkers has not been fully reported, as these measurements are currently in an analysis and publication cycle

However, it is of interest, although speculative, to comment on one intriguing finding regarding the human enzyme telomerase. This enzyme protects genetic material during cell division and enhances cellular viability, potentially extending cellular longevity. Mental stress is known to reduce levels of telomerase (Epel et al., 2004). Blood samples obtained at the conclusion of the three month retreat revealed that telomerase activity was significantly greater in retreat participants (vs. controls; MacLean et al., 2010) and that telomerase activity was related to meditation-induced changes in well-being (Jacobs et al., 2011).

This research provides early indications that an expansion of consciousness through consciousness-based studies and practices may have a significant and direct impact on mental and physical disorders. It would also appear, as expected, that there is a relationship between the intensity and scope of consciousness-based studies and the level of impact on mental and physical health and disease.

Integral Theory

As a result of the modern-day emphasis on biological sources of health and disease, this encouraging research is still in its infancy. Modern day materialism devalues the role of consciousness in matters of health and disease. This dominant cultural and personal perspective is manifested in medical training, insurance reimbursement, institutional programming, research initiatives, and the allocation of personal resources. Further advances in consciousness-based research and clinical interventions would be accelerated if supported by a more holistic perspective. Integral theory is a philosophical approach that can potentially serve as a foundation for a more balanced and comprehensive approach to well-being.

Sri Aurobindo, an Indian philosopher, extensively developed integral theory in the last century (Aurobindo, 1990) Ken Wilber (2000b, 2006), an American philosopher, further developed this work in the latter part of the last century. Both these efforts attempt to build an all-encompassing and fully integrated theory of human existence.

There are considerable differences in integral theory as posited by Aurobindo and Wilber. Aurobindo's (1990) research was predominantly phenomenological. His theoretical work derived from the direct personal investigation of his mind and spirit. His studies and practice convinced him that consciousness was the predominant force in human life. He postulated that a natural harmony, balance, and wisdom, innate to higher levels consciousness, permeated all aspects of the human experience—body, mind, and spirit. Thus, a fully developed consciousness expressed itself in a natural and effortless harmony in biology, relationships, and culture. Aurobindo's vision held that optimal well-being was a direct and invariable result of the progressive development of personal and transpersonal consciousness.

In contrast, Wilber's (2000a, 2000b, 2006) intent, drawing extensively upon the work of varied disciplines, has been to develop and model a "theory of everything." His work is intellectually based rather than phenomenologically based. Wilber's approach to integral theory posits that health and healing are constituted by the interactivity of four fundamental

aspects of the human experience: consciousness, biology, inter-personal, and social. Health, disease, and healing are impacted by the progressive and integrated development of each of these aspects of human experience. It has been difficult to translate this theoretical model into an effective clinical approach to health and healing that takes account of individual capacities, perspectives, age differences, and the dilemma of a materialistic culture that defaults towards the more tangible aspects of this model. Efforts to operationalize this model encourage participants to simultaneously engage in developmental activities related to each of these four aspects of life. Consciousness is neither seen as the driver of integral health, nor recognized as the basis of human flourishing.

However, there may be a middle way (Dacher, 2006, 2011) that navigates through the approaches of Aurobindo and Wilber, and simultaneously retains the essence of integral theory. First, there is the understanding that the development of consciousness is essential to optimal health. A harmonious and balanced mind and spirit lead to a harmonious and balanced biology and life experience. When, at the highest levels of consciousness, one experiences the "truth" of how life actually is, all actions in every aspect of life are naturally and effortlessly aligned with well-being—body, mind, and spirit. What one eats, how one acts in relationship, and the character of interaction with culture and environment flow from the non-cognitive and non-dual wisdom of higher consciousness. Inner experience and outer behaviors are a unitary and harmonious movement.

However, it is also important to recognize that until an individual develops and sustains higher levels of consciousness, he or she must be careful and intentional about attending to their current condition, as it is. We emphasize the development of higher consciousness in recognition of its essential role in health, healing, and human flourishing while simultaneously applying oneself to working on the four aspects of the integral model as defined by Wilber. Both approaches become relevant—focusing on the pinnacle of well-being which is progressively achieved through the expansion of consciousness and the intentional and integrated well-being associated achieved through attending to these four aspects of human life. It is necessary to work from both directions at the same time.

Integral theory can serve as the philosophical basis of the shift from an exclusively materialistic approach to health and disease to a more balanced and nuanced approach that honors both materialism and consciousness. This will allow for a more rational application of research and resources that will advance the capacity to address mental and physical ailments of humankind, while simultaneously enabling the individual to orient his or her life towards the possibility of human flourishing.

Human Flourishing

The result of driving integral health towards its fruition through the focused development of consciousness has two outcomes. These correspond to the two approaches to integral development posited by Aurobindo and Wilber. The first is a *healthy human life*. A healthy human life is considered to be a state-of-being rather than a state-of-biology. It is characterized by relative freedom from emotional stress and distress, and the attainment of insight, compassion, and skillfulness in daily living.

The second, a fully developed optimal health transcends the boundaries of day-to-day health and life. This ultimate state of optimal well-being, natural and effortless, pervades all aspects of life (body, mind, and spirit,) and sustains itself through all the adversities of life, including ageing, disease, and death. It is characterized by the progressive development of the qualities of human flourishing which are fully attained through the development of consciousness, culminating in the full realization of human potential. Human flourishing is characterized by a pervasive and continuous inner peace, authentic happiness that is immune to adversity, selfless compassion and love, a penetrating wisdom that understands the nature of life and living, and a boundless freedom from the known.

This final state of optimal health and human flourishing has been described throughout history and across diverse cultures. In the West, Plato called this "the True, the Good, and the Beautiful," best exemplified in the *Parable of the Cave* in Plato's *Republic.* Aristotle called it *Eudaimonia*. The Christian tradition speaks of *Divine life*. The Buddhist tradition calls this *Wisdom and Compassion. Satchitananda*—meaning awareness, knowledge, bliss—is the term used in the Hindu tradition. In the oriental world it is called the Tao. In modern times it can be referred to as *Human Flourishing*.

Irrespective of its designation, the aim of the development of consciousness through its personal and

transpersonal realms and the goal of health is precisely the same—to awaken into the full potential and well-being of body, mind, and spirit. The attainment of higher levels of consciousness is the pinnacle of health as a state-of-being. Aurobindo referred to this as *the perfection of health*.

Summary

The basis of human life is the vital functioning of both mind and body. These two aspects of the living experience are also the basis of human health and disease. Traditional approaches to health and healing have addressed the role of each of these factors. However, in modern times the inner aspects of mind and spirit have been neglected in favor of a materialistic bias.

In the past century Western culture has begun the process of re-balancing its materialistic perspective and related methodologies by re-examining the ever-present mind/body interface, as outlined in this paper. Similarly, self-regulation and self-realization interventions of various levels of intensity and subtlety have been explored to assess their impact on the development of disease, the promotion of health, and the progressive attainment of human flourishing. Ongoing research, utilizing consciousness-based methodologies, seeks to evaluate the measurable results of these interventions on the subjective and objective aspects of well-being. Central to these efforts is the adoption of a broader perspective that embraces both the inner and outer aspects of a healthy human life. An integral perspective may address the need for such a holistic theory.

This paper began by describing two traditional symbols of medicine—the Caduceus and the Medicine Buddha, symbols that convey ancient wisdom, which affirm the importance of both the inner and outer forces of health and healing. An integral perspective, which emphasizes the importance of personal and transpersonal consciousness, is an effort to re-balance these two great forces of healing. By expanding vision and approaches to the important concerns of health and disease, it becomes possible once again to utilize the entire range of human capacities in the service of a larger health and life.

References

Ader, R., & Cohen, N. (1975). Behaviorally conditioned immunosuppression. *Psychosomatic Medicine*, *37*(4), 333-340. doi:10.1097/00006842-197507000-00007

Aurobindo, G. (1990). *Life divine*. Twin Lakes, WI: Lotus Press.

Berkman, L. F., & Glass, T. (2000). Social integration, social networks, social support, and health. In L. F. Berkman & I. Kawachi (Eds.), *Social Epidemiology*. New York, NY: Oxford.

Chiesa, A., & Serretti, A. (2009). Mindfulness-based stress reduction for stress management in healthy people: A review and meta-analysis. *Journal of Alternative and Complementary Medicine*, *15*, 593-600. doi:10.1089/acm.2008.0495

Chiesa, A., & Serreti, A. (2010). A systematic review of neurobiological and clinical features of mindfulness meditation. *Psychological Medicine*, *40*, 1239-1252. doi:10.1017/S0033291709991747

Dacher, E. (2006). *Integral Health*. Laguna Beach, CA: Basic Health.

Dacher, E. (2011). *Aware, awake, alive: A Contemporary Guide to the Ancient Science of Integral Health and Human Flourishing*. St. Paul, MN: Paragon House.

Davidson, R., Kabat-Zinn, J., Schumacher, J., Rosenkranz, M., Muller, D., Santorelli, S., … Sheridan, J. F. (2003). Affect, health and meditation: Perspectives from affective alterations in brain and immune function produced by mindfulness meditation. *Psychosomatic Medicine*, *65*(4), 564-570. doi:10.1097/01.PSY.0000077505.67574.E3

Davidson, R., & Lutz, A. (2008). *Buddha's brain: Neuroplasticity and meditation*. *IEEE Signal Processing Magazine, 25*(1), 176-174. doi:10.1109/MSP.2008.4431873

Deatherage, G. (1975). The clinical use of "mindfulness" meditation techniques in short-term psychotherapy. *Journal of Transpersonal Psycholog, 7*(2), 133-143.

Epel, E. S., Blackburn, E. H., Lin, J., Dhabhar, F. S., Adler, N. E., Morrow, J. D., & Cawthon, R. M. (2004). Accelerated telomere shortening in response to life stress. *Proceedings of the National Academy of Science*, *101*, 17312-17315. doi:10.1073/pnas.0407162101

Goleman, D. (1971). Meditation as meta-therapy: Hypotheses toward a proposed fifth state of conscious-ness. *Journal of Transpersonal Psychology*, *3*(1), 1-25.

Goleman, D. (1972). The Buddha on meditation and states of consciousness. Part II: A typology of meditation techniques. *Journal of Transpersonal Psychology*, *4*(2), 151-210.

Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits. A meta-analysis. *Journal of Psychosomatic Research*, *57*, 35-43. doi:10.1016/S002 2-3999(03)00573-7

House, J. S., Landis, K. R., & Umberson, D. (1988). Social relationships and health. *Science*, *241*(4865), 540-545. doi:10.1126/science.3399889

Jacobs, T. L., Epel, E. S., Lin, J., Blackburn, E. H., Wolkowitz, O. M., Bridwell, D. A., … Saron, C. D. (2011). Intensive meditation training, immune cell telomerase activity, and psychological mediators, *Psychoneuroendocrinology*, *36*(5), 664-81. doi:10.1016/j.psyneuen.2010.09.010

James, W. (2010). *The principles of psychology* (2 Vols.). Lawrence, KS: Digireads. (Original work published 1890)

Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation. *General Hospital Psychiatry*, *4*(1), 33-47. doi:10.1016/0163-8343(82)90026-3

Kabat-Zinn, J. (1985). The clinical use of mindfulness meditation for the self-regulation of chronic pain. *Journal of Behavioral Medicine, 8*(2)*,* 163-90. doi:10.1007/BF00845519

Kabat-Zinn, J. (1990). *Full catastrophe living*. Kiel, WI: Delta.

Kabat-Zinn, J. (1992). Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. *American Journal of Psychiatry, 149*(7), 936-943. doi:10.1176/ajp.149.7.936

Lazar, S. W., Kerr, C., Wasserman, R. H., Gray, J. R., Greve, D., Treadway, M. T., . . . Fischl, B. (2005). Meditation experience is associated with increased cortical thickness. *NeuroReport*, *16*(7), 1893-1897. doi:10.1097/01.wnr.0000186598.66243.19

Lutz, A., Dunne, J. P., & Davidson, R. J. (2006). Meditation and the neuroscience of consciousness: An introduction. In P. D. Zelazo, & E. Thompson (Eds.). *The Cambridge handbook of consciousness*. Cambridge, UK: Cambridge University Press.

MacLean, K. A., Ferrer, E., Aichele, S. R., Bridwell, D. A., Zanesco, A. P., Jacobs, T. L., . . . Saron, C. D. (2010). Intensive meditation training improves perceptual discrimination and sustained attention. *Psychological Science*, *21*(6), 829-839. doi:10.1177/0956797610371339

McCarney, R. W., Schulz, J., & Grey, A. R. (2012). Effectiveness of mindfulness-based therapies in reducing symptoms of depression: A meta-analysis. *European Journal of Psychotherapy and Counselling*, *14*(3), 279-299. doi:10.1080/13642537.2012.713186

Pert, C. (1999). *Molecules of emotion: The science behind mind-body medicine.* New York, NY: Scribner.

Rose, R. (1980). Endocrine responses to stressful psychological events. *Psychiatric Clinics of North America*, *3*(2), 251-276.

Scherwitz, L., McKelvain, R., Laman, C., Patterson, J., Dutton, L., Yusim, S., . . . Leachman, R. (1983, March). Type A behavior, self-involvement, and coronary atherosclerosis. *Psychosomatic Medicine*, *45*(1), 47-57.

Schnall, P., Landsbergis, A., & Baker, D. (1994, May). Job strain and cardiovascular disease. *Annual Review of Public Health, 15*, 381-411.

Sedlmeier, P., Eberth, J., Schwarz, M., Zimmermann, D., Haarig, F., Jaeger, S., Kunze, S. (2012). The psychological effects of meditation: A meta-analysis. *Psychological Bulletin*, *138*(6), 1139-1171. doi:10.1037/a0028168

Selye, H. (1978). *The stress of life.* Columbus, OH: McGraw Hill.

Teixeira, M. E. (2008). Meditation as an intervention for chronic pain: An integrative review. *Holistic Nursing Practice*, *22*(4), 225-234. doi:10.1097/01.HNP.0000326006.65310.a7

Wilber, K. (2000a). *A theory of everything*. Boston, MA: Shambhala.

Wilber, K. (2000b). *Integral psychology: Consciousness, spirit, psychology, therapy*. Boston, MA: Shambhala.

Wilber, K. (2006). *Integral spirituality: A startling new role for religion in the modern and postmodern world*. Boston, MA: Shambhala.

About the Author

Elliot Dacher, MD, received his medical degree at the State University of New York at Buffalo. His post-graduate training was completed on the Harvard Medical Service at the Peter Bent Brigham Hospital in Boston. He is board certified in Internal Medicine. Dr. Dacher served as a practicing internist, physician/administrator, and director of wellness and health promotion services for the mid-Atlantic Kaiser Permanente Health Care Program. In 1984 he established a private medical

practice in Virginia, exploring and integrating innovative approaches, such as meditation, imagery, yoga, biofeedback, and alternative therapies, into his day-to-day work with patients. In 1996 he left medical practice to begin an in-depth study of mind/body medicine, integral health, and human flourishing, which he pursued amongst the wisdom traditions of Asia. He is a past fellow at the Institute of Noetic Sciences and a past advisory board member of the Journal of Alternative and Complementary Medicine. His books include: *Aware, Awake, Alive: A Contemporary Guide to the Science of Integral Health and Human Flourishing*, *Integral Health*, *Whole Healing*, and *Intentional Healing*.

About the Journal

The *International Journal of Transpersonal Studies* is a peer-reviewed academic journal in print since 1981. It is sponsored by the California Institute of Integral Studies, published by Floraglades Foundation, and serves as the official publication of the International Transpersonal Association. The journal is available online at www.transpersonalstudies.org, and in print through www.lulu.com (search for IJTS).