

NEW DIMENSIONS OF HEALTH OR HEALTH FOR A NEW EPOCH

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Introduction

I would like to thank the President, NAST for honoring me with your invitation to discuss some of the new dimensions in the field of health. I consider it an honor, but I also consider it a challenge, because in many ways the problem of understanding the difficult complexities of the health field is such that I hardly know how to begin.

My journey to your country has made me acutely aware of how little we Americans know about the issues here in the Philippines, and furthermore how little we Americans know of the situation in our own country. Therefore, we can in no way presume to speak to you of health issues that are related to the Philippines except in the broadest manner.

However, before I proceed, I would like to recognize the contribution made by Dr. Judith Sherven who has joined me in writing this paper. She is deeply concerned with the issues raised, and her extensive experience has helped in giving focus to the ideas expressed.

The task today is to talk about new ways of conceptualizing the problem of the relationship between health, illness, and what is commonly known as "health care". This is raising a dangerous topic because on the surface it is full of difficulties and complexities. And yet, in our humble efforts to describe these difficulties and complexities we gradually learn that the traditional vocabulary of modern medicine and science contains few words which are appropriate to this task. So we must draw upon other fields, other conceptualizations, and other points of view.

The symptoms are familiar. No matter where you turn, expenditures for medical services are growing by leaps and bounds, due to rising individual aspirations as well as increases in costs related to the logarithmic multiplication of technological investments. Furthermore, around the world, patterns of health manpower utilization are changing dramatically. The organized medical system is being expanded on one hand by physicians' assistants, MEDEX or medical extenders, and a wide host of ancillary manpower; and on the other by the slow reincorporation of indigenous, more traditional or non-Western practices of medicine.

Problems, resulting from the blurring of distinctions between so-called "health issues" and other kinds of social issues such as crime, education, and even poverty, are beginning to have medical overtones. We may be finding an increase in the number of phenomena that are placed in the hands of the medical professional with the expectation that he or she should be responsible for coping with these difficulties.

In the so-called developed nations, as infectious diseases and some of the other basic medical conditions that have caused death are being conquered, a new collection of illnesses or medical conditions, such as aging and environmental hazards, seems to emerge and becomes important.

We find the realm of medicine extending even further as we begin to understand the implications of the changes in all our societies and how those changes are influencing the pattern of illness production. Thus, the very changes which have occurred here in the Philippines in the last thirty years — the pressures of societal change — have effected the conditions which the average physician treats. We are thus forced by the very nature of the etiology of disease to focus more and more attention on the general structure of society and how it impinges upon the human organism.

For many years we have used the words medicine or medical care interchangeably with health and health care. People have talked of "health insurance" as if the individual's ability to deal with illness medically would in fact improve the general health and wellbeing of a society; and indeed when one deals with major infectious diseases, such as the plague, smallpox, or malaria, it is true that the general wellbeing of a society can go through vast changes due to the very processes of improving the care or prevention of medical conditions.

However, as cultural aspirations rise with affluence and illnesses that are conquerable begin to disappear, we are faced with the question of what we mean by healthy living and wellbeing. The general quality of life becomes the issue, and we begin to raise such questions as what we need to do to meet the basic needs of people.

It is only recently that such august bodies as the World Bank and the United Nations have defined people's basic needs as food, clothing, and shelter; and rediscovered that these needs, accompanied by a minimum of medical care, may in fact have an important effect both on illness rates and the quality of life of any society.

And as one looks more deeply at the question of needs, one may find much to one's surprise that needs may be even more subtle, and that such things as touch, belonging, being part of social networks, of family, community, and even nation are

critically important for people's wellbeing. One soon discovers that such questions as self-esteem are central to the sense of wellbeing and to health in much the same way that one requires food and clothing and shelter.

It is here that we begin to raise questions about the meaning of wellbeing because we find that for most of us issues which are foreign to the world of medicine, nutrition, and housing such as religion, ritual, and cultural belief systems take on prime importance in our concern with illness and its care and to the maintenance or achievement of healthy living.

It is at this moment we would like to suggest that we are faced in this world with a tremendous dilemma where a variety of our people, being at different stages of personal and social development, coming from different cultures, orientations, and ways of conceiving the world's reality, end up with different definitions of health. Illness becomes the inability of the body to meet the expectations or limitations of a society or, if we are to extend this further, when the body gets out of balance with the external environment, that is, when the internal and external environments are not synthesized, we begin to get ill health.

Furthermore, when one's lifestyle or experience is incongruous with one's self image, as say during times of revolution, war, catastrophe, or even during psychotherapy, we see people out of balance with themselves, under severe stress. Often mental or physical illness or disease is a temporary or chronic attempt to regain homeostasis. The same stress may be experienced by others as a time of change and growth.

We have just opened what may appear to be a strange door, because as we talk of individual differences as well as cultural, social, and developmental ones, we are beginning to suggest that societies are full of different realities about our world. We have always experienced our societies in which the dominant and majority cultural force has determined the criteria by which we define reality. That force has indeed determined the cosmology of the society within which questions of disease, health, and illness are defined. The questions have become decidedly political, in that society after society does battle within it as various groups jockey for power to determine right and wrong, good and bad, healthy and ill. This is not to say that there are no illnesses that cross over cultures and belief systems, yet on the whole that may have become determined by social forces.

It is here that we would like to focus on the question of how we define the realities of medicine and of the health professions. The Western model, a scientific model of Cartesian proportions, has determined how the body works, and in fact determines the questions of how we are to perform our medical and other

services. Science, as we have known it up to now, has focused on its biochemical systems, its infectious and allergy responses, and a whole host of other things that we associate with Western scientific medicine.

It is quite clear that this model is different from the model of the Tao, which the Chinese have espoused for many generations. This model is based on energy systems, and social and individual equilibrium; it employs treatment procedures such as acupuncture, which are foreign to the ways of Western medicine. We raise this to suggest that if one were to design a medical and health system based purely on the models of energy, one might come up, even in the world of modern science, with models that are akin to what we have called primitive belief systems. The American Indian, the Hawaiian, and other so-called "primitive" cultures around the world have talked about the connection of all beings to one another; they have posited the belief that one is one with the earth and all its beings rather than disconnected as a human from everything else. As such, these models of health allow the energy to flow and the individual becomes one with the universe by a variety of means — physical, psychological, religious, and spiritual — and thus what we have called primitive ritual has become part and parcel of the system of on-going life and indeed part and parcel of what is called treatment or medicine within that cosmology.

We have raised the question of energy models because it is a foreign reality to those of us trained in Western medicine. Yet to those of you in touch with the people of these Islands you will know that this view is an accepted part of daily life. In this connection, we would like to refer to some interesting questions about waves and energy. To do so requires that we take license and talk about a field that we know nothing about — water and land — and try to refer some of those issues to some of the issues of energy systems.

One of the most interesting properties of water is not its chemical composition or the fact that it is so prevalent a part of our environment but rather the interesting style it has, for water never seems to flow in straight lines. It is subject to the rhythms of the moon; it flows even in the deepest ocean in its own streams; its temperatures vary a few feet apart. There are eddies and currents and whirls and waves so that it is in continuous motion.

If we look from the air at pictures of the earth, especially that part of the earth where man has not had an impact, we will find that the ground and the earth are made up of the same kinds of curves and hills and sharp peaks as well, and what you see are the endless flows and processes across the land. In viewing the earth from the air, it is interesting to see how human beings have dealt

with the curves, the flow, and the rhythms of the earth and water. What we see may be described, charitably, as a sign of human need to control the environment. We have done so in order to improve our way of life. Thus our quality of life was improved by interfering with the normal patterns of energy flow — interference necessary in order to protect ourselves from the climate, from the environment, and from predators. Further, we began to find techniques both to husband our resources and to protect ourselves against the potential, harmful effects of famine.

To resort to American imagery, one can very easily imagine the Native American's view that as the civilizing or colonization process advanced from one phase to another, a switch in cosmology changed the free-flow of the human being with its total environment to a cosmology which emphasized human control of the environment. Since we are never separate from the environment — it influences our feelings and attitudes while we make our mark on it — it is no surprise that as the environment itself was conquered, the human perception of the enemy broadened from the environment to include other humans who perceived the universe as one of the scarce resources.

In the process of husbanding and protecting the resources from others, society developed techniques and beliefs which were concomitant with that behavior. Thus the behavior that resulted from this agricultural determinism led to a belief system which not only determined the behavior of individuals but also became the controlling force in the behavior of science, and to its practice of medicine and health. Thus in a competitive, growing world it was important to have a health system, or medical system, which dealt primarily with the control of death and with techniques to cope with the competitive arrangements within societies.

What we are trying to illustrate is that in a nomadic pre-agricultural society in which people were one with the environment, there was neither ownership nor land nor competition. What *was* present was a cosmology and a belief system which led to the concept of health having to do with a *balance* of energies. Health then was defined as those human behaviors and beliefs which would coexist with the natural flow of the rivers and the streams and the hills and the valleys, and consistent with the ebb and flow of the seasons, the currents, and the weather. As soon as that society emerged which needed to conquer its environment, it not only straightened out the natural energies by creating land that was cut up in straight lines, but water had to flow in straight lines in irrigation ditches, canals, and pipes. People had to not only control each other through timed schedules, law and order, and structural education, but had to learn to control

their own emotions and physical processes, i.e., toilet training, meal times. That view of controlling society led to its fragmentation and ultimately to the theoretical models which were the models of its science, its medicine, and its concept of health and wellbeing.

At the present moment a series of changes seem to be occurring in our society. On one hand it is as if the values of the so-called primitive societies are infiltrating those with which the West is preoccupied. In the West, concepts of non-rationality are beginning to enter into rational thinking. What may be surprising, however, is that suddenly we are beginning to become aware that there is rational, scientific proof of some of the processes that heretofore have been considered unscientific.

In addition to scientific proofs there are changes in moral and ethical perceptions, just as there were when the natural world began to be controlled. We now seem to be in the midst of a shift of major proportions as we face the inability to deal with current problems. As our society becomes more and more crowded and the problems of one fragmented field after another — medicine, education, city planning — began to overlap into another fragmented field, what emerges is a need for and thus the creation of a concept of systems. Systems theory thus developed as a way of managing organized complexity. The paradox, however, is that organized complexity does not behave in a purely rational manner, and thus the concept became one of living systems — ones which continually learn and thus in a state of perpetual flux. We call these inquiring systems.

Despite this trend, the crises continued to build so that each fragment overlapping into each other fragment led to further and further complexity. Consequently, instead of talking about pieces of the earthly universe, it is becoming easier to conceive of the earth as a total organism. Such a perception is being proposed in modern physics and in neuro-physiology as the holographic universe and the holographic mind. We cannot separate the Philippines from the United States, China, Japan, or the rest of the world, nor can we separate the concepts of health from politics, governance, economics, or even the price of oil. We are thus talking about a total living organism.

We could face the issue with the concept of One World (Wendell Wilkie) or of "Spaceship Earth" as enunciated by Buckminster Fuller. We then come up with the notion that we have an earth that is a whole, that the resources are limited, and that we must find ways, not of competition but of collaboration, and slowly returning to being one again with that environment which is the earth and which is the context of our lives.

We would like to turn now to the notion previously mentioned of the hologram, because the physicists, in their analyses of the various quanta, have become more and more preoccupied with studying and finding the particles which make up the atoms or matter of the universe. If the physicists discover more and more particles, some even suggest that if they search endlessly, they will find as many particles as they set out to find. Some physicists are beginning to suggest that the issue may very well be how particles are organized and that the organization of the particles is based upon the space between the particles, which they call "consciousness"; For those of us in the field of psychology, consciousness has a similar meaning in the sense that consciousness is the way we organize reality. The physicists are suggesting that the way reality is organized determines how the particles get together. They are further suggesting that if a shift of consciousness is produced by shifting the energy pattern, what we call physical reality will change. Thus reality is a reflection of our consciousness about the universe we are in.

But let us take it one step further and go way out in concepts and then return. The physicists have even suggested, following some of the concepts of Einstein, that if one would leave the present perception that we are in and move endlessly in space and in time, we would also at the same time be back to the present. There are some physicists like David Bohm that suggest therefore that the universe is indeed a hologram. A hologram is basically a notion that says that any piece has within it all of the whole.

Geneticists, in their concepts of cloning, have suggested that in each cell is the whole organism. Thus through cloning of any cell and not just the sex cell the whole can be found.

Karl Pribram, a neuro-physiologist at Stanford University, suggests that the mind is made up of cells which both perform its pragmatic function and have within it the total memory of the universe, thus each cell is a hologram of all knowledge. If we were to take this still further, one would suggest that not only the brain has this memory but all cells do as well. But the question that Pribram raises for us is that through our education and social learning we have learned one particular decoding of the hologram and by common agreement see the same thing. Thus if we were to learn a different decoding, we would see something different and that different reality would exist. Thus all realities exist.

If then we are to go back to the concept of the physicist that all space and all time would endlessly come back to the same point, if we could abolish space and time, then all knowledge would be available to us within the present point. Techniques such as meditation, or techniques by which one is in tune with the

energy of the universe through a variety of religious practices, lead to being in tune with not only the energy but to the all-knowing, which in non-medical languages has been called "God". There are experiential techniques practiced by Buddhists and Tibetan Lamas which remove space and time and thus make available to one's self knowledge from all sources. We then arrive at the possibility of behaviors which have heretofore been mysterious.

Now let us consider as a possibility for scientific study — indeed as a possible reality — such activities as psychic healing or surgery as practiced in the Philippines, reincarnation experiences which we have denied scientifically, and other phenomena which we have heretofore classified with mysticism. We thus may find that the mystic learns to decode the hologram in a different manner than the rest of us and thus has available to him knowledge that others do not have. Thus, healers may have available to them not just scientific knowledge but the ability to tune in to energy which may be able to heal. If one were to abolish space and time and one were to lose one's fear, one could possibly utilize the energy or be in tune with the energy of the universe to become healthy. This is the concept of what we have called primitive religion, but it is also the concept of people who have healed themselves or who have been healed by healers, all of which is foreign to medical practice of Western scientific medicine.

We have suggested that we are in a time of great stress and crisis and non-solution. We are at a point which Jonas Salk calls the transition from Epoch A to Epoch B. He uses quite metaphorically the sigmoid curve of the growth of bacteria on an agar plate as it shifts from one slope to another. He suggests that as part of the upward curve there develops a metabiological and philosophical system of behavior which is different than when the curve begins its second shift. The shift from Epoch A to Epoch B means a shift in the metabiological system of belief system. The dilemma that we are faced with now is the dilemma of shifting our thinking, our institutions and organizations and values to this new system.

Thomas Kuhn suggests that major scientific advance occurs with paradigm shifts, and that paradigm shifts occur at times of crises, crises which force people to look for alternative ways of conceiving reality. In the process of crisis one cannot fall back on old cosmologies because they are no longer useful, so we search for new ones.

We are now in that moment of transition from Epoch A to Epoch B. We have evolved a step in social evolution, i.e., social development or social learning. It is not that the hologram

develops new knowledge, but rather since all knowledge may be present it is that our societal learning has developed to the point where we may now decode the hologram in a better manner. In fact, what may be occurring now is that we are forcing ourselves to devise new decoding techniques to unscramble the hologram and thus to remember what is already known but has not been decoded. Thus the only secrets that exist are secrets that result from our inability to understand, to see, to conceive, or to develop a decoding technique to reach an alternative conceptual model.

Societal learning moves at different levels for different people, in different spaces, and at different times. We are thus faced in a transition period with people in different spaces moving at different speeds towards different models of what the universe is.

We are faced then with a dilemma of governance, politics, and of the battle between the different models for people. There are many now in the world who are fighting to meet their basic needs and to meet their level of self-esteem. They wish to reach the point where they feel capable enough to ask for things for themselves. We see here many of the wandering, aimless hippies of the Sixties who then were mainly interested in being high or mellow, living from the communal pot, who are now confronting their own individualism, their own desire. But these previously “loose” individuals are generally very controlling in their new identity — of themselves and others. There are still others who have reached a point where those needs are met and they then move on to new questions. It is these people who, because of their basic needs and self-esteem have been met, can move on to these alternative models.

The paradox, however, is that those who have the most and those who have the least may be at that point in time where their search for models may be in synchrony. That is, that the models of people who have what we call primitive view of the universe and those who are frustrated with the so-called advanced view are coming up with parallel and compatible views of what the universe may be. It is only those in the middle who have moved on and have started the upward spiral who feel they must follow in all the traditional steps (so that ontogeny repeats phylogeny in this group) and in so doing need to repeat the steps of their predecessors. Thus the neocolonialists who have gotten rid of the colonial masters have become more colonial than the previous masters. These people are holding on to the model that has been successful for their forebears despite the fact that at this point in time the organism known as the earth no longer is capable of dealing or being dealt with by these old models. Since the earth is one earth, we are at the moment where we can ill afford to have cosmologies which do not meet the needs of all the people.

It is clear that the problem of our society — our total earth, the United States, the Philippines, Iran, Israel, Egypt, or any place — cannot be dealt with in separation, or in fragments. It is clear that the problems of medicine cannot be dealt with separately from the problems of education and health. Indeed, as Martin Buber has said, the problems may very well be the notion of the changing concepts of what a human being is on this earth.

We would like to close by returning to the problem of medicine and health, for we have suggested that health may indeed be the synthesis of the internal and external environments. Health may be, as Rene Dubos says, the ability to use all of one's senses; if so, health then becomes the ability to move from one reality to another as is required by the problem. It is also the ability to experience all of one's feelings and perceptions invited by the situation. For the schizophrenic, his reality is real; his problem and his illness are that he cannot move from that reality to another. For us, to move from Epoch A to Epoch B, our problem is that so long as our emotional and perceptual life is stunted and rigidified in a controlling and controlled style, we will be unable to move from our own narrow survival mechanisms to living on a holographic level where options are broadly open.

We are confronted with our own emotional and perceptual styles. For those who are caught in a fight for emotional ego and personal survival, freedom to use all of one's senses feels dangerous. Not only does this style produce asthma, ulcers, migraines, but by necessity a rigid notion of reality. When one is comfortable or skilled with a broad range of experiential capabilities, internally and with others, they no longer need to exert control over reality but are free to move from one to another.

This experiential limitation, or limiting of emotional and perceptual skills, confronts ordinary individuals, families, and communities as well. When people are deskilled emotionally, they are not able to feel or express the broad range of affects available in their person. Perceptually, having confined their view of the world to that which is culturally acceptable, they must remain blind to each other and themselves as unique, paradoxical characters.

It is a challenge to us in medicine, especially, to be able to only to understand all the realities of our patients and clients but to understand the different realities and cosmologies which make up our world and to participate in the creation of a new reality and cosmology as we go through the transition from Epoch A to Epoch B. Health in our new epoch involves not only the quality of life, but the way we live and what we think as being important. That will determine what the needs of our society are. To meet

those needs addresses health and the problems and crises that lead to illness.

We thank you for allowing us to take you on a trip of the mind, a trip that extends far beyond your mind and body, beyond your brain or mind into the mind that makes up our holographic universe. We have raised these questions here in the Philippines, primarily because we believe that your problems are the problems, not just of the Philippines but of our total earth, and that the problems that are faced by us, by you, by everyone that exists on this earth are deeply interrelated.

We thank you very much for this opportunity.

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