Foreword

This volume is anchored in one of the most dramatic social shifts currently taking place in the United States: the adoption by a large proportion of the population of so-called complementary, alternative, and integrative methods of health care. As you will see, these changes have little to do with high-tech advances that make headlines, such as the decoding of the human genome, DNA manipulation, new drugs, stems cells, or organ transplantation, but instead with a fundamentally different approach to human health.

Although the profession of medicine is often regarded as a hidebound resistant to change and resists change, if we compare it with areas such as education or the law, we can see that it is one of the most dynamic institutions in our culture. As an example of how far medicine has evolved in recent years in the area of doctor-patient relationships, consider the following account by medical ethicist Eric J. Cassell. “During the 1930s,” he relates, “my grandmother saw a specialist about a melanoma on her face. During the course of the visit when she asked him a question, he slapped her face, saying, ‘I’ll ask the questions here. I’ll do the talking.’ Can you imagine such an event occurring today? Melanomas may not have changed much in the last 50 years, but the profession of medicine has” (quoted in Laine & Davidoff, 1996).

From time to time a thunderbolt descends in medicine and shakes things up, after which it is never the same. This occurred in 1993, when physician David Eisenberg and his colleagues at Harvard Medical School revealed, for the first time, the actual extent of the shift toward integrative medicine (Eisenberg, Kessler, Foster, Norlock, Calkins, & Delbanco, 1993). They found that around half of the nation’s adult population visited some sort of alternative medical practitioner each year. This exceeded the number of visits made to conventionally trained doctors such as family physicians, internists, and pediatricians. Moreover, people paid for these visits almost totally out-of-pocket, because they were seldom reimbursed by insurance plans. The survey also revealed that users of nonconventional methods were not naive but were generally well-educated, affluent, white, and female. Moreover, these individuals were highly pragmatic; they did not reject conventional approaches but used nonconventional therapies in addition to them. Follow-up surveys indicate that this is not a passing fad but is gathering momentum (Eisenberg et al., 1998). In a recent survey by the National Center for Complementary and Alternative Medicine of the National Institutes of Health, up to 62% of adults in the United States use a nonconventional treatment for a variety of problems, including anxiety, depression, and other mental health problems, which are Dr. Lake’s focus in this book.

When news of these trends began to sink in, the medical profession as a whole was aghast. Physicians largely responded with arrogance and condescension, portraying “alternatives” as unscientific folk medicine at best and dangerous superstitions at worst. Medical experts lamented these trends in editorials in the major professional journals, professing dismay over the fact that half the population was making “unwise” health care choices. Had educated people lost their senses? Why were people no longer content with the contributions of drugs and surgery to their lives? Why the rush to supplements, herbal products, yoga, meditation, acupuncture, “energy medicine,” and homeopathy? When medical journals did address nonconventional approaches, the reports were mainly negative and focused on the side effects of specific alternative therapies or their interactions with pharmaceuticals. Some physicians implied that the providers of nonconventional care were a national menace because they lured patients away from “real” medicine; they were traitors to science because they advocated therapies that had not been sufficiently validated. Many doctors imagined that these flirtations could be educated out of patients, after which things would happily revert to normal. Seldom did physicians seriously consider that some of these therapies might actually work.

It was as if physicians and patients were living in parallel universes, in two different worlds. The standoff was serious. Patients, for their part, usually did not inform their physicians that they were using alternatives; when asked why, most said they did not want to be hassled by poorly informed doctors who just didn’t get it. Most physicians continued to regard the emerging views as new age sophistry, and they deeply resented the growing pressure to acknowledge and engage nonconventional therapies. But it was not only physicians who were off base; many proponents of nonconventional approaches were guilty of runaway enthusiasm and wildly exaggerated claims. Both sides seemed to be falling into the situation described by linguist Alfred Korzybski: “There are two ways to slice through life: to believe everything or to doubt everything. Both ways save us from thinking.”

This was not conventional medicine’s finest hour. But it was nonetheless a wake-up call for many physicians—a signal that patients wanted something more, something not provided in the hospitals, clinics, and medical offices throughout the land.
What was this something more? In a landmark, nationwide survey published in 1998 in the *Journal of the American Medical Association*, Dr. John Astin (1998), then at Stanford Medical School, directly asked patients why they chose alternative health measures. Astin’s survey confirmed a broad-based dissatisfaction over the quality of conventional medical care because of concerns about the questionable efficacy and safety of many established treatments, the increasing cost of medical care, and the impersonal manner of health care delivery available in health maintenance organizations and other settings. He also discovered that many individuals seek nonconventional therapies for deeply personal or spiritual reasons. They had experienced a transformational experience in their lives, Astin discovered, that deeply influenced how they viewed the world. As a result, they wanted their medical care to reflect their inner values, and they sensed in nonconventional therapies a more genuine response to these needs than is available in conventional medical care. Yet a thoroughly American pragmatism remained. Astin found that people seldom replaced conventional methods with alternative measures but used them alongside each other, as mentioned.

Integrative and integral are displacing the earlier adjectives alternative and complementary to describe this type of medicine. But what does integrative medicine actually integrate? By and large, it strives to attend not only to the physiological functions of the body, which is the primary focus of conventional medicine, but also to the psychological, energetic, and spiritual domains of people’s lives. As Dr. Lake points out in this book, approaches used in disparate systems of medicine often rest on very different assumptions about the nature of the body, the role of consciousness in healing, and the causes or meanings of illness. Advances in conventional biomedicine in the context of complex systems theory and other emerging paradigms in Western science are making it possible for the first time to model and rigorously investigate many nonconventional therapies. The result has been steady growth in intellectual openness among both researchers and physicians to the idea of integrative medicine.

Embracing nonbiomedical approaches, and especially therapies that are based on the putative role of consciousness, “energy,” or spirituality in healing, seems a grandiose or impossible project to some physicians. A surgeon colleague of mine recently vented his objections about this task. “We don’t expect ministers and priests to remove an appendix,” he huffed. “Why should I be expected to deal with my patients’ spiritual needs?”

Others sanction the integrative approach. This includes an increasing number of our nation’s 125 medical schools, the majority of which now have formal coursework in integrative medicine (Dossey, 1999).

One of the most remarkable aspects of the integral vision is attention to the role of consciousness and spiritual issues in health and illness (Dossey, 1999; Levin, 2001). This has been the subject of my own research and writing for decades now. During nearly all of the 20th century, spirituality—the sense of connectedness with something beyond the individual self, however named—was completely neglected in medicine. Spirituality was considered the sole purview of ministers, priests, rabbis, or practitioners of the various mind–body or energy therapies if their patients request further information or advice. Some skeptics contend that people’s spiritual lives are too sensitive and private for health care professionals to become involved with them. This objection was also offered a few years ago as a reason why physicians should not inquire about people’s sex lives. But when the national epidemic of sexually transmitted diseases and AIDS erupted, our views about the appropriateness of medical attention to sexuality changed overnight because it was obvious that the choices people made in this area were often linked to grave health outcomes. So with choices of spiritual or mind–body practices. When we genuinely confront issues of spirituality and the role of consciousness and intention in health and healing, we physicians can respond with sensitivity and skill, as we did in the area of sexual practices.

I emphasize spirituality, mind–body practices, and “energy” medicine because these approaches illustrate the reach of the integrative perspective and how far it extends beyond conventional medicine, and also because a spiritual thread or sense of sacredness runs through a great many integrative practices, including meditation, prayer, yoga, Healing Touch, and qigong, and is a fundamental part of many established systems of medicine, including Chinese medicine and ayurveda. There are unmistakable indications that medicine is being revitalized in the United States at the highest levels. According to one review (“Better times for Spirituality,” 2001):

In a 1999 consensus report, the American College of Physicians and the American Society of Internal Medicine suggested that physician care include a review of, and attentiveness to, psychosocial, existential, or spiritual suffering of patients with serious medical illness. A year earlier, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the body charged with evaluating and accrediting nearly 19,000 health care organizations in the United States, established Spiritual Assessment Standards as a response to the growing need for a greater understanding of how spirituality impacts patient care and service. The Association of American Colleges (AAMC)
acknowledged spirituality’s potential in medicine in a 1999 Medical School Objectives Project (MSOP) report. MSOP, the program that sets forth learning objectives for medical students, stated, among other criteria, that before graduation, students will have demonstrated to the satisfaction of the faculty, “the ability to elicit a spiritual history as well as an understanding that the spiritual dimension of people’s lives is an avenue for compassionate care giving.” (p. 12)

In 1993, only three of the nation’s medical schools had coursework that examined relationships between spirituality and health; currently 84 feature coursework or lectures in this area (Fortin & Barnett, 2004).

I recently had a personal encounter with these developments that took me by surprise. I experienced a severe allergic reaction and hives, which prompted me to go to the emergency room of my local hospital. As I was being checked in, the woman who was diligently entering my insurance data into the computer said, “Now, do you have any religious or spiritual issues we should be concerned about?” For a moment I was speechless; I wanted relief from my horrific, itchy rash, not spiritual counseling. Then I remembered the JCAHO accreditation recommendations mentioned above. This clerk, an employee at an accredited health care institution, was merely doing her job and doing it well. Then I was shown to the exam room, where a nurse also asked me the same question. Their queries were sensitive and respectful, not intrusive or pushy. It was altogether a satisfying experience; my allergic reaction was treated successfully, and my spiritual needs were acknowledged. This was integrative medicine in action and a reminder of how radically the terrain is changing in health care.

Integrative medicine, as mentioned, involves the best of both conventional and nonconventional methods. It aims to achieve the optimal synthesis of biological, psychological, mind–body, energetic, and spiritual therapies addressing each patient’s needs and preferences. This is illustrated in the case of Matthew Pfenninger, who developed a rapidly metastasizing brain tumor at age 18. Matthew is the son of family physician John Pfenninger, M.D., of Midland, Michigan. When the tumor defied state-of-the-art treatment at Columbia Medical Center, Dr. Pfenninger organized a “Gathering to Heal” session for his son at MidMichigan Medical Center. He was amazed when 60 of the 110 staff doctors showed up to focus on Matthew’s healing through prayer or whatever way they preferred. “These were the most scientific people imaginable,” Dr. Pfenninger explained, yet they were willing to come together and publicly express their love, compassion, and concern for the sick son of a respected colleague. Dr. Pfenninger was deeply touched by the event, as, apparently, was Matthew. Ten days later, follow-up scans at Columbia showed that his tumors had vanished. No one could explain what had happened. Although the tumor eventually recurred, resulting in a stormy course and a bone marrow transplant, Matthew recovered. He went on to become a straight-A engineering student and is now 27 years old (J. Pfenninger, personal communication, June 2003).

Matthew Pfenninger’s brain tumor nearly killed him, and so, too, did his conventional treatments. This dilemma reveals another reason people are turning to integrative methods: the serious safety issues associated with conventional therapies. It is difficult for us physicians to acknowledge this fact, because those doctors who work in hospitals every day are understandably more focused on medicine’s triumphs than its failures. We are like loving parents who see mainly the redeeming qualities of our wayward child, not the bad traits. But although modern medicine cures, it also kills, and the word is out. According to data published in 2000 in the Journal of the American Medical Association, nearly a quarter million persons die each year in American hospitals because of the side effects of pharmaceuticals and the errors of the health care staff (Starfield, 2000). These figures make modern hospital care the third leading cause of death in the United States, behind heart disease and cancer, and is the equivalent of a commercial passenger jet crashing every day. These statistics have been challenged, resulting in the demotion of hospital care to “only” the sixth or seventh leading cause of death. Still, in any other area this death toll would be considered a national scandal. But we have become inured to this dark side of health care, accepting it as the way things are. It gets worse. These figures are for in-hospital deaths only and do not include outpatient visits. One analysis estimates that between 4 and 18% of consecutive patients experience adverse effects in outpatient settings, resulting annually in 116 million extra physician visits, 77 million extra prescriptions, 17 million emergency department visits, 8 million hospitalizations, 3 million long-term admissions, 199,000 additional deaths, and $77 billion in extra costs (Weingart, Wilson, Gibberd, & Harrison, 2000).

It is no wonder that millions of laypersons have begun searching on their own for methods of treatment that are safer. This helps explain why the integrative health movement has been overwhelmingly a grass-roots, bottom-up, patient-driven phenomenon. Fortunately, there are also signs of internal change. The prestigious Institute of Medicine, of the National Academy of Sciences, has decried the above situation. Its 1999 report To Err Is Human: Building a Safer Health System was a call to arms. It declared a minimum goal of a 50% reduction of medical errors over the next 5 years. Follow-up data on the success of these efforts are awaited. Meanwhile, people continue their own explorations, as the growing integrative health care movement attests.

It is easy to criticize modern medicine for the harm it causes, but this sword cuts both ways. Safety issues are also a concern in integrative medicine and have been too little emphasized. Side effects of ingested therapies such as herbal products are becoming better known, and they also occur in the domains of energy medicine and spirituality. As our world painfully knows, spirituality and religious devotion can become twisted and used as a pretext for intolerance, terrorism, and murder. Other adverse consequences are more subtle. For example, research shows that if hospitalized patients believe their illness is due to punishment from God or that it is caused by the devil, they have a higher mortality risk following hospital discharge compared with people who do not believe such things (Pargament, Koenig, Tarakehswar, & Hahn, 2001). In this book Dr. Lake describes psychological disturbances that can sometimes occur when meditation, yoga, and qigong are practiced unskillfully or without appropriate training or supervision.

Many studies have analyzed the association of religion with prejudice and intolerance. In one review (Batan & Ventis, 1982), 34 of 44 studies found a positive relationship between traditional religious belief and practice and intolerance—in other words, the greater one’s religiosity, the more intense one’s prejudices often are. Only 8 of the 44 studies showed no correlation, and only 2 studies found a negative relationship, these in preadolescents and/or adolescents, suggesting that intolerance is not innate but is learned as we grow older. As a result of these findings, one team of researchers (Batson,
Schoenrade, & Pych, 1985, p. 189) came to the “very clear, if unsettling conclusion . . . that religion is not associated with increased love and acceptance but with increased intolerance, prejudice and bigotry.”

There is also evidence that religious belief and practice often lead to destructive and cruel behavior. People with strong religious beliefs tend to advocate more punitive measures than nonreligious individuals toward several categories of criminal offenders (Kirkpatrick, 1949). Studies have found that religious people in the United States tend to be more prejudiced against African Americans (Allport & Kramer, 1946) and more intolerant of those with different political beliefs (Stouffer, 1955). In Australia, religious devotion has been found to be associated with prejudice toward those of different sexual preferences (Hong, 1984). Ethnicentrism and preference for authoritarianism have also been found to be greater among religious than nonreligious individuals (Adorno, Frenkel-Brunswick, Levinson, & Sanford, 1950).

We must be careful, however, not to make sweeping generalizations about religions. They vary enormously, and great differences exist among the followers of any given sect. Yet the briefest glance at history suggests that the above studies should be taken seriously. Holy wars, crusades, witch burnings, ethnic cleansing, and preventive or preemptive wars have all been rooted in religious zeal. This regrettable harvest led satirist Jonathan Swift to observe, “We have just enough religion to make us hate, but not enough to make us love one another.”

The point is that mind-body practices, so-called energy healing, spiritual approaches, and other nonconventional therapies, do not come automatically surrounded with a celestial halo. There are unsafe integrative medical practices, just as there are toxic or lethal side effects of some conventional pharmaceuticals and surgical procedures. However, the harm done by nonconventional biological treatments as well as mind-body and energy therapies is minuscule compared with the magnitude of suffering and loss of life that has resulted from prescribed Western medical practices.

I have dwelled on the role of religion and spirituality in health because they are a template for all the other therapies that make up the integrative portfolio, and because a spiritual element extends throughout the entire integrative perspective. The intricacies found in all spiritual, mind-body, or energetic pursuits suggest caution to anyone who is attracted to the integrative vision more clearly than Florence Nightingale, the founder of modern secular nursing (Dossey, 2000). In 1868 she wrote, “Nursing is an art; and if it is to be made an art, it requires as exclusive a devotion, as hard a preparation, as any painter’s or sculptor’s work; for what is the having to do with dead canvas or cold marble, compared with having to do with the living body, the temple of God’s spirit? It is one of the fine arts; I had almost said, the finest of fine arts . . . . There is no such thing as amateur art; there is no such thing as amateur nursing” (McDonald, 2004, pp. 291–292).

Let’s recall Astin’s finding that people often choose alternative health care measures because of deeply held spiritual or existential beliefs. What does this mean? A key aspect of spirituality is the conviction that there are vital meanings, purposes, and directions in life; that our existence is not random; that there are underlying patterns and processes that make sense. This is one reason why people seek out therapies that are part of ancient cultures and wisdom traditions, practices such as yoga, meditation, Healing Touch, qigong, and prayer.

Meaning is an area in which modern medicine has failed the sick (Dossey, 1991). Medicine has taken its cues from biology, physics, and chemistry, and the message emanating from these areas for two centuries is that nature is meaningless. Illness, we’ve been assured, is caused by the deranged behaviors of the molecules and organs in our body, which follow the impersonal laws of nature, and which by definition mean nothing. If we find meaning in health and illness, it is because we insert it via our imagination, not because meaning really exists.

This view, although considered rational and even heroic by many, has run into trouble. Humans cannot live without meaning, and a sense of meaninglessness often results in despair, illness, and death. Meaning is like the air we breathe—an invisible but utterly necessary component of life—and its impact does not disappear merely because it is ignored.

A healing system that denies a place for meaning is an oxymoron, a contradiction in terms. Health-related events are seldom meaning-neutral; most people feel deeply that they reflect, symbolize, stand for, and point to specific
events and processes in their lives. Even if we say that an illness was genetic in origin or was caused by an accident over which we had no control, this interpretation is rich with meaning and can convey consolation, ressentment, or despair, depending on our point of view. The issue of meaning is especially important when approaching mental illness. In this book, Dr. Lake introduces the integrative practitioner to different ways of assessing, interpreting, and treating both the causes and meanings of cognitive, emotional, and behavioral symptoms, taking into account the patient’s unique values and beliefs.

Aside from its concrete contributions to physical health, integrative medicine has become a reservoir of meaning and psychospiritual sustenance for millions of individuals. This is yet another reason our meaning-starved society has embraced it—and why, too, an increasing number of physicians are doing the same.

Modern medicine has evolved into one of the most spiritually malnourished professions that have ever existed. Physicians, like everyone else, have spiritual and existential needs and require meaning in their lives. But during the 20th century we learned to deny these needs because we were told that essential meanings and spirituality are incompatible with good science. This view has been deadening. It has forced physicians to renounce a defining feature of healing through the ages: its connection with the divine and its reliance on transcendent factors that go beyond the physical. Integrative medicine and the threads of spirituality and deep personal meaning that run through it offer the possibility of helping to heal modern physicians from the affliction of meaninglessness. This is a central reason why many doctors are advocating integrative approaches, and this is especially important in the domain of mental health care.

Philosopher Ken Wilber states:

The crucial ingredient is not the integral medical bag itself—with all the conventional pills, and the orthodox surgery, and the subtle energy medicine, and the acupuncture needles—but the holder of that bag. Integrially informed health-care practitioners, the doctors and nurses and therapists, have opened themselves to an entire spectrum of consciousness—matter to body to mind to soul to spirit. . . . Body and mind and spirit are operating in self, culture, and nature, and thus health and healing, sickness and wholeness, are all bound up in a multidimensional tapestry that cannot be cut into without loss. (quoted in Schiltz, 2004, pp. 8–9)

Dr. Lake has made a significant contribution to integrative medicine in this book by helping to weave the integral tapestry around the complex issues of mental illness. In honor of his efforts to restore healing and meaning to mental health care, I bow deeply.

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References
