The Deeper Significance of Integrative Medicine

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Ten years ago I offered in these pages an editorial opinion regarding the significance of Complementary and Alternative Medicine, or CAM. It was noted that CAM is usually considered to represent something radically innovative, if not revolutionary, within the field of medicine but that the terms “complementary” and “alternative” actually connote nothing of the sort. Different treatments have always been used in a “complementary” way, such as chemotherapy and surgery for a patient with cancer. Similarly, a given condition may be treated in a variety of “alternative” ways. Even if one of these alternatives happens to be the most recently discovered or developed one, there is nothing radical about choosing the best treatment from a list of options. I concluded that the genuinely radical element in CAM had to do with its acknowledgment of the importance of subjective data in addition to objective data.

Over the last 10 years, there has been a tendency for the term “integrative medicine” to be used in lieu of CAM. This begs the question of what is being integrated with what. What seems to be implied is that new and highly innovative concepts and procedures are being integrated with more traditional ones. However, this really describes nothing more than the nature of scientific progress. New discoveries have always been integrated with the existing knowledge base.

Nevertheless, the term “integrative medicine” does seem to be used in a way that implies something more than the ongoing churning of the wheels of scientific progress. As with the term “CAM,” there is a connotation of something more radically innovative than merely another randomized controlled trial. Like CAM, I would suggest that the term “integrative medicine” really does in fact refer to something radically innovative about how new treatments are developed and how they are applied. Both of these terms describe an approach to how new knowledge is acquired and how it is applied in treatment that places far greater emphasis on subjective reality than has traditionally been the case.

Of course, if one goes far enough back in time, the tradition was quite different than it has been in recent times. Historically, the “medicine man” relied almost exclusively on subjective reality to acquire knowledge and power for healing. Ancient shamans relied, just as their contemporary descendants still do, on their ability to enter into realms of subjective reality that are inaccessible to most people. When they returned from their journeys to these realms, they came back to consensual or objective reality where they utilized the knowledge and healing power they had acquired in their subjective reality, just as contemporary shamans still do.

While there is currently a great upsurge of interest in shamanism and attempts are being made to save or retrieve some of these ancient traditions, not every medical practitioner needs to become a shaman. However, if the valuing and utilizing of subjective data is really what needs to be integrated into contemporary medicine, then researchers and clinicians alike can regard the concept of integrative medicine as an invitation, if not an exhortation, to attend to their own subjective experiences. One need not become a shaman to take seriously what one can learn from intuition, hunches, dreams, and other profound experiences of a subjective nature, and to integrate such learning into medical research and practice.

One can simply open oneself to such learning through anything from paying attention to hunches and coincidences, to recording one’s dreams, to a few minutes of meditation or prayer every day, on up to prolonged periods of fasting and withdrawal from one’s usual objective reality while crying out for a vision—with or without the assistance of psychoactive substances. To subsequently integrate what one learns in subjective reality with what one learns in objective reality is the deeper significance of integrative medicine.

Perhaps for clinicians more than researchers, the cultivating of receptivity to subjective experience invites something more than access to new information. It also invites being personally changed in some way that goes beyond an enlarged knowledge base and thereby allows one to be a more effective healer. Such intangible changes manifest their impact in ways that are difficult to observe or measure, but are reflected in what we usually call “bedside manner” or “clinical intuition.”

Reference


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