

An Interview with Dr. Mario Martinez

By Kimberly Stocker and Suzanne Dameron

For almost two decades, Dr. Mario Martinez has worked with religious organizations to bring science and theology together. He has presented workshops on how the immune system is affected by psychospiritual experiences to Catholic Bishops, Priests, pastors and ministers; he investigates cases of Stigmata for the Catholic Church. In 1998, he began the Institute of Biocognition.

Although the primary functions of the Institute of Biocognition are theory development and training, it is also involved in the clinical applications of biocognition to psychiatric illnesses, autoimmune disorders and chronic diseases. Dr. Mario sees patients weekly for these conditions and teaches in medical schools in the United States, South America and Cuba.

Based on the last 30 years of research in the interdisciplinary fields of psychoneuroimmunology and medical anthropology, Dr. Mario Martinez presents his theory of “Biocognition” – that health and illness are neither exclusively biological nor totally mental. All human processes are inseparable “biocognitions” or interactions of mindbodyculture.

PL ~ Carolyn Myss recently added you to her Expert’s Forum on her website. How did you come to partner with Carolyn in her work?

MM ~ Carolyn asked me to join her Expert’s Forum for her website (www.myss.com, choose “Resources”) early this year to answer questions related to how the mind and the body interact in the process of health and illness. Since the beginning, visitors to her website have shown a great interest in my theory of mind-body-historical culture which I call “Biocognition”. She and I have found a fit in that her approach to health comes from the intuitive/spiritual and mine from the scientific; I presented my theory of Biocognition in June at one of her workshops in Chicago for an audience of around 1,200 people.

PL ~ Are your theories new?

MM~ Although Biocognitive theory is based on research in the areas of Psychoneuroimmunology and Medical Anthropology, my theory brings that research together within a new model that integrates the two disciplines by bringing the influence of historical culture into the mind/body process. This has never been done before.

Personally, I was frustrated with the existing models of science that reduce the human being to a cell or a molecule to study illness. I combined Eastern Philosophies with modern Western theories of Chaos and Quantum physics to advance our understanding of the human complexity in the healing process. Biocognition looks at the individual within the context of historical culture and without separating the mind from the body.

PL ~ *You make a distinction between disease and illness. Could you explain why this distinction is important?*

MM ~ When people get sick the measurable physiological evidence --- a virus, bacteria, tissue damage, etc., -- is the disease. But cultures see disease in different ways; in the United States, if you have low blood pressure or hypotension, it's considered a sign of longevity and good for your insurance rates. In Germany, that same low blood pressure is called heart insufficiency – and considered an illness. Your insurance rates go up. In short, my theory is that disease is biological and illness is anthropological.

PL ~ *You say that disease is defined as a dire conflict between our ethics and our behavior and that when this “bio-ethical” conflict remains unresolved, it triggers a stress response that compromises our health – and can even affect us at vulnerable genetic levels. What can we do to resolve these conflicts?*

MM ~ Genetic predisposition and lifestyles interact and are interrelated. If you are predisposed to diabetes, and you have unhealthy ways of relating to the world such as not managing anger well, the diabetes can worsen.

These propensities are activated by your interaction with your world as well as the collective ethics of your culture. This interaction is translated to our biology through what I call “bioethical codes” – our cultural rules on how to deal with anger, shame, abandonment and morality.

When we live in violation of these codes, our biology (immune, endocrine and nervous systems) responds with a state of alarm that, when chronic, exhausts the body/mind making it vulnerable to viruses, etc. Illness is a message and an invitation to grow. Thus to heal, we must be willing to transcend our fears. In my theory, there are three bio-ethical codes that control the process of health and illness which I will cover in the workshop.

PL ~ *Can you give an example of how our biology is dynamically interwoven with our culture?*

MM ~ An everyday example would be the current emphasis on political correctness which requires withholding angry behavior. Yet, we are culturally developed to set boundaries. When we let others violate those boundaries, we suppress our anger and it makes us more susceptible to hypertension, gastrointestinal problems and autoimmune disorders. Although healthy expression of anger does require setting limits, it may be punished by withdrawing affection or abandonment. Thus, learning to express anger in a healthy manner includes learning to give others permission to dislike our actions.

In biocognitive terms, thoughts create biology and biology creates thoughts. We are biosocial beings responding to interpretations that we co-author with our world rather than responding to a passive static world. We can be cured in any culture, but we can only be healed within the belief horizons of our culture of origin.

PL ~ *So, in Biocognitive Theory, the saying “Physician, heal thyself” takes on an entirely new context.*

MM ~ To understand ourselves, we must go back to the “historians: - our parents, teachers, clergy, peers, heroes, and abusers who shaped our reality. We learn by what we see, not by what we are told. We learn to be honest by watching honest behavior in those we love – not by being lectured about honesty.

PL ~ *You use a term “contextual co-emergence?” What does that mean?*

MM ~ It simply means that as human beings we are an inseparable fabric of mind, body and historical culture that cannot be treated like a machine and cannot be studied by dividing illness between physical and mental. All organic processes are Biocognitive rather than biological or cognitive.

For example, love cannot be understood without a love object. And a clown in a church or a priest in a circus are both out of context, which makes meaning ambiguous or confusing. Our brains find meaning only in context.

The same applies in the scientific area. When a cell is isolated in the lab, it is taken out of its “bioinformational field” and although it can yield some information, it is fragmented from its contextual relevance. Contextual co-emergence also means that health is a commitment rather than a random event. Personal empowerment promotes health; helplessness invites illness.

PL ~ *You said that the psychology profiles of centenarians reveal an across-the-board belief in some aspect of the transcendental.*

MM ~ So far, no atheist centenarians have been found. 100% of the centenarians studied reveal that they are not afraid of dying and they come from cultures that support this belief. They experience very little disease and what they do experience is not the usual illnesses that you find in technical societies. These profiles suggest that to have a long life, we must have a belief in something greater than our material selves and a culture that supports that belief.

PL ~ *One of your workshop topics is the fear of abundance and how to overcome it. Do you consider the fear of abundance a health problem?*

MM ~ Yes, because abundance includes health. In our culture, we are taught that if it is too good to be true, it is. Our Judeo-Christian-Greco roots teach us that if we go too high we will get burned like Prometheus and Sisyphus in myth and Microsoft in our current culture. Why do people who win the lottery generally lose it after 18 months? People with abundance often feel they have done something wrong.

PL ~ *You say you investigate cases of Stigmata for the Church. How did that come about and what does Biocognition say about Stigmata?*

MM ~ As a psychoneuroimmunologist, stigmatic experiences interested me because these wounds do not get infected. Now, the Bishop of the Catholic community calls me. I verify that the wound hasn't been self-inflicted and that the individual is not hysterical.

I recently investigated one incident where the Catholic priest had a stigmatic experience during Mass. The doctor who treated the Stigmata had suffered from chronic back injury; after treating the priest, the pain stopped and six months later no symptoms have returned – spontaneous healing experiences sometimes occur around the individual who experiences Stigmata.

The theory of Biocognition says we have a personal bio-informational field which has horizons that can be expanded. If you expand by interacting with the horizons of Christ, then you'll identify with his suffering or his love. If it is with his suffering – and this is very rare – you may experience the occurrence of Stigmata. If you identify with the path of love, you experience healing or special abilities to do things or just convey a sense of love.

Biocognitive theory clarifies issues in psycho spiritual phenomena such as Stigmata that have profound implications for anyone following a spiritual path.

PL ~ *This issue of Positive Living magazine is on “Life-Long Learning.” Does that bring something to mind in relation to your work?*

MM ~ Yes, we are a process rather than a static self. Rather than being we are constantly becoming. We are designed to learn and refine. When we stop learning and discovering, we begin to break until we collapse. We must understand that certainty requires confirming and uncertainty involves discovery. The world is uncertain but we insist on confirming what we already know rather than discovering the knowledge we lack.

PL ~ *What have you learned about yourself from your field of study?*

MM ~ That we are miraculous beings with power to love and heal beyond our greatest expectations. We are only limited by the collective boundaries that society imposes on each of us and the degree to which we feel enslaved by them. I have come to understand that our immune system, which is our great protector, responds to a set of ethical codes assimilated from our historical culture. Health is maintained by a delicate balance between what we believe and what we behave.

PL ~ *What do we need to bring to the workshop?*

MM ~ This workshop will offer a complete paradigm shift in perceptions towards health and healing. Using the old model (mechanistic) is like going through Sarasota with a map of Miami. The only requirement for participants is an interest in change.

