

# Integral Theory as the New Face of Healthcare

By Niki Gratrix

As most of us know, orthodox medicine is challenged when it comes to treating chronic, complex illness, the types that take up by far the most time and money in orthodox medicine. However, in orthodox medicine not only is the mind-body connection still mostly ignored, but treatments often address symptoms rather than causes. Moreover, emphasis is placed on germ theory and genetic determinism, and the physical body is mechanistically reduced to individual organs and systems, spawning specialists who can easily lose the “big picture” of the body and often forget there is a living, breathing person who is suffering.

While there is a move toward integrative medicine, it is slow in coming and is still mostly embraced by those who already are proponents or practitioners of complementary and alternative medicine (CAM), or what is often called holistic medicine. However, the CAM world has its own type of bias, including reductionism, where CAM therapists can become fixated on their own modality and see everything through that particular lens of treatment. CAM practitioners also often work in isolation, which makes it hard to birth a truly integrative medicine. I once heard the director of the Institute for Functional Medicine (IFM) in the US say that trying to get CAM practitioners together was like “trying to herd cats.”

Integrative physician and author Dr. Dietrich Klinghardt summed up the issues for the CAM world globally in this excerpt of a Clinical Rounds interview conducted in 2006. (Full interview is available at [www.klinghardtacademy.com](http://www.klinghardtacademy.com)). As a bit of background first, Dr. Klinghardt is considered a genius by many of his peers and as the “practitioner’s practitioner” in general by those who know his work. He was the recipient of the Physician of the Year Award in 2007 from the Global Foundation of Integrative Medicine. He trained as a medical doctor and psychologist in the rigorous tradition of German medical schools and completed PhD work exploring how the autonomic nervous system is involved in immune system disorders. Although he is a proponent of CAM, as a life-long sufferer of Lyme’s disease he also embraced the findings of biochemistry. In the interview excerpt below, Dr. Klinghardt speaks about the perceived schism between the orthodox biochemical model and the more physics-based holistic model, suggesting that working together is the best solution.

“DK: America is the land of biochemistry . . . and Germany and Russia are the countries of physics, then there’s the Eastern countries of religion . . . when we bring all the different [countries] together, that’s when you can really talk about holistic medicine. What rubs me the wrong way is people calling their medicine integrative medicine—all they are doing is biochemistry—that is not integrative medicine for me. . . .”

There are people like Jeffrey Bland [founder of the IFM], so we have a lot of geniuses out there in biochemistry, but they are also realising it's a part of the truth, it's not the whole truth.

"[Most physicians think research in quantum physics has] never come up with a single practical solution. And underneath that is a field of very very solid people that have developed solutions that really work. I'm saying they are here. We work with psychology, micro-currents, lasers and infrared devices very very effectively . . . and then we need the biochemistry. We need everything we know in biochemistry to support that, but biochemistry on its own has not been enough.

"People should know how to run a good biochemically based detox programme but when it stops working and nothing comes out people are falsely assuming they are done, and what it means is that the biochemistry has exhausted its capabilities and it's time to shift to energy medicine or a psychologically based approach just for a little bit, and then you return to your biochemistry and it will work again.

**"Interviewer:** But in order for [biochemically focused practitioners] to really accept some of these techniques they have to open their mind a little away from that reductionist biochemical paradigm?

"DK: . . . Americans in general are overeducated in biochemistry and undereducated in physics. When I'm in Germany I say the opposite! Listen you guys are overeducated in physics and you're undereducated in biochemistry—you should learn something from the Americans!"

You might agree with Dr. Klinghardt, as I do, that a synthesis in approach is what is called for in the "new healthcare." We all would be well-served by a truly holistic integral model of medicine—one that not only brings CAM therapists together, but also can provide a framework to support and recognise the very best of both orthodox and CAM medicine.

I believe that we already have this model—called the Integral Theory approach—and it's been

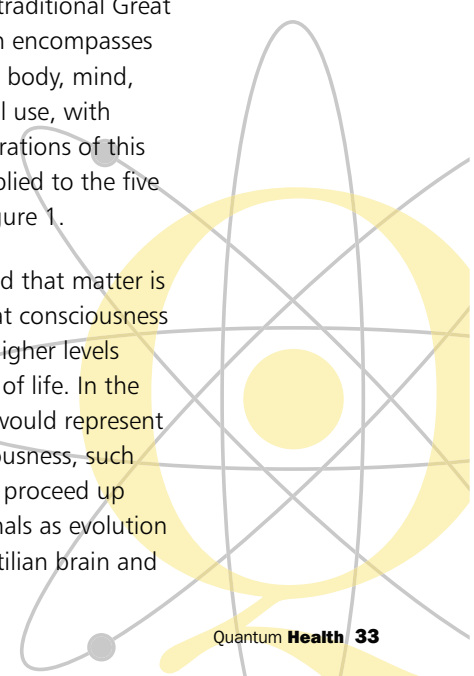
developed over a lifetime of work by American philosopher Ken Wilber. In addition to Wilber's nearly two dozen books, many about Integral Theory, there is a peer-reviewed academic journal dedicated to its ongoing development and application in the world of medicine, business, the environment, politics, economics, religion, psychology, psychiatry, education and more.

I don't believe in constantly reinventing the wheel; rather I think we should stand on the shoulders of the greats such as Dr. Klinghardt and Ken Wilber, and develop their work as new insights and scientific research clarify and expand our overall understanding. So I am delighted to introduce Integral Theory, as it applies to healthcare and medicine, with readers of *Quantum Health*.

### The Integral Theory Approach

Integral Theory is a "theory of everything" in the universe, so in effect it can be used to understand everything that could possibly be impacting us as humans, including our health. The place Wilber starts is with the ancient model known as the Great Chain of Being. People have heard the phrase "body, mind, spirit" but may not know where it originated. It's part of what is termed "perennial wisdom," a stream of philosophical thought that has persisted for centuries, recurring independent of epoch or culture and thus pointing towards a universal truth. The body-mind-spirit view is based on the traditional Great Chain of Being philosophy, which encompasses up to five levels of being: matter, body, mind, soul and spirit. In this article I will use, with permission, Dr. Klinghardt's illustrations of this ancient hierarchical model as applied to the five levels of healing are shown in Figure 1.

In the ancient model it is assumed that matter is at the base of everything and that consciousness rises out of matter towards the higher levels as part of the ongoing evolution of life. In the diagram, level 1 (Physical Body) would represent organisms with very little consciousness, such as one-celled creatures. We then proceed up each level to higher-order mammals as evolution becomes more complex. The reptilian brain and



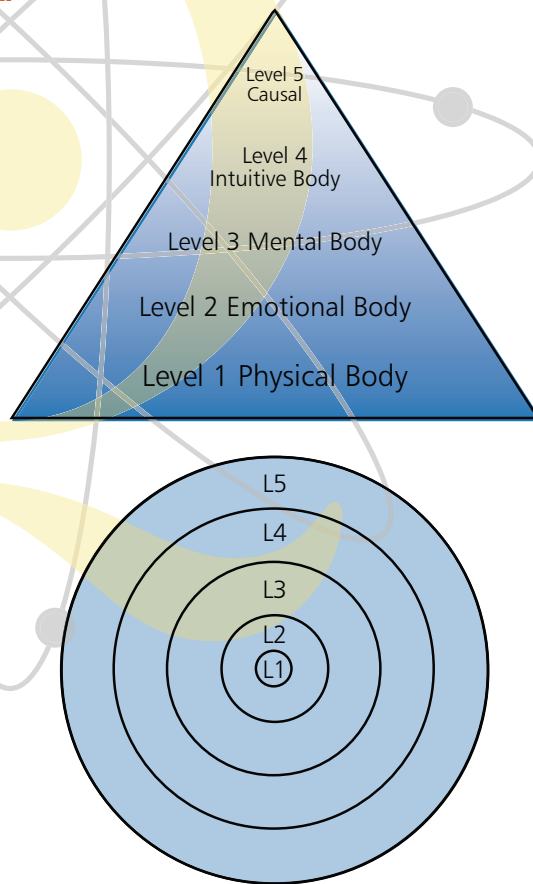


Figure 1: Diagram of the Great Chain of Being as used by Dr. Deitrich Klingardt in his 5 Levels of Healing Model\*

basic emotions emerge at Level 2 (Emotional Body), then humans with the ability to think at Level 3 (Mental Body), and continuing to even higher levels where there is an increase in consciousness such that humans become aware of themselves as spiritual beings having a physical experience and so on. In this way, the model encapsulates the movement from the objective external world to the increasingly subjective non-material world of consciousness.

This Great Chain of Being could be called a “holarchy” because each senior level goes beyond its junior level and envelopes or “nests” the lower levels. In this way each level is both a whole onto itself and also is part of a greater whole—think atoms, cells, molecules, systems, organs, for example. As we humans evolved, we kept our physical bodies, which allowed our emotional bodies to develop, and progressed to developing mental and intuitive capacities and so on.

There are three important adjustments to the “steps” or levels of this model that Ken Wilber made to bring it up to date with modern science and medicine, and post-modern philosophy.

## 1: Defining Internals and Externals

The first adjustment Wilber made was to point out that this evolutionary journey that seems to move from external matter to internal subjective consciousness is not quite accurate. Wilber proposed that matter is not at the base of everything, although it is “external” to everything. Each level of evolution, he said, can be experienced internally (through consciousness) and externally through its objective empirical observation. For example, the material Physical Body can be experienced by humans internally through our five senses (sight, touch, taste, hearing, smell) and it can be externally studied through biochemistry and structural mechanics. The next level, the Emotional Body, can be experienced internally through our emotions and externally through conventional physics and other sciences (e.g., as the “body electric”). At Level 3, humans internally experience the Mental Body through thoughts and attitudes, and this aspect of being can be studied externally through the biophoton field and quantum physics. At higher levels, humans can experience internal expanded states of consciousness that may one day be measured using instruments that can detect energy that is outside of the electromagnetic spectrum.

So Wilber, in effect, splits the pyramid in half down the middle, making a left side for internal subjective experience and a right side for its external objective correlations. (As he continued to develop his model, adding in the factors of individual experience and group experience, he ended up with a square, what he calls the Four Quadrant model, as shown in Figure 2. (The bottom quadrants are discussed in Step 2 later in this article.)

In terms of medicine, aspects from the top right and top left quadrants can be affecting a patient’s health and so require the appropriate tools for healing in relation to that quadrant. When we approach our patients, we would ideally want to consider the tools of internal consciousness and awareness (i.e., psychology) from the top left quadrant or tools related to the external correlation (such as laser therapy, micro-

<p><b>Internal Subjective – Individual</b></p> <p>Level 7 Supermental</p> <p>Level 6 Overmental</p> <p>Level 5 Higher mind: Intuition, dreams,</p> <p>Level 4 Mind: Thoughts, beliefs, attitudes</p> <p>Level 3 Emotional: Sexual, feelings, resentment, anger, love, grief, fear</p> <p>Level 2 Vitality, energy</p> <p>Level 1 Physical Body: five senses—sight, touch, hearing, taste, smell</p>	<p><b>External Objective – Individual</b></p> <p>Level 7 Non-dual</p> <p>Level 6 Causal Body</p> <p>Level 5 Higher Mind (psychic field)</p> <p>Level 4 Mental Body (psychic field)</p> <p>Level 3 Astral: Prana, meridiens, nadis, chi, chakras, aura, reptilian brain stem, quantum physics, biophoton field</p> <p>Level 2 Etheric: Nervous system, body electric, biophoton field</p> <p>Level 1 Gross Physical Body: Biochemistry and structural mechanics, atoms, molecules, cells, tissues, organs, systems, organisms</p>
<p><b>Internal Intersubjective Group – Cultural</b></p> <ul style="list-style-type: none"> <li>❑ Relationship between patient and physician</li> <li>❑ Support and understanding from friends, family</li> <li>❑ Cultural understanding and beliefs around the illness, prejudices</li> <li>❑ Cultural beliefs around treatment modalities</li> </ul>	<p><b>External Interobjective Group – Social</b></p> <ul style="list-style-type: none"> <li>❑ Financial support from the NHS</li> <li>❑ Financial support through insurance companies</li> <li>❑ Environmental toxin—pesticides, chemicals</li> <li>❑ Electrosmog, geopathic stress</li> <li>❑ Sunlight</li> <li>❑ Access to information about health, such as the Internet</li> <li>❑ Group emotional and mental fields</li> </ul>

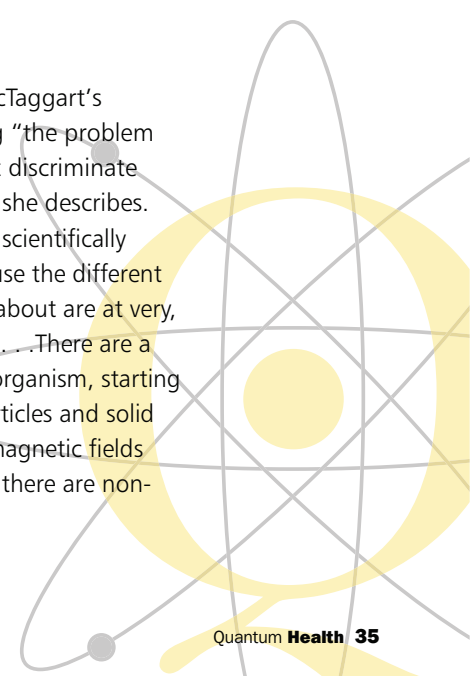
Figure 2: Ken Wilber’s four-quadrant model of Integral Theory as applied to medicine

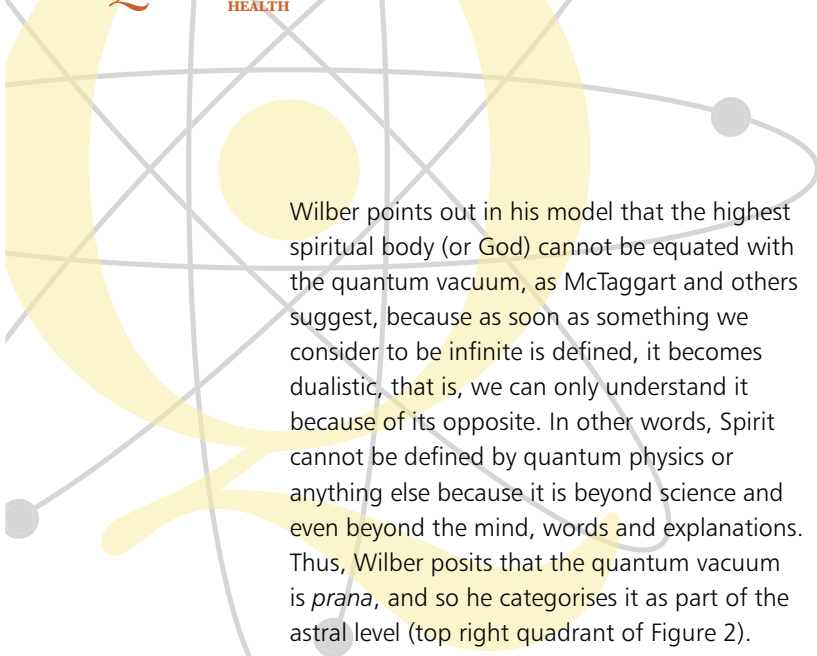
nutrient therapies, diet, and drug therapy). Each type of therapy is an important “partial truth,” but not necessarily the whole truth.

**Step 2: Towards the Four-Quadrant Model**

The second step in Wilber’s reformulation was to identify which types of subtle energies are associated with each level of consciousness or “body.” It is this aspect of sorting out the levels that has led to the most confusion in popular literature. In a brilliant interview in issue 12 of *Quantum Health*, Marco Bischof, a leading scholar in the field of energy medicine, discusses

an exception he takes to Lynn McTaggart’s bestselling book *The Field*, saying “the problem with the book is that she doesn’t discriminate between the different levels that she describes. For her it’s just one big field, and scientifically that is not a good concept. Because the different types of fields that she is writing about are at very, very different levels ontologically. . . . There are a hierarchy of levels in the human organism, starting with the material levels of the particles and solid body, and then there are electromagnetic fields such as biophotons . . . and then there are non-electromagnetic fields. . . .”





Wilber points out in his model that the highest spiritual body (or God) cannot be equated with the quantum vacuum, as McTaggart and others suggest, because as soon as something we consider to be infinite is defined, it becomes dualistic, that is, we can only understand it because of its opposite. In other words, Spirit cannot be defined by quantum physics or anything else because it is beyond science and even beyond the mind, words and explanations. Thus, Wilber posits that the quantum vacuum is *prana*, and so he categorises it as part of the astral level (top right quadrant of Figure 2).

Wilber explains: "The vacuum potential, then, is part of the relative, finite, manifest realm. For just that reason, it can be studied by science. It is a reality that, in at least some ways, is apart from other realities; it has qualities; it has quantities; it has dimensions. None of those statements can be predicated of [Spirit], in any way other than poetic metaphors. However, precisely because the etheric, astral, and psychic fields are indeed part of the manifest realm, they are the proper object of the study of science. No contradiction is involved in saying that the quantum vacuum is the protrusion into the gross realm of its immediate senior, implicate order: namely, *prana*."\*\*

### Step 3: Social and Cultural Context of Wilber's Model

The final step Wilber made to expand upon the Great Chain of Being model was to add the two bottom quadrants, which reveal the group or plural view, rather than the individual experience or perception. These two lower quadrants, particularly the lower left one, are informed by the philosophies of academic post-modernism, cultural contextualism and the sociology of knowledge. The lower right quadrant is informed more by systems theory, which reveals the interconnectedness of nature and takes a larger "ecological" view. If you partition the quadrants of the square into a left side and right side, then you can easily see that the top left quadrant is the "I" quadrant, the bottom left the "we" quadrant, and the two right-hand quadrants (top and bottom) are the "its" quadrants.

### Applying Integral Theory to Medicine

Apart from taking into account environmental toxins and the doctor-patient relationship, many clinicians often ignore the wider social and cultural contexts of illness, often because they are outside their arena of control. But it is important to understand these factors. Here is how the quadrants become particularly useful. If, for example, a patient comes to you with depression, you could treat him/her a number of ways. You could use psychology (upper left quadrant) or try to address the state of brain neurotransmitters (upper right quadrant). But there are other considerations. What if the patient is depressed because she feels oppressed living in a culture that actively suppresses women (lower left quadrant)? Or what if she lives in chronic stress due to poverty (lower right quadrant)? By considering each of the four quadrants (aspects of being and experience), you can achieve a more "integral" view of what may be happening with this patient.

Wilber's Integral theory is based on the understanding that everything affects everything in what he terms the "Kosmos," that any event or occurrence will be a whole in itself and also part of some greater whole at a higher level, and that it will have four aspects to it—some aspects of each of the four quadrants. Therefore, to understand anything fully we need what Wilber calls an "All Quadrant All Level" approach, which he shortens to the acronym AQAL. (It is far beyond the scope of this article to articulate the full philosophical background to the Integral Theory, but for those readers who are interested I recommend reading as a start point Wilber's introduction to his overall theory in *A Brief History of Everything*.)

In its relevance to medicine, and to CAM in particular, "integral" means "leaving nothing out." As stated, the idea behind Integral Theory as it applies to medicine is that we take an All Quadrant All Level approach to health, which allows practitioners to be aware of all possible factors that could be implicated in a patient's health problem. Thus, a more integral approach will be a more successful one. As mentioned, the



terms “holistic” or “integrative” are often vague and their meanings and practical applications can vary dramatically from practitioner to practitioner.

If there is any “blindness” to working with the four-quadrant integral approach it is that practitioners can become overly focused on one quadrant, for example the top right quadrant. This is called quadrant absolutism. It can be tricky. For instance, even if you take a systems approach to the human body—no longer viewing the body as mechanistic and segmented into individual organs and systems—but you still approach health only or mostly from the external objective approach of biochemistry and Newtonian physics, ignoring the internal subjective state of the patient and the social and cultural contexts, then you will still not have moved out of the top right quadrant!

In addition, if you focus mostly on the two right hand quadrants, which include the wider environmental context (e.g., recommending detoxification from environmental and chemical pollutants) you may think you are working in a “holistic” way. However, Wilber’s model suggests you are still suffering from a form of subtle reductionism, ignoring the internal aspects of the patient as well as the cultural group internal environment.

When it comes to health, practitioners can also overly focus on psychology in the top left quadrant, thinking this is all that is needed, downplaying the role and importance of genes, environmental toxins, biochemistry, diet and so on. Still other practitioners tend to disregard anything non-CAM-related, such as drugs and surgery; however, the integral model suggests that we use the best of orthodox medicine where appropriate. However, as Dr. Klinghardt points out, there also can be “level absolutism” in terms of over-reliance only on biochemistry, where quantum physics and subtle energies are ignored. This can also occur in the top left quadrant, in which psychological approaches fall, so that the only focus is on, perhaps, mental aspects (e.g., using only neurolinguistic programming) and not considering other modalities, such as those that focus on emotional trauma release.

The Integral Theory approach does not mean that practitioners need to become experts in many fields. It suggests, instead, that they become an “integrally informed” practitioner, meaning that they develop an appreciation for *all* factors that may be affecting a patient’s health, which may involve referring patients to others with the relevant knowledge. It means they maintain a larger view, knowing how they fit into the wider picture so they can discover the strengths and limitations of their own modality.

The Integral Theory approach to health ultimately means that practitioners must change first before they can change the lives of their patients. As such, it is the *awareness* of the practitioner that counts. In the face of exciting developments in quantum physics and subtle energy medicine, it has never been more important that CAM practitioners cultivate internal states of compassion and awareness as part of their ongoing professional development. This is a key to CAM practitioners avoiding the shortcomings of orthodox medicine with its over-dependence on professional objectivity and tendency toward emotional sterility. Wilber’s Integral Theory can help all of us become more well-rounded CAM practitioners so that we can in turn more effectively guide our patients in their own self-healing.

*\*Fundamental Teachings of Deitrich Klinghardt DVD training course on the 5 Levels of Healing is available from [www.Klinghardtacademy.com](http://www.Klinghardtacademy.com).*

*\*\*See excerpt G from the as-yet-unpublished Volume 2 of the Kosmos Trilogy at <http://wilber.shambhala.com>.*

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