

Healing and health systems.

Integralist-transdisciplinary benchmarks.

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The historical medical-administrative moment that is still unfolding is deeply appropriate for starting a discussion on medicine / healing from the transdisciplinary perspective.

The traumas we are going through have been highly described from a multitude of angles, points of view - still continuing to be convergent and referring, in a way or another, directly or indirectly, to the insufficiency of the fragmentarist thinking. The medical practice composed with the study of philosophy / transdisciplinarity reveals the fact that it is derisory to define the diagnosis more accurately at the expense of healing – i.e. to present a given situation in excess, to the detriment of building solutions. In particular, the more we deepen diagnosis in the fragmentarist perspective – the further we distance away from therapy, which belongs and will always belong to the whole. It is appropriate therefore to research and communicate from the transdisciplinary, integrative perspective, about healing – personal, of definable group / planetary healing.

Definitely, there is this *congruence* between the personal and the group / planetary healing - which we have always to keep in mind when building solutions. *It is due to the universal coherence, made explicit in the Transdisciplinary model of Reality, in which we reposition ourselves through the present discussion - research.*

In this short introduction I will focus on three aspects of re-considering the current medical-administrative events from the transdisciplinary (integrative) perspective:

- Levels of transmission and deeper causes of disease;
- The necessity to overcome the stage of “mass” – through personal development;
- The importance of promoting of a new academic concept – in medicine and in general.

1. The rules of disease “transmission” are, from the transdisciplinary perspective (TD), completely different from those presented by the current scientific medical perspective, dependent on the fragmentarist methodology - which is focused on a single level of reality: the one perceptible through our sense organs. The fragmentarist perspective is

obviously taken over by the "health systems" ("administrations"), which are in line with the same current academic medical thinking.

Based on a single level of reality and a single causality type, of proximity - we have a partial understanding, a factual projection of all aspects of a disease but also of the possibilities of healing.

The four common types of defining diseases in the fragmentarist medical vision, representing four "stages of cognition" in this perspective, are: etiological, morphological, physiopathological and syndromatic. The etiological diagnosis represents the highest stage of understanding *allowed*, in fact, by the current medicine - which deals with a causality that is external to our choices (the harm/evil that happens to us comes strictly from outside); in the etiological diagnosis we always speak about a local causality, of proximity. Syndromatical diagnosis, where the range of possibilities becomes more complex, is the lower stage, because we can not specify things as well, the complexity as such not being of interest in fragmentarism (certainly, this type of science predicts that over time, through its progress, will dismantle the complexity and study every last element in it - so it will properly solve everything that insists on remaining complex in the universe).

The belief in etiology (in punctual, complete local causal explanations) is one of the most obvious limits of fragmentarism, from the transdisciplinary perspective; we like in fragmentary medicine to point the cause – external, to have a directly, immediately "culprit" for the disturbance of the system - and then to "treat" this cause, namely to *annihilate* it - thus the system returning to normality. It is strange how such a simplistic, reductionist thinking - of course having a historical importance to human evolution – is still "substantiating" our life on the planet - and we all accept this condition, although in a way or another it is revealed as limited for several decades. We are all waiting, when problems occur (always proximity enemies), for this system of thinking but also the related administration, to issue its directives ("objective", "concrete" and "effective") for the annihilation of the disturbing proximal cause.

From the transdisciplinary perspective, we have the idea of universal coherence clearly set - which takes into account, in addition to all types of causality, the self-consistent complexity of the universe, the multiple levels of reality and a new logical type of

research progress - the ternarisation. The idea of annihilating the proximal disturbing cause is not a very happy one from the transdisciplinary point of view, because it causes both to the complex environment and to the *object* of the fragmentarist action (the *human*, in our case) surprising damages, over the time; the fragmentarist approach will always be surprised by the increasing reverberations of the environment / universe as a consequence of these increasingly equalized, uniform decisions of proximity on an ever larger scale - which do not question the dynamics of the whole.

I advance the idea that the given situation depends, on a threshold level, either of *consensus* (when we build together coherently¹) - or of tacit acceptance of *what it is* ("not-choosing is also a choice", says Heidegger – when we build incidentally and discoherently). If we build consensually (through TD education / training), meaning that we gradually replace "the acceptance without choice" with consensus (which precisely denotes to build a way together) - planetary civilization will naturally overcome the impasse. It will practically be articulated for the first time coherently, thus we will enter in the real human history - the one that brings real benefit, becoming, to each person and to community at the same time. We are certainly talking about the implementation of the integralist paradigm, with the help of transdisciplinarity, gradually, in all fields.

In fragmentarism, systems are considered in principle to be correct, "perfect" - and changing / transformation is seen as a problem, coming from "outside", bringing disorder. It is, as Coşeriu would say, *an error of perspective*: we attribute to the "object" (in our case, the human) what is only *an "exigency" of the research*; the fragmentary object is static, being seen through the binary logic synchrony-diachrony and having no historicity. From the transdisciplinary-integralist perspective, this is a deeply erroneous exigency (a binary projection, in fact) and this situation must be ternary explained in order to build a really viable system.

The fragmentarist conclusion is always exceeding its given elements; the elements of the premise are never the same as the final ones - the fragmented human is not curable in reality, we always obtain by fragmentarist means less than the whole that we had, so the

¹ The real consensus is coherent - so we have a pleonasm here - but I wanted to make this statement because, usually, consensus is understood as any agreement between the participants of a group.

human race is involuntarily regressing, increasingly being a subject for the menace of decline concerning healing capacity.

To further paraphrase Coșeriu - this study does not refer to the "change" (becoming ill or healthy, here) but to the *problem / issue* of changing. *The problem of illness / recovery is differently treated in fragmentarism than in integralism* (which is more than "holism"; in principle, holism is also static - being only the opposite of fragmentarism. TD prepares us, through Included Third, for *a third possibility*, on which in fragmentarism and also in holism we do not linger, we hurry over it; not being skilled, we do not even see it.)

In reality, the human organism is by its nature a historical system, free and infinite (thus, transdisciplinary-integrative), due to the consciousness; *changing / mutability is its inherent fundamental way of being*. It is necessary, from this point of view, an urgent clarification of the reference terms *changing-becoming-healing* for human / human community, *beyond fragmentarism* (and therefore, beyond the current medicine - completely subordinated to fragmentarism and which, conferred to health systems, may imperceptibly involve and support a tyranny²).

This paper proposes the effective transition to explaining the next level of Reality and coherence with the other levels - with the obtaining of a new model of healing, based on a new, transdisciplinary, model of Reality, - in fact, of a new epistemological model, as against which fragmentarism must be urgently abandoned (integrative traversed).

For example, J. Martel highlights in his impressive work *The Complete Dictionary of Ailments and Diseases. The subtle causes of illness*³, the connection between thoughts, emotions and illness. Thoughts and emotions have no role in the consecrated fragmentarist academic medicine - which still occupies our worldwide-administered vital space. They are not perceptible through our sense organs - those that guide fragmentary research – so they have no importance, no significance. Thus, in fragmentarist medical established textbooks, *stress and emotions* appear at the end of the list (as "others") of etio-pathogenetic incriminations. Today, under the pressure of consensualities that have

² This effect was highlighted in the article "Zero without Guards" by T. Ungureanu: "(...) medical tyranny, bureaucratic capture and the dominant state, mixed in a comprehensive pedagogical concert, aim at the same point: formalizing distrust in the discernment and even in the existence of the individual", the author further quoting the founder of the cognitive school in Romanian psychology, M. Miclea: "The more we defend ourselves, the slower we develop." https://adevarul.ro/news/societate/zero-paznici-1_5eaf0f775163ec42716a7776/index.pdf

³ The Revised 4th Edition, Ascendent Publishing House, Bucharest, 2019.

appeared on a very large scale in psychology, scientific personal development, etc... - they have risen in the top of fragmentarist causality, but strictly constrained, not yet academically agreed; the academy has to validate a new scientific perspective – the TD - integralist one – based on which it can responsibly generate directions of research.

The author presents the correspondences of the known diseases with the emotional frame that generates them, indicating at the same time the thought, the “state of mind” (the “spiritual dynamics”, in fact) through which we can promote, support the healing. It is not about clairvoyance (mystery), it is simply about knowledge - we could have a computer with these specifications, he explains; so, we are talking about understanding and appropriating the concrete landmarks for other levels of reality. (For the beginning, of a different level than the one we study through the prism of our sense organs: we cannot touch, smell, see, hear and cannot taste the emotion).

Here is - in the current pandemic context - what this author's studies say about *infection*:

”*Infection* is defined by the localized or generalized development of a pathogenic germ in the body, which can be bacteria, viruses, fungi or parasites. This situation occurs when the immune system fails to destroy the invading germs. The germs can be related to a situation in my life or to a person in a relationship with whom I live a conflict, often inwardly and about whom I have not spoken to anyone.” Here we already have an extremely serious problem of today's society, by its "pandemic" spread - and which tends to come to the surface, to express itself - thanks to experimental research in the (intuitively) transdisciplinary psychology of today.

Further, the author says: “Because it has not been resolved, this conflict will reappear in the form of *infection*. An *acute infection* occurs as a result of violent emotions, but which are of short duration. A *chronic infection* refers to an emotion that has existed for a long time. I had to compromise to keep my balance. And now I have to make a choice, because this decision and inactivity consume too much my energy and I have to dig deep inside myself, for resources. I have voluntarily destroyed my freedom to please others and I don't want that anymore. The fact that I experience an irritation or I am bothered by something, weakens my immune system, which cannot prevent infection. I have to ask myself: «What irritates or affects me the most? What is the stress that I experience at work or in my family that bothers me so much? What *infects* my life and makes me

unable to protect myself properly?» An *infection* indicates that there is an accumulation of emotions, sadness and anxiety for a long time. The *infection* occurs when «I can no longer endure.» There is a conflict between two aspects of my personality. This is reflected in my life in which there are one or more situations that need to change, to evolve, to find my inner peace. A *viral infection* (through a virus) indicates that someone else is in control of my life.” *Here is the subjacent picture of the current pandemic - known or unknown, said or unsaid. “Someone else is controlling my life”* - an extremely present problem, “pandemic” indeed, for which intuitively transdisciplinary methods are conceived in all current psychotherapy / personal development techniques – so this *subjacent tableau*, “phreatic” emotional, is not a surprise for practitioners.⁴

For many people, this is where rehabilitation begins in their own lives and in society: deciding for themselves. I would say that it is the number one problem of personal development (and therefore, of the society) of today. Trying to treat in this case the effects of pandemic on the surface (at the virus level), without taking into account the deeper (emotional) element, is similar for example to trying to change the order of the elements of the iron filing on a surface, against a magnet placed underneath: the magnetic field is the real force that dictates the placement of the wires, and they cannot be (durable) repositioned by intervening on the surface, at the filing level.

Thus, here we have (at another level of Reality, not directly detectable through our sense organs, therefore named "extrasensory") a deeper cause of viral illness / epidemic. *Not only psychology, but immune-psycho/neuro-biology have shown that stress destroys the immune system - while joy, happiness, regenerates it.* The fact that this current *quasi-generalized emotional pattern* has been described and the description has been assumed, appropriated by people at a threshold level (a “minimum necessary and sufficient” number of people working on this topic), is the reason why we can now advance quickly in consciousness - on a planetary level. We owe this situation to all those who have dealt with personal development - which is the transdisciplinary understanding of multidisciplinary tools through which we can form ourselves as persons, each advancing on our own path, congruent with the becoming of the community.

⁴ Id, p. 260 – 261.

Or, in the same context: “*Inflammation* is a local reaction of the body that defends itself against a pathogen and is characterized by redness, heat, pain and swelling. It is the bodily expression of an inner *inflammation*. I am *inflamed* and angry because of something or someone (...) My life is too rigid, too programmed. *Inflammation* shows me that I am living a situation in my life that I do not want to give up. I oppose to change. I fight with the anger. The things I needed before to support me and to help me move forward, may no longer make sense. The contradiction I live in ignites me. This irritates me and I become exasperated! ” The right attitude, required for healing, is: “I accept to be different and to express my opinions even if they may be different from the opinions of others. I assert myself as I am, in my uniqueness. I’m learning to trust myself and live spontaneously.”⁵ These are elements of personal development (experimental correlation, through thinking / attitude, of two different levels of reality – extrasensory and sensorial) in the commitment to healing.

"The immune system is directly related to my emotional states, and a strong suffering I experience can greatly reduce its strength."⁶ (Who has not experienced a strong suffering? Who has not been caught in a cage, not knowing how to react, where is the door, which is the way? Indeed there must be a way - but this is very difficult to achieve in the current cultural context. A path for what reason, since in fragmentarist culture, I do not need change? As some understand and implement new necessary attitudes – we have a consensual spread of the necessary coherent change; mutation occurs at a certain threshold of changing and only in this way the civilization is beneficially transforming for humanity).

"The immune system responds to my feelings and all my thoughts, whether they are positive or negative. Thus, all thoughts of anger, hatred, resentment, and self-destruction will tend to weaken the immune system. On the other hand, any thoughts of love, harmony, beauty and inner peace will tend to strengthen the immune system. ” For this, “(...) I discover my inner wealth. I make the decision to learn to feel good about myself and I am better able to have a richer social life based on true values.”⁷ So it is vital to get out of this dynamic of emotional self-destruction that subjacent characterizes our

⁵ Id, p. 261.

⁶ Id, p.447.

⁷ Id, p.448.

civilization today - to have a good immune system that can respond to any natural virus (related to artificial viruses the discussion is insignificantly different) – and to avoid, as the medical systems dutifully announce us, future incredible pandemics, which of course the systems will strive to cope with, to protect us by all means from the external danger (do not forget that in fragmentarism the dispersion / slowdown is even greater, the more we remove the risk).

The discussion of TD is therefore vital at this point - to make the transition of the current culture toward multiple levels of Reality, complexity and ternarisation – to be able *to transgress from fragmentarism to integralism*, towards healing.

2. In this context only we can develop the idea that "epidemics" of earthquake, "epidemics" of war, etc... - all this develop on the background of a *collective* subjacent pattern catching undifferentiated *masses* of people (for whom "not choosing is also a choice"). It is necessary to overcome the phenomenon of "mass"⁸, by cultivating the person: dissolving the indistinct, gradually differentiating between the parts of the whole - the pandemic can no longer spreads; not by entering in the physical house we interrupt the pandemic but by entering in the house of consciousness. By developing the person we differentiate ourselves, we interrupt the transmission of the infection /the pandemic chain.

3. It is necessary to promote at academic level (i.e. correctly preserving the concepts) the Integralist perspective in medicine but also in other fields - with the help of Transdisciplinarity. *The Included Third has an extremely important role in regulating emotions; it is the "place" from which the Subject assumes himself* - assuming his inner movements (his own decisions and thus the consciousness), observing with wonder how the inner and outer storms calm down - and thus, he's own path.

Conclusion. This article aims precisely the reconfiguration of the consciousness, making steps in explaining essential benchmarks of transdisciplinary-integralist type. My view is that by teaching this new dimension in universities, an important part of the students will develop the integralist perspective on medicine⁹ - which is absolutely necessary for each person in taking his life seriously, consistent with the community.

⁸ Basarab Nicolescu, *Transdisciplinarity. Manifesto*, Polirom Publishing House, Iași, 1999, p. 166-167. The person and not the mass should be in the center of civilized society.

⁹ At this moment such a course is prepared.