



NEWSLETTER



in this issue. . .

Medicine & Ritual

PRESIDENT'S MESSAGE

Helping Holistic Medicine to Thrive

Larry Palevsky, MD, FAAP, ABHM

As I begin my term as President, I would like to share some thoughts about the present and future of the AHMA, your involvement in the organization, and how we can work together to play a defining role in the transformation of medicine in our country.

The general public has decided. Complementary, alternative, integrative, holistic medicine is here to stay. A recent Institute of Medicine report stated that CAM providers see more patients than primary care medical providers. The conventional response to this market shift, however, recommends teaching medical doctors how to practice complementary and alternative medicine. The holistic response must be different.

I feel we must shift the stress from pressuring practitioners to practice CAM to teaching practitioners how to find balance in their lives and deal with the discomforts of not knowing all there is to know to help patients heal. As we move forward, I see the AHMA becoming the organization that teaches the



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Editorial

Medicine & Ritual

Robert Wickiewicz, MD

In this issue, we are trying something new; a unifying theme explored by several authors. I hope this discussion of ritual helps all of us understand a little more about the quandary medicine is in.

The first stage of the holistic revolution is nearing its conclusion; as Larry says in his President's Message, and others have remarked, CAM is mainstream and there is no going back. The acceptance of CAM means the hegemony of the techno-industrial worldview has cracked. Now let's try to pry it open. There is a great temptation to exhale and just enjoy our successes (okay, exhale and do take a moment to enjoy what we have accomplished), but CAM is not holism, and we must push on. This does not mean learning more new stuff; it is not about mastering other techniques. It is about learning to know what we already know in a new way. It is about seeing our knowledge as incomplete and finite and limited because we are incomplete and finite and limited. It is simply our nature. (Yes, Bill, it's okay.

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The American Holistic Medical Association is a 501 (c)(3) non-profit organization.

The AHMA mission is to advance personal and professional development for physicians and health care professionals in holistic medicine through education and fellowship. To be catalysts in the transformation of health care to a sustainable holistic system.

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Update from Management

Conference 2006 – Call for Submissions

The 2006 annual scientific and clinical conference "Holism in Action: Building Integrated Health Care," will take place June 7-10 at the Radisson Riverfront Hotel in St. Paul, MN. The conference will be held under the same roof with the American Holistic Nurses Association conference, and several keynotes and social sessions will be held in common.

We will be accepting submissions for the conference through September 15. Along with general presentations about holistic healthcare, the AHMA will provide expert knowledge about forming progressive healthcare facilities and uniting healthcare providers in pursuit of mind-body-spirit medicine.

Learning tracks include Practice Design and Management, Personal and Interpersonal Development, and Clinical Holistic Medicine.

All submissions must be made on-line. Find details and the on-line submission form on the AHMA web site - www.holisticmedicine.org.

We look forward to seeing you there!

So, What's Up with You?

Have you been speaking somewhere about holistic medicine? Have a book out? Received an award? Been working on a community project? Tell us about it! AHMA Members are a dynamic group who are actively working to forward the cause of holistic medicine. We'd like to let people know what you've been up to!

We're collecting brief Member News submissions for the AHMA Newsletter. Send Member News submissions of 100-200 words via email to editor@holisticmedicine.org.

For membership or conference information, please see our web site – www.holisticmedicine.org – or contact us directly:

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tools and the skill sets that enable students and practitioners to be more at peace with their discomforts, that enable us all to recognize the limits of our own abilities and the merits of what other practitioners have to offer.

I believe the AHMA will thrive if we move beyond simply teaching CAM modalities – if we move into providing practitioners with the tools for designing and building true integrated health care practices. Let's create a model where practitioners from different fields can work as a team caring for patients, learning more about CAM, and developing mutual respect for each other as individuals, practitioners and healers, without needing to practice each others' modalities.

Ultimately, the AHMA can foster greater health and healing in body, mind and spirit, as we build healthier relationships, improve communication, and work in an atmosphere of less competition and more cooperation, while making a living delivering quality patient-centered care.

We have already begun taking steps to expand this vision. The AHMA has entered into an agreement with the Louisiana State University School of Medicine to establish an archive of Holistic Medicine at their facility. We look to you to enhance public and professional awareness of the archive, to identify pioneers who can submit material, and solicit funding for building and maintaining the archive.

As you read in a previous newsletter, Karen Lawson and I attended a meeting at Esalen in March 2005 with members of different health care professions, clinical, research and consumer groups that share a similar vision to transform health care. We are continuing to nurture the budding relationships formed at

that meeting. The AHMA is also involved in the National Education Dialogue (NED), discussing how to promote a more balanced agenda in health care education and training programs that includes the teaching of holistic medicine, CAM and integrated patient-centered care.

Our annual 2006 conference, *Holism in Action: Building Integrated Health Care* in Minneapolis, will focus on this very vision. I was recently in Chicago to meet with board and clinical staff members of the Cancer Treatment Centers of America (CTCA). CTCA consists of hospital and out-patient facilities around the country which provide integrated patient-centered care for adults with cancer. The staff includes many medical and allied health care professionals who work together to deliver quality care. We will continue to nurture our relationship with CTCA, and have invited them come to Minneapolis next year to present on how they sustain their hospital model.

What I am asking is that we work more effectively together toward our vision, and manifest a different spirit in the organization. Here's how we can move forward.

- 1) **Be mindful and present** with family, friends, patients, colleagues, strangers, and ourselves.
- 2) **Be the change you want to see in the world.** Live and create the balance you want to have. Be the example that helps shift the way practitioners and patients think.
- 3) **Be more visible and courageous.** Practitioners will want to affiliate with the AHMA because they see us living and practicing with greater ease, success and balance.
- 4) **Be active and generous.** Activate your membership in the AHMA. Become more involved in your local HARP Group. Join an

AHMA committee and work with your colleagues on the education, membership, outreach, conference and fundraising committees.

The shift in medicine is taking place, with or without the involvement of the AHMA. Now is the time for us to seize a leadership role and take action to make it happen, and we need your participation in all of our endeavors: increasing AHMA name recognition through more effective marketing and outreach; increasing membership with physicians, allied health practitioners and students; continuing efforts to provide educational opportunities in holistic medicine; building fellowship in the community; and most of all, raising money to support our efforts. We can move forward with your financial support to continue expanding these projects. Think abundance.

As we move to the future, we at the AHMA will continue to build on what we've already accomplished and carry out the plan that our pioneers and visionaries set down before us: **to advance the personal and professional development for physicians and health care practitioners in holistic medicine through education and fellowship.**

I believe the AHMA can remain relevant and useful, not only through what we teach but how we lead by example. For health care to improve in our lifetime, we can change our minds about how we live, practice, and relate to practitioners in other fields. As a teacher of mine once proclaimed, imagine a color you've never seen before. Let's dream the impossible together!

I look forward to hearing from you. Enjoy the rest of your summer!

Touch Me and You'll Understand What Happiness Is

Bernie Siegel, MD

It constantly amazes me how we deny the value of relationships, companions and touch in the health care field. I have learned that when people don't believe something they don't subject it to experimental testing. Or if they do test it, it is only to prove the beliefs of others wrong. As



a parent and pediatric surgeon it was and is obvious to me how my touch benefited our children and my patients. My touch healed most of our children's wounds because they knew I was a doctor and my touch held special powers. I also saw how children transferred their trust to me when I took them from their parents and carried them into the Operating Room.

I mention this because our local paper published an article extolling the virtue of holding a child while he or she was vaccinated or inoculated. In the study they observed that a child held while receiving an injection cried less and suffered less pain than a child not held. Wow, what a discovery. I can only assume the physicians doing the test do not have children and are not pediatricians.

Another experiment revealed that people who put their hands in ice water until they couldn't stand it any longer were able to keep their hands submerged twice as long if someone sat with them who cared about them. We also know from another study that when someone who cares about you is with you during labor and delivery the need for epidural anesthesia goes from 80% to 8% and the Cesarean Section rate from about 26% to 12%.

Animals also show the same effects. Dominant male monkeys were kept in a cage until they became buddies, while another cage held monkeys who were rotated so they felt like strangers. When the first cage acted like companions towards each other the 'soft hearted' experimenter gave them all Simian AIDS from which they died. However, those with companions lived six months longer than those with strangers.

Another article I read discussed how pets develop emotional and physical illnesses related to the stress their owners are going through or that occur when their owners are absent from home due to lifestyle changes. In one case a woman took a second job and was away from home a good deal. Her dog developed bone cancer and she did not want to put him through aggressive therapy. So she quit her second job and stayed home with him. Guess what? Yup, the cancer disappeared and six months later he was well. For the skeptics – this was a biopsied tumor with x-ray evidence of its presence.

We had a dog named Oscar who developed a malignant melanoma. The vet said he had never seen a dog that sick recover and suggested euthanizing him. Our children wouldn't let me. They said I didn't euthanize my patients, so I couldn't do it to Oscar. I brought him home, placed him on the floor, and every day fed him with a spoon, shared my vitamins with him and massaged him many times. To make a long story short, in a few days he was on his feet and in a few more out the door to live several years and die of old age, not cancer.

Friends of ours had a dog in renal failure at the animal hospital. They left instructions that they wanted the dog to die at home. The next day they received a call to come and get their dying dog. When the dog was brought to the waiting room he leapt out of the arms of the attendant onto the chest of my friend. The attendant said, "Well, he was dead yesterday."

He is still alive at home surrounded by love.

The latest line that makes sense to me is, 'money talks but chocolate sings.' If we live our chocolate ice cream, we are changed at all levels by the chemistry within us that comes from those feelings. I think chocolate ice cream can come in many forms and containers: the hands of a massage therapist, a loved one, doing what makes you happy, loving companions, and more.

It is easier for animals to do this because they live in the moment, and, if they are not troubled by their owners, they do not need group or individual therapy when facing a crisis. They just go on enjoying the day and making their needs known to all. Children and the truly elderly can accomplish this too, by living free of knowing what is going to happen and living in the moment of experiencing what is happening.

I can't conclude without one more item. An article appeared in an oncology journal discussing the apparent benefits of female hormones in patients with malignant melanomas. Since women lived longer with the same stage disease the oncologist reporting the study felt it must be due to their hormones. I mentioned that married men live longer with the same cancers and smoke as much as single men and have less lung cancer. So obviously sleeping with estrogen and progesterone protects them from cancer.

Pass the information on, and remember the words of our massage therapist son Keith. At age seven I was worried about his future due to an x-ray that revealed a bone tumor I was sure was going to end his life. Keith came into my home office the next day and said, "Dad, can I talk to you for a minute?"

"Yes what is it Keith?"

"You're handling this poorly."

I shall never forget the wisdom of a child. So when you are done reading this, get up and start living your chocolate ice cream whatever shape, size or form it comes in.

Practice Management Solutions

Worker's Comp and CAM

Nancy Schulman, MBA, CMPE

This month's column will explore the topics of creating a workers' compensation program, filing for efficiency, and managing the triage process.



Creating a Workers' Compensation Program

There have been many inquiries about creating workers' compensation (WC) programs in integrative and complementary and alternative medicine (CAM) clinics. CAM can be a good fit for WC patients, as the payer's goal is to get the patient back to work in full or partial capacity as quickly as possible.

To start, it is a good idea for practitioners or clinics to educate themselves on the rules, policies, procedures and process of WC programs. They may look promising at first, but become less rewarding if potential downsides and complexities are overlooked before starting a program. Some clinics are hesitant because they "don't understand the system."

The voices of experience say the number-one key to developing a WC program is relationship building with the payer. It is one of the most important and time-consuming aspects. This is crucial because the stakes are high--a WC payer may reimburse \$5,000-\$10,000 per patient for health care services, so

it's important that payers trust the providers they choose to work with.

Each WC program will be different in terms of personnel structure. In most situations, three integral people are the medical director, case manager and nurse.

A good practice is for you to bring three levels of expertise to the bargaining table: clinical, business and coding/reimbursement. Being as educated as possible on the process will assist in creating a more successful program. Establishing a workers' compensation program may not happen overnight, but the rewards may be worth it in the end.

Filing for Efficiency

Integrative medicine very often includes more paperwork initiated from patient lab results, prior medical records and consent forms, particularly for patients with more chronic medical issues. Make filing a priority; don't let staff procrastinate. It affects the entire practice's workflow and could cause potential legal issues if treatments are administered without consultation to the patient information necessary for the decision-making process.

Managing the Triage Process

One of the major issues facing integrative medicine is the ability to sufficiently describe service and programs to potential patients followed by scheduling the patient for the appropriate time and practitioner type for their symptom/condition. It is important that administrative staff doesn't give clinical advice during this process. The best practice is to develop a script for the staff with regular monitoring by listening in to actual calls. Each patient issue is different and therefore not every answer can be anticipated.

Generally speaking, clinicians prove to be more in touch with patient symptoms and can document and

make decisions much more effectively than administrative staff. For that reason, it's important to train administrative staff thoroughly.

Together let us seek the heights.

Comments and questions are always welcome. Nancy Schulman is President of Integrative Health Solutions, LLC, a Boulder-based integrative and holistic management and strategy company. She has over 19 years' experience in financial operation and best practices in business. She received her MBA from The Johns Hopkins University and is board certified in The College of Medical Practice Executives (CMPE). E-mail: nancy@ihsolutions.info.

The Philosophers Corner

Medicine and Ritual

Robert Wickiewicz, MD

My conviction is that at the start of the twenty-first century, the foremost task of responding to illness and disability is not devising new treatments... Our challenge is to increase the generosity with which we offer the medical skill that has been attained.

Arthur Frank

Without a vision, the people perish.
Proverbs

The loss of meaning and the loss of an ethic of caring are, I believe, the two greatest problems facing medicine today. Financial considerations are derivative; deciding how much money to spend and where to find it seem like problems because of our loss of vision, as well as a loss of priorities.



Both of these problems are consequences of a huge social change we are presently in the midst of; a move from a more communitarian environment to a more

individualistic one. They also correspond to a profound loss of ritual in our culture.

In my article about disease, I introduced the idea that there was more to disease than what is taught in medical school and spoke briefly about ritual as a way of dealing with this. One way to understand this is the division of illness and disease. The concept of disease is the product of the reigning scientific model and is completely described in technical terms that are inaccessible to ordinary people. Illness is the lived experience of being sick. As physicians we are taught to deal with the disease; if the disease is eliminated, illness goes away too. This works fine if the disease is indeed cured quickly and completely. I come down with appendicitis. I am very ill and scared; I go through surgery, recover, and am well in a couple of weeks. My life is in order and where it should be. Arthur Frank calls this the restitution narrative (*The Wounded Storyteller*). But what if the disease is not eliminated in this way? What if it is a chronic condition or incurable? This is often what we spend most of our time dealing with. The easy stuff is, of course, easy. And the hard stuff does not go away. While we grapple with the disease, the patient wanders, lost in the strange land of illness.

Now let's try to be really holistic. Cross your mental eyes, so to speak, and try to superimpose the disease (pathology) and the illness (patient experience, social messages and roles, psychological state, spiritual response). And then grok that this is all one coherent whole that these pieces are part of – a whole which we can barely see but which we can intuit with some effort. This is what we have to address, and, try as we might, it often eludes us. The unitary experience of being sick that our ancestors lived with is broken into all these constituent parts

Arthur Frank speaks of this being lost as the chaos narrative. The patient is

lost in the land of the ill, and we are lost with histology and pathology and psychology and social studies. They need a narrative of meaning, and we are tongue-tied, with so many partial stories we cannot say what they need to hear. They need an experience of transformation, and we are impotent.

How can ritual help us here? What can this ancient practice show about dealing with suffering and illness at the start of the 21st century? Ritual allows us to do four things modern culture is either blind to or has great difficulty with:

- 1) encounter the sacred safely
- 2) put our lives and our illnesses into a context of meaning
- 3) draw support from the community for both the sufferer and healer
- 4) facilitate the necessary transformations.



One the most striking things about modern Western culture is the absence of any awareness of the sacred. I speak of this on a cultural level; many people work very hard to have a spiritual life, but it feels like a thing apart – something you only do in private. Bringing it into your life in the workplace or the public square seems awkward or inappropriate. “We are now in an age in which a publicly accessible cosmic order of meanings is an impossibility” (Charles Taylor). There is no way to share our yearnings or discoveries. “Do you believe in God?” is a question we now ask ourselves or each other. To our ancestors, this

would have seemed like a very silly question. God, or the sacred, or the transcendent is not something you figure out intellectually; it is not like a geometric theorem; it is experiential. To have a sense of the sacred, one must be open to it, have a way of talking and thinking about it, and a means to mediate the experience. This applies to communities as well as individuals. In a culture which has no way of dealing with the sacred, it is going to slowly disappear from our conscious awareness. Its absence will then be filled with neurotic compulsions, addictions and other pathology. Some people are blessed with spontaneous mystical experiences; the rest of us have to actively seek them out. As a species, we have been doing this for as long as we have been human. It is only in recent times that we have felt that this could be dispensed with.

Ritual is typically broken down into three stages: separation or preparation, liminality, and reconstitution. (Van Genep, Turner) the preparation is a way of a drawing apart and separating from everyday life, of aligning ourselves with what is about to happen and inviting spirit in. A space is marked and consecrated, and those who are about to undergo the ritual (e.g. an initiation) are separated from the community.

The second stage, liminality (from *limen*, Latin for threshold), is where the action occurs. Here the shaman or ritual master is under the guidance of spirit. This stage is marked by an inversion of the normal order of things, a “strange making” and social leveling. In an initiation, those undergoing the ritual are stripped of their previous social status and privileges. Mark Twain's story *The Prince and the Pauper* is an echo of this, as is Marine boot camp and hazing rites (and internship). In some real rituals, the future King is debased and humiliated; one must know what it is to be the simplest commoner in order to rule with justice. This stage is also marked by

an experience known as *communitas*, of being part of a much larger whole, of intense fellowship wherein the normal conflicts of daily life are seen as the petty concerns they truly are. Here is also where one may experience the sacred as immediate and present; God moves among us and one simply knows and is changed. The whole process is framed by myth, understood in terms of a story which is as old as time itself and which makes the whole ordeal comprehensible.

Reconstitution is the closing of the circle and the re-establishment of the everyday social order. In an initiation, the candidates now take on their new social role with its markings and privileges.

As we look at how ritual works, one thing is striking: how much illness resembles liminality, particularly an illness which is not quickly cured. For the person grappling with cancer or AIDS, the world has been turned upside down; things are strange and normal social relations are broken or changed (the chaos narrative). For the lucky few, the quest leads to a deeper reintegration of self and the world, but it is dreadful to go through alone, without any preparation or the guidance of an elder. Every tradition on the planet speaks of the danger in this place. For those who do make it through to the other side, the view can be breathtaking. Frank tells the story of a man dying of Lou Gehrig's disease:

He was sitting on his deck, almost immobile in his wheelchair watching the herring school in the bay below. All the creatures of the sea had come to feed on the fish.

"Even for someone who has spent most of his life around the water, it was an inspiration. At its peak, the whole scene changed from one of frenzy, greed and pandemonium to one of harmony and balance. It was spring itself — everything in its place—each creature keeping time to a universal pulse. Even the unseen carnage below the surface seemed to be part of something perfect and I felt part of that perfection. The scene was alive. The air was alive. And as sappy as it sounds, I felt more alive than I had in years"

He is dying sooner than later; he learns his dying will be part of the same springtime when the herring school and are eaten. He knows he will die, and that is all right.

There is another danger; without proper preparation, the breakthrough of the sacred is terrifying. On beholding his vision, Isaiah cries out, "O woe is me; I am a man of unclean lips!" In the Christmas story the shepherds are terrified when the angel appears. Illness breaks us down; we face the fact of our frailty and mortality without any of the usual comforting old illusions. The presence of eternity is terrifyingly close, and there can be the sense or experience of being cursed, of being defiled or cast out. Like Isaiah, we are overwhelmed by our inadequacy. ("The subterranean equivalences and correspondences between the defiled, the consecrated and the sacred are perhaps inefaceable." —



Ricoeur) Another MRI or consultation will not assuage our fears. A story from Christian scripture tells of a paralytic brought to Jesus, who says "your sins are forgiven." When observers act confused and offended by this, Jesus asks "what is easier, to say your sins are forgiven or arise and walk?" Indeed. To be forgiven is to be healed, to have the connection with the sacred renewed and to have one's proper place in the cosmos re-established. Jesus heals the man's paralysis, but this seems almost secondary.

We, the healers, also need the support ritual once bestowed, the sense of community and belonging, of not carrying the whole burden alone, of being part of a much bigger story, of not being totally responsible but being one piece in a much larger drama. As healers, we are not "body mechanics", we deal with the mysteries of life and death; we play with the fire of the gods on a daily basis without awareness or support, thinking it is all our responsibility, and wonder why we burn out. We work surrounded by massive amounts of negative energy that need to be defused.

Which brings us finally to an ethic of caring. The AHMA recognizes the healing power of love; the problem we face is how to sustain this through the trials and stresses of our daily lives. This may be the most difficult thing we face. Ritual is typically enacted in organic communities and is very powerful in reinforcing those communities. That type of community is lost to us; this is the price of our freedom and of modernity. I do not believe medicine as a caring system can be practiced outside a caring community. The ethic of caring as it does exist is the effort, occasionally a heroic effort, of individuals. Finding our way back will be hard; at least the awareness of what we lack grows.

Medicine is an ancient and honorable profession; it has been through many changes and will pass through many more. It deserves our best effort and attentiveness - not attentiveness to knowing the latest scientific knowledge; we have more than enough of that, but attentiveness to medicine as a moral art.

Ritual and Ceremony

Christina Pratt

Ritual and ceremony are medicine. They are medicinal tools used by shamans to engage the powers of the invisible world to do what humans can no longer do for

themselves. Ritual and ceremony are used to effect specific changes in the physical world. However, they are not interchangeable. Ritual is used to create a transformation in the status quo. Ceremony is used to restore or reinforce the status quo. Ritual is the intentional, focused use of chaos directed to change the current order of things, like an illness or pattern or self-destructive behavior. Ceremony strengthens the individual or community by releasing that which stands in the way of harmony and grounding people in the right order of things (natural laws).

Responsible individuals who have cultivated the skills to connect with and engage the unseen energies can conduct ritual and ceremony effectively. With the assistance of spirit, the individual must accomplish three things without bias or preconceived ideas. First they must see accurately what is actually going on. For example, is the child's behavior the problem, or is the family system the problem? Given the true nature of the problem, the individual then asks spirit to diagnose the source of that problem. For example, is the source of the disharmony the father's alcoholism, a possessing spirit, or an ancestral pattern of distancing oneself from emotional intensity? Finally, given the diagnosis, the individual asks spirit to prescribe a remedy to address the true source of the true problem. For example, does the father's alcoholism need to be transformed, or does the man need to be returned to a harmonious state in which he doesn't feel the need to drink?

Both ritual and ceremony are designed to engage the spirit world in helping human beings. The essential distinction between the two tools is the intended outcome. The outcome of ceremony is known and predictable, while the outcome of ritual is unknown and unpredictable. Without the connection to the powers of the spirit world, neither is effective medicine. Any ritual or

ceremonial form can be practiced by rote in a way that does not engage spirit, either because the form is not appropriate for the situation to which it is applied, or the individual officiating is not able to open an authentic connection with spirit and engage the help of the spirit world. When spirit is not engaged, the ritual and ceremony are both empty and powerless.



The structures of ritual and ceremony have similar functional elements:

1. Intention is clarified. To be effective in calling on spirits, humans must do so with a balance of clear purpose and complete humility.
2. Sacred space is created. The physical space and human beings who will be present in ritual space are prepared and cleansed.
3. Sacred space is opened. The spirit powers being called on are honored, allowing the shaman to initiate the conversation with them.
4. At this point, the process becomes either a ritual or ceremony depending on the intention.
5. Sacred space is closed. When the work is complete, the end of the dialogue with spirit is acknowledged as when you say "good bye" at the end of a telephone conversation.
6. Gratitude. Humility and thanks are offered for spirit's intervention in human concerns.

The difference between ritual and ceremony occurs after the sacred space has been opened and a connection with spirit has been established. In ritual, no one – including the shaman – knows exactly what will happen or how the effect of the ritual will play out in the lives of the participants. Ritual always involves this risk. Facing this risk is fundamental to all initiations, child to adult, individual to shaman, and for the ongoing health of the individual and community. It is the shaman's responsibility to guide the energetic flow of the ritual, which the shaman does through the interaction with spirit in an altered state. The shaman aims to keep the flow within the bounds of the intention and the general safety of the humans involved. However, complete safety is not always possible or desired in ritual. Anything is possible including illness, insanity, or death. This element that produces risk, the connection with spirit, is the same element that makes ritual a powerful transformational medicine.

It is essential that all of the functional elements occur. However, how they occur – the actions taken or the form used-varies among cultures, tribes, and practitioners. The form used is influenced by a multitude of variables, including, but not limited to, where the event is happening, why, when, and who (human and nonhuman) will participate. As these variables change, new ways open for humans to accomplish these functions, and some old ways lose their efficacy. The perfect performance of an old ritual or ceremonial form does not assure that an authentic connection with spirit will be created today, and, conversely, the fact that the form does not work today is not proof that it did not work in the past. What is perhaps more surprising, given all of the variables involved, is how much of the old ritual and ceremonial forms are still potent and powerful medicine today.

In contrast to creating change, ceremony reaffirms the natural order. After the sacred space is opened in ceremony, the shaman and any participants familiar with the ceremony know exactly what will happen and what the effect will be in their lives. That is the power of ceremony. The ceremonial conversation with spirit is scripted and familiar, as in weddings and baptisms in contemporary religions. An example of highly evolved ceremony as medicine is seen in the “sings” of the southwestern Native American peoples. Each is prescribed for a specific illness to bring the individual back into harmony and balance with all things.



Ritual and ceremony are medicine. They are diagnosed on the spot to cure a particular problem. However that does not mean that we should look for that one ritual that is “the cure.” More to the point, we need to live in a way that incorporates ritual and ceremony into everyday life to assist us in meeting the ongoing task of well being. To this end there are radical rituals, maintenance rituals, and unfortunately false rituals. Radical rituals are used to create a transformation from which there is no turning back. This is acute care or medicine that deals with problems already manifest. Maintenance rituals are preventative medicine.

Like the monthly dance rituals of the Inuit people, these rituals allow people to enter sacred space together, to call spirit into their bodies and to dance away the energies of life that would lead to stress, addiction, and illness. False ritual occurs when humans make up a ritual without consulting spirit or conduct a ritual without effectively attending to all the functional elements. This is the unfortunate result of a culture of people so starved for ritual and community that they stop discerning and reach for anything they can get.

The tools a shaman uses to engage spirit in ritual and ceremony, such as drumming or chanting, should not be confused with the actions the shaman takes once in trance. A shaman usually enters trance the same way--using the same songs or chants, for example. However, what the shaman finds while in trance is unique to each. The actions the shaman takes while in trance are improvised based on what the shaman finds through the connection with spirit--the diagnosis. The form is never the same twice. However, the tools the shaman uses to open the ritual space and to enter trance are the same ritual to ritual because they work.

Shamans use ceremony and ritual when necessary. However, the healing work of a true shaman is not ceremonial. Every time a shaman enters trance, he or she engages spirit in ritual. What happens in the shaman's ritual is not known until it is complete. The shaman's sessions are unique, though the same tools or processes may be repeated. Each shamanic healing ritual involves risk. This is the reason rituals are powerful tools for healing. It is the risk inherent in ritual that allows it to be truly transformational, and the ability to manage risk that allows the shaman to be a powerful agent of change.

Dream, Myth, and Ritual

Edward Tick, Ph.D.

(Excerpted from *The Practice of Dream Healing: Bringing Ancient Greek Mysteries into Modern Medicine*, Quest Books, 2001)

Dreams are created by individuals; myths, by cultures. As human experience accumulates over vast stretches of time and layers of civilization, history, and nature, cultures create collective dreams that eventually become their myths. They repeat in us, as individuals and cultures, as we repeat the ancient, enduring human journey in its contemporary manifestation. When we interpret myths, we are interpreting the dreams of the ages.

In the modern age, Freud first reminded us to take our dreams as serious messages from unconscious sources, and many explorers and commentators on the dream life have followed in the last hundred years. Freud's reminder came after centuries of neglect of such nonrational phenomena as dreams. In fact, he rescued dreams from the realm of nonsense and restored them to the psychological.

While Freud located the source of dreams in the unconscious, the deeply personal, other theorists beginning with Jung saw that dreams also have collective or transpersonal dimensions. In fact, ancient traditions from all over the world support the experience and interpretation of dreams as messages from transpersonal sources. The inheritors of Freud successfully restored the psychological dimensions of dream work, while the inheritors of Jung successfully restored the transpersonal dimensions of dream work. One of the great challenges we face in applying modern dream work in medicine and psychology is recognizing and differentiating the

personal and the transpersonal, the individual and the collective, the psychological and the spiritual. Then we must knit our processes, interpretations, and guidance received into a gestalt as inclusive, complete, and successful as is the dream itself.

One of the major and most powerful practices of transformational dream work in all of human history is found in the myth and traditions of Asklepios, the ancient Greek god of healing whose tradition led directly to the development of scientific medicine in the western world. Ancient Greek medico-spiritual practices taught how we may heal through “dream questing” what cannot otherwise be healed. According to the Asklepiian tradition, as well as testimony and practices from numerous traditions worldwide, dreams and related phenomena such as visions and shamanic journeys are not “symbolic of” something in the everyday world. As James Hillman has written, dreams are not “a piece of the psyche along with memory, perception, emotion, and the like. Dreaming is the psyche itself doing its soul-work.”ⁱ Dreams are profound soul experiences in themselves, not to be merely interpreted for meaning and guidance. Since they occur at the foundational layers of our psyches where everything is mythic, they can profoundly reveal, rearrange, affect, and transform the very organization of imagery that has its life at that foundational level. Thus, quite literally, dreams can change our minds. When and how to seek and purposefully use dreams for transformational healing work in our body-mind foundations is taught by both the myth and practices of ancient Asklepiian work.

Moreover, the collective dreams that we know as myths can themselves be an endless source of guidance, inspiration, and wisdom. Whether I am guiding a psychotherapy or supervision session or holistic consultation; a class, retreat, or workshop; a journey into the

wilderness or to an ancient land; or when I am struggling with a dilemma of my own, I approach myths as I do dreams, seeing them as larger and more universalized. Myths are certainly symbols to be interpreted. But they are also vividly alive experiences that take place in what the ancient Greeks called *kairos*, the sacred rather than ordinary dimension of time,ⁱⁱ what Jungian analyst Thomas Lavin calls “urging time.”ⁱⁱⁱ

I encourage my patients and students to treat both their individual dreams and our collective myths as primal experiences as well as symbol systems. This approach helps us fully embrace what happens in our dreams or in our identification with myths. In the therapeutic work of interpretation, we use dreams and myths as guides and aides to understanding waking life. But beyond this interpretive level, we can consider dreams and myths to be forms of actual psychic experience in the inner world. Such experiences reveal the dimensions of the archetypal world that lives eternally within and beyond us. Simultaneously, they offer healing through the awakening and reorganization of psychic energies and structures.



Every one of us repeats the themes of myths that may be found in dramatized form somewhere in world literature or culture. The particular myths any of us enact, through the drama of our daily lives and through dreams and other unusual experiences, reveal the essential aspects of our psychodynamics and organizational patterns and relationships in our body-mind. Their identification and decoding can be a major aspect of healing.

The archetypes are living energy patterns and configurations that exist eternally but find living expression through our psychodynamics, creative and health processes. In short, we live the myths, while the archetypes live us. We must pay homage and embrace the surfacing of archetypes and myths in our private lives, even as we seek understanding, healing, and creative distance from them.

All this is to say that the ancient life as portrayed in myth – of gods and goddesses, ordeals and oracles, heroes and heroines – is eternally alive and well, and is accessible to us even today in our secularized and materialistic world. Our task is to recognize, decode, and access the mythic patterns and archetypal presence, disguised as they are in contemporary concepts, images, and experiences, including our health crises. As the ancients said, the gods live forever. All we need do is remember them.

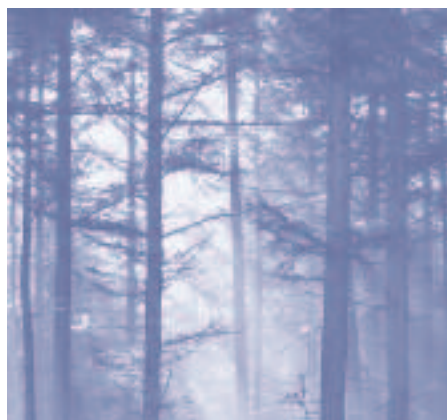
The first way ancient life is accessible today, rarely practiced but more common than what will follow, is through identification. Following the model of Jungian analysis, we can freely associate to myths as we do to dreams. We can seek themes that resonate with us, images that spark personal images and memories, points of identification, until we realize that “particular myths, at least, will be living themselves out in one’s life . . .” and we come to feel that “This is my myth. This is myself I am seeing here.”^{iv}

I commonly introduce mythic stories to my patients struggling with intractable dilemmas. For example, I have often used the story of Odysseus and the Sirens with both men and women struggling with sexual obsessions, fantasies, or acting out. As recorded in Homer's *Odyssey*,^v on his voyage home from the Trojan War, Odysseus had to sail past the island of the Sirens, who sang so beautifully and seductively that sailors inevitably turned their ships toward the enchantresses, only to be shipwrecked on the rocky shoals surrounding their island. To sail safely past them, Odysseus plugged his crew's ears with wax. But the captain himself wanted to experience their irresistible music. In order to simultaneously listen yet resist, Odysseus had himself tied to his mast.

Contemplating this myth, a sexually compulsive man for the first time saw himself not as a pathological misfit but rather on a universal hero's journey necessitating his need to learn restraint and containment of the power of his sexual drives. A woman after several affairs asked for the first time who it was she was trying to shipwreck and devour, how it was that her femininity had become a disguised weapon of destruction rather than a source of joy, sharing, and nurturing to self and others.

In a similar manner, in my work with war veterans, I use the myths and legends of warriorhood from traditions the world over. I teach my veterans that world mythological traditions honor the returned warrior, wounded or not, defeated or not, and that there are mythic means and strategies for returning them from their sojourn in the Underworld. I demonstrate that their shell shock, battle fatigue, or post-traumatic stress disorder can be understood and experienced mythically as a condition of being stuck in the Underworld. I invite my veteran patients to undertake the psycho-

mythic transformational journey from disabled veteran to healed and returned warrior of honor.



Seeing one's personal struggles mirrored in ancient myths automatically brings a feeling of relief to the sufferer. As Joseph Campbell succinctly put it, "Guilt is what is wiped out by the myth."^{vi} One's personal drama accurately reflected in an ancient story demonstrates to the sufferer that he or she is not struggling alone and unnecessarily, but rather is in a necessary ordeal with some eternal aspect of the human condition.

Another way the life of the ancients is accessible to us is through our replication of mythic formulae. By studying the myths, legends, and testimonies of ancient traditions closely, we can discern actual formulae for performing rites, rituals, ceremonies, blessings, prayers, oracle seeking, and ordeals.^{vii} Every aspect of the myth survives: its formulae, its plot, its place descriptions, and its archaic attitudes from a lost world. Thus, the ancient world is recoverable. . .^{viii} The myths not only reveal to us eternal themes of the human drama. They also tell us how, when, where, with whom, in what ways these dramas were enacted in ancient cultures. We can then choose to reenact the myths – not in ways that forsake modernity for a flight into the dead past, but in ways that are comfortable, accessible, and adapted to the contemporary world, that

revivify and revitalize contemporary life and create a new synthesis of the contemporary with the eternal. As Lao Tzu taught, "Stay with the ancient, move with the present."

There are many ways available to us for such mythic reenactment. We may participate in such Native American purification ceremonies as a sweat lodge, or in life-guidance seeking ceremonies as a vision quest. We may go on pilgrimage, traveling to sacred sites to seek inspiration, offer prayer, and deepen a personal connection to a divine or human figure. We may take the ecosystem very seriously and immerse ourselves in nature to the extent that we reenter the living web from which we have become alienated. We can watch for the ways the web responds to us and take these responses as personal, reading them as signs and oracles. We may identify with a mythic tradition to such a degree that we undertake a journey that replicates the mythic hero's journey as recorded in ancient sources. We may pray as the ancients did in their very temples. We may even offer libations and food sacrifices as they did. We may create new personal or communal rituals, marking significant life passages or events, modeled on traditional rituals but constructed out of the familiar material of our own lives and traditions. In all these cases, we go beyond association into a living identification. We do not forget who we are as modern people with a modern consciousness. But we accept and believe that the ancients had access to transpersonal dimensions that we have lost, and that by following their teachings, we may regain and achieve such access as well.

Mythic immersion is possible today, whether through association and identification in the consultation room with a therapist or physician as support and guide, or through identification and replication in nature or around the world, perhaps with a teacher, therapist, doctor,

modern shaman or experienced pilgrim as guide, or on one's own. Any way we practice such immersion in myth, the movement is the same. The personal finds its place in the universal. The individual's fear and judgment of psychopathology is transformed into a sense of participation in the struggles of the ages. In the myth we labor not for ourselves alone but for all humanity. First we struggle and suffer alone. Eventually, with grace or guidance, we identify with the myth. Then we see that we are living the myth and that it belongs to all humanity. Our struggles to heal also become ordeals in service to the archetypal dimensions of human life that we, too, are helping into the world. Finally, we accept that the divine is the true power and that divinity's myths are living us. When we enter that consciousness, we gain a true acceptance that there is no way out. There is only the way through. There is only living the myth with willingness and consciousness. Through such living we gain an invaluable and irreplaceable sense of our destiny, purpose, and relationship to our cosmic home and story.

- i James Hillman, *The Dream and the Underworld* (New York: Harper & Row, 1979), 201.
- ii For a full exploration of the meaning of kairós and its differentiation from ordinary time, and for an explication of other key mythic aspects of growth and healing, see Edward Tick, "The Mythic Dimensions of Healing," *Voices: the Art and Science of Psychotherapy*, Winter, 1996, 32:4, 15-20.
- iii Thomas Patrick Lavin, personal communication.
- iv Edward F. Edinger, *The Eternal Drama: The Inner Meaning of Greek Mythology* (Boston: Shambala, 1994), 3.
- v Homer, *Odyssey*, XII, 143-207.
- vi Joseph Campbell, PBS Interview Series with Bill Moyers, 3, "The First Storytellers."
- vii Norma Lorre Goodrich, *Priestesses* (New York: Harper Perennial, 1989), 9.

Ritual and Medicine: And Interview with Karen Lawson

by Robert Wickiewicz

Q: What do we mean by ritual?

A: When people say "ritual" today what they usually mean is simply a set of prescribed actions or habits. This is not what we mean here by ritual. It is helpful to distinguish between ritual and ceremony. Ceremony is a predictable process, like a wedding or graduation, which can be used to invoke the presence of the sacred, for acknowledging locations and passages in our lives, but does so in a way which reinforces the status quo. It supports the bonds of community through its predictable and reliable nature. By comparison, each ritual is unique and unpredictable, and is used to facilitate deep change. Ceremony reaffirms who we are in a community, ritual helps us discover who we are destined to become, and helps us achieve that transformation.



FEATURES

Ritual brings community together to invoke the presence of the sacred and to request help. In the preparatory phase there may be set of prescribed actions (e.g. calling in directions, setting boundaries, invoking spiritual guidance), but, after that, ritual is undetermined and follows the guidance of spirit. Most Americans do not have much ritual in their lives and that is a great loss. For example, we no longer regularly perform intentional initiations for adolescents and our young people wander around lost. They often seek to initiate themselves through dangerous and violent actions, or they medicate their fears away with drugs and alcohol. We need to rediscover the role of ritual in our lives to achieve the transformations we need as individuals and community, to lead lives of meaning and purpose, and to create a sustainable world in which we can live together peacefully.

Q: Do you think there is a lack of ritual in medicine?

A: Modern medicine is often mechanical and not facilitative of healing. As a system, it contains no invitation for self-discovery or deep transformation. Sometimes, all the patient may need is a mechanical intervention of some sort, and medicine is very good in that arena. Sometimes, through the pure connection of well-meaning hearts, healing happens, almost despite the system. But the system itself does not use or advocate tools for life changing growth or transformation.

Q: How can we get medicine to be more aware of ritual and its uses?

A: Ritual will not become part of modern medicine until healthcare professionals learn to value it in their own lives. The question for us at the AHMA is "How can we introduce ritual as a tool for transformation and healing for our members, so they can bring this back to their own lives and practices?" There is often a lack of appreciation of the difference between change and transformation. With change, there is always the option of returning to previous behaviors and ways of being. With transformation there is no going back. It is an alchemical difference.

Q: How can we bring this into our everyday lives?

A: Any true spiritual path, if followed faithfully, grows to encompass more and more of our life. It informs who we are at every moment of being, not just those in which we are praying or meditating or dancing. After a while it simply cannot be isolated or compartmentalized. Therefore, people need to create time and space in their lives for silence, personal reflection, for activities of spiritual exploration; time to listen for the whispers of the spirit.

We must try to create around ourselves some community where we can have conversations about the things that are important. There needs to be a conscious way to bring this into our everyday lives; ongoing practices like greeting the dawn, meditation, nature walks or daily prayer. Then there needs to be time for working on the big issues. That is when we use the practice of ritual - to get help doing those things we are not able to do for ourselves. The bigger the issue, the larger the container needed. Some things we can do with personal ritual and the help of Spirit. Other things take a community in the ritual together.

We have to commit to our daily practices, and just keep doing them day after day. You can meditate or do yoga month after month, even year after year, and it feels like nothing happens, then suddenly, one day, something "opens up" or we realize we have changed. For those to whom such practices sound very foreign or scary, just finding a way to connect to nature and the out of doors is a great first step. Always remember to ask for help: from friends, family, spirit guides, power animals, ancestors, God - whatever you have faith in. None of us can do this alone.

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Conference 2005: Learning, Playing and Growing

Larry Palevsky, MD, FAAP, ABHM
AHMA President & 2005 Conference Chair

For those of you who came to Philadelphia for the 2005 AHMA Conference, *Holism & Family Health*, thank you for making it a great success. I was comforted to see such a diverse community in attendance – medical doctors, osteopaths, naturopaths, homeopaths, chiropractors, herbalists, nutritionists, psychologists, nurses, physician assistants, health counselors, therapists, energy healers and more.

I want to send a special kudos out to the students – there were more students at this year's AHMA conference than ever before. I am grateful to you and to the AHMA mentors who are nurturing your growth in our community and in your lives. May we continue to build a strong base of new student and resident leaders in holistic medicine to help grow the AHMA. We also attracted many new AHMA members this year and saw old faces return after being away for many years. As always, AHMA conference attendees prove time and again how to learn, play and grow spiritually all at the same time.

Jon Kabat-Zinn was extremely accessible to the audience as he opened the conference with an inspiring keynote address filled with humor, warmth, an open-heart and an important message from the title of his new book, ***Coming to Our Senses: Healing Ourselves and the World through Mindfulness***. Christine Page fired the audience up with a passionate keynote and a powerful message about the importance of **The Emerging Feminine** in shifting the consciousness of women and men and the healing of the earth.

An Evening with Bernie Siegel was a special treat, hearing his powerful experiences, heart-warming stories, insights into healing through drawings, and, of course, his sense of humor. To close the conference, Eve Ensler, award-winning playwright, activist and screenwriter, encouraged women to stay present, be in their bodies and **Find the Power to Go from Good to Great**. Most inspiring for me was her message encouraging each one of us to take care of our own selves to the fullest, as no one will rescue us or fill the void we feel but ourselves.

I would like to share with you a beautiful letter written to us by Danielle Zelnik, a medical student from the University of Medicine & Dentistry of New Jersey, who attended her first AHMA Conference... *As a first time attendee of the annual AHMA conference, I was impressed with the depth and variety of programming offered. Workshops covered the latest research and holistic approaches to the management of common patient-care issues encountered in family practice, encompassing topics in pediatrics, gynecology, and adult medicine. In addition, there was a strong focus on humanism in talks covering death and grieving, spiritual parenting, and Bernie Siegel's evening keynote on the art of healing.*

Self-care was also emphasized in the morning experientials, such as tai chi and yoga. As an added treat, Eve Ensler, author of The Vagina Monologues spoke about her work as a storyteller, giving women a voice to talk about their struggles with self-love and sexuality. The free pre-conference intensive for medical students was the perfect place to meet like-minded colleagues and brain-storm ways to bring holistic medicine to medical education and communities... The annual banquet

was a blast, and it was evident that the AHMA physicians and their families know how to have fun! The AHMA conference has officially made my list of yearly events to attend. It has a great mix of programming and people.

Thanks to all of you who worked on making this conference such a great success, especially management and my colleagues who volunteered their time and expertise. A special thanks to Andrea Girman, MD, MPH, fellow pediatrician and AHMA board member, who worked with me as assistant chair. I enjoyed putting this conference together for the community, and was thrilled to dance, (sing), and party with all of you at the banquet when it was over! Many thanks again to the presenters who donated their time to share their knowledge and experience with the community. Tapes are still available (see the web site for order info - www.holisticmedicine.org). And lastly, thank you for your feedback, which will be put to good use in planning next year's conference and beyond.

So, mark your calendars. The 2006 AHMA conference is in St. Paul, Minnesota, June 7-10, 2006, on *Holism in Action: Building Integrated Health Care*. I pass the baton to the next conference chair, fellow AHMA board member, Kjersten Gmeiner, MD.

Hope to see you next year in St. Paul.

CONFERENCE 2005



AHMA Conference 2005, "Holism & Family Health," May 11-14, 2005, Philadelphia, PA



Bernie Siegel MD



Conference Co-chairs Lawrence Palevsky MD & Andrea Girman MD

Keynote Speakers



Christine Page MD



Jon Kabat-Zinn PhD



Eve Ensler

National Educational Dialogue to Advance Integrated Health Care:

Creating Common Ground

Georgetown University

May 31-June 3, 2005

By Karen Lawson, MD,
Past-president, AHMA

This was part of a "multi-year project of the Education Task Force of the Integrated Healthcare Policy Consortium." Organized by John Weeks, well-known exponent of the business of CAM and integrative medicine and Pamela Snider, ND, from Bastyr University, this event was attended by a group of educators from medical schools and non-conventional medicine educational programs from around the country, as well as from Canada and Australia, to discuss the topic of "Creating Common Ground." Organizations represented included: AHMA (represented by myself and Mary Guerrero, co-chair of the education committee), American Holistic Nursing Association (AHNA), American Board of Holistic Medicine (ABHM), Consortium of Academic Health Centers for Integrative Medicine (CAHCIM), Academic Consortium for Complementary and Alternative Health Care (ACCAHC), Integrative Healthcare Policy Consortium (IHPC), and others. Educators in the fields of nursing, medicine, allied health, homeopathy, naturopathy, yoga, acupuncture and oriental medicine, massage therapy, midwifery, public health, and chiropractic were represented. Also in attendance were health care lobbyists, business and legal professionals. Approximately 80 invitees were present. The goals were to work toward some consensus on what training ALL health care students need, in order to achieve a society of professionals in which interdisciplinary collaboration and, where possible, integration, could actually be achieved. In other words,

what needs to be done in training programs to allow integrative health care to really happen? Areas explored included: definitions, values, a shared glossary of terms, issues of policy, core curriculum, privileges, teamwork, reimbursement, models of integrative care, and more.

This was a highly informative gathering which presented numerous opportunities for the building of dialogue and relationships among educators. Representatives of each discipline summarized their field in a poster which included Principles, Regulatory Status, Scope of Practice, Educational Status, Research, Collaboration, Key Challenges and Key Opportunities. Holistic Medicine and Integrative Medicine were acknowledged and described separately.

General Sessions were composed of individual and panel presentations which reviewed the recent IOM report, definitions of integrative medicine, and the results of an inter-institutional survey about interdisciplinary relationships/best practices. They also covered principles in leadership for change, discussed collaborative educational programs including educational resource development and best practices in inter-institutional relationships, and set plans for the next year and future meetings. We also engaged in a World Café forum on a draft of values, knowledge, skills and attitudes for all health care professions students created by a NED task force. This unique and enjoyable forum began a dialog that will lay the groundwork for future consensus building. Other activities included consideration of an Academic Consortium for Complementary and Alternative Health Care response to the Consortium's Education Working Group article by Kligler, Maizes, et al. from *Academic Medicine* on proposed competencies in curriculum in integrative medicine for medical schools. Such a forum may be used as a model for our

upcoming 2006 collaborative conference with AHNA, which will focus on relationship building.

While a final "common ground" on a core curriculum was not achieved in 3 days, we did hammer out multiple items. Most importantly, we discussed the kinds of collaborations we might create in a truly integrative health care system of the future, while acknowledging some of the fears, mistrust, and ignorance which present obstacles to real relationship. I believe this meeting was an excellent start to creating a future of medicine and healthcare that will set the new standard of healing and holism for future generations.

I am hopeful that AHMA will be able to continue to be a presence in this very important dialog, but we need to find funding support to allow this dialog process to be continued and for AHMA to be an active participant. If education and the future of healthcare are issues you feel passionate about, or if you know someone who does, and would be willing and able to support this work with a tax-deductible contribution for this project, please contact Amy Driggs at the management office at info@holisticmedicine.org. We would love to hear from you!

Know Thyself AMSA/HuMed AHMA Medical Student and Resident Retreat Berkshires, New York (dates)

Misha Kogan, MD
PGY1 Montefiore Social Medicine
Residency Program
Bronx, NY

Know thyself was the first retreat organized by medical students and residents of the Northeast with support from The American Medical Student Association's Humanistic Medicine group (AMSA/HuMed) and

the American Holistic Medical Association (AHMA). The retreat brought together a group of loving, creative, passionate and healing students and residents from across the region. The goal was to reconnect with ourselves and one another and to create a humanistic community of medicine. The weekend was spent in a relaxed atmosphere with time for fun, music, dancing, heartfelt conversations, guided meditation, healthy lifestyle practices, and powerful friendships.

Although the retreat was organized and led by medical students and residents, mentors played a key role in leading workshops and sessions. They shared their stories about healing and life's journey and taught practical tools of survival in a hard driven medical education path. Abandoning a hierarchical model of communication led to the formation of profound bonds between many mentors and students. The retreat took place in upstate New York in the Berkshires, at the Abode of the Message, an intentional Sufi community that offers space for retreats and workshops. The deeply spiritual atmosphere of the Abode, delicious organic food, beautiful music and a lot of friendly smiles made the weekend filled with feelings of love, community and support.

As one of the organizers of the retreat I invested a lot of energy into making the retreat happen. Then, when it was all prepared, and we started the first circle, time stopped.

The next two days went by as one single moment. Even though we had planned many different sessions, we allowed things to flow, and when some sessions did not fall into place it was OK. We just played more music, sat with each other, and enjoyed a wonderful time.

The most difficult part of the retreat was to accept the fact that so many residents could not come. The brightest part of the retreat was to just sit together with the community of likeminded healers.

My dream has always been to see humanistic retreats becoming a part of every medical student's and resident's education. I'm delighted to follow my dream and slowly manifest it into life.

I would like to thank our mentors, Abode of the Message, AHMA and AMSA/HuMed for financial, organizational and moral support without with the retreat would not have been possible.

...*EDITORIAL continued from page 1*

Have you heard about the new human being doll: wind it up and it makes a mistake) We can never be otherwise; our imperfections are also a crucial part of the story. We are all tiny but essential pieces in a truly grand narrative; we need each other and we need the people we care for just as they need us. Nothing exists by itself. Context is everything. And we must get past the ways we abuse ourselves and each other.

Don't just talk the talk, but walk the walk. Care for yourself. Take time to play and pray and just enjoy your friends and family and this wonderful world we have to live in. And spread the message, together we truly can make a difference.

*Come with me
Or come alone
We've come to bring
The children home*

The Grateful Dead

AHMA Newsletter Schedule & Guidelines

The AHMA newsletter is designed to keep members abreast of the activities of the association, and, space permitting, it will serve as a vehicle to share creative thoughts and ideas of the members.

The newsletter is published four times per year; the mail date is the middle of the month. (FEB, APR, AUG, and OCT)

Deadlines for information to be received for each publication date are one month prior to the mail date. (January 15 for the February issue; March 15 for April issue; July 15 for August issue; September 15 for October issue.)

Reports from each AHMA committee chairperson are to be included in the newsletter.

All reports, articles and items of information should be sent via e-mail to info@holisticmedicine.org

Photos and artwork should be sent by e-mail to info@holisticmedicine.org or the originals should be mailed to AHMA, 12101 Menaul Blvd., NE, Ste C., Albuquerque, NM 87112.

When sending photos, please identify individuals, events, locations, etc. on a separate sheet of paper to accompany the photo.

HARPS Focus:

*Henri J Roca III, MD
Council HARP*

Developing a New HARP or
Reinvigorating an Existing HARP:

A Holistic Area Resource Person (HARP) has heard the call for service to the community and has answered that call as a representative of the American Holistic Medical Association. Welcome on board.

A primary question is usually, "So what does being a HARP mean? How do I do it?"

The initial answer must come from within. Ask yourself the questions:

1. Do I want to serve a physician-centered community of interested individuals? If you want a physician "only" group, you can post announcements for an initial presentation at a local medical school or hospital. The first presentation may be an introductory one or may be a case presentation or may be a holistic approach to a common disorder. In any case, you will need to feel out your local physician audience and determine what would most meet their educational needs and be of interest to them. Once the meeting is held, collectively, y'all can decide on the format for future meetings. Be sure to offer them membership in the AHMA (in some cases you may want the group to be made of only AHMA members).

2. Do I want to serve the larger community? If the answer is yes, then ask yourself whether or not you will want to create and lead the group (it will take a chunk of time, and it is very rewarding), or if you want to find an existing group and support them (a much less significant time expenditure, and I'll bet the community will love you for it) or if you want to encourage someone else to create and lead the group and then support that group

(again it will take less time and there are organizations that can mentor community groups in formation). In any case, you'll need to call a general meeting. Usually interest in this community is very strong. One of the first things to do is to identify two or three people who could either help you or who could facilitate the process themselves.

It's not hard to start a HARP group. Do consider the time requirement to maintain an organization once it has been initiated. Whatever you choose to do: whether working with physicians, creating community, or supporting community, plan to commit for the long term so that your constituents realize that the effort is here to stay.

I have personally had great success in starting community groups and have seen the most change in the system come from community interest and desire. This is the kind of desire that is fueling the Health Freedom movement in many states, the movement toward licensure of other CAM professionals, and the incorporation of modalities in the inpatient setting. In short, the rewards for participating as a champion of holistic, humanistic medicine are vast.

Dr Pete Muran is a California HARP who recently moved from the southern California area to the Central California Coast. He continues to maintain his commitment to service as a HARP in his new community of San Luis Obispo. He has chosen to serve as a HARP in support of a local group of complementary providers and interested general community members. Pete went to his new hospital to see if there was a population of physicians who were seeking information in holistic medicine but found nothing but resistance and lack of commitment. Indeed many may be interested in holistic medicine but not enough to commit to participating in any given event.

Instead he looked at local health food stores and found a group of loosely organized individuals who were already regularly meeting. They were thrilled that a knowledgeable holistic physician would choose to communicate with them and support their efforts in the community. Pete is now working to help them get better organized and is already planning several educational talks. In addition, he has found a ready group of CAM providers to whom he can refer patients and vice-versa.

Being a HARP can be simple, fun, and sustainable.

We again thank all of our existing HARPS and wish to welcome several new HARPS:

Pete Muran, MD
(new to the San Luis Obispo area)
1241 Johnson Ave, Suite 354
San Luis Obispo, CA 93401
Ph: 805-548-0987
hausdoc@aol.com
www.longevityhealthcare.org

Jeffrey Nesta, M.D.
1104 N. Marshall St. #607
Milwaukee, WI 53202
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jnesta@ticon.net

Vasu Brown
4499 Acushnet Avenue
New Bedford, MA 02745
vbrown@newbedfordrehab.com
<http://YourMD.US>

Wendy Arthur, MD
CCNH Director of Complementary
and Holistic Healthcare
2140 11th Ave South, Suite 305
Birmingham, AL 35205
Ph: 877-782-8236
wendyarthur@charter.net

Opeyemi Parham
Health Care For Human Beings
172 Highland Ave
Greenfield, MA 01301
Ph: 508/439-1980
camilla@justaddfire.com

Looking for your local HARP group? Log on to the Members Only area of the AHMA web site – www.holisticmedicine.org – and check out the HARP Finder.

Ode to Begin Again

*Bill Nunley, MD
AHMA Resident Trustee*

It is the time of year of potentially great transitions for residents. Many of us have just begun intern year and are feeling the crisp collar of our new long white coats, while others are shifting into the next stage of our rapid training years.

As I shift into my second year, I am struck by how my understanding of holistic medicine shifted during the last twelve months. A year ago, I was beginning training in a new city and starting on the AHMA Board. My main motivation was to provide opportunities for others to help fill in gaps in allopathic or osteopathic training.

Somewhere during the year, my understanding and intention shifted. Perhaps it was listening to a patient or one of his or her family members during a moment of crisis, death or transition into healing. Perhaps it was working on the AHMA mentorship program with other board members who live with a personal understanding of the philosophy reflected in our holistic principles. Maybe it was hearing from a very old friend and reexamining how I have dealt with loss and change. Perhaps it was the stripped down simplicity and deconstruction that residency demands and bends one towards. Likely, it was all of these and more that created a new beginning I think worth sharing.

I am here to tell you that I have been working from a belief that I am not whole and am in need of restoration. Be it from a week of silent meditation, yoga, exercise or other wellbeing practices, unwittingly I have been working to fill in perceived

areas of imperfection and inadequacy. Moreover, trying to save others from attending to my work, I cleanly sequestered much of who I am from my patients, colleagues, family and myself. Comically, much of this fragmentation came from discussions of holism and philosophical principles.

Not only have I not been truly present, but this approach to learning and living creates pressure for those around me. The vacuum of perceived personal holes presents friends, family, and patients with the dual pressure of creating space, helping me improve under the guise of growth and the reflected pressure that they too are incomplete and ought to 'really heal and be whole.' Many of my friends, family, and patients get that this is bogus and have the wisdom to laugh at my well-meaning but misguided approach to wellbeing, or at least the wisdom not to subscribe to such an exercise; however, some have not.

I share this awareness of a year misguided not as a public purging or flagellation, but as an invitation to you to see if you are doing the same thing. Is holistic medicine a synonym for complementary medicine, a collection of tools to be added to your metaphorical black bag of prescriptions, alchemy, and healing tools accrued as a means to fill that place of incompleteness in you? Are you also missing the daily opportunities to accept yourself and others as imperfectly complete and grow from this new place unapologetically and inclusively? If you already know and live this way, can you help those of us still grappling with this basic tenet of being a healer and person? Will you help shape the AHMA to be a community and organization towards this approach to medical practice and life? July 1st has passed and those of us in academic medicine are into this new season of our professional development. I hope you claim it as a complete healer learning new skills instead of as an incomplete person

hoping to fill a void. I also hope you share in the opportunities created by the AHMA during the year.

Be well and let me know if I can help by emailing resident@holisticmedicine.org.

Student Report

*Chad Krisel, MS IV
AHMA Student Trustee*

Greetings. Although I met many of you at the national conference in Philadelphia, I am sure that I did not meet all of you. With this in mind, I thought I would use this newsletter to introduce myself to the AHMA community. My name is Chad Krisel. I will be serving as the student trustee to the AHMA for the next year.

I am a 4th year medical student, and I am currently living in Orlando, Florida attending the Florida State University College of Medicine. For the past year, I served on the HuMed/AMSA leadership team, my job being that of leading the national circle of healers retreat.

Like many of you, I was attracted to the AHMA for many reasons. Before medical school, which seems like a lifetime ago, I studied both environmental science and religion for my undergraduate work. Through this training, I learned of the deep seated interconnected nature of the planet, which in no way excludes human beings. I also learned of the spiritual/mystical nature that human beings have cultivated to propel their understanding of who they are. All my life I saw myself apart from the planet, constantly trying to control my surroundings in order to make it in life. Suddenly I started to see myself as a *part* of this overarching whole. This was a bit of a paradigm shift for me, which gave me a much more empowering perspective of my place in the world.

How does this relate to Holistic medicine? On an individual basis, the interconnected dance that is

COMMITTEE REPORTS

constantly occurring outside and between our bodies is also occurring in our bodies. It is an important point to start with ourselves and see the interconnected, the vitally interconnected dance between the physical, mental, and spiritual. After seeing this within ourselves, it makes it much easier to see this in the surrounding world.

At the AHMA, there is a community of individuals committed to the healing of the people and planet as a whole. This community sees the world through a lens of holism, approaching life in full acknowledgment of the physical, mental, emotional, and spiritual aspects of being human and the interdependence of all these

components. Furthermore, this community is in full acknowledgment of the exquisite relationship between our individual lives and the planet and its people. As physicians and physicians in training, we are certainly not in the majority in holding these beliefs. Therefore it is so important and appreciated that the AHMA exists to provide a space for the exchange of ideas and experiences. This is what brought me to the AHMA.

This is an exciting time for students within the AHMA. We are fresh off the heels of launching the Mentoring Program, which is an infrastructure which has been set up in order to pair medical students who have holistic yearnings with physicians who have

been walking the walk. There are also medical student retreats in store for the coming year as well as many opportunities to become involved.

I am proud to serve as the student trustee for the next year. I will provide a voice for students at the AHMA in every way I can. I am thrilled to be taking over the reins from my dear friend Rachel Busse, who has been a mentor for me in so many ways. Please feel free to contact me with any ideas or concerns that you may have in relation to the AHMA. Also, please do contact me if you would like to get involved more deeply with the AHMA. My e-mail address is student@holisticmedicine.org.

CLASSIFIEDS

Holistic practice of 12 years seeking experienced holistic Pediatrician or pediatric Nurse Practitioner. Desirable setting in Boulder, Colorado. Practice characteristics: cash practice, work with existing Family Physician, Nurse Practitioners, IV nurse, MA, and master's level Nutritionist. Contact Pierre Brunschwig, MD, at 303-499-9224, or info@e-helios.com. Visit Helios' website www.e-helios.com.

Attention: Physicians doing hypnotherapy - Who/How are you obtaining liability coverage specific to hypnotherapy? Please contact Robert Sapien, MD, rsapien@salud.unm.edu.

All b/w text, no graphics. Rates per 60 characters:

Non-members=\$35/60 characters

Members=\$30/60 characters

Student/Resident members=\$20/60 characters

Example of 146 character classified ad:

The Center for Natural Health in Albuquerque, NM has an opening for a holistic MD.

For a complete description contact Jane Doe at 555-255-2525, jdoe@holisticmedicine.org.

CALENDAR OF EVENTS

Date/time:	Event details:	Contact:
Sept 5 Oct 3	Arkansas HARP Meetings (1st Monday/every month) , 6:30 PM Harrison Optimal Health, 6302 Hillside Lane, Harrison, AR	Alice Laule: 870/741*9596 or alicelaule@yahoo.com
Sept 2 Oct 7	New Mexico HARP Meeting (1st Friday/every month), 12:00 PM Pot luck lunch at the home of Dawn Abriel, DO, Santa Fe, NM Call or email for info & directions	Dawn Abriel - 505/988-7180 Kit Keith - kkeith@la-tierra.com
Sept 13 Oct 11	Denver Area HARP Meeting (2nd Tuesday/every month), 6:30 PM Porter Hospital, 2500 S. Downing, Denver, CO. Meetings are held in private dining room at the back of the cafeteria - networking/lecture/discussion.	Gretchen Frey - 303/744-3477 gretchenfrey@aol.com
Sept 16 Oct 21	Holistic Medical Grand Rounds (3rd Friday/every month), 4:30 PM College of Public Health, University of South Florida, Tampa All disciplines are invited to attend and participate.	Karen Mutter: 727/524-0900 Carol Roberts: 813/661-3662
Sept 22-25	American Academy of Pain Management 16th Annual Clinical Meeting: Clinicians United to Manage Pain. Manchester Grand Hyatt, San Diego	www.aapainmanage.org
Oct 19-22	2005 True North Conference: The Complex Patient: Biology, Relationships and Healing Black Point Inn, Scarborough, ME CMEs/CEUs available.	207/781-4488 or www.truenorthhealthcenter.org
Oct 14-16	Bioneers by the Bay: Connecting for Change sponsored by the Marion Institute UMASS Dartmouth Campus, Dartmouth, MA	www.bioneersbythebay.org
Oct 15-20	American Board of Holistic Medicine Annual Review Course: The Science and Clinical Application of Integrative Holistic Medicine The Crossing Conference Center, Austin, TX CME Credit Available.	www.holisticboard.org
Oct 21	American Board of Holistic Medicine: Board Examination The Crossing Conference Center, Austin, TX	www.holisticboard.org
Oct 21-23	Pediatric Integrative Medicine Conference The New York Academy of Medicine. CME Credits available.	Victoria Gonzales - 760/633--3910 Victoria.Gonzales@innerdoorway.com www.alternative-therapies.com

Boldface indicates AHMA/ABHM-related events.
For regularly updated events, see the Calendar of Events on the AHMA Web Site!
www.holisticmedicine.org

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Linda Wright MD, MD(H)@

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Ken Jacobson
Executive Director

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DEADLINE
Articles should be sent to the
AHMA office no later than
September 15, 2005



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How are you building holistic healthcare?

***Now Accepting Submissions for the
2006 Conference***

Deadline: September 15, 2005

The American Holistic Medical Association is accepting submissions for the 2006 annual scientific and clinical conference: *Holism in Action: Building Integrated Health Care*, held in collaboration with the American Holistic Nurses Association. Our 2006 call for submissions offers experts several options for presenting, sharing, teaching, and learning at the conference.

Submissions will be accepted online only.

Submission Learning Tracks:

- ♦ Practice Design and Management
- ♦ Personal and Interpersonal Development
- ♦ Clinical Holistic Medicine

To apply visit www.holisticmedicine.org

For more information about the 2006 conference in St Paul, MN (June 7-10)
Email: conference@holisticmedicine.org On the web: www.holisticmedicine.org