University of Missouri, St. Louis
IRL @ UMSL

Dissertations   UMSL Graduate Works

12-24-2008

Mezirow's Transformational Learning Theory and Alternative Health Therapeutics of Mind, Body, and Spirit

Lewis Edward Blackwell

University of Missouri-St. Louis, leblackwell@sbcglobal.net

Follow this and additional works at: https://irl.umsl.edu/dissertation

Part of the Education Commons

Recommended Citation

Blackwell, Lewis Edward, "Mezirow's Transformational Learning Theory and Alternative Health Therapeutics of Mind, Body, and Spirit" (2008). *Dissertations*. 525.
https://irl.umsl.edu/dissertation/525

This Dissertation is brought to you for free and open access by the UMSL Graduate Works at IRL @ UMSL. It has been accepted for inclusion in Dissertations by an authorized administrator of IRL @ UMSL. For more information, please contact marvinh@umsl.edu.

MEZIROW'S TRANSFORMATIONAL LEARNING THEORY AND ALTERNATIVE

HEALTH THERAPEUTICS OF MIND, BODY, AND SPIRIT

by

LEWIS EDWARD BLACKWELL

BA, Classics & English, Washington University-St. Louis, Missouri, 1970
MDIV, Pastoral Ministry, Andrews University, Berrien Springs, Michigan, 1974
Chaplain's Certification (Internship), Barnes Hospital, St. Louis, Missouri, 1982
Chaplain's Certification (Residency), Barnes Hospital, St. Louis, Missouri, 1994
MA, Religious Studies, Washington University, St. Louis, Missouri, 1999
MEd, Education, University of Missouri-St. Louis, 2003

A DISSERTATION

Submitted to the Graduate School of the

UNIVERSITY OF MISSOURI-ST LOUIS
In partial fulfillment of the requirements for the Degree
DOCTOR OF PHILOSOPHY

IN
EDUCATION
with an emphasis on Adult Education

November, 2008

Advisory Committee

E. Paulette Isaac-Savage, Ed.D.
Chairperson
: Wolfgang Althof, Ph.D.
John Henschke, Ed.D.
Vetta Sanders-Thompson, Ph.D.

UNIVERSITY OF MISSOURI-ST. LOUIS

GRADUATE SCHOOL

October 20, 2008

We hereby recommend that the dissertation by:

LEWIS E. BLACKWELL

Entitled:

MEZIROW'S TRANSFORMATIONAL LEARNING THEORY AND ALTERNATIVE

HEALTH THERAPEUTICS OF MIND, BODY, AND SPIRIT

Be accepted in partial fulfillment of the requirements for the degree of:

Doctor of Philosophy in Education

Dr. E. Paulette Isaac-Savage, Chairperson	Dr. John A. Henschke, Committee Member
Dr. Wolfgang Althof, Committee Member	Dr. Vetta Sanders-Thompson, Committee Member

Abstract

An illness, like prostate cancer, brings crisis to our experience and confuses the structure of our reality as well as disturbs our meaning which is upheld by interpretive imagery. Hence, recovery involves a learning experience that consists of a reflective, educational, and spiritual process to rebuild and reconstruct meaning through the use and transformation of our images and themes to create meaning.

The purpose of the research was to investigate the meaning of the illness experience through the lens of transformational learning theory. As such, one-on-one interviews were conducted with 10 African American men who lived in large metropolitan areas in the Midwestern U.S. Each had recovered from prostate cancer. All but one of the men had surgery to remove the prostate. They ranged in age from 50s to 70s.

Using thematic analysis 15 themes were identified which explained the men's experience with prostate cancer. The concept of blessing united all 15 themes and even united their imagery. Imagery of blessing is linked to the concept of original blessing; the place of origins for ontology and epistemology. This imaged concept when translated into more Western language means that health and wellness involves issues of self-knowledge and origins. Reflection on these questions in transformational mode and in particular context can help to bring about hope and health.

Although some men have died from prostate cancer, the men in this study had transformational experiences and survived. They used their experience with prostate cancer to educate other men about it. This study has implications for adult and health

educators as well as physicians and pastors.   Issues of education and health are clearly

intertwined and, therefore, require interdisciplinary interest and cooperation.

TABLE OF CONTENTS

List of Tables

Chapter One: Introduction

During the past two decades, after the great watershed of change, World War II (Bernal, 1987; Cunningham & Merriam, 1989; Harrington, 1977), adult education, like many other fields, has experienced many changes. Before World War II, the Western worldview about diversity was very limited (Lauren, 1997; Layton, 2000). The resulting ideological shift of World War II still engendered and increased diversity, that in the past was seriously limited (Bernal, 1987; Layton, 2000; Quarles, 1969), and has extended the subject area of adult education that sometimes created tangencies with other fields (Cafarella & Merriam, 1991). Krech (1983) and especially Koch (1999), as well as Segall (1999), describe how there was a great impetus for interdisciplinary and intercultural studies that followed the end of World War II.

In the past 15 years, there has been an increase in literature regarding women and learning (Belenky, Goldberger, & Tarule, 1997; Hayes & Flannery, 2000; Sheared, 1994; Tisdell, 2003). Furthermore, literature relative to African American adult education (Guy, 1999; Johnson-Bailey, 2005; Peterson, 2006) has been extended. While there have been discussions on adult religious education (Elias, 2002), we find literature on adult education within the Black Church (Isaac, 2002, 2004, 2005; Isaac & Rowland, 2002; Rowland, 1998; Sandidge, 2001). Furthermore, during the past five years or more, additional literature has become available on spirituality and adult education (English & Gillen, 1998; Tisdell, 2000). However, spirituality has become a new factor in medicine and especially in a new and evolving form of medicine, holistic health; this common point has brought medicine and education into dialogue. Also, included in this increasing diversity is Mezirow's (1978) theory of transformational learning that emphasizes the

importance of perspective change that is analogous to change of meaning. Cooper (2005), an adult educator and a holistic health practitioner, has linked transformational learning with health issues; and the physician and holistic health practitioner Chopra (1991) has identified change of meaning with health status. Another point of dialogue has been established between medicine and adult education.

Moreover, Mezirow affirms that this change of meaning perspective can be at a personal or societal level—and therefore also at both levels, since the personal and the societal, including spirituality, also interact to inform each other (Clark, 1991; Hexham & Poewe, 1986). In such situations of highly interactive change in meaning, in the context of transformative learning, as Clark and Hexham and Poewe point out, the issues of symbols, images, and language tend to become critical, as the adult educator Dirkx (1991) also demonstrates. Amid other factors, under the impact of a changing worldview, the cultural perspective of a society, the scientific viewpoint is in a state of transformation and transition from the image of mind/ body separation to mind /body unity and from humans as machines to highly interactive and multi-dimensioned physical, mental, social, and spiritual beings (Capra, 1989; Moyers, 1993; Rosssi, 1993). It is this new perspective that has spawned alternative medicine in the West and found agreement with much of traditional medicine in the East (Capra, 1989; Denton, 1993; Hexham & Poewe; Reid, 1995; Spangler & Van Dolson, 1975). To a very significant extent, this pathway was negotiated by adult education, especially as informal adult education (Reid; Rosenberg, 2003; Ward, 1986; Whorton, 2004). Accordingly, adult education/ medical-health research is appearing (see Courtenay, Merriam, & Reeves, 1998). Accordingly, my selection of adult education literature will not follow the usual

pattern, but because of the novelty of the subject, will be more selective and rather different.

Hence, also, at the societal level, there is emancipatory adult education that Tisdell (2000) identifies as acting in a transformative learning context and defines as "teaching for social change" (p. 1), and links this work with spirituality by describing "how spirituality informs the work of emancipatory adult educators" (p.1). Changes in worldview and scientific viewpoint interact with the social institution of education in general (Robertson, 1991; Seagall, 1999), and adult education, especially in the form of emancipatory adult education has its contribution to that change (Tisdell). Tisdell cites the work, while linking it with spirituality of Freire as an example of emancipatory adult education. Tisdell states that "almost all who write about education for social change cite the important influence of educator and activist Paulo Freire, who was a deeply spiritual man strongly informed by the liberation theology movement of South America" (p. 1). Tisdell also cites the U.S. Civil Rights Movement as an example of emancipatory adult education. However, Tisdell states that:

> there has also been relatively little attention to the subject of spirituality and spiritual development (as change over time) in mainstream academic adult literature…and its possibility for offering hope to emancipatory efforts….with the exception of the recent study on community and commitment by Daloz.
> (p. 1)

Hence, successful 'anti-colonialist' education, largely informal in nature, when applied, is credited by Malik (1995) as helping bring about changes in worldview and a scientific viewpoint, or paradigm, and this, consequently, has helped, as a factor, to pave

the way for alternative medicine. In this regard, since World War II and the establishment of the United Nations (UN), adult education, especially under the auspices of UNESCO (United Nations Educational, Scientific, and Cultural Organization), has played a major role in educating adults in political and economic improvement projects around the world, particularly in developing countries, former colonial lands (Nkomo, 1990). Since educational systems are one of the major means by which such economic and political goals are achieved, the educational systems must be adjusted to fit new cultural contexts (Jacob & Jordon, 1993; Nkomo).

<div style="text-align:center">Increasing Diversity Impacts Science, Medicine, and Holistic Health</div>

In addition to these changes, increased diversity, and boundary extensions of adult education, serving as a type of avant-guard of "interdisciplinary studies," sometimes leads to the making of connections with the non-traditional, such as the case with medicine (Cooper, 2001). This new emphasis of "academic diversity" was, largely attributed to the ideological shift made possible by World War II (Segall, 1999). While the field of adult education was experiencing a metamorphosis, so was the field of medicine (Murray & Pizzorno, 1998). There is an increasingly diversified use of technology and scientific sophistication (Murray & Pizzorno). Nevertheless, the spirit of Western scientific empiricism appeared to be called into question by the mathematically sound but apparently contradictory theories in quantum mechanics (as interpreted by Newtonian physics), the field of subatomic particles in physics that supported two different versions of reality (Boyd, 1991; Capra, 1989; Hawkins, 1988). In fact, even in the 1970s, Capra (1975, 1989) pointed out that these observations in "quantum physics" were bringing about "radical transformation" to "our whole world view" (p. 1). The

evidence for the validity of this dual reality was seen in the hitherto unprecedented development of the atomic power and the key role it played in ending World War II (Boyd). Accordingly, the minority call for more 'culturally relevant adult education,' such as that by Guy (1999), within the U.S. really reflects the larger global context. According to Apple and Beyer (1988), educational issues, especially in minority issues cannot be understood really, in general, without reference to this global context.

New Science, Medicine, and Spirituality

Capra (1989) pointed out the implications of this new pluralistic view of reality and subsequent modifications in the philosophy of science for medicine. This, in fact, helped provide a philosophical foundation for a new and already "emerging" type of medicine, namely, holistic medicine (a type of medicine considered as having a non-European basis) as Capra, one of the foundational philosophical thinkers for the holistic health movement, himself points out (Hexham & Poewe, 1986; Weil, 1983). Capra (1999) also was able to demonstrate that certain concepts between the "new" physics, on the one hand, and religious mysticism and spirituality on the other hand, were shown to have parallel concepts in his *The Tao of Physic*s. This work of Capra suggests that the classic separation between science and spirituality that has been maintained by the West's cultural dominance of science is weakening or is being transformed.

Spirituality, Adult Education, the New Science, and Holistic Health

Capra's (1989, 1999) spiritual observations in physics added to an already growing interest in the U.S. and in Eastern religions, especially in the more conservative forms, and spirituality (Capra 1999; Kelly, 1977; Reid, 1995; Wolf, 1998). In turn, this interest in Eastern religions eventually led to a growing interest in Asian health methods,

particularly in Chinese and Indian medicine, that had existed for thousands of years (Capra, 1989; Hexham & Poewe,1986; Kelly, 1977; Reid, 1995) Moreover, there was a recognition that the methods and philosophies of these ancient Eastern medical practices were largely analogous to and compatible with those of the modern holistic health movement in the United States (Capra, 1989; Chopra, 1991; Hexham & Poewe, 1986; Reid, 1995).

Thus, more specifically, the appearance and growth of Eastern religious practice in the West became closely allied with Eastern medical practice, and, vice-versa, Eastern medical practice contributed to the growth of Eastern spirituality—in a type of mutually sustaining symbiotic relationship (Chopra, 1991; Hexham & Poewe, 1986; Reid, 1995). In turn then, both Eastern spirituality and Eastern health practice facilitated the growth and development of holistic health in the West (Chopra; Hexham & Powe; Reid). Incidentally, as a result, adult education took on a new Eastern form, a new cultural dress, an expanded diversity: yoga classes, transcendental meditation, and Eastern health practice (Hexham & Poewe, 1986; Chopra, 1991; Reid, 1995). The acceptance of such a plurality of viewpoint in education in the West would have been difficult to sustain before World War II, since notions of imperial empires and Western superiority generally prevailed in Europe and the U.S. until then (Betts, 1995).

Eventually, as with its Eastern religious counter-parts, Western spirituality, mostly Christian, would become closely correlated with improved health through the efforts of researchers like Dossey (1982, 1991, 1996, 1999) and the resulting increased and diversified forms of adult education (Hexham & Poewe, 1986, 1999; Reid, 1995).

While mainline or liberal churches were declining in membership in the U.S. in the 1950s, there was a steadily growing membership and an interest in spirituality and religion in its more conservative Christian form (Kelly, 1977). Most of these successful and Christian modern religious movements became known as evangelicals. They made a distinction between themselves and the fundamentalists, but not a separation of faith (Beale, 1986). Careful evangelical scholarship, according to Ramm (1973) and Reed (1997) created greater respect for conservative religious research; Billy Graham played an important role in bringing together conservative scholars and schools for such a purpose (Graham, 1997). Overall, there appeared a more tolerant attitude for religious diversity (Reed, 1997). Incidentally, religious education increased in churches and schools among many religious groups. Much of the historical religious inheritance and undergirdings of these evangelicals, as well as the fundamentalists, came from the nineteenth century revivalists and reformers, many of whom had been involved in holistic health movements (Beale, 1986; Schwarz, 1994, 2006).

Smuts, who was educated in England and former prime minister of South Africa, who was closely affiliated with the religiously conservative Afrikaners, is credited as the original source, through the publication of his book *Evolution and Holism* in 1926, for the revival of the modern and Western holistic health movement in the 1960s and 1970s (Holst & Smuts, 1999; Johnson, 2001; Lawrence & Wesz, 1998; Whorton, 2004). Beginning in the 1960s, revitalized dialogue about his book and other concepts, such as those set forth by Capra, help lay the philosophical foundation for the modern holistic health movement (Capra, 1989; Di Stephano, 2006; Whorton).

Actually, holistic health has its real beginnings in ancient times and thousands of years ago—in both Eastern and Western civilization (Leonard, 1968; Nunn, 1996; Spangler & Van Dolson, 1975). Moreover, holistic health often tends to be integrated with spirituality and religion (Gevitz, 1990; Leonard; Spangler & Van Dolson; Nunn, 1996; Reid, 1995).

Consequently, there were a variety of forces, both scientific and social, that brought about changes in medicine. Editorial reviewers (Amazon, 2007) of Lawrence and Weisz's book, *Greater than the Parts: Holism in Biomedicine 1920-1950*, state:

> The essays collected here explore this previously neglected area. They show how this holistic turn in orthodox medicine in the interwar years was a reaction to the scientific reductionism and the specialization and division of labor in medicine. In addition, all show how this movement was part of a more general response to modernity itself, political, ideological and cultural upheaval of the years between the wars. (p. 1)

Of course, these scientific and social "upheavals" culminated after Word War II (Jackson & Wediman, 2004). During this interwar period, initially in Germany, the Frankfort School of Social Research in Germany investigated and criticized current scientific methods and questioned the social structures of society itself in order to promote a more just and democratic community (Wiggershaus, 1995). The Frankfort School eventually had a major impact on the development of adult education, especially in terms of the development of critical theory in adult education (Elias & Merriam 2005; Welton, 1993). The Frankfort School asserted that scientific methods and philosophy were not totally objective and positivistic, but influenced by the surrounding social elements (Jay, 1996; Wiggershaus, 1995). Of course, these scientific and social

"upheavals" culminated after World War II (Jackson & Wediman, 2004). Hence, quantum mechanics' multiple realities and democratic forces that "pushed" for recognition of social pluralism as well as changes by certain social scientists, contributed to changes in medicine. Social science methods and wholism were judged as applicable to medicine; there was a new direction in medicine, one that was non-traditional and one that called present scientific methods into question (Capra, 1989; Jackson & Wediman, 2004; Layton, 2000). Murray and Pizzorno (1998) reported, "A revolution is occurring in health care" (p. 10).

There is a new kind of medicine emerging that emphasizes the interrelatedness of mind and body (Murray & Pizzorno, 1998; Rossi, 1993). This new kind of medicine has various names: holistic medicine, alternative health therapeutics, alternative medicine (a term that I will often use), complimentary medicine, and integrative medicine; for this reason, now the comprehensive term CAM (complimentary/ alternative/ medicine) is used with increasing frequency among "holistic practitioners" to "cover" all these designations (Cooper, 2001; Murray & Pizzorno, 1998). CAM has a "wholistic" emphasis that links body and mind with the social, the psychological, and the spiritual (Dossey, 2001; Hoffman, 1995; Weil, 1983). Hoffman reports, "The word healing has its roots in the Greek word 'holos', the same word that has given us 'whole' and 'holistic'. Healing is the expression of wholeness, health is wholeness" (p. 19). The Greek word "holos" has its parallel in the Hebrew "shalom" that implies "wholeness," "peace," and "holiness" (Spangler & van Dolson, 1975). Significantly ancient cultures tended to consider "holiness" and spirituality as an integral "whole" with "healing" and medicine

(Spangler & Van Dolson). In the modern and Western context of holistic health, the term "holistic" was first coined in 1926 by Smuts (1999) of South Africa.

Accordingly, today, there is a new movement toward "holism" (or "wholism") and holistic medicine (also "holistic health") that integrates "spirituality" and health (Spangler & Van Dolson, 1975; Suzuki, Willcox & Willcox, 2001). In fact, scientific research has closely correlated improved health with spirituality, and this is confirmed and reported by Suzuki, Willcox, and Willcox (2001). In similar fashion, this type of integration of spirituality and health also occurred in 19th century Reform Movements in the U.S. and even in ancient cultures of Western civilization during the 1st century (Hexham & Poewe, 1986; Hoffman, 1995; Schwarz, 2006; Weil, 1983). Since 19th century instruction about spirituality and health was closely allied to spiritual and religious organizations, adult education, especially in the form of health education, linked with spirituality and loomed large (Schwarz, 1994; 2006).

Holistic medicine goes back to ancient times (Nunn, 1996; Spangler & Van Dolson, 1975). Spangler and Van Dolson tell us that medicine and spirituality were largely integrated at that time. The holistic health movement also represents a revitalization movement, "a going back to what was before" (Hexham & Irving, 1986), and in this case in particular, a re-assertion of a former medical culture (Haviland, 1974).

Weil, a major figure in the holistic medicine movement (Suzuki, Willcox, & Willcox, 2001), gave emphasis to the similarity of the modern holistic health movement and the nineteenth century health movement, that was often termed "health reform." Moreover, the educational dimension of 20th and 21st century holistic health, which focused on instruction in healthy lifestyles, also focused on adults as in the 19th century health reform

movement (Hexham & Poewe, 1986, 1999; Reid, 1995). In other words, health education became a major aspect of adult education that was frequently disseminated in conjunction with religious and spiritual organizations—as was mentioned earlier (Capra, 1989; Denton, 1993; Gordon, Hastings & Fadiman, 1980; Schwarz, 1994, 2006). In fact, in 19th century health reform movements, health education, public health, and holistic health were so integrated as to present a single front (Denton; Gordon, Hastings, & Fadiman; Schwarz).

Stone et al. (1987) cite Eagleston and Thoreson regarding a "Rationale for and Educational Model" (p. 496) and state, "In many ways the enhancement of optimal health along with the prevention and amelioration of disease requires an educational strategy. An educational model emphasizes teaching people *how* to think, *how* to solve problems and *how* to make decisions" (p. 496). Eagleston and Thoreson add,

> Conceptualizing health and disease problems as an educational issue encourages a focus on the person in question as a student, someone who needs to learn how to do something, whether it be a different way to think about carcinoma, a new method to use in avoiding the temptation to smoke, or a strategy to restructure a highly stressful work environment. (p. 496)

Finally, these two researchers stress,

> Educational models have prevailed with an emphasis on structuring learning experiences to facilitate change, particularly among normal populations….This same perspective, emphasizing normal development and personal growth, coupled with an orientation toward prevention can clearly be applied to preventing illness and promoting health.   (pp. 495-496)

Moreover, the biomedical model, represented by "the standard medicine" that we are familiar with also had its origins in the 19th century and became "the standard" for training all physicians through the acceptance of an educational model that was set forth by Abraham Flexner (Young, 1995). Before the Flexner Report, those in biomedicine and holistic health, worked together, without a lot of conflict, but in definite competition, in a type of medical pluralism (Young). Hence, the modern holistic health movement really represents a change that was in fact a restoration a revitalization in the West of an earlier medical "balance," one that integrated health practice, philosophy, and spirituality (Murray & Pizzorno, 1998; Spangler & Van Dolson, 1975).

Thus, the recognition of diversity, a pluralistic perspective, led to the questioning of the legitimacy of the "omniscient" and single perspective of science and medicine in the West (Kuhn, 1970). Those especially who had been colonized or otherwise oppressed colonized sought new forms or models that both reflected and represented their own perspective (Mudimbe, 1989).

<center>Alternative Health Therapeutics</center>

The change in medicine is usually explained (Moss, 1973; Rossi, 1993) in terms of Kuhn's (1970) conclusions about philosophy of science. In the 1960s, Kuhn (1962) introduced the concept of the paradigm change or paradigm shift. A paradigm is a type of model that is used to interpret phenomena in scientific practice and investigations and in arriving at conclusions. Kuhn states that sometimes there is a revolution in science when the older model begins to fail in supplying adequate explanation and that there is eventually a change or shift in the model.

Hence, the philosophical and scientific reason that is usually given for the appearance of holistic medicine is that it provides a more complete perspective for the health of the individual than that of "standard" or "biomedicine"—that is, it provides a new paradigm, since the older model is inadequate (Capra, 1989; Moss, 1973). For example, Newtonian physics failing to explain subatomic particle physics and being replaced by quantum mechanics (Kuhn, 1970) is the basis for an analogy actually used by Capra (1989) to show the need for holistic medicine and new paradigm for medicine. In similar fashion, others also cite the need for holistic health and a new paradigm for medicine (Moss, 1973; Pelletier, 1984; Rossi, 1993).

Most illness stems from life style issues that give rise to chronic disease rather than infectious disease that characterized the 19th century (Fadiman, Gordon, & Hastings, 1980). It was this mid-nineteenth century social context of infectious disease that largely provided the philosophical basis for modern 20th century biomedicine (Fadiman, Gordon, & Hastings, 1980; Spangler & Van Dolson, 1975). By the early 1900s, biomedicine became the only recognized and legitimate form of medicine in the U.S. to be taught in medical schools and most other medical training centers were closed down—except in the West and a few other places (Reid, 1995; Young, 1995). Young reports, "Up until 1911, homeopathic medicine was in stiff competition with traditional practice" (p. 267).

Holistic medicine stresses the healing of the mind, body, and spirit, and this stands in contrast to the separation of mind, body, and spirit as proposed by Descartes, a major philosophical figure providing a rationale for the biomedical model (Capra, 1989; Spangler & Van Dolson, 1975).The philosophical implications of Descartes was not only to create a tendency to separate the body but also to separate science from spirituality;

this tendency became an aspect of the mindset of modernity (Capra, 1989; Moss, 1973; Spangler & Van Dolson, 1975).

The perception of the original strength of the spiritual element in medicine, before the advent of modern medical practice, can be enhanced by the realization that most doctors were also priests during the Middle Ages (Spangler & Van Dolson, 1975). The ancient Egyptian physicians, who held a wholistic perspective in health matters, were also priests; the early Egyptians evidently perceived the roles of physician and priest as a single function (Nunn, 1996).

After the 19th century, and "conflict" with holistic medicine, bio-medicine became the accepted form of Western medicine and holistic medicine was largely no longer considered legitimate (Fadiman, Gordon, & Hastings, 1980; Van Dolson & Spangler, 1975). Holistic medicine practitioners, like the osteopathic physician and the chiropractor, were said to be "unscientific" and identified with the "witchdoctor," a term of European origin used to designate a "native healer" (Hexham & Poewe, 1986; Segall, 1979, 1999). Therefore, in many ways, holistic health can be considered as a type of scientific "counter-culture" to "standard" medicine (Hexham & Poewe; Segall).

The term "integrative medicine" has been used to indicate the need for both biomedicine and holistic medicine by Suzuki, Willcox, and Willcox (2001). Indeed, both types of medicine were largely accepted prior to the mid-nineteenth century (Fadiman, Gordon, & Hastings, 1980; Schwarz, 1994).

The new focus on studies in the history and philosophy of science come to this same conclusion (Jackson & Weidiman, 2004). Science is also one of the social institutions of a society, and, therefore, according to social theory, interacts with the other social

institutions. This has been demonstrated by Haviland (1994) and Pi-Sunyer and

Saltzman, (1978) as well as the history and philosophy of science researchers Jackson

and Weidiman (2004). Moreover, Young (2007) adds, "Recent work has made it clear to

those with eyes to see that there is no place in science, technology, medicine or other

forms of expertise where you cannot find ideology as a constitutive determinant" (p. 1).

Hence, although the 20th century scientific-medical paradigm came from 19th century

philosophy of science, and19th century worldviews, cultural perceptions of the times,

were attached (Jackson & Weidiman, 2004).

The Western 19th century worldview promoted racial scientific theories that provided

a rationale for economic gain through imperialism, and tended to look upon non-

European peoples and their culture, especially their medical culture, as being inferior and

unscientific (Jackson & Wediman, 2004). Holistic medicine became closely identified

with these "inferior cultural" ideas. In this regard, Burns, Learner, and Meacham (1993)

report, "Social Darwinists…argued that the apparent 'success' of western civilization was

a result of its species fitness. The white race had proved itself superior to the blacks, non-

Jews to the Jews; rich superior to the poor; the British Empire superior to subject

territories" (p. 853).

Spirituality/ religion has been a major cohort in the advance of holistic medicine.

Spirituality/religion not only supported holistic health directly, but was also one of the

factors that helped bring about a change in the Western worldview that supported the 19th

century scientific paradigm. The Christian theologian Dietrich Bonhoeffer, from within

Germany itself and during the very time of the Third Reich, began an attack on Nazism

and its closely attached scientific racial theories (Colton & Palmer, 1965, 1992; Marty &

Associattes). Eventually, the Western worldview and its 19th century scientific paradigm,

that was so closed permeated with racism, began to change. Nevertheless, Bonhoeffer's

action, as well as Ghandhi's action in India, helped to promote the concept of spirituality/

religion as a force for change in the world again (Bhikhu, 1997; De Gruchy, 2002).

Bonhoeffer's (1973) research and scholarship on theology and the philosophy of science

helped to restore dialogue between religion / spirituality and the academy.

<div align="center">Spirituality and Adult Education</div>

As implied, the return of holistic health has renewed interest in issues about

spirituality and spirituality has renewed interest about holistic health (Capri, 1989;

Hexham & Poewe, 1986; Hoffman, 1995). This relatively new wave of interest in

spirituality and religion is linked to the revitalization of holistic health in the 1960s

(Hexham & Poewe, 1986). This new interest in spirituality has been further augmented

and reinforced by the steadily increasing crest of a more conservative Christian religious

revival that has been growing since the 1950s, and that now manifests its powerful voice

in the context of U.S. politics (Kelly, 1977; Reed, 1997).

The appearance and rapid growth of what is often called "new religions" has come to

characterize our time and signifies a change in worldview. These "new religions" have

frequently formed a linkage with holistic health, according to Hexham and Poewe (1986).

Hence, as pointed out by Hexham and Poewe and Hoffman (1995), greater visibility of

Eastern therapies, like Chinese medicine and even "faith healing" in the U.S., and the

West generally, has promoted an increasing interest in the connection between spirituality

and health (Boggs, 1956; Hexham &Poewe, 1986; Hoffman, 1995; Kelsey, 1973). For

example, Oral Roberts, active in evangelism since the 1950s, who established a

university and medical school, is said to have been cured of a childhood disease by a Native American healer, a holistic practitioner (Randi, 1989; Roberts, 1998). Some believe that this powerful experience strengthened his belief in faith healing meetings and the controversies that ensued (Boggs, 1956; Kelsey, 1973; Randi, 1999). Also, Roberts became part of a long-standing Pentecostal-Holiness tradition of faith healing that stretched back into the 19th century, and eventually he became recognized as the head of this movement; the influence of Roberts and the contextual history is now being documented by recent doctoral dissertations (Reed, 1997). Nevertheless, Roberts helped popularize non-traditional medical methods and the link between spirituality and health through his television programs that were aired to millions of people for many decades and through the establishment of a medical school, which had a religious perspective, at Oral Roberts University (Randi, 1989; Roberts, 1998).

Interest and research in the "psychology of religion," that had waned in the 1920s, a little after the official adoption of bio-medicine as "the standard" for the medical schools and medical profession, now returned and waxed stronger in the 1950s, along with the continuing psychosomatic medical research that linked mind and body. Thus this schemata of separation of mind and body is beginning to unravel. This unraveling represents a change in the worldview in the West, and it was this older view of the world that kept the 19th century scientific paradigm in place and unchanged (Lauren, 1993). However this is changing.

Many research projects and experiments have confirmed the positive correlation between "religiousity" and health (Suzuki, Willcox, & Willcox, 2001). Thomas Oxman of Dartmouth Medical School reports that "among patients undergoing heart surgery,

those who reported themselves to be religious, were three times less likely to die than those who were not religious" (Suzuki, Willcox, & Willcox, p. 458). Matthews provides an extensive annotated bibliography of research on spirituality and health. Suzuki, Willcox, and Willcox report,"The evidence for the positive effects of spirituality on health is impressive" (p. 458). Hence, as stated, "spirituality" (in the sense of including religion in a more general way) has now become a major and integral partner in the recent growth and development of holistic medicine. More than a thousand research experiments have correlated improved health and spirituality (Suzuki, Willcox, & Willcox, 2001).

Like the return of spirituality to holistic health, there also has been a return of spirituality to adult education (Baruss, 1996; English & Gilloen, 1998; Miller, 1999; Villa, 2000).The return of spirituality can be perceived as a type of educational renewal, since the ancient perspective held that learning was "spiritual" (Leonard, 1987). Also, as implied earlier, the establishment of Oral Roberts University strengthened and brought interest to the link between spirituality and health as well as education. Roberts stressed the importance of education being wholistic, and being wholistic is a major characteristic of adult education. Anyway, the element of spirituality has become an increasingly important element in adult education (Villa, 2000), especially since Palmer (1983) presented his research on spirituality in terms of a quest for meaning in education in the 1980s. At the same time, behavioral scientists further investigated the finding that meaning is a major social function of religion (Kelly, 1977; Robertson, 1991).

Also, spirituality has another social function: to become a social force that can bring change to a society; this social function is often referred to as the prophetic function of

religion (Robertson, 1991). This prophetic function of religion became integrated with adult education in the 1960s during the Civil Rights Movement to bring about a powerful transformation in American society (Cunningham & Merriam, 1989; Epps, 1974) to promote social justice, true democracy, and a real pluralism. These were goals of adult education that Dewey (1938) promoted long ago. He felt that true education could only exist in a democratic society and vice-versa; he concluded that the development of a human being not only depended on the individual alone, but also the state of the society in which the individual lives. Dewey linked the ideals of education, democracy, and pluralism, and was frequently cited to defend Civil Rights position and policies.

Hence, as mentioned, there was therefore increasing diversity that included spirituality, women, and African Americans in the 1970s, 1980s, and 1990s. The present focus on spirituality in adult education is characterized in terms of individual development or change in society as a whole.

<div align="center">Transformational Learning</div>

The concept of the construction of meaning leads us to the issue of transformational learning, especially as theorized by Jack Mezirow (1978), since it is equated with the transformation of perspective or perception. Learning and experience are so closely related and learning experiences are really about acquiring meaning (acquiring meaning is also conceptualized as a social function of religion/spirituality) (Kolb, 1984; Robertson, 1989). Moreover, in the 1950s, the neurosurgeon-scientist Dr. Penfield established the fact that "meaning" or "interpretations" are provided for life events recorded in the brain (Harris, 1973). This supports Mezirow's theory. Disquieting and disturbing events, negative or chaotic "learning" events, interrupt this state of

equilibrium, or homeostasis, in the mind (as well as in the body). The process of restoring

the state of equilibrium, also called homeostasis and adaptation, involves finding new

meaning through a new interpretation of the event in the mind/ brain, according to both

Penfield and Mezirow. Since the mind is linked to the body in a reciprocal and interactive

way, the body is affected as well as the immune system through this reinterpretation that

often involves elements of language and imagery (Rossi, 1993). This has significant

implications for holistic health. In this regard, it is well known by psychologists that

patients can "convert" an emotional problem into a physical illness (Hexham & Poewe,

1986).

However, according to Weil (1983, 1995), if one investigates matters closely, it will

become abundantly clear that almost all illness and disease is "psychosomatic," in the

best sense of the word. In other words, illness, for the most part, appears to be the result

of an unsuccessful attempt to cope (or to establish homeostasis) with stress, that is driven

by a negative interpretation of a life event or events, a loss of meaning—like a divorce or

the death of a spouse (Copra, 1991). Moreover then, the transformation of perspective

really constitutes the acquiring of meaning (Mezirow, 2000). The loss of a spouse

through death often brings loss of meaning to the remaining partner, and this stressful life

event, through the negative interpretation of the mind, is often converted into a physical

illness in the body, like cancer. However, sometimes if the remaining spouse remarries,

the cancer goes into remission and the patient is cured, since a new interpretation replaces

the old in the mind and accordingly the physical state of the patient is transformed

(Chopra 1991; Weil 1995). A transformation of mind may bring a transformation of

body. In fact, one nursing theory explains this same phenomenon by use of the Royce

Adaptation Model and in terms of successful or unsuccessful adaptation to stress (Royce, 1998). Hence, overall health depends so much on the interpretation given, or the transformation of the interpretation, to life events and the resulting life style that ensues.

Life Events

The physician Larry Dossey (2001), a pioneer in both holistic health and a major promoter of the spirituality link with health, also connects negative life events with disease. However, Dossey also correlates improved health with the transformation of meaning through the transformative interpretation of life events. Chopra (1991), a major figure in Indian Ayurveda medicine and an appointee to the National Institutes of Health Ad Hoc Panel on Alternative Medicine, agrees with Dossey's conclusion.

Pelletier (1984) states that "minor stress, major life events, disruptions in social support systems, and difficulties at work can dramatically affect the body's system defenses so that a person becomes more susceptible to a number of conditions" (p. 75). Generally, life events of a divorce, a separation, or especially a spousal loss through death tend to increase the morbidity and mortality rates of the individuals concerned (Stewart,1980; Stone et al. Weil, 1983, 1995).

Nevertheless, it is not the life event in itself that is connected with disease as the interpretation of the meaning of the event that an individual may provide (Chopra, 1991; Pelletier, 1984; Weil, 1983; Weil, 1995). Weiner, a research specialist in this area, states that "the outside event is not the significant cause, rather 'it is the meaning of the event to the person who experiences it'" (p. 72). Hence, re-interpretation of a negatively interpreted event or an addition of a positive event can often modify health consequences

(Stewart, 1980; Thoits, 1995). Accordingly, some individuals have been helped to recover from heart disease and cancer (Chopra, 1991; Dossey, 2001, Weil, 1983).

Again, life events, but more specifically the meaning given to the event are correlated to health, both positively and negatively—depending upon the meaning assigned (Chopra, 1991; Pelletier, 1984). The meaning of the event is also closely correlated with stress, and thus the occurrence of disease (Chopra,1991; Pelletier,1984). 'Meaning' of interpretation of an individual life event is recorded in the brain in physical, chemical, and electrical terms, as the ground-breaking research of Penfield (Harris,1973) substantiates, and hence 'meaning' affects the physiology of the mind, but also the body (Rossi, 1993; Simonton, 1978).

One might consider the experience of a patient that I met while serving as a chaplain in large metropolitan hospital in the Midwestern United States. Let us use the name Miss G. for the patient. Because of the effects of Miss G's diabetes, it became necessary to amputate both feet and part of both legs. As a result, Miss G. explained to me that she became very depressed; she wanted to die. She explained to me what ended her depression: she remembered that she sang the song "Climbing Up the Roughside of the Mountain" as a child with her mother. After that, Miss G. stated that she was able to cast off her depression. She felt that this past experience as a child had an application in the present crisis; she reinterpreted a past event to give meaning to the present crisis. Interestingly, I noticed the metaphorical relationship between her present crisis and past event: she now had no legs, but was singing about "climbing." Also there was an exercise bar above her head that she frequently used for "climbing."

Problem Statement

The perspective of adult education and especially that of its formulation of transformational learning theory (Mezirow, 1991) may have certain commonalities with holistic health through the "illness as experience" concept, that has been refined further by sociology of medicine and public health studies (Cockerham, 2006). Mezirow's theory might become an "integrating concept" for these commonalities. Further investigation is called for, since relatively little research has been done in this area, despite the fact that the training of the majority of holistic health practitioners is in education and adult education in particular (Cooper, 2005). Although the literature abounds in 'illness as experience' and 'education as experience,' little research has been conducted that intertwines them. Research is called for in this area. With that said, the research questions are:

(1) What is the meaning of adult illness experiences in terms of transformational learning theory?

(2) What implications does the meaning of illness in terms of transformational learning theory have for alternative health therapeutics?

Purpose of the Study

The purpose of the research is to investigate the meaning of the illness experience through the lens of transformational learning. Furthermore, the purpose is to determine the implications, if any, of transformational learning theory for alternative health therapeutics.

Significance of the Study

This study has the potential to carry research further in finding a degree of integration for holistic help; this is especially true in regards to the usefulness of Mezirow's transformational learning theory. There is also the potential to expand research about the relationship of educational theory and health/medical theory. There are implications in this study for educators, holistic health practitioners, physicians, nurses, public heath educators, hospital chaplains, pastors, psychiatrists, and psychologists, since issues of education and health are clearly intertwined and therefore require interdisciplinary interest and cooperation.

Definitions

For the purposes of this study, the following definitions will be used:

Adult education – The "activities intentionally designed for the purpose of brining about learning among those whose age, social roles, or self-perception define them as adults" (Brockett & Merriam, 1997, p.8).

Body-mind Relationship or Body-mind Link - The body and mind as a neuron-peptide connected system that allows the body to affect the mind and the mind to affect the body that includes activating and strengthening or weakening and de-activating the immune system during the encounter of illness.

Bio-medicine – The scientific medical practice based on the paradigm that health therapeutics is based primarily on the premise that the body and mind are separated and have no inter-connections or relationships (Moss, 1973; Rossi, 1993).

Ethnocentrism/ Ethnocentric - The belief that one's culture and/ or race is superior to other cultures and races.

Holistic health/ Holistic medicine/ Alternative Health Therapeutics (AHT) /

Alternative Medicine/ Integrative Medicine/ CAM - A health practice that is based on

the scientific paradigm of the interrelatedness of mind and body and over all holistic, or

integrated multi-dimensional, approach to care of individuals and communities. For the

purpose of my study, I will use the term AHT and CAM interchangeably.

Homeostasis – The "steady-state" of the body and mind that maintains health and

protection as well as the mechanism through interrelatedness and reciprocity that

maintains such "balance" as the acid and base equilibrium in the body—if the acid

amount changes, then the base amount tries to adjust to compensate.

Life Events – Occurrences over time and during the course of human development that

affect the health of an individual through the interpretation attached to that generally

controls the level of stress experienced—that, in turn, can effect disease.

Life Style – The pattern of life events that shape mental, social, spiritual, emotional and

physical behavior that can impact numerous other factors, like health.

Paradigm – The philosophical concept that provides a model for scientific methodology

and that allows scientific investigators to determine what is true and reality.

Spirituality – Spirituality is defined as an individual's sense of what is ultimate in terms

of the meaning of life.

Transformational Learning (TL) Theory (TLT) – "Transformational learning is

basically the kind of learning we do as we make meaning in our lives." (See Appendix A/

DeCosta).

Worldview – The cultural perspective or perception of a society that sometimes

unconsciously influence education, scholarship, and scientific investigation, and affects

not all the social institutions, but the very transmission and articulation of thought in terms of epistemological foundations.

Summary

Essentially, the defeat of Axis powers, Germany and her allies, after World War II, lead to the resulting fall of 19th century Western ethnocentric scientific theory and ethnocentric education, initially used to rationalize slavery and then later used to support colonialism during both the 19th and 20th centuries. The defeat of Nazism, representing the zenith of Western ethnocentric scientific approach, thus contributed to the opposition and rise of diversity in adult education, the renewal of interest in spirituality, and the development of holistic medicine. Nevertheless, even during the interwar period, initially in Germany, the Frankfurt School of Social Research investigated and criticized the current scientific approach and questioned the social structures of society itself to promote a more just and democratic society; the Frankfurt School developed critical theory that became so important for adult education (Jay, 1996; MacDoinald, 1998; Merriam, 2005; Welton, 1993; Wiggershaus, 1995) Furthermore, in the West, the development and acceptance of holistic medicine, a medicine, in contrast to the West, linked mind and body and spirit. The revision of 19th century scientific theory, a theory that, for the most part, viewed non-European cultures and their "cultural medicine" as inferior, stimulated the development of holistic medicine. Greater diversity within fields of study and intercultural studies were greatly encouraged, but also encouraged greater collaboration between fields that were rigidly defined and separated.

This chapter provided the background for the proposed study. In the next chapter, a review of the literature will provide the theoretical framework for the study. In chapter

three, the methodology will be discussed. In the fourth chapter, a narrative analysis from

the 10 participants is discussed. Chapter five explores the numerous themes that derived

from the study. The final chapter includes a summary and recommendations for future

research.

Chapter Two: Literature Review

In this chapter, the theoretical framework for the study will be outlined. It begins with a discussion on holistic health. This discussion will be lengthy because of its multidimensional nature and varied historical contexts. Next, the literature on spirituality and adult education is addressed. The last two areas which provide the theoretical framework are transformational learning and life events.

Holistic Health

This section will be longer and serve to further elucidate the developmental context and history of holistic health. In short, the subtle mingling and interaction of the social forces, in the construction of worldview, and scientific paradigm will be unraveled to more clearly delineate the development of alternative medicine.

Holism as a Fundamental Concept in Alternative Medicine

The term "wholistic" describes the basic nature of alternative health therapeutics, or alternative medicine (CAM), and sets forth the near defining characteristic as the central fact of a mind-body connection that bio-medicine often denied in the past (Moss, 1973; Rossi, 1993). However, for purposes of my discussion, I will use the term "holism," since the movement toward holism actually began in biology (Smuts, 1926; Wesz, 1964). In fact, in opposite fashion, the separation of mind and body has become a major characteristic of "modern scientific medicine," or simply again "bio-medicine" (Moss, 1973; Rossi, 1993). In short, the philosophy of holistic medicine stresses that human-kind is an integrated whole, not a mind separated from the body, but a mind unified and linked to the body. Therefore the body-mind constitutes a system's relationship. This system is

one that allows the mind to influence the body and the body to influence the mind. However, the philosophy of bio-medicine stresses that human-kind is a separated duality, as is set forth by Descartes, and therefore, as a philosophy, denies the possibility of reciprocal body-mind influence (Moss, 1973; Ross, 1993; Spangler & Van Dolson, 1975)—even though psychosomatic research provided continual and mounting evidence to the contrary (Moss, 1973; Stone & Associates, 1987).

However, as Weil (1983) and others have said (Hexham & Poewe, 1986; Schwarz, 2006), the modern holistic health movement has strong roots in the 19th century and really represents a kind of revitalization movement. Even in the 19th century form of holistic health/health reform, there was recognition of this important connection between mind and body (Spangler & Van Dolson, 1975). In this regard, the 19th century religious leader Ellen White (1905), co-founder of the Seventh-day Adventist Church and health co-laborer with Dr. J.H. Kellogg, said, "The relation exists between mind and the body is very intimate. When one is affected, the other sympathises. The condition of the mind affects health to a far greater degree than many realize" (p. 241).

Origins of Mind-Body Concept

Oddly, the mind-body connection of holistic health becoming a major factor to link education with holistic health owes much research on "feedback systems" for computers, or "cybernetic mechanisms" through the use of analogy (Liberal Subjectivity, 2006). This early work by the scientist N. Wiener, after World War II, eventually served as a key analogy to understand the "homeostatic" mechanism for the interrelated regulatory systems of mind and body (Liberal Subjectivity). In other words, the mind-body

relationship was better understood through the computer analogous concept of "information processing."

Moreover, from a philosophical point of view, information processing raises questions and issues about 'educational epistemology'—'What is the nature of knowledge' (Krech, 1971, 1983)? If the body-mind system is a cybernetic system that includes the immune system, the body's main arsenal to fight disease and maintain health, then questions are raised about the current biomedical paradigm for healing, since it is based on a paradigm that largely separates mind and body in terms of influencing each other (Moyers, 1993; Rossi, 1993). In other words, if the mind and body constitute a cybernetic, or feedback system, then information processing theory denies the theory that the body and mind are separated, the very philosophical basis for biomedicine. As a result, observations like this eventually began to put a more positive 'spin' on the holistic health movement (Capra, 1989). In other words, it began to appear as if the chief healing agent for the body was the mind-body system that is also linked to the immune system. These issues and observations raised questions of 'educational epistemology', since the mind appears to be so closely linked to health.

Education as Process through Mind-Body Transformation

In the 1950s and especially in the 1960s the total efficacy of the Western scientific paradigm was intensely questioned by some researchers who connected the health-scientific process with the educational process (Kuhn, 1962; Robinson, 1965; Spangler & Van Dolson, 1975; Robinson, 1965; Schwarz, 1993). To a great extent, this connection of health and education was made through public health. Loma Linda University was one

of the places conducting such research that was strengthening the importance of the notion of health education that was so fervently pursued by Booker T. Washington, J. H. Kellogg, and other health reformers (Schwarz, 1993, 2006). These two health reformers often collaborated in promoting public health/ holistic health during the last century (Schwarz, 1993, 2006). Moreover, Krech (1971, 1983) called the health process, in physiological terms, an educational process. Krech, through this last perception, contends that health recovery is a 'cybernetic process,' a homeostatic process in the body-mind system—one that deals with 'information' or 'knowledge processing' in terms of past experiences.' Thus, it has the potential to heal the body and the mind through an electrical and chemical 'education' that it receives—Krech also calls this process "psychoneurobiochemeducation" (p. 83). This psychoneurobiochemeducation, or cybernetic mechanism, is the basis for biofeedback methods in holistic health that has documented cases of health recovery.

In other words, Pargman (1986) says that "biofeedback permits information about biological function to directly reach the client's perceptual awareness…with the use of simple machinery….there is a corresponding increase in the activity or intensity of the corresponding organ" (p. 168). Pargman adds, "Biofeedback converts internal physiological experiences into recognizable, measurable and useful information" (p. 169). Again, Krech implies that this process is an 'educational process'—this is what education looks like at the physiological-psychological level. This type of continual transformation of experience into physiological equivalents fits under the rubric of Mezirow's (1991) transformative learning theory.

Alternative Health as Transformation of Experience

On a very practical level, a significant number of holistic health practitioners are already seeking to use Mezirow's transformational learning theory (TLT) in health situations (Cooper, 2005). Hence, it may be important to note that Mezirow's transformational learning theory (TLT) is characterized as being intentionally wholistic, based on 'experience,' spanning the entire life-time in a continuous process of development (Mezirow, 2000). Hence, TLT appears to hold great promise as a possible approach to alternative health, a possible way of integrating a highly diverse and interdisciplinary field (Clark, 1991; Merriam 1997). It appears that education, in general, and adult education, in particular, have at least three links to alternative health therapeutics. These three links are three main areas that constitute points of intersection between education and health: the body-mind concept, spirituality, and patient history/ narrative. Actually, all three concepts merge around the concept of meaning (Rossi, 1993).

The body-mind concept provides a point of linkage between education and health. In short, the body-mind concept now recognizes that the mind influences the body, and the body influences the mind (Moss, 1973; Moyers, 1993; Rossi, 1993). According to Kuhn (1993), this represents a change in scientific thought and a change in the modern Western scientific paradigm.

In short, theorists of biomedicine insisted that for the body and mind to interact and communicate that there must be a physical nerve connection between the conscious Central Nervous System (CNS) and Autonomic Nervous System (ANS), that controls the largely unconscious heart beat, breathing, etc. (Moss, 1973). No such physical nerve

connections were found, but it was nevertheless evident that the mind was influencing the body's reaction. With a few exceptions like the vagus nerve (that communicates directly from head to stomach), eventually, it was found that CNS and ANS, or more simply put, the mind and the body, could interact through a neuron-peptide communication network that was all over the body as well as the mind. This is significant in that neuro-peptides were thought only to exist in the brain (Brann, 1991; Moyers, 1993, Rossi, 1993).

Despite mounting evidence, some still held on to the positivistic and Descartian view into the 1980s. Even; after that, most were willing to acknowledge mind-body connection to some extent. However, it was to a great extent, that psychosomatic research, especially in its new form of psychoneuroimmunology (that links the mind and the immune system), that the mind-body connection pushed the forward march and development of the holistic health movement (Capri, 1989; Moss, 1973; Moyers,1993; Rossi, 1993).

Nevertheless, it is significant that in a time when just such a connection was largely denied, Carl Jung, in 1915, of the psychoanalytic school, maintained that not only was there a connection, but the making of this connection between the unconscious and the conscious was the basis for real health and transformation (Campbell, 1976, 1990; Jung, 1912, 1956, 1964; Kelsey, 1973). Likewise, the theologian Tillich (1957) makes the identification of Jung's unconscious "archetypal" symbols with Christian symbols and that such symbols can improve the state of one's psychological and spiritual health. Kelsey mentions that Jung's psychotherapy is based on the notion of human experience and reports that "Jung had spoken of healing as a religious problem," and "he and his followers went on studying the experiences of the unconscious psyche as realities nudging man's spirit" (p. 238). As already noted, this bringing of the unconscious to

consciousness is just what happens in the realization of the mind-body connection, bringing the usually unconscious bodily processes of the ANS under the control of the conscious CNS. This connection has become the basis for holistic health therapeutics (Kelsey, 1973; Rossi, 1993).

It was the revival of Jung in part in present times, after years of serious challenges to his ideas (Benner, 1988), along with bio-socio-psychological assessments of health and illness correlations, that prompted new interest in patient history as narrative—especially in light of literary and imagistic parallels that physicians were making with patient health histories (Benner, 1988; Chopra, 1991; Sheikh, 1983). However, this "story" really begins with Dr. Penfield who made 'hard science' connections between patient 'stories,' or 'life events,' and the electro-chemical nature of the mind/ brain and its plasticity, its ability to modify itself (Harris, 1973). Hence, a scientific connection has been made with the concept of 'experience' as learning as education' that brings changes in perspective throughout life span has been further linked with adult education principles through Mezirow, since TLT provides a the mean investigating such changes in perspective that are a rough indication of that plasticity of the mind/ brain.

Experience and Interpretation

In the 1950s, Dr. Wilder Penfield, an American neuron-surgeon and researcher who lived in Canada (Lewis, 1981), demonstrated, through his brain surgery patients, that what we are conscious of, in terms of life experiences, is recorded in sequential or narrative form in the mind and is recorded electronically and chemically in the brain (Harris, 1973). Moreover, Penfield discovered that not only were the 'life events' recorded, but the meaning attached to these life events were also recorded in the brain

(Harris). Penfield determined that, by applying an electrode to various neurons in the brain, the experiences of an individual could be "summoned to recall again" through the reliving of an experience with all the emotions involved—including hearing and seeing through the mind (Harris).

Currently, it is known that certain events and stress patterns are correlated with both disease and health (Rossi, 1993) and, in such, it appears that the 'meaning' or 'interpretation' given to these events constitute the critical factor (Rossi, 1993; Stewart, 1980). Stewart pointed out that there is sufficient evidence and documentation of actual experiences to show that the meaning or interpretation of events can be changed. This process is called "re-labeling"(Stewart) and is used in marriage counseling. Involved in the re-interpretation of experience may reside an opportunity for recovery from sickness that appears to be closely linked with life events (Rossi). As mentioned earlier, the National Institutes of Health recognize the therapeutic value of patient narrative in "coprocessing illness experience" (Public Medicine, 2005, p. 1).

Moreover, Harris (1973) notes the changing of the meaning of an experience is done by the 'adult' part of the brain and is an adult process; hence adult education principles and transformational learning theory appear to fit the situation. In other words, perception and reflection (the construction of meaning) is viewed as a kind of internal-social transaction that is determined by the 'adult' in negotiation with the 'child' and 'parent' in the mind; Harris calls this process transactional analysis, but its perspective fits TLT.

In summary, the connection of the mind and the body interrelatedness has been around for centuries. However, one might say that the electrode of Penfield serves as a type of 'image-trigger' and this observation seems to support the importance of the use of images

in psychotherapy and medicine. Jungian psychology, in the form of its " Theory of Archetypes," makes a major contribution in terms of emphasis on "imagery," since Jungian therapy is heavily based on "primal images" that take many forms over time and civilization, but are said to reside in the "collective unconscious" that is in each one of us (Bennett, 1966; Campbell, 1976; Symington, 1986). Bennett, Campbell, and Symington indicate that these primal images are spiritual and are used in the great spiral traditions across the world; in other words, in Jung's view, spirituality is another way of looking at analytic psychology. Also, the older Jungian psychology, that connects mind and body mostly through imagery constitutes another way of viewing modern holistic health, since, in general, the modern holistic health movement tends to use 'imaging' as a major means of promoting health (Achterberg & Lawless, 1978; Chopra, 1991; Simonton, 1978). How one 'images' a desired outcome, or result, is closely related to motivation and is therefore a kind of approximate of measurement of the probability of a successful outcome, as confirmed by Pargman (1986). In fact, athletes are trained to use this type of "imaging" to increase their physical performance and success—to achieve a type of maximum benefit of the body-mind connection through the force of motivation (Pargman, 1986).

<div align="center">Spirituality and Adult Education</div>

Spirituality may be defined as an individual's sense of what is ultimate in terms of the meaning of life. This definition shares much with Tillich's (1957) definition of faith, as well as the adult educator Tisdell (2000); consequently, one can have faith and spirituality with or without being overtly religious, according to Fowler (1982) and his faith development theory. One of the greatest and acknowledged motivation forces

known to human beings is spirituality/religion (Spangler & Van Dolson, 1975). So great

is the motivational power of religion that some have abstained from sexual relations for

life and have suffered deprivations like starvation and torture; some have been willing to

suffer death for their faith (Colton & Palmer, 1965, 1992). Spirituality/ religion has been

used as a powerful motivator to help individuals to stop smoking, drinking, and using

illegal drugs; in the past, spirituality/ religion was more closely linked with health and

medicine. Many, if not most, physicians were also priests during the Middle Ages

(Spangler & Van Dolson, 1975; Wilkerson, 1971, 1977). Today, spirituality has been

correlated repeatedly with improved health, and thus reduced disease (morbidity) and

mortality rates (Dossey, 1996; Suzuki, Willcox, & Willcox, 2001). Also, spirituality has

been connected with improved quality of life and life satisfaction in the rehabilitation

process of cancer patients (Chopra, 1991; Weil, 1995). Moreover, spirituality has even

proved to be an important factor in weight management (Spanger & Van Dolson, 1975;

Suzuki, Willcox, & Willcox, 2001).

Spirituality and Medicine

In the West, it was the philosopher Descartes, who separated mind and body in a

dualistic system in the first place in the West. He also broke the linkage between

science/medicine, on the one hand, and spirituality/religion, on the other hand (Kuhn,

1993). However, in the last decade, there were the beginnings of a restoration of this

linkage (Moyers, 1993; Rossi, 1993). Moreover, to some degree, the return of holistic

health and its scientific credibility has renewed questions about spirituality/ religion,

since spirituality is frequently viewed as an aspect of holistic health revitalization (Capri,

1989; Dossey, 1997; Hexham & Poewe, 1986; Rossi, 1993; Moyers, 1993). Hexham and

Powe, in particular, are extremely effective and lucid in explaining this linkage. They

clearly demonstrate that the "modern" holistic health movement actually represents the

return of an earlier view of health as a new paradigm and part of a new worldview. This

is the reason that ancient Chinese medicine and other Eastern health remedies are

frequently viewed as part of the "modern" holistic health movement (Hexham & Poewe,

1986; Suzuki & Associates, 2001). The ancients considered "health and medicine" as

"spiritual" (Suzuki).

In this regard, Dossey (1996) reported that more than 1200 research projects in the

West have confirmed the positive correlation between religiosity and health. Dr. Thomas

Oxman of Dartmouth Medical School reports that of "patients undergoing heart surgery,

those who reported themselves to be religious, were three times less likely to die than

those who were not religious" (Suzuki & Associates, 2001, p. 458). Larson and Matthews

(1994) provide an extensive annotated bibliography of research on spirituality and health.

Suzuki (2001) reports that, "The evidence for the positive effects of spirituality on health

is impressive" (p. 458).

Recently some scientists have contributed to the growing awareness of spirituality by

saying that it now appears that the brain is 'hardwired' to believe in a divine being, or

God (Aquili & Newberg, 2002). They add that wiring for this purpose is not a "proof" of

existence. However, new interest in spirituality has been generated. Likewise, the efforts

of physicist-mathematician Dr. Hawkins (1997), through merging quantum mechanics

and Einstein's Relativity Theory into a single "unified field theory," something that

provides a consistent and composite picture of scientific reality (see Appendix A)

(Hawkins), has also raised serious academic questions about God and theology as a

necessity to explain quantum physics phenomena. Moreover, the eminent German

theologian Wolfhart Pannenberg (Olive, 1973; Shults, 1999), through his forceful and

rational arguments about the philosophy of science, has brought God and spirituality back

to the academic scene and has established a new dialogue between religion and

spirituality and the Academy in Europe. Perhaps, more than any other theologian,

Pannenberg is known as "the rational man" (Olive, 1973). In a powerful and convincing

manner, especially through his 1973 *Theology and the Philosophy of Science*,

Pannenberg returned and restored spirituality and religion to the educational process and

academic dialogue. Pannenberg is now a strong influence in the U.S. (Olive, 1973;

Shults, 1999).

In sum, new medical and scientific research as well as related theological investigation

have served to bring about changes that are processing a new and emerging worldview

and scientific paradigm that is pluralistic. Spirituality has proved to be a major factor in

the shift to a new worldview and scientific paradigm.

Adult Education

Brockett and Merriam (1997) define adult education as "activities intentionally

designed for the purpose of brining about learning among those whose age, social roles,

or self-perception define them as adults" (p. 8). Of course "social roles" and "self-

perception" depend on the cultural specificity of particular societies and the changes in

particular societies, since such social roles and perceptions are culturally constructed

(Nkomo, 1990; Robertson, 1991; Youngman, 2000). Different societies have different

goals and therefore there are different educational objectives (Nkomo, 1990;

Youngman).Youngman as well as Walters (1997) explain this new and global context of

adult education in more detail, and its role as a facilitator of the democratic process and national development.

Changes in education, especially in adult education, gave further support to the emergence of this new scientific paradigm that is closely related to a change in worldview (Kuhn, 1993; Middleton & Walsh, 1984). In turn, interactively, changes in the scientific paradigm and worldview contributed to the shape and development of education (Kuhn; Middleton & Walsh)—developments that are given prominence by Habermas and the Frankfurt School that are so closely associated with adult education, especially in development of critical theory (Elias & Merriam, 2005; Nkomo. 1990).

Many changes and new developments in adult education, as noted earlier, are related to increasing diversity. One major cause of the increasingly diversified context of adult education has been the recent influx of refugees and immigrants that is in great part due to the political, economic, and social instability their native countries. Also, the population of older immigrant groups in the U.S. has greatly increased. Discussions on minority groups like African Americans, women, and seniors have greatly expandedA cursory view of papers from the Adult Education Research Conference proceedings shows such a proliferation (Boulder, et al., 1972; Gibson, 1999, 2003; Carmichael & Hamilton, 1967, 1992; Fanon, 1959, 1961; Nkomo, 1990; Youngman, 2000).

Interestingly, the black Caribbean psychoanalyst and physician Fanon, who lived in Algeria for some time, connected colonialism with an older scientific paradigm, and anti-colonialism with a new scientific paradigm; the French existentialist philosopher Jean Paul Sarte gave support to Fanon's ant-colonial efforts (Gibson, 2003; Gordon, 1995). Fanon noticed how the failure to consider the culture of an individual often led to

both medical and educational misdiagnosis; as a functioning adult, Fanon also discovered

the limitations of his own European-focused education (Gibson &Gordon). Layton

(2000) has demonstrated that the U.S. Civil Rights Movement was part of larger and

more complex international political movements that promoted democratic ideals and

social equality for all, largely in the form of decolonization movements, in the aftermath

of World War II.

   In addition, the U.S. Civil Rights Movement has been identified as an Adult Education

Movement (Adams & Horton, 1975; Jarvis & Nicholas, 1992); the primary site for

training civil rights' workers was the Highlander Folk School, one that was designed after

the model of the Danish Folk Schools that were used to resist Hitler during World War II

(Adams & Horton, 1975; Cunningham & Merriam, 1989; Elias & Merriam, 2005). The

adult educators Dewey and Lindeman also influenced the development of the school

(Adams & Horton). There was a breakup of the older world order and a 19th century

worldview that persisted into the mid-20th century (Betts, 1995). Empire loss brought less

control over education by the West (Apple & Beyer, 1988; Betts; Carmichael &

Hamilton, 1967; 1994; Fanon, 1961, 1963; Youngman). In the case of the relative and

newly developed country of Tanzania, Morrison (1976) speaks of "the creation in 1969 of

a new Ministry of National Education responsible for adult education and cultural

development as well as formal education" (p. 278), and further points out that: since that

time even greater energy has been channeled into adult education…. working on the

assumption that literacy is a crucial requisite for…development oriented activities and

skills…and for stimulating political consciousness" (p. 278). Furthermore, Morrison

adds, "Another obstacle stems from…the tendency of teachers at all levels to accept Western values uncritically" (p. 279).

After World War II, in part due to its own colonial history, the U.S. was perceived as strongly anti-colonialist and this stance facilitated decolonization, independence, and development of new countries (Fieldhouse, 1984). A circumstance from our own U.S. history parallels somewhat the situation of today's emerging and developing countries may illustrate the point in regard to education. Baldwin and Quinn (2007) state, "Language is a key issue in postcolonial theory and literary practice" (p. 15), and that "language is not just a practical or literary issue; it is also political" (p. 15). The U.S. was a British colony until freed by the American Revolutionary War; today, most developing countries, former European colonies, became free by peaceful means. Following the Revolutionary War, there was considerable emphasis on literacy and informal education thus adult education (Keane & Stubblefield, 1994). However, the U.S., after being freed of British rule, made certain educational changes that accorded more with an American society than a British society (Curti, 1964, 1982).

The American pronunciation and spelling of certain words were given prominence and priority; consider: "wagon," "plow," "mold," "ax," "center," "theater," "labor" (rather than "labour") (Curti, 1964, p. 186). The publication of Daniel Webster's dictionaries of American English had both a political purpose and an educational purpose that were united as one: American spoken and written English was thereby legitimatized (Curti, 1964). The American English that was marked as "incorrect" by the British teacher is now marked as "correct" by the American teacher. The goals, objectives, pedagogies, and curriculum are not static, but are dynamic, and depend on the particular societies

involved (Apple & Beyer, 1988). Hence, because the nature of education reflects the culture and goals of particular societies one need not require a clash of paradigms and worldviews, but the acceptance of pluralism (Apple & Beyer, 1988). As a result of a new pluralistic view, one that acknowledges multiple realities of worldviews and paradigms, adults are now taught "American English." British English is still taught in Great Britain.

Likewise, even the English presently spoken by the British in England originally was only one dialect among other competing English dialects and was largely selected and enforced largely by the ruling classes through political control (Quasha, 1965; Smith, 1997). The eventual publication of the King James Bible virtually confirmed the selection of this particular dialect as Standard English for the society (Quasha; Smith). Those that still spoke and wrote in the other English dialects were designated as "incorrect." Thus, in the 13 colonies in North America, during British rule, the student who spoke or wrote in American English that was told that his writing was "incorrect" and his speaking was determined as "incorrect" by, most likely, the British teacher, a speaker of British English who was probably trained at a British college or university—far from North America.

Something approximating the educational experience of the original 13 colonies in the U.S. has been happening to the former colonies, the developing countries, all around the world. In fact, the largest colonial empire in the world formerly belonged to Britain, the very same former "controller" of the education of the original 13 colonies (Betts, 1995; Lauren, 1996; Layton, 2000). Speaking of the European empires all together Bahri (1996) states, "The European Empire is said to have held sway over 85% of the rest of the globe by the time of the First World War, having consolidated its control over several centuries" (p. 1). However Bahri also speaks of "the European Empire and its

disintegration after the Second World" (p.1). As cited by Smith (1998), Carnoy's

Education as Cultural Imperialism shows "schooling as a means of subjugating people to

the interest of the powerful" (p. 9). Youngman's (2000) *The Political Economy of Adult*

Education indicates the relationship of adult education, development theory, social

equality, and imperialism as well as to demonstrate that adult education can function as

an agent of change.

    In terms of sociology then, science and education, as social institutions, are closely

linked and are in fact in an interactive and reciprocal relationship (Apple & Beyer, 1988;

Robertson, 1991). Changes in education, therefore, affect both worldview and the

scientific paradigm, since eventually worldview and scientific paradigm as well as

education became somewhat less Western and less Eurocentric (Capri, 1989). Education,

therefore, is also political (Apple & Beyer, 1988). More will be said on this a little later.

Hence, a little more time than usual will be spent on this section, since changes in

Western society and education constitute a prerequisite, in this case, for scientific and

medical paradigm change.

    Until the 1950s, the post-World War II era, the Western 19th century conception of

worldview and scientific paradigm dominated the global scene and this domination was

used to engineer and to administer political control and possession of overseas colonies

so as to reap great economic benefits (Betts, 1995; Burns, Lerner, & Meachum, 1998). In

fact, the scientific paradigm and worldview, propagated through the educational

enterprise, had been shaped to rationalize and give support to colonial domination (Betts,

1995). Youngman (2000) explains that this became the primary global context for adult

education to determine. Critical theory clearly connects issues to adult education through

the influential relationship that the Frankfurt School and Habermas have with adult education (Elias & Merriam, 2005; MacDonald, 1998). Since the colonial control involved the domination of non-European peoples by European peoples, scientific theories of racial and cultural inferiority of non-Westerners, disseminated again and again through the educational process, were particularly well-supported and encouraged (Betts, 1995;Burns, Lerner, & Meachum, 1998; Haviland, 1974; Segalll, 1979, 1999). Any significant or major changes in an education, scientific paradigm, or worldview from a Western dominated perspective would most likely be provided through the break up or loss of colonies, that would also mean loss of control and power in political and economic terms (Betts). This is exactly what World War II provided—the loss and destruction of colonial empires of Western powers (Betts; Burns, Lerner, & Meachum, 1998; Colton & Palmer, 1994, 2001).

The European rationale for colonial control was the right of the superior Western races to rule the inferior and to bring all non-European land under domination (Betts, 1995; Esedebe, 1994; Lauren, 1996). However, the Frankfort School of Social Research, that is closely linked to adult education (Welton, 1993), from within Germany (although exiled in the U.S. for a while) opposed such a worldview, such an educational system, and such a defective scientific paradigm (Wiggershaus, 1995.) In other words, to a great extent Western educational and scientific approach was used to justify imperial intervention in other lands, and the repudiation of this claim of colonial empires, after World War II, was necessary before a new scientific and medical paradigm could emerge.(Jackson & Weidman, 2004; Lauren; Wiggershaus). Likewise, Kuhn (1993) makes it clear that education, that is one of the constituents of worldview, is a critical factor in maintaining

or over-throwing an existing scientific paradigm; He also points out that the stance of education, supported by the current worldview of course, is usually to support the status quo, what Kuhn calls normal science. Kuhn tells us that change often comes from outside of normal science; in fact, holistic health did come from outside of normal science.

Since decolonization and the democratization process, emphasized by Dewey and Lindeman (Adam & Horton, 1975; Elias & Merriam, 2005; Wirth, 1966), constitute signs of the beginning of this change in worldview and educational stance that in turn supports the current scientific paradigm (Lauren, 1997), it is often informal and thus adult education that initiates this change in worldview that in turn affects the scientific paradigm (Nkomo, 1990; Welton, 1999; Youngman, 2000). Thus, the challenge came to Hitler from a source that he had placed on the educational fringes and was eventually exiled in the U.S. for a while, one now closely associated with adult education theory (Welton), the Frankfurt School—in fact, the dictator hurled the accusation of "Jewish science" at the school (Wiggershaus, 1995).

The changes in education, initially and appearing as adult and informal education, that also began change in worldview and scientific paradigm, tended to be linked with spirituality and religion. Schools and educational organizations like the Danish Folk Schools, originally founded by a minister in a religious context, and the underground seminary and other educational organizations founded by the theologian Bonhoeffer were used to resist Nazism (Adams & Horton, 1975; Wirth, 1966).

Adult Education and Spirituality

The writings of Bonhoeffer were appropriated as educational tools by native leaders like Tutu into South Africa to combat apartheid forces (DeGruchy, 2002). Of course,

there were curriculum readjustments, likewise, in developing countries, former colonies (Nkomo, 1990).

Young (2000) describes the resulting changes in adult education due to this political and economic realignment of the colonial and postcolonial world with the West. There were other spiritual/education combinations that fought against racism and racist theories in South Africa.

When apartheid became an official "doctrine of the South African state, the indigenous and "Ethiopian" churches, and Bishop Tutu along with other black leaders were ready to move against it (Lincoln, 2006; Wilmore, 1993). Of course, by some doing, the focus and intent of Tutu and others here was on creating true democracy, and this meant abolishing racism and apartheid. In addition to Bonhoeffer Dewey (1938), who stressed the importance of democracy for education and education for democracy in an acceptance of social pluralism, was cited by adult educators as they opposed apartheid (Epps, 1974; Nkomo, 1990).

So, decolonization, the democratic process, education, and scientific paradigm are closely interrelated as to constitute a single movement that impacts holistic health, as Capra (1989) confirms. Youngman (2000) addresses the role of adult education in the context of development, decolonization, and democratization; it is in this very context that the adult education theories of Freire (1976) are forged.

This link between spirituality and adult education that was investigated by Jarvis and Nicholas (1992) is also seen in the work in the 1970s of educator Paulo Freire (1976) in Brazil. Freire connects the work of literacy and adult education with empowerment and full participation of the poor in the democratic process of society—a situation somewhat

similar to that of minorities in the U.S. Like black educators and civil rights workers in the U.S., Freire was strongly influenced in taking up his educational work for the poor to achieve participation in the democratic process.

It has been noted that there has been a growing interest in spirituality/ religion due, in part, to a conservative spiritual revival and the development of "new religions," especially in their largely Eastern form, an interest often manifested by adult training centers in yoga and in transcendental meditation—such actions influence other sectors of society (Hexham & Poewe, 1986; Kelly, 1977). Kelly pointed out that this tremendous growth.

However, the interest in spirituality, from a more conservative perspective, was often in reaction to an aforementioned and perceived more liberal social and political context, has lead to the establishment of schools and adult education centers, study groups, and the like--as the development of Oral Roberts University and Bob Jones University and the many adult education centers that are based in churches, mosques, and synagogues (Gaustad, 1966; Lippy, 1994). Religious systems, in terms of social theory, need support for a "meaning" system (Hexham & Powe, 1986; Kelly, 1977). Theology usually supplies that support, but theology usually also needs various forms of additional social and educational support, that often takes the organizational form of a school, in addition to the church.

Historically, many schools, including colleges, were often founded by churches, both in the U.S. and abroad (Dillenberger & Welch, 1976; Kelly, 1977). In other words, a "social body" is often needed to conduct or accomplish a spiritual/ religious mandate, according to Kelly. In fact, the gains of the original protestant reformation were

consolidated greatly through adult education generally and the establishment of schools at all levels; Luther himself noted this fact and encouraged the establishment of adult literacy classes and schools (Dillenberger & Welch, 1976).

Moreover, the traditional protestant emphasis of "sola scriptura," or "the Scriptures alone" as the basis of doctrinal authority, gave rise to a great need for literacy (Dillenberger & Welch, 1976; Ramm, 1973). Banfield (1967) cites a number of instances and research investigations that demonstrated how protestant missionary zeal in South America manifested "social spin-offs" of increased literacy, especially in terms of adult education, and increased other educational developments.

Struggles for democracy and equality tend to link spirituality and adult education. In the U.S., some black schools and some black churches were burned by the Klan because they served as adult education centers to promote literacy (Austin & Thompson, 1999; Isaac, Guy, & Valentine, 2001; McGee & Neufeldt, 1990). Black churches, as well as other churches, continue this education function, especially in terms of adult education (Isaac, 2005). Often, in recent times, churches themselves served as adult education centers to promote job opportunities, to supplement school programs especially in minority communities, to intervene in health concerns, to improve communities, to enrich family life, and many others (Isaac, Rowland, & Blackwell, 2007; Isaac & Rowland, in press). Not all educational activity in churches is a reaction to a threatening liberal social milieu. In fact, the social needs today are so great that the appearance of the mega churches, in part, can be explained as an attempt to meet these great social needs that have been greatly fueled by government cut-backs (Isaac, Rowland, & Blackwell, 2007; Reed, 1997).

In addition to the influence of religion and churches, however, there is a third influence that has brought spirituality into adult education. It is the study of the brain and education is bringing spirituality into adult education and dove-tailing with issues that involve the spiritual nature of education (Aquili & Newberg, 2002; Caine & Caine, 1997). These twin issues are connecting health with education. Wolfe (2003) states, "The newest 'breakthrough" in education is neuroscience or brain research, a field that until recently has been foreign to educators" (p. 1), and "While many past programs have generated a great deal of interest, rarely has one amassed a following as enthusiastic as this one" (p. 1). The research of Aquili and Newberg (2002) implies that spirituality is an important and natural function of the brain—issues that Leonard (1987) brought to education. Leonard (1968) discussed how the ancient East and West viewed both education and health as something spiritual. Moreover, he was already linking education with contemporary brain research as well as emphasizing the experiential nature of education after the manner of Dewey and other adult educators. In fact, Leonard, an educational innovator and World War II fighter pilot, has become quite a charismatic figure over the years and has provided rich insights and made significant contributions to both education and holistic health (Leonard, 2006).

However, it is the new knowledge about the adult brain, including how it differs from the immature brain, that constitutes one of the factors creating new and increasing interest in adult education, and that is now bringing it closer to the health field. Education and particularly adult education principles and practice are becoming more and more a part of the curriculum of public health and health education programs and degrees—such as that

at the School of Health at Loma Linda University (Dysinger, 2006; Glanz, Lewis, &

Riner, 2002).

Thus, both the diversity within and subject boundary extension without of adult

education built on the notion of the experiential and democratic foundations of education

especially as expressed and conceptualized by Dewey (1938). In other words, the

expansion of adult education and improvement of the democratic process were correlated

Some researchers were concerned that the field of adult education might become

stretched too thin, like the British philosopher R. Peters, who is cited by (Jarvis,1987).

However, the American Association for Adult Education, under the influence of

Dewey's ideas as advocated by Lindeman 1926, decided not too narrow and restrict too

closely the field of adult education (Elias & Merriam, 2005). In other words,

interdisciplinary studies and extension of subject boundaries have become characteristic

of *adult education.*

Adult Education and Meaning

Adult educational concepts are being brought to bear on issues of spirituality,

especially in terms of meaning (normally "meaning" is a social function of religion), and

issues of health and wellness, especially in terms of faith development (Fowler, 1982; Pi-

Sunyer & Saltzman, 1978). Significantly, while Fowler (1984) investigated faith

development, he used educational philosophy and its methodology. Moreover, the

concept of hope, a concept that is very similar to faith, has appeared as an important

concept in adult education research (Moulton, 2006). In other words, education can

perform the social function of providing meaning, a social function normally attributed to

religion (Robertson, 1991).

The concept of meaning that is so closely linked to the body-mind-concept is also present in adult education principles (Bruner, 1991; Clark, 1991; Mezirow, 1993). The concept of meaning is often addressed in adult education from the constructivist perspective, one that holds   the epistemological position that knowledge is "created" or "made"—a perspective also embraced by cultural anthropology (Bruner, 1991; Mezirow, 1991). Adult education is "wholistic" and includes the "physical" (Merriam, 1997). Accordingly, adult educational philosophy is said to be characterized by the term "experiential" (Merriam), as does the new patient narrative that emphasizes the concept of "illness experience" (Public Medicine, 2005, p. 1).

Adult Education and Experience and Life Events

Adult education has made extensive use of the theoretical conception of the learning process as experiential, that is based in "life experience," and serves therefore to give emphasis to the integration of life and learning in terms of the personal and social role of the mature individual (Dewey, 1938; Merriam, 1997; Wirth, 1966). Thus adult education is not only "wholistic" in the sense that it comprises the mental, physical, and social dimensions of mature individuals, but it also spans the entire life development (Merriam, 2005). However, the very grounding of adult education principles is the experiential nature of learning itself—that is inseparable from life itself (Merriam, 2005). Holistic health medicine is closely linked to the human "experiential dimension" with the illness event (Rossi, 1993). In 1998 statistics indicated that holistic medicine had become very popular over time, since at least 40% of U.S. residents use its services sometime every year (Murray & Pizzorno, 1998). Holistic health provides a complimentary, or an alternative, approach to health that emphasizes "holism" (Cockerham, 2006; Moss, 1973)

and therefore the unitary nature of mind and body, one that emphasizes their reciprocal relationship (Rossi, 1993).

Accordingly, Stewart (1980) and Chopra (1991) cite evidence to show that an individual who marries tends to live longer and have a lower cancer rate than one who remains single, but if a married partner loses a spouse through death, this partner tends to become more prone to death and disease—unless the partner remarries. Nevertheless, it is not the event in itself that brings about the sickness, but it is the individual's interpretation of the event that determines whether or not illness follows as a consequence (Stewart, 1980; Rossi, 1993). Hence the mind-body system that is reciprocally interactive can be manipulated to affect health (Moyers, 1993; Rossi, 1993). While serving as a hospital chaplain in the West Indies, I met a male patient who identified his sickness with the bad relationship that he had with his father; however, after considering the possibility of having a positive relation, he decided to restore the relationship with his father. By the next day, the patient's condition had improved, and he was released from the hospital. The experiences, or life events, and client/patient histories really constitute, more broadly speaking, a lifestyle. Lifestyle, how one lives one's life, is closely connected to disease patterns in a given society (Cockerham, 2006; Chopra).

Perhaps needless to say, the correlation of life-style and health cannot, in itself, be linked to any physical entity within the body, like a germ. It is clear that the viewpoint of "standard" bio-medicine is inadequate to provide a satisfactory explanation for this phenomenon. Hence, adult education, that stresses narrative learning , and holistic health have been potentially linked through this concept of "experiential dimension of illness,"

at least in theory; nevertheless, only a few researchers like Cooper (2001) have investigated this common linkage through the concept of experience.

Most of the present research on "illness and experience" is coming from an interdisciplinary medical side—medical sociologists, medical anthropologists, health psychologists, nursing researchers, psychosomatic researchers, hospital chaplains, and others (Cockerham, 2006). Thus, the holistic health-adult education connection through the concept of experience calls for more investigation from the adult education perspective and therefore such an investigation is on the cutting-edge of research. Indeed, the fact is that most holistic health practitioners are educators and use educational theory in treating patients (Cooper, 2001).

In summary, education and spirituality, then, are closely linked. The Descartian separation of spirituality/religion from science/ medicine is closely linked to his separation of mind and body, whose unity is the very basis of wholistic health, and thus the need for the adult educational effort to support such a position. Since spirituality has been shown to be a motivating force in healing and recovery of health, then one might expect changes, accordingly, in the areas of medicine and science, and especially spirituality and adult education. It is obviously the shared social functions of spirituality and education that provide meaning for this change toward uniting these various factors (Robertson, 1994). This very coming together to unify various factors has also pushed holistic medicine to the forefront.

<center>Transformational Learning</center>

In 1978, Jack Mezirow introduced his notion of transformational learning theory, also called transformative learning (TL), and published *Perspective Transformation*.

Since he first introduced it, there have been modifications and enlargements of the

transformation theory by others (Kelly, 2006; Transformative Learning, 2007). These

additional theories constitute variations on a single theme; some emphasize the spiritual

or the emotional dimensions more than Mezirow does.

Mezirow set forth the most complete statement of his theory in *Education for*

Perspective Transformation in 2000. Mezirow identifies the work of Freire's literacy

toward empowerment in Brazil as transformative learning. So, transformation learning

can be on a societal level or a personal level (Tisdell, 2000, 2003; Transformative

Learning, 2007, p. 1). In providing a definition of perspective transformation, which is

considered analogous to TL, thus a definition of TL is also provided, Mezirow elucidates,

"Perspective transformation is the process of becoming critically aware of how and why

our assumptions have come to constrain the way we perceive, understand, and feel about

our world; changing these structures of habitual expectation to make possible a more

inclusive, discriminating and integrating perspective; and, finally, making choices or

otherwise acting upon these new understandings" (Cranton, 1994, p. 22). In other words,

Mezirow identifies transformative learning with "meaning structures" in the mind and

their change during a "disorienting dilemma" that could be "triggered by a life crisis or

major life transition" (Transformational Learning, pp. 1-2). This change is brought about

by a "cognitive process of critical reflection" that brings a "steady-state" as a new

meaning is found (Clune &Robinson, p. 1). Significantly, this change in meaning is

described by Magee (2007) as a personal "paradigmatic shift" (p. 1).

One is thereby reminded of the "paradigmatic shift" that has taken place in

medicine to bring about alternative medicine. In fact, more research has now established

that on a more physical and chemical level in the brain and nervous system that there is also "transformational learning" in a process that is called "neurobiological learning" (Janik, 2004).

Cooper (2005) is among the few who are now beginning to look at the implications of transformational learning for health related issues. Cooper points out the potential usefulness of transformational learning theory "in training programs for Complementary and Alternative Medicine (CAM)" (p. 2). According to Cooper, in preparing to be CAM practitioners, students must often be prepared "to question their own reality in ways that promote transformation of their worldview" (p. 4). Cooper (as cited by Roberts, 1989) points out the potential of transformational learning theory to contribute to the more effective use of holistic health techniques "such as imagery, relaxation, meditation, prayer, and spiritual disciplines…biofeedback… psychoneuroimmunology and others" (p. 5). This last term of psychoneuroimmunology is quite interesting since it involves an exploration of the mind-immune system complex, the very basis for the "mind-body" connection that is so prominent in alternative health.

Transformation and Medicine

Hence, a change in scientific paradigm, or model, in order to accommodate new findings was made officially in 1977, and this new model was called the biopsychosocial model of health and illness (History of Alternative Medicine, 2006). It was first proposed by Engel (1977) to explain observations and non-physical phenomena—in other words, true to its name—it looks at psychological and social factors as well as the biological (Leininger & McFarland, 2002). This paradigmatic change in official hastened the

continued growth and development of holistic development since it approximates the foundations of holistic health (Fadiman, Hastings, & Gordon, 1980; Ross, 1993)

Nevertheless, the biomedical model, that Engel began to make changes to, was established not by a scientist or physician but by an educator, a teacher named Abraham Flexner (Tovey, 2004). As a result of dissatisfaction with his son's medical curriculum, the teacher issued what is now called the Flexner Report. The report, in 1910, was so powerful in its support of the biomedical model and so devastating in its criticism of the holistic health model that, as result, the biomedical model was established as the standard medical curriculum and there was great success in closing most holistic medicine schools, including osteopathic schools, except in a few areas that included the Western U.S. The Flexner report settled the 19th century medical debate in favor of biomedicine until its own official reversal that was initiated by the biopsychosocial model of Engel (Engel, 1977; Tovey, 2004).

Hence, the importance and the fact of the philosophical basis for curriculum is clearly demonstrated (Cunningham & Merriam, 1976). Thus scientists have certain philosophical concepts and assumptions that determine how their research is to be interpreted; sometimes the term paradigm, or model, is used to describe these philosophical concepts and assumptions (Kuhn, 1970).

However, increasingly, the facts and results of public health, medical practice, and psychology were observed to defy this biomedicine scientific paradigm. For example, people with optimistic personalities tended to have less disease and live longer; this was also true of married people—people who were divorced and never remarried had more disease (morbidity rates) and not live as long (mortality rates) (Rossi, 1993;

Stewart, 1980) The bio-medical paradigm was insufficient to explain the reality, since the

paradigm insisted on a physical cause, but none could be found (Moss, 1973; Rossi,

1993). There was a "transformation in perspective."

One might consider that, during the nineteenth century, the European physician D.

Graham reported how Hawaiians successfully used "holistic methods" to relieve pain and

stress—in fact these methods were used in 1879-1880 on Graham himself and were

effective in relieving his own pain. Nevertheless, the American and European medical

establishment generally judged these methods as "unscientific" and "questionable" (Fritz,

2000). The medical intervention for Graham through the use of alternative therapeutics

by the Hawaiian natives also involved the recognition and use of spirituality as an aspect

of health practice (Fritz, 2000). This experience was a transformation of perspective." It

was only in the 1970s that the AMA finally and officially recognized the authenticity and

legitimacy, after much debate, of chiropractic — and therefore recommended payment by

insurance companies (Chiropractic, 1987). In fact, chiropractic won its case and

transformed the perspective with the AMA through educational means: curriculum and

admission requirements were strengthened, but, in the end, an educational debate with the

physicians was convincing enough for recognition—though also assisted, unfortunately,

by a class action lawsuit (Chiropractic, 1987).

Traditional Chinese and Japanese medicine had been in continual use for

thousands of years (Murray & Pizzorno, 1998). But, it was only in the 1970s that

physicians began to consider acupuncture, of traditional Chinese medicine, as a possible

valid therapeutic method to reduce and control pain (Jung, 1981). In both Hawaii and in

China, medicine tended to be considered in the context of spirituality.

Transformation, Social Forces, Spirituality, and Democracy

Clark (1991) shows that transformation, or change of perspective can occur at both the societal and personal level. Again, therefore Clark (1991) identifies the work of the adult educator Paulo Freire and others like him who, following World War II, sought to extend democracy among the poor through literacy achievement with transformational learning. Such a view harmonizers with Dewey's view of education also. Extending and intensifying of democratic forces in the world actually contributed to the development of a new medical perspective by educating the world against ethnocentrism that supported biomedicine as we have already observed. Freire, like some other democratic reformers, M.L. King and Bonhoeffer, that we have mentioned, were also closely associated with spirituality (Clark, 1991). In terms of implications for medicine and transformation, this means that the improved conditions and freedom in a society carries a health benefit (Benson, 1982). For example, societal racism appears to be definitely related to high blood pressure among African Americans, since Africans who live in African have some of the best blood pressure rates in the world (Benson). Moreover, African tradition medicine relates health to the relations of society and families; therefore native healers seek to restore any relationships in the family or community that are broken (Yoder, 1986). The relations are transformed.

Accordingly, in this milieu, the phenomenon of holistic health is becoming more and more accepted and is increasingly integrated into traditional Western medicine (Rossi, 1993)—emphasizing the care of the 'whole person' and moving against the usual scientific biomedical paradigm that tended, in conceptual terms, to fragment the person (Kuhn, 1994; Rossi, 1993; Spangler & Van Dolson, 1975). Indeed, it was Dr. Weil

(Suzuki et al., 2001) who has largely popularized the term "integrative medicine" to refer to "the integration of complementary and alternative medical practice into mainstream western medicine in an "evidence-based manner" (p. 427). However, this increasing acceptance of holistic health does not amount to a full endorsement of every holistic practitioner and method. Nevertheless, again, the alternative health must be understood in the context of the times in which we live and paradigmatic shifts, or perspective and worldview changes, that now affect our social and scientific outlook (Capra, 1989; Denzin & Lincoln, 2003; Hexham & Poewe, 1986). We live at a time when holistic health research and confirmation is "in process" and necessarily interdisciplinary in Clayton and McCullough (1995) provide an excellent summary of developments in holistic health, also called alternative health.

Indeed, as early as the late 1950s and early 1960s, in the biological sciences, there began a "holism" movement, as it was called, to oppose "reductionism," or understanding an organism solely in terms of its parts, rather than understanding the organism as a whole (Capri, 1989; Kuhn, 1972; Middleton &Walsh, 1986; Weisz, 1964). This development in the biological sciences was paralleled by developments in psychology, for illustration, one might consider that the development of "Gestalt psychology" sought to develop a more comprehensive philosophy and methodology to treat the "whole person" (Merriam, 1997).

Transformation and Public Health

Moreover, the continuing evolution and development of public health and community health has shown the significant correlation between social factors and health; this implies that there are non-scientific social interventions that can be used to improve

health (Spangler & Van Dolson, 1975). In fact, the development and progress of public

and community health, that correlated non-physical factors, like lifestyle, with improved

health, actually provided a key basis and shared philosophy, as we have observed, for the

development of holistic health (Cockerham, 2006). It was thought that the bio-medicine

paradigm produced the vaccines that wiped out most infectious diseases by the 19th

century, but now it is known that the infectious diseases were mostly destroyed by the

sanitation and "cleanliness" efforts of public health rather than the bio-medicine vaccines

(Cockerham, 2006). Hence, the greatest gains in health are to be made through life-style

changes, as emphasized by public health and holistic medicine (Cockerham, 2006;

Fadiman, Hastings, & Gordon, 1980). Interestingly and in recent times in this regard,

spirituality has been identified a life-style that promotes health, but the Mosaic

legislation of the Bible that is often associated with spirituality has also been identified

as providing an excellent program for public health sanitation—like the ones we just

discussed. (Spangler & Van Dolson, 1975).

Booker T. Washington played an important role in bringing together public health,

holistic health, and adult education. The African American educator Booker T.

Washington, administrator of Tuskegee Institute in Alabama, played an important role in

beginnings, shape, and direction of public health and community health in the United

States—again revealing an important link between 19th century education and health

(Blumenthal & Jones, 2004; Denton, 1993). Unfortunately, it seems that this very

prominence of Tuskegee in public and community health that led to its selection as the

site for the infamous syphilis experiment on some African American veterans that lead to

the unnecessary death of these men—a similar experiment was performed on Jewish people in Nazi Germany (Blumenthal & Jones, 2004; Denton, 1993).

Nevertheless, most scholars now identify Booker T. Washington as a major figure in adult education –just the sheer size and budget of Tuskegee would qualify it for that (Denton, 1993). In fact, it appears that the whole notion of "health education," as an aspect of community health policy, received great impetus from Washington but this aspect received less publicity (Blumenthal & Jones, 2004; Denton, 1993). All of this is very significant for the notion of support and publicity for "holistic health," since much of the evolution of the philosophy of holistic health stemmed from thinking that supported public health, community health, and public health education (Denton, 1993; Spangler & Van Dolson, 1975). Moreover then, Washington's initiatives constitute one of the earliest historical links in the U.S. between adult education and holistic health.

In fact, J.H. Kellogg, M.D., a pioneering health reformer/ holistic health advocate was also an "early member of the American Public Health Association and served on the Michigan Board of Health from 1878 to 1891 and from 1911 to 1917" (Brown & Fee, 2002, p. 2). One might also consider that many holistic health methods implied a body-mind wholism that rejected the bio-medical model of a mind-body "dualism," as advocated by the Enlightenment Period philosopher Rene Descarte (Schwarz, 2006; Spangler & Van Dolson, 1975). Public health, closely allied with holistic health in the 19th century (Schwarz, 2006) often this very promotion suggested the possibilities of establishing a health paradigm, a new model, but it grew in 'stops and starts' until it received its greatest 'growth spurt' with World War II and after; it would be a model different from what eventually became the normative scientific bio-medical model

(Capra, 1989). Although in fairness, one must acknowledge that American medical practice was in a great deal of "flux" during the first half of the nineteenth century, and that it was not until the second half of the nineteenth century that American physicians fully adopted the bio-medical model as standard for medical practice (Schwartz, 1994). In fact during the nineteenth century America, there was a "fierce struggle" between four schools of medicine: Allopathy, Homeopathy, Thompsonianism, and Hydropathy (Gohde, 2006, p.3). Homeopathy is based on the principle that the body "helps to heal itself" and that "substances that are poisonous when taken in large doses can be beneficial in small doses" (Homeopathy, 2006, p. 1). Concerning Allopathy, or "regular medicine," Gohde states, "{Allopathy} Medicine would shift gradually to their present primary method of treating patients with prescription medications from their historical use of bloodletting and purges" (p.4). After the adoption of the bio-medical mode of "regular medicine" (also called "Allopathy" in the nineteenth century), much of holistic health notions were rejected all too quickly; Now in the twenty-first century, more and more of the philosophical foundations and methods of holistic health are being embraced by modern medicine because of supporting research.

For all these reasons, it is interesting that Blumenthal and Jones (2004) point out that Washington received much of his inspiration for health education and public health programs from the prominent Seventh-day Adventist physician John Harvey Kellogg, M.D., a major nineteenth and twentieth century health advocate, through attending a conference on health in Battle Creek, Michigan, a past headquarters of his church (p. 123). According to Schwarz (2006), Kellogg is said to be one of those at the very center and origins of the early holistic health movement in nineteenth century America—along

with other health pioneers like Sylvester Graham, whose name is still linked with "Graham Crackers" as a health food (Schwarz, 2006; Shelton, 1996). The invention of a new type of cereal for breakfast, water therapy, and many other now standar" holistic health methods can be traced back to Kellogg (Schwarz, 1994).

Like its modern holistic health counterpart, much of 19th century health reform was connected with spirituality and religion (Hexham & Poewe, 1986, 1999). B.T. Washington was a very spiritual man who served as deacon and was an occasional preacher (Denton, 1993). Today, religion/ spirituality is now considered, supported by research, as a major social factor that affects health (Dorsey, 2003). Interestingly, Seventh-day Adventists, who were greatly affected by Kellogg's health education and E.G. White's influence, have been shown to tend to live eight or nine years longer than the general population—as is similar to the case of Mormons who also embrace lifestyle and diet change, especially abstinence from tobacco and alcohol (Oliver, 2001;Robinson, 1965; Rowe, 2005; Spangler & Van Dolson, 1975; Utt, 1977). Schwarz (1994, 2006) provides further documentation of this longevity of Seventh-day Adventists today. However, this nineteenth century link between education, health and spirituality is important to notice since we appear to be returning to it in a contemporary setting (Schwarz, 2006).

Schwarz (2006) describes Kellogg, in the past, as " an American doctor in Battle Creek, Michigan who ran a sanitarium using holistic methods, with a particular focus on nutrition, enemas, and exercise" (p. 1), and that "Kellogg was an advocate of vegetarianism, and is best known for the invention of the corn flake breakfast cereal with his brother" (p. 1). Concerning this invention, *The Encyclopedia of World Biography*

(2006) states, "John Harvey Kellogg (1852-1943) revolutionized the American diet by inventing flaked breakfast cereals first known as Wheat Flakes and Corn Flake." Actually, Kellogg and others like him kept the tradition holistic intact and moving along until it received its powerful impetus after World War II. In Kellogg's case, this was very literally true, since although born in 1852, he lived until 1943, just two years short of the end of World War II. Moreover, Dr. Kellogg was the administrator of Battle Creek Sanitarium, believed to be the largest hospital in the nineteenth century world—before its destruction by fire—represents true "integrative medicine," in the sense that Dr. Weil defines it as a type of "blending" of the holistic and bio-medical (Schwartz, 1994, 2006; Weil, 1995).

In more recent times, holistic health has largely advanced on the solid scientific establishment of a connection between mind and body, a connection that was fundamentally denied by nineteen century and early twentieth century science (Moyers, 1993). This bio-medical scientific model was fundamentally rooted in Descartian dualism denial that insisted on philosophic separation of mind and body (Rossi, 1993). It initially was slow but steady work of physiological psychologists and psychosomatic researchers and finally the work of biochemists, which studied neuro-peptides, thought to be only in the brain, but actually was all over the body, that put the matter beyond doubt (Moss, 1973; Moyers, 1993; Rossi, 1993).

All of this meant that if was possible that the mind could affect the body in a way that could prove to be therapeutic. In other words, the autonomic nervous system (ANS), previously thought to be totally unconscious, could be affected by the central nervous system (CES) (Rossi, 1993). This official discovery confirmed what holistic healers had

been saying for years, and also appeared to confirm Jungian therapists, at least in part, who, from C.G. Jung's writing, understood that the basis of healing was bringing the unconscious in contact with the conscious (Pelletier, 1984).

Researchers and practitioners like Jean Achterberg and Kenneth Pelletier (Fadiman, Gordon, and Hastings, 1980; Pelletier, 1984) popularized the cause of holistic health in a very scholarly and scientific fashion so as to gain a "hearing" and "public support" (Moyers, 1993; Rossi, 1993). But perhaps, the most dramatic example a changed approach of a non-bio-medical model to health comes from the now traditional linkage of public health and holistic medicine comes from the U.S. Surgeon General. The U.S. Surgeon over recent years has emphasized life-style change and particularly in the form of educational programs smoking cessation. Smoking is linked to all major disease result. As a result, all major disease categories, like cancer and heart disease has declined each year; moreover, the Surgeon General is asking that the educational programs should be refined to become more culturally specific for different groups within a society to become more effective (Healthy People, 2000).

Transformational Learning, Dewey, Penfield, and Mezirow

Elias and Merriam (2005) document that Dewey's ideas were again strongly popularized in the 1960s and 1970s in terms of strongly influencing and helping the Civil Rights movement since Dewey trained Myles Horton who started the Highlander School, modeled after the Danish Freedom Schools that resisted Hitler in Europe, that promoted and trained African American demonstrators. A "watch-word" of cultural pluralism was clearly derived and influenced by Dewey's emphasis on "pluralism" and democracy.. Indeed the 1920s emphasis of DuBois on leadership training, and to a lesser degree by

Washington, provided the leaders through the Black Colleges for the Civil Rights

Movement of the 1960s. Many of Garvey's ideas were again promoted in the 1960s. The

ideas of all four adult educators "came home to roost" in the 1960s. All of this provided

new thinking to build a new paradigm to challenge old ways of thinking in social science

paradigms, since the old paradigm was clearly inadequate for minorities (Elias &

Merriam 1997; Esedebe, 1994). New Association of Black Psychologists was established

to do just that, to challenge old scientific paradigms (Jones, 1991).

Dewey's experiential learning theory stated that experience was the basis for

education. New learning experiences brought new experiences to the brain and

subsequently, there was a rearrangement of experiential meaning (Elias & Merriam,

2005). The adult educator Kolb built further expanded on this theory of Dewey. In the

1950s, the neurosurgeon and researcher Wilder Penfield (Harris, 1973; Lewis, 1981),

working in a different field, nevertheless confirmed Dewey's educational description of

the experiential nature of the brain, since physical, electrical and chemical changes in the

brain with life experiences (Adam & Horton, 1975; Dewey; Lewis). Also, Penfield's

discoveries also had implications for holistic health, since the research linked the physical

and psychological (Harris, 1973).

Nevertheless, Penfield's research showed that experience/learning was based on

meaning and interpretation" and is reconstructed by new experiences (Harris, 1973), in

similar fashion to way constructivists would describe today (Bruner, 1991).

Even though various researchers were operating in different fields, the stage was set

concept of transformative learning.   Mezirow (2000), a constructivist, provided major

superstructure for this theory. Disorientation and loss of meaning happens when there is a

learning experience that is contradictory or in opposition in some way to prior learning experiences. In order to satisfy the need for meaning, since knowledge is viewed as constructed, there is a readjustment by the brain to resolve the issue and create new meaning—sometimes involving rearrangement of symbols, meaning, and images that satisfies the present crisis.

Stewart (1980) provides an example of this transformative learning through a technique that is called the re-labeling of experience that is used in marriage counseling. Through closely investigating an event that has been given the attribution of the cause of disorientation and disruption in the marriage, couples sometimes gain new insight and perspective about an incident so that they now interpret the matter in a new way and their lives are transformed. The meaning of an event has been reconstructed.

In this regard, one might also consider the learning experience that happened a few years ago, of one of my own young GED students. This particular student has a long history of experiencing difficulty and showing great frustration in understanding and solving algebraic equations. For this reason, I explained the algebraic equations through analogies with simple arithmetic and urged the student to accept this new model, while, as much as possible introducing rhyme and rhythm into my explanation. Suddenly, this student's perspective was transformed, and she yelled, "I understand it!" Then, the student now manifested a rather mild, reverent, dignified, and calm form of "glossolalia, or speaking in tongues. Now, the student was able to perform the simple algebraic operations through a change of model, a change of metaphor. W. Dean (1972) would describe this learning experience as a change of root metaphor.

From this one example, the therapeutic possibilities for transformative learning seem to be a possibility. In fact, R. Stewart (1980) uses a technique similar to this in marriage therapy that is called re-labeling of experience. Again, on a practical level, Cooper (2002) has tried some these ideas in health.

Penfield's research shows that both experience and its meaning is recorded in the brain in electronic and chemical terms (Harris, 1973). However, Penfield also shows that the brain is plastic and thus experience, literally understood as "learning" as emphasized by Dewey and adult educators, can be modified by subsequent experiences, again as theorized by Dewy (Harris, 1973). Moreover, this research observation of the neurosurgeon Penfield, while with his patients during brain surgery, closely resembles the transformational learning theory as set forth by Jack Mezirow (1993). Mezirow says that new learning or experiences can cause a disorientation since it may conflict with old learning/old experiences that have provided meaning to an individual. However, there can be a transformation or change in perspective that brings stability and resolution to the issue or experience/learning (Mezirow, 1991). Thus, it appears that this is what Dr. Penfield is saying, but from another perspective (Harris, 1973).

Spirituality is closely related to the use of language and imagery to symbolize the construction of meaning (Fowler, 1980; Tillich, 1957, 1986) that Mezirow (2000) and Penfield (1980) describe. Situations of sickness and crises often involve a reconstruction of this imagery and symbolism (Benner, 1978; Tillich, 1957, 1986).

In this regard, one might consider a well documented example from antiquity that is illustrated in the Book of Revelation, an apocalyptic book, one that is linked to a crisis

that Jewish people experienced, as slaves in Babylon, which is documented in the Book

of Daniel. Both Revelation and Daniel are apocalyptic books that depict a time of crisis.

Russell (1964) has documented characteristics psychological reality in the Book of

Revelation that also reflects those in Daniel. In Babylon, Jewish people could no longer

offer sacrifice since the temple had been destroyed and they were removed from

Jerusalem and taken to Babylon as slaves. This caused a spiritual crisis, a disorientation

of major proportions, but it as solved or transformed by offering prayer in the place of

sacrifice. During the time of the Book of Revelation, the temple was once more destroyed

by the Romans, but the early Jewish Christians reflect this solution of transformation in

Revelation four and nineteen by describing "sacrificial fires as prayers" that enter into the

real temple in heaven (Russell, 1964). Meaning must be found—often in terms of a

solution to a crisis, and the Book of Revelation represents, in terms of historical

background, represents an intervention in a crisis time (Beale, 1999; Mounce, 1998;

Russell, 1964). This observation is significant, since with the appearance of the Book of

Revelation, also called The Apocalypse, such apocalyptic imagery has often re-appeared

at different times throughout history, often in a transformed manner, to help societies, or

individuals, that are in crisis (Altizer, 1985). Interestingly, the imagery and

transformational solution arrived at have some similarities to Jungian and neo- Jungian

psychology. On the other hand, these types of mental transformations that Mezirow has

theorized about, as illustrated here, have also been linked to changed states of

consciousness that are in turn linked to biofeedback and recovery of health. Chopra

(1991) documents this through his research.

As a result, the National Institutes of Health (NHI) also recognizes the therapeutic potential of the "illness experience" concept, especially when communicated in narrative form (Public Medicine, 2005). Patient narrative histories often illustrate this point: there is a correlation between individual loss, such as the loss of a spouse and cancer development; on the other hand, sometimes, if the cancer patient remarries, the patient experiences remission of cancer (Weil, 1995). Likewise, the research of H.M. Adler indicates that "the history of the present illness (HPI) indicates….examined as narrative communication….has the potential to be therapeutic…..the effective clinician joins the patient in coprocessing the illness experience" (Public Medicine, 2005, p. 1). Since under such a schemata illness is conceived as experiential, qualitative methods and phenomenological theory, that has its philosophic grounding in the experiential, possesses great potential as a research method. Moreover, adult education research, in terms of qualitative analysis, frequently uses phenomenological methods as well. Indeed, these relatively new research tools of qualitative and phenomenological tools are now approved and actually used by many public health departments (Eakin 2005); therefore, these tools   are recognized and available to investigate into the "new" alternative health therapeutics in terms of the illness experience. Thus, adult education, public health, and CAM can share methodology.

As a result, the National Institutes of Health (NHI) also recognizes the therapeutic potential of the "illness experience" concept, especially when communicated in narrative and qualitative form (Public Medicine, 2005). Patient narrative histories often illustrate this point: there is a correlation between individual loss, such as the loss of a spouse and

cancer development; on the other hand, sometimes, if the cancer patient remarries, the patient experiences remission of cancer (Weil, 1995).

Likewise, the research of H.M. Adler indicates that "the history of the present illness (HPI) indicates….examined as narrative communication….has the potential to be therapeutic…..the effective clinician joins the patient in coprocessing the illness experience" (Public Medicine, 2005, p. 1). Since under such a schemata illness is conceived as experiential, qualitative methods and phenomenology, that has its philosophic grounding in the "experiential," possesses great potential as a research method. Moreover, adult education research, in terms of qualitative analysis, frequently uses phenomenological methods Indeed, the research and practice of the relatively new alternative health therapeutics/holistic health typically use the now well recognized body-mind reciprocal connection as a basis treatment; moreover, the process of biofeedback, along this body-mind connection, has been described as education and learning. Moreover, educators, especially those in Adult Education, speak of. As a result, the National Institutes of Health (NHI) also recognizes the therapeutic potential of the illness experience concept, especially when communicated in narrative form (Public Medicine, 2005).

Since under such a schemata illness is conceived as experiential, qualitative methods and phenomenology, that has its philosophic grounding in the experiential, possesses great potential as a research method. Moreover, adult education research, in terms of qualitative analysis, frequently uses phenomenological methods The research and practice of the relatively new alternative health therapeutics/holistic health typically use the now well recognized body-mind reciprocal connection as a basis treatment; moreover,

the process of biofeedback along this body-mind connection, has been described as education and learning. Moreover, educators, especially those in adult education, speak of somatic learning and embodied learning; adult education principles explicitly state that its philosophy is wholistic and includes the physical. Also, the relatively new concept of multiple intelligences clearly links mind with body in terms of learning and education. It is the change of perception of involved in "illness as experience" that drives the mind-body link that is ably detailed and described by Rossi (1993). This change of perception or perspective in experience is the central concern of the transformational learning theory. Hence, transformative learning theory appears to be suited to addressing holistic health issues.

Moreover, in spite of Mezirow's protest about spirituality, the conversion-like nature of transformative learning theory—in that it views transformations of perception— provides a tool to explore spirituality and recovery of health. In this context, it is significant that the majority of holistic health practitioners were originally trained as educators, and, as one might expect, educational theory has already been introduced into the field of holistic health (Cooper, 2005).

However, the points that have been raised need to be set against a necessary backdrop. Actual meaning arises from contextuality and does not arise in a void. Hence, there is real danger in abstraction that dismisses concreteness; Bonhoeffer (1973), Pannenberg (1973) and Clinton (1960) have admirably demonstrated this. So, holistic health and transformational theory will be set against the background of paradigmatic change,

somatic learning and embodied learning; Adult education principles explicitly state that its philosophy is wholistic and therefore includes the physical. Transformational learning theory (TLT) of Mezirow (1993) makes links with the physical.

<div align="center">Life Events</div>

Life events, more strictly the interpretation of life events in terms of the stress that they produce, have been correlated repeatedly with state of health (Chopra, 1991; Pelletier, 1984; Stewart, 1980). Life events, from the perspective of psychology and medicine, constitute the critical incidents in an individual's experience that are often interpreted as negative and stressful so as to become predictors of disease (Pelletier, 1984; Selye, 1956, 1970). Of course, whether a life event is negatively stressful and therefore correlated to disease really depends on the meaning that an individual's subjective judgment attaches to it, since stress can also be interpreted as positive Moyers, 1993; Rossi, 1993; (Selye, 1970). Nevertheless, clinicians and researchers have prepared lists of critical incidents in individual lives that are often interpreted as negative and stressful events by clients for investigative or medical purposes (Pelletier, 1984).

The classic father of stress research was Hans Selye (Cooper & Dewe, 2006; Pelletier, 1984). He began to theorize about the nature of stress in the 1930s; the language and term of stress, actually came from physics, by analogy through Hook's Law, which also dealt with friction, and Young's Modulus of Elasticity, which was initially defined as stress over strain (Cooper & Dewe, 2004).

I will investigate both past and contemporary examples of life events and their interpretation that are correlated with stress, since they are often indicators of the onset of

crisis and disease. Stress manifests itself as emotional distress or disease or both (Chopra, 1991; Moss, 1973).

The concept of a stress-producing life event provides one of the theoretical bases for holistic medicine, since the link between life event and diseases operates through the mind-body system, the fundamental building of holistic health philosophy (Jaffe, 1980; Rossi, 1993). Of course, individuals in societies share certain common life events as a group event since as humans they pass through and tend to experience the same developmental stages of life, like birth, marriage, and parenthood (Fowler, 1980; Haviland, 1974, 1994). Also, cultural characteristics and historical events can also constitute certain common life events for social groups that are shared (Haviland, 1974, 1994; Lipset, 1960, 1981).

Accordingly, I shall investigate both the individual and societal life events, since individuals are also socialized to accept perceptions as they develop. In addition, the very language and symbols that people use to cope and interpret tend to arise out of the culture of the society; frequently it is the language of spirituality and religion that has a long tradition of interpretive history in coping with crises (Hexham & Poewe, 1986; Kelly, 1977; Tillich, 1957).

Individual Life Events

Individuals in the U.S. encountering stressors such as divorce or separation, bereavement, loss of job, or moving to another home, tend to experience more sickness than those not having these life events (Chopra, 1991; Ivancevich & Matteson, 1982; Pelletier, 1984; Stewart, 1980). On the other hand, those who are married tend to have both lower morbidity rates (disease rates) and mortality rates (death rates) than the

divorced, the widowed, or the single or never married (Stewart). The interpretation or the socially-provided perception of marriage tends to mitigate against disease rates and in fact functions to reduce disease and death rates.

The interpretation or social perception of race appears to be a definite factor in blood pressure problems among African Americans (Benson, 1982; Moffett, 2007). Characteristically, African people tend to have some of the lowest and best blood pressure rates in the world, but this is not true for African Americans whose original home is Africa; African American blood pressure readings are often very high (Benson, 1982; Kaufman et al, 1999; Moffett, 2007; Yoder, 1986). Benson attributes this to a common life event of African Americans—the experience of racism. Very recent research supports Benson's contention. Moffett (2007) states that "New studies show that racism could be related to health risks" (p. 25) and that "scientists warn that this research is preliminary but say that it could influence the way racism and health is looked at" (p. 25). Moffett adds:

> More than 100 studies including those documented in such journals as Health Psychology and the American Journal of Epidemiology show the effects of racial discrimination on physical health. Dr. Vicki Mays, professor at UCLA and director of the Center on Minority Health [says] 'when a person experiences racial discrimination, it creates a mental and physiological response on the body, which eventually wears out the system.
>
> Other research proposes that racism is a chronic stressor causing high blood pressure, elevated heart rate, increases in stress hormone and suppressed immunity….

Methods of measuring the changes in the body caused by racism have more

accurate [measures], going beyond the taking of blood pressure readings....

Now researchers can look at coronary blockage levels of cortisol and functioning

of the immune system.

But Mays says that racism can be anything from losing a job because of race to

being followed in a store.

Mays says her studies on racism's toll on health within African Americans will

be to identify who is more likely to perceive discrimination and interventions to

lesson its negative impact on health. (pp. 25-26)

Perception and Life Events

Accordingly, disease, to a great extent appears to be a function of interpretation or

perception tying into the physiology.   For example, Benson (1982) describes how a

man's heart and breathing slowed because of a curse supposedly put on him in the

Caribbean, but when a physician persuaded him to choose another interpretation, another

perception of this life event—that he was not going to die—the individual's heart and

breathing once again became strong and he lived. Obviously then, from this example,

culture is also a way of perceiving; culture affects the nature of perception (Haviland,

1974, 1994; Segall, 1979, 1999). Moreover, it is perception that drives the mind-body

system (Rossi, 1993).

Indeed, certain types of illnesses only occur in certain cultures, especially mental

illnesses (Benson, 1982; Hexham & Poewe, 1986; Sue & Sue, 1999). These are often

most effectively cured by native remedies; in Africa, native healers proved more effective

in healing neuroses than Western trained psychiatrists (Patel, 1998; Sow, 1980). Sue and

Sue (1999) speak of the "legitimacy of culture-bound syndromes" (p. 189) and describe "principles of indigenous healing" (p. 196) as holistic (p. 198).

Clearly then, perception change, or transformation of perspective, is involved in health and healing. Dossey (2001) describes how a man learned to improve his heartbeat by certain optimistic or pessimistic thought patterns. It is Mezirow's (1993) transformational learning theory that helps us to understand such a perception change and its components.

Changes in perception can occur at both an individual level and a societal level. Often the changes or transformations of perspective involve both the individual and the society, since there is an interactive and systems relationship involved here. Various crises, with their stress and strain, comes to individuals and call for adjustment (Haviland, 1974, 1994; Hexham & Poewe, 1986). These are all forms of transformational learning. Although Mezirow (1990) usually deals with matters at an individual level, he also identifies Freire's work at the societal level as transformative. During a crisis, both individuals and societies often seek to create meaning through making changes in symbols or images that sustain foundational beliefs (Haviland, 1994; Hexham & Poewe, 1986; Kelly, 1977).

These changes in perception are usually characterized by changes in language, imagery, and symbolism (Chopra, 1991; 1995; Sheikh, 1983). Fezler (1989), a psychotherapist who specializes in visualization, provides a most insightful definition of image and reality while simultaneously illuminating the relationship of image to the perception of reality. Fezler says, "An image is a mental representation of your five sensory reality" and "I define reality, for practical purposes, as what you feel, what comes through you through the five senses of sight, sound, touch, taste, and smell" (p.

32). Again, a transformation, a change of perspective, involves a change in the perception of reality, and this change is closely related and mediated by changes in language and images, in their contexts, that largely provide our deep sense of reality (Chopra, 1991; Fezler, 1989).

Tillich (1957), Hexham and Poewe (1986) stressed the importance and power of religious symbols and language; sustaining meaning is a major social and psychological function of religion-spirituality in a time of crisis with its stress that could lead to the onset of disease (Chopra; Kelly, 1977; Pelletier, 1979, 1984; Robertson, 1991). In other words, a crisis could become a significant life event to bring disease, and the ability to cope with the crisis could thwart disease. Moss (1973), in fact, suggests that looking at times of crisis that include disease may provide better context to understand the whole dimension of disease and recovery. Frankl explained how he survived a German concentration camp through the use of religious symbols and religious language. In a similar manner, Spangler and Van Dolson (1975) and Dossey (1997) have documented how, through the use of religious symbolism in prayer, that a number of individuals have experienced impressive recovery from illness. Hence, the fact that religious language and symbolism can help us cope with crises becomes important in terms of health.

Russell (1964, 1978) has in fact identified how changes and transformation of religious/spiritual language has been effected to cope with new situations and especially situations of crisis. In fact, apocalyptic literature, a type of emergency and last day religious literature, arises in such crisis situations and manifests such characteristics in language (Hexham & Poewe, 1986; Russell, 1964). For example, the well known apocalyptic books of Daniel and Revelation as well as the less well-known Book of

Enoch all modify the symbol, image, and language of earlier prophetic books like Ezekiel, Isaiah, Jeremiah, and others as a way of coping with the new reality of crisis (Russell, 1964, 1978). In other words, the language is transformed to meet the new situation. Russell also points out how well this very ancient language and symbol still reflects the reality of a crisis situation, even according to modern psychological understanding.

Life Events and Symbols

Accordingly, we shall take some time and look closely at the construction of meaning through symbol. Visions of the throne and the chariot appear to constitute major imagery that is invoked in biblical literature in pericopes, or passages, in a time of crisis (Muncie, 1998; Russell, 1964, 1978; Waterhouse, 1982). These two images are said to dominate the earliest period of Jewish mysticism that are identified with the Book of Isaiah to some degree, but mostly with the Book of Ezekiel, according to Scholem (1995). These visions of the throne and chariot symbols were very encouraging and vindicating—in a time of crisis it was important to know that "God is still on the throne," as is often said in the African American community (Felder, 1993; Muncie, 1998; Russell, 1964, 1978). The appropriation and use of biblical symbols in crisis contexts by the African American community, in itself, constitutes a powerful example of TL (Felder). Nevertheless, biblical images of chariots and thrones often serve as symbols of vindication and judgment to help alleviate stress or to transform the meaning of a life-crisis event for both individuals and groups, according to Shea (1982); W. H. Shea's remarks are very interesting, since he is both a physician and a theologian—one who deals with illness and meaning crises. As illustration, one might consider imagery in different pericopes, or

textual passages, like Isaiah 6, that depicts a "cosmic" throne of God that is "high and lifted up," and Ezekiel 10, that depicts God's chariot as "wheels in the midst of a wheel," in a time of crisis, a "time of trouble." The imagery of the Book of Daniel also addresses a crisis that becomes emblematic of such unprecedented proportions of the last days that it has been termed apocalyptic (Ford, 1978).

Other images can be found from the African American context. For example, the Negro spiritual entitled "Swing Low Sweet Chariot," has imagery which resembles that of Ezekiel 10, as previously mentioned (Ford, 1978; Russell, 1964, 1978; Scholem, 1970, 1995). This language and symbolism had been appropriated as a method of coping to meet a crisis in a new context, African American enslavement; in fact, the appropriation and re-contextualization of biblical texts to meet crises by the Black Church, particularly, is well documented (Felder, 1989, 1993), as well as a derived "messianic rhetoric" that has played a critical role in Black leadership (Fielder, 1993; Moses, 1982; Rudwick, 1960, 1968, 1970). Again, the context of this imagery, the context that draws out this depiction of symbolism in a time of trouble may be political, economic, social, psychological, or spiritual, but the crisis time is often wholistic, a combination of most, if not all of the above (Waterhouse, 1982).

Life Events and Society

Ward (1997) characterizes our time and circumstance as highly intertextual in terms of books, films, and culture so that it appears that our contemporary society is experiencing some type of crisis (Hexham & Poewe, 1986). Moreover, Nowen (1981) of has identified our contemporary situation as "apocalyptic" (p. 91). A number of contemporary films link Christian messiah themes with Greek-Roman hero themes, all in

the context of modern technology, in a modified synthesis to speak to our contemporary crises and situations, as in the films "Star Wars" and the "Terminator" series (Hexham & Poewe, 1986; Ward, 2003). Indeed, Judeo-Christian apocalyptic itself has become very popular in our times and the focus of many film productions, video-cassettes, books, and magazines (Hexham & Poewe, 1986; Ward, 2003).

The whole phenomenon of the re-appearance of apocalyptic and the issues and contexts surrounding it, in itself, has become an object of interdisciplinary scholarship on both a professional and popular level. Popular culture itself, including, science fiction, have become an object of serious scholarship (Hexham & Poewe, 1986; Ward, 2003). For example, the highly technical and scientific "Terminator" Series depicts the savior of the world from the terminator machines as J.C.—not Jesus Christ but John Connors. J.C.'s mother is not Mary, but another biblical mother named Sarah, whose child brings forth a new generation and a nation (Ward, 2003).

As previously mentioned, the transformational learning theory has been identified with the Jungian School of Analytic Psychology. Interestingly, the images being transformed and manipulated in the media are heavily Jungian in nature, that is archetypal, and seemingly hard-wired in the brain, (Campbell, 1972; Hexham & Powe, 1986; Sheikh, 1983; Ward, 2003). They follow the "Heroes' Journey," a pattern identified by Joseph Campbell, the great scholar of mythology, whose research provides further support for Jungian archetypes and analytic psychology, as well others (Campbell, 1972; Sheikh, 1983).

All of the above consideration leads to the conclusion that the meaning that individuals provide for life events tends to be mythic, in the sense that the interpretation of events is

more constructed than historical in nature (Brann, 1991; Campbell, 1972, 1990; Hexham & Poewe, 1986, 1999). Braun (as cited by Sheikh) says that,

> The basic assumption of imagery-therapy is that not only psychological, but even physiological, supposedly autonomic, processes can be affected by altering states of conscious. In other words, most illnesses are partly psychosomatic. An everyday example of such an induced effect is said to be salivation. If one intends to make one's mouth water it is easier to do so by envisioning slicing and biting a lemon. Such salivation effects correlate with standard vividness tests for imagery. (pp. 325-226)

<div align="center">Summary</div>

In summary, altering the mind through the transformation of the meaning of experience can alter and transform the body. This transformation and development of the adult experience is the heart of the matter of adult education, but it is also a fundamental of spirituality, since its social and psychological function is to provide meaning for human experience. The meaning and interpretation of human experience provides the fundamental and philosophical basis for holistic health or CAM.

Based on the nature of the current study, a qualitative approach was used. In the next chapter, I provide the methodology used for the study.

Chapter Three: Methodology

The purpose of this study was to examine the meaning people give to their illness. It does not deal with specific medical and private matters about the participants, but deals with the images, conceptions, and interpretations about illness and recovery. In other words, I seek to understand the meaning of the illness to the participant and the change, if any, of meaning during the sickness and recovery process. In this chapter, I will discuss the methods that have been used. In addition, the sample, as well as data collection and analyzes are covered.

Raffler-Engel (1980) states, "theoretical issues are intrinsically linked with questions of methodology" (p. 111). Hence, philosophical foundation is to guide the logic of methodology. Thus, what follows serves to review the philosophical foundations and link this foundation with methodology.

The research of Olesen and Ramussen (1996) has further validated the afore-articulated position: human experience is a core concept in adult education. Likewise, public health and medicine are finding that human experience, especially in terms of the sickness experience and significant life events, are closely related to health status and health condition (Chopra, 1991; Cockerham, 2006; Rossi, 1993). Adult education and medicine, particularly alternative medicine, have merged on these points.

This investigation involves learning in the context of the human experience of health and illness. Human experience involves the interpretation of human experience by the brain /mind; that is, the brain not only records conscious human experience, but also assigns meaning to the events of human experience (Harris, 1973; Rossi, 1993; Simonton, 1978). This meaning-making of the mind affects the body, which includes the

immune system that fights disease, through the body-mind network, a neuro-peptide communications web that connects both body and mind (Moyers, 1993; Rossi, 1993; Simonton, 1978). Moreover, it is Mezirow's (1978) transformative learning theory that deals with changed meaning in the experience of individuals in the context of circumstances or life events that are often perceived or interpreted as disrupting and disorienting, as Mezirow phrase it.

Hence, Mezirow provides a way to investigate health / illness experiences in terms of learning and transformation of perspective. Under such circumstances, quantitative methods would not be suitable (Hungler & Polit, 1995). It is necessary to use qualitative methods, and, more specifically, interpretive methods, since the research involves learning in the context of human experience and individual interpretations of those experiences. Hungler and Polit, speaking of qualitative research, reported, "Researchers in the naturalistic tradition emphasize the inherent complexity of humans, the ability of humans to shape and create their own experiences, and the idea that truth is a composite of realities" (p. 13). They further stated, "Consequently, naturalistic investigations place heavy emphasis on understanding the human experience as it is lived, generally through the careful collection and analysis of narrative, subjective—that is qualitative—materials" (p. 13).

In other words, it is not so much the event itself or the stress of the event itself that brings disease or reduced longevity of life, but how the body chooses to "respond" to the event or stress. "The response" is the "psychological-physiological" interpretation of the event. Hence, for the current study, the main research objective is to determine the human experience of illness and recovery, in the holistic health context in terms of

transformative learning. As such there are three major questions that have been posed to

the participants:

1. What have you learned from your past illness?

2. What have you learned from your recovery?

3. How, if at all, did your illness change you or your perspective?

<div align="center">Sample</div>

Using purposive sampling, ten African American male adults (21 or older) who

have recovered from prostate cancer, participated in the study. Often used in opinion

surveys, purposive sampling is used as representative of the population. In this case, the

participants selected are considered to be representative of the wider population of

African Americans who have recovered from prostate cancer. Pastors of African

American churches were used to recruit the participants. In addition, snowballing, a

method whereby participants recommend other possible participants, has been used

(Biklen & Bogdan, 1992). Biklen and Bogdan recommend homogeneous sampling. Since

social phenomena are obviously culturally constructed and therefore must be interpreted

within that framework (Brunner, 1990), examining a single cultural group may reduce

interpretational errors. It is assumed that erroneous judgments "in the selection of the

elements from the population will counterbalance one another" (Ary, Jacobs, &

Razavieh, 1996, p. 177). In this study, the participants reside in large metropolitan areas

in the Midwestern United States. Participants were interviewed in their homes or at a

nearby university.

Data Collection

Jaffe (1980) identifies a basic principle of holistic medicine as an inquiry into the meaning of illness in human experience and this meaning is subjective. Hence, it seems that only a qualitative method and an interpretive approach would meet the requirement as an instrument of inquiry. The description of the ensuing interview process follows the path of Jaffe (1980). When examining the illness experience, Jaffe suggests that individuals be interviewed and the resulting data be analyzed for emerging themes and images. The veracity and integrity of this literary analysis to make connections with health issues has been partially established by the scientific and philosophical study of metaphor in medical outcomes as well as other contexts (Kazdin, 1992).

Using qualitative methods in interviewing patients and their families is a process that Jaffe (1980) dubbed "unraveling meaning from symptoms" (p. 25). He identifies a cardinal characteristic of alternative medicine and says that "a basic principle of holistic medicine is that with each illness, an inquiry into its full subjective meaning must be initiated" (p. 27). Jaffe explains further by speaking of "meanings that lie within the illness" (p. 27) and that "illness can have an existential, personal meaning" (p. 28), but modern medicine, until fairly recent, often denied "patients to investigate the possibility" (p. 28).

Interviews

Interviewing has been the major data collection method. I conducted one-on-one interviews with the participants. According to Carliner (2002), "In qualitative interviewing, the main purpose is to derive interpretations" (p. 5). Also, Gubrium and Holdstein (as cited by Carliner), point out, "The significance of qualitative interviewing

is that it is an avenue aiming to understand the meaning of the respondents' life experiences and life worlds" (p. 5). Effective qualitative interviewing involves asking the right questions in the right order and establishing a rapport with the participant as well as reflecting both the feeling and content of the client (Carliner).

Each interview was tape-recorded and subsequently transcribed. Approximately 90 minutes was allowed for each participant interview. The transcripts used a code designation that protected the participant's real identity. The transcripts and tapes are kept in a safe and locked up place that will only be accessible to the researcher. After the research, the tapes were destroyed to protect the privacy of the individual participants.

Qualitative research involves

the nonmathematical process of interpretation, carried out for the purpose of discovering concepts and relationships in raw data and then organizing these into a theoretical explanatory…research that attempts to understand the meaning or nature of the experience of a person. (Corbin & Strauss, 1998, p. 11)

In other words, human experiences have a meaning that is assigned to them according to the interpretation given by the individuals –as Penfield's and subsequent researchers substantiate (Moyers, 1993). The interpretation of meaning is provided in terms of language, with its accompanying imagery, since human beings are language-symbol using creatures and the 'speech-act' is always related to the context and situation (Haviland, 1974, 1994; Radner & Wagner, 1974). Hence linguistic analysis should reveal the context that together supplies meaning and interpretation—often through linkages with a root-metaphor that is historically linked (Haviland; Radner & Wagner). Moreover, Achterberg and Lawliss (1978) as well as Simonton (1978) have linked language and

image to disease behavior (including clinical laboratory confirmation) and recovery.

Hence the interviews have built on these principles.

<div align="center">Data Analysis</div>

After the data was collected, the transcriptions were subjected to a literary

analysis (Bressler, 2006; Danzig & Johnson, 1967). By this, I mean that there was an

analysis for image and theme in narrative context, but I do not mean an analysis for plot

and charcter and etc. In this way, themes were determined in context and their

determination could be better defended, since meaning tends to be related to situation

((Haviland, 1974, 1994; Wagner, 1974). Types of analyses usually reserved for the

interpretation of formal literature are proving to be useful and even therapeutic in

medicine; in fact, that has significant commonalities to alternative medicine, has emerged

and is called narrative medicine (Banks, Charon, Connelly & et al., 1995; Payne, 2006).

Literary analysis of participant biographies, case histories, and critical incidents as well

as the field of literary criticism itself has been shown to be related to patient health

(Charon, 2006; Combs & Freedman, 1996; Kleinman; Papper, 1995; Sontag, 1978).

Grounded theory, another way of conceptualizing qualitative analysis, allows the

researcher to follow an inductive method that does not allow the data to be structured by

a preformed mold that may carry its on presuppositions (Merriam & Simpson, 1997).

Merriam and Simpson remark:

> the investigator in a grounded theory study is the primary instrument of data
>
> collection and analysis, and the mode of investigation is characterized by
>
> inductive field work rather than deductive hypothesis testing. The end result of a
>
> grounded theory study is the building of theory—theory that emerges from, or is

'grounded' in, the data. (p. 112)

I have interviewed 10 participants. I have taken notes and recorded the interviews. As the interviews were transcribed, I conducted an initial reading of each transcript. I made notes in the margin that related to the narrative sequence and imagery. I followed up with a second reading of the transcripts and began to code the text according to emerging themes, that was based on narrative context and the imagery involved. Each theme was reviewed to see if there were similarities with transformational learning. To do so, I looked for common words or phrases or concepts that were common across the participants. I included concepts, since there may be other categories that may not become apparent except through on-going investigation. In fact, there were such themes in this investigation. These themes are discussed in chapter 4. I was able to collapse the themes into sub-themes. I discuss this in chapter 5. A second person (i.e., a doctoral student) has reviewed my process to determine if the same conclusion is derived in order to insure integrity. If there had been a conflict, a professor who specializes in methodology would have resolved the issue.

Sontag (1978, 1988) has done groundbreaking work in establishing connections between metaphor and illness through her initial publication *Illness as Metaphor*. Sontag states that people tend to invest meaning into illness. Hence the emerging themes and their sustaining descriptive imagery tend to support meaning that is often also residing in these emergent themes and should be dutifully recorded for each participant (Biklen & Bogdan, 1992). Bilken and Bogdan state, "'Meaning' is of essential concern of the qualitative approach. Researchers who use this approach are interested in the ways different people make sense out of their lives" (p. 32). So, the emerging themes and

images among the various participants will be analyzed for both differences and similarities as well continuities and discontinuities over time.

Sontag's own recovery from cancer became a mount of self-transformation from which she made significant contributions to both literature and medicine and those related areas (Manson, 2004). Hence, the various participant transcripts, through the clients' illness, have been analyzed in terms of changes in themes and imagery; indications of significant transformation that have been closely examined. Finally, after having analyzed the participant themes and sustaining imagery, both in terms of changes and continuities through sickness and recovery, I further analyzed the themes to determine a more general conclusion.

Relevance of the Researcher's Identify as Hospital Chaplain for the Investigation

The work of the chaplain, especially the hospital chaplain, seems to be what is described here in the research process of Jaffe (1980). Although trained as a clinical psychologist who normally treats only mentally ill patients, Jaffe was able to gain his insights about health through limited research in interviewing and recording families and patients who were almost exclusively afflicted by physical illness. This insight into physical health concerns by a mental health expert was made possible only by special arrangement and permission for a limited time. This work is very similar to that of the hospital chaplain, who uses spiritual and psychological methods in working with patients who are mostly physically sick (Clinebell, 1994; Furniss, 1994; Johnson, 1973). In so doing, both Jaffe and the hospital chaplain defy the old Descartian paradigm for standard biomedicine that separates mind and body, but supports a modified paradigm that seeks

to integrate mind and body in order to promote health and healing (Moss, 1973; Rossi, 1993).

Interestingly Jaffe (1980) identifies his method of research and therapeutic work, like the clinical experience of the chaplain (Johnson, 1973), as connecting disease and illness patterns with patterns of mental meaning and interpretation as the fundamental and basic building block of holistic medicine. In other words, disease is often symptomatic of an emotional or mental interpretation (a way of phrasing often used by chaplains themselves), a meaning assigned to a life event (Jaffe, 1980; Johnson, 1973, Moss, 1973; Rossi, 1993). The hospital chaplain is one of the few healers in the modern biomedical hospital who operates with the holistic health paradigm of the unity of mind and body and spirit (Furniss, 1994; Johnson, 1973); most other health officials operate with a paradigm that separates mind, body, and spirit.

Again, the chaplain, especially the hospital chaplain, almost every day does the same work (and beyond) that Jaffe (1980) reported in his research. The chaplain visits families and patients (including staff), who are both physically and mentally sick (Furniss, 1994; Johnson, 1973), often at all times of day and night. The chaplain frequently "writes up" his/her interviews with clients in the form of what is known as a "verbatim." The chaplain analyzes the verbatim to find meaning and interpretation that links to the particular disease (Clinebell, 1994; Furniss, 1994; Johnson, 1973). Moreover, the chaplain, based on the interpretation obtained, develops and implements a spiritual/psychological intervention, for both the emotional and physical needs of the client (Johnson). It is a generally-recommended procedure by psychotherapists (Bueckert & Schipani, 2006; Clinebell, 1994; Johnson, 1973).

The chaplain judges and readjusts interventions that are based on outcomes (Furniss, 1994; Simonton, 1978). Jaffe (1980) identifies this kind of client inquiry as a basic principle of holistic medicine. The chaplain has been described and identified as a holistic health practitioner (Bueckert & Schipani, 2006; Jaffe). The chaplain, who is often an ordained minister, has a close identification with the spiritual dimension, the original and most longstanding dimension of pastoral care, now often designated as spiritual care; it is this spiritual dimension that has been so powerfully correlated and linked to improved health through scientific research (Suzuki, Willcox, & Willcox, 2001). All of this has drawn more attention to the chaplain's work. Moreover, the chaplain is not only a spiritual counselor-facilitator, but also an adult educator since the chaplain's duties usually involve teaching in the hospital, community, church, colleges as well as other places and institutions (Johnson, 1970).

Researcher's Background

My training and qualifications include a master's of divinity degree and a certification in Clinical Pastoral Education, which included an internship and residency in a hospital. As a certified chaplain, I am empowered to protect the privacy of individuals as well as to protect them from unethical processes. In addition, having worked as a chaplain for more than 10 years both in the United States and overseas, I know what to do, such as contacting a physician if necessary, if an individual begins to experience some type of discomfort during the interview as a result of re-telling the story of illness. However, from my experience, clients rarely become ill from such an interview; in fact, clients usually feel better and benefit from a catharsis of feelings (Furniss, 1994; Jaffe, 1980). Nevertheless, during the participant interview, I requested a family member or other

individual be present to contact a physician if necessary. Nonetheless, as a chaplain, I am prepared to handle ordinary emotional discomforts.

Summary

In this chapter, I have outlined the procedures that have been used to collect data for the current study. The one-on-one interviews were the primary data collection method. After collected, the data was examined, using a theme analysis in narrative context. In the following chapter, I will discuss the findings from my research.

Chapter Four: Analysis of Individual Interview Data

Imagery and language, in terms of transformative learning experiences, are driven by the meaning of the personal narrative of each individual's encounter with illness, prostate cancer in this case, in the context of a cultural and sociological background that both shapes and alters meaning. What follows are interviews with 10 African American men who had successful encounters with prostate cancer. Each participant's story is analyzed for emerging themes that are situated in narrative context. Key terms in the process of determining and identifying these themes will be italicized in the course of reviewing participant narratives. Medicine continues to find more therapeutic links with literary analysis; this approach has much in common with alternative health methods (Banks, Charon, Connelly et al., 1995; Charon, 2006; Combs & Freedman, 1996).

The analyses of some participant stories will be significantly longer than others. However, this is not meant to be criteria for importance. All are important. However, some stories better illustrate a point of research. There will be an extended discussion of George's story, since it illustrates the nature and meaning of root metaphor, which is so important in this study, and shows a remarkable consistency through life development, and adaptation in the case of illness, especially in terms of transformational learning (TL). Dirkx (2000) comments, "Dominant views of transformative learning emphasize rational, cognitive processes related to reflection" (p. 1), but also reports, "An additional perspective has emerged" (p. 1). He says that Mezirow, acknowledges the imaginative dimension of transformational learning, but he had not developed it. Dirkx also states that this additional perspective "expands the role of images, symbols, ritual, fantasy, and

imagination in transformation" (p. 1). This dimension of transformational learning is often called the mytho-poetic view (Dirkx). This expanded dimension of transformational learning (emotional and spiritual) may be "underdeveloped in dominant concepts" (p. 1).

Moreover, the notion of root metaphor is significant because it is the root metaphors that allow individuals to make sense out of experience (Kliever, 1977; Pepper, 1961; Sheffield, 2007). Hence, metaphors and imagery are closely related to meaning. It has been demonstrated that root metaphors operate like paradigms to transform and shape the perception of experience (Kliever; Pepper; Sheffield). Making sense out of an experience affects illness and recovery (Chopra, 1991).

There is an extended discussion of Bill's story since the major theme, the power of blessing, in his story was later determined to be the major over-arching theme from all the stories of the participants. There also a somewhat longer than usual treatment of Gordon's story since it has themes not abundantly present in the other interviews. The individual stories and the group story that these 10 men told are very significant and rich in data.

Participants

Almost all of the men are married. They range in age from the 50s to the 70s. Most have served in the military. There educational background ranges from completion of elementary school to a terminal degree. The majority of the men are retired. Most men had surgery to overcome their prostate cancer.

Most of the African American participants are religious or continue to sustain a religious or spiritual worldview even when, on the surface, a more secular ethic appears to be entertained or embraced. Such a perspective would be consistent with the important

and even radical key role that religion and spirituality has played in Black survival and resilience through slavery and segregation as well as disease and death (Felder, 1993; Laitinen, 2004). Researchers Elbert-Avila, Johnson, and Tulsky (2005) confirm the importance of spirituality for African Americans. Hence, spirituality, as anticipated, constituted a major concern in this investigation. This observation is particularly important for chapters 4-6.

However, research by Ellis, Ewigman, and Vinson (1999) suggests that most groups of people feel that spirituality is an important factor in health matters. The research of King, Mansfield, and Mitchell (2002) supports the contention of Ellis, Ewigman, and Vinson. Furthermore, research by Creal and Tillman (2008) suggest that the issue of spirituality is also generally important for the nonreligious patient who is chronically ill. Spirituality will be clearly seen as a major consideration among the study participants.

George

George was raised in a foster home by his grandmother. He is in his early 60s and married. Despite having such a great disadvantage of being raised in a foster home, George accomplished the monumental task of completing, not one, but two Ph.D.s. He is very proud of his years of service in the U.S. Marine Corp during the Vietnam War Era. He discovered that he had prostate cancer and had surgery, which was successful. The military apparently believed that the prostate cancer was due to George's exposure to Agent Orange, a defoliation chemical that was used in Vietnam, since the Veterans Administration agreed to pay him a type of injury stipend as salary. George writes and publishes books. He is also on the speaking circuit.

Gordon

Gordon is in his late fifties. He was in the military and served in Vietnam during wartime.

He graduated from college with a bachelor's degree. He has his own business and has been quite successful. He is married and has two children. He has a tremendous sense of humor. After surviving prostate cancer through surgery, he actively recruits men for prostate examination. Through such efforts, Gordon has saved the life of several men.

Franklin

Franklin is in his 70s and retired. He completed both a bachelor's and a master's degree. For many years, he taught music in the public high schools. For many years, Franklin served as choir director and music leader in his church and its mission. He feels very close to his church. He also served in the military in Korea. He is a survivor of prostate cancer through surgery. He remains unmarried.

Bill

Bill is in his late 50s. After high school, Bill was drafted into military service. He received his training, along with the rest of his unit at Fort Leonard Wood. He was scheduled to go to Vietnam, but his assignment was changed to Germany. Interestingly, every member of his training unit from Fort Leonard Wood was killed in Vietnam. After the time in the service, Bill developed prostate cancer, but had successful surgery for it. Bill had a bad automobile accident near Ripley, Tennessee, but he was okay. Bill got married and had two children, a son and a daughter and worked at General Motors for many years. He joined the Masonic Order. Along with his son, Bill eventually started his

own successful business, which they still run today. He almost never misses a Sunday in church.

Brandon

Brandon is in his early 70s. After high school, Brandon began work at General Motors. Brandon was married twice; he has six children as well as grandchildren. He developed prostate cancer and had successful surgery for it. As a result, he retired early from General Motors, and he remains unmarried.

Jacob

Jacob is retired and in his 70s. Unlike many of the other men, he did not serve in the military. After public school, Jacob went to a trade school to be trained as a welder. He was very successful as a welder and recognized as one of the best. From a child, Jacob was strongly instructed by his parents on Christian values and taken to church and Sunday School. This made a deep impression on him; this is how he successfully dealt with going through prostate cancer that was treated with radiation and chemotherapy. He regularly meets with his friends--prostate cancer survivors—at the health club; and they promote regular checkups at the doctor.

Thomas

Thomas is in his seventies. He is now retired. Thomas believes in facing life so directly and squarely. One may be impressed by expressions of courage and manliness in facing prostate cancer or any other challenge in life. He takes pride in making sound decisions. So, to me, Thomas fulfills the above described criteria for being what was called 'a natural man' in the African American community in the 1950s. Thomas says, " I took the surgery to take care of it….Do not keep anything that is no good….Some men stay back,

and it will kill them. Do not take mess. Do not stay back for sexual reasons." Similar to

the expressions of most of the other participants, Thomas' decision to select surgery

rather than the other options constituted an expression of manliness. However, the

expression of manliness did hinder his expression of appreciation for his wife's support

and his explanation of how they faced the crisis of prostate cancer together. At times,

Thomas said things that had almost formal literary force; Thomas stated, "Difficult things

are to help you with current things." Also, this last statement provides evidence of

transformational learning, since it implies that past events can be re-shaped and

reconstructed to meet the needs of a new crisis or disorientation, as Mezirow (2000)

points out.

Thomas had had a very positive view of education and talked about how education

helped a friend of his get into politics. He stays in contact with that special friend of his.

Thomas also describes how prostate cancer made him "a more spiritual man."

Philip

Philip is in his late 70s and worked for more than 27 years for the Ford Motor

Company. He was cured of prostate cancer through surgery. Philip is now retired and

spends time at the health club while promoting the need for prostate cancer screening.

Richard

 Richard is in his 50s. Richard spent some time in the military service. Richard is

married and has children. He is well-educated and operates his own business. In fact, one

may be impressed by his diligence and determination in promoting his business that

constantly keeps him on the road. He has a close friend named Gordon.

David

David is in his early 60s. He is the pastor of large church. He had successful kidney surgery that was followed by successful prostate surgery. David is married with children. He is highly educated and has an excellent knowledge of his field. From time to time, he has been asked to sit on several dissertation committees.

<div align="center">Narrative and Thematic Analysis</div>

As indicated earlier, a thematic analysis was used to explain the men's experience. In the following discussion, the themes are examined among the men.

George

Fundamentally, George attributes both his success in life, including the attaining of two Ph.D. degrees, as well his overcoming prostate cancer to his grandmother's training. More specifically, he attributes his success and overcoming to the *attitude,* a word that is used at important points during his interview that his grandmother instilled in him. He sees his grandmother as a type of Muhammad Ali, another *significant other* for George, but even surpassing Ali. His grandmother would sometimes punch him when he misbehaved. George apprehended this action as a positive rather than a negative.

George saw his life in the Marine Corp as a continuation of his grandmother's training. Of course, the Marine Corp is legendary for its ability to *fight* and constitutes the elite ground forces of the U.S. military—not every soldier can qualify to become a marine. George's description of soldiers getting sick and some dying from Agent Orange, a chemical used to destroy forest and jungle areas in Vietnam, resembles a description of a fighter being knocked out in a ring.

In fact, after giving this description, George said, "It all goes back to my childhood, with my grandmother." Describing his grandmother, George said, "She literally knocked some sense into me" (She "knocked" the "sense" of two Ph.D.s into him). He also said, "I really do wish that my grandmother had hit me one more time. Perhaps I would have accomplished more." "The military simply reinforced what my grandmother had taught me." In fact, George says that finding out that he had prostate cancer was "like a knock out punch." Hence, images/metaphors ultimately link to a root metaphor that is usually historical in origin. This is pointed out by I. A. Richards, the well known rhetorician and philosopher, and others like the theologian Dean (1972), who speaks of a root-metaphor.

George's major image of "knock-out punch" is used to describe his experience in the context of the life event (using the terms of medical sociology) with his grandmother, or the life situation, alternatively called *sitz im leben* (using the terms of spirituality and theology). After George was diagnosed with prostate cancer, he describes news of the diagnosis as a "knock-out." However, as noted, the image's origin of "knock-out" actually goes back to a different *sitz im leben*, the history and experience of George with his grandmother. One might consider that George said that his grandmother "literally knocked some sense" into him.

There is a remarkable consistency of imagery here. George directly describes his struggle and that of others with prostate cancer in terms of the metaphor of *fighting* as he blends the dual image of his experience with his grandmother and the experience of the military as "war."

This observation constitutes transformational learning: the adjustment and reconstruction of an image from a past experience to fit the disorientation and crisis of a

new situation (Mezirow, 2000). Dirk's (2000) research on imagery and transformational learning in terms of TL's spiritual and mytho-poetic dimensions further confirmation.

Also, George stated, "You must plan ahead. You must fight a different kind of war. You must fight by planning ahead. I emphasize that with them…Two friends listened, and they recovered from prostate cancer. One did not, and he died." George attributes the reason for his sickness to an image closely related to the image of fighting, that is the image of the war, more specifically, the Vietnam War. According to George, "There is a reason that you get sick. Agent Orange [in Vietnam] tripped off my prostate cancer." One might say that it is necessary to fight a war against prostate cancer.

Remarkably, Simonton (1978) has actually demonstrated the effectiveness of *fighting* cancer through visualizing "fighting imagery" by patients—with the results that a significant number of them obtained cancer remission and an increase of white blood cells to combat disease. Simonton has developed an entire Imagistic Therapy regimen for cancer.

George even uses war imagery to describe his development of prostate cancer. He describes prostate cancer as being "tripped off"—the metaphor of the foot stepping on a mine or pressing against a wire attached to an explosive on the battlefield. Hence, George comments, "Be diligent. Be watchful…I have learned not to let anything thing sneak up on you," like a mine in a mine field (or like a punch) or like the appearance of prostate cancer. Moreover, George says that he has learned "To observe things carefully, cleverly—I learned this in the military. I learned to observe and check things carefully." To those acquainted with military language, the last phrase sounds as if it is from a

military handbook or training manual. George perceives or visualizes himself as engaged in a fight or war; imagery reveals the nature of his perception.

A fighting man, a soldier, often needs a battle hymn. George cited some lines from one of his favorite *songs,* "Impossible Dream." Interestingly, he cited one line from the song that uses "fighting" imagery as "beating the unbeatable foe" while the actual text and musical score reads "fighting the unbeatable foe" (Wasserman, 1965). This redaction or rendering suggests an image of punching, an image more congruent with his grandmother's punching. One might say this is simply a mistake, but the imagistic direction or tendency of his mistake reflects the image of his experience with his grandmother; thus some might also call it a "Freudian slip." Hence, this suggests the liking of the song selection with the life event of living with his grandmother. Hence, the redaction actually represents transformational learning in the since of an altering or change in terms of image of another experience to match the learning of one's on experience.

Likewise, it is also interesting that the original context, that from the perspective of spirituality might be called a *sitz im leben* or 'life situation' (Ladd, 1970; Stein, 1987) George's song selection, "Impossible Dream" from the 1965 musical production *Man of La Mancha*, is the 1605 original of Don Miguel's Cervantes novel *Don Quixote* published in Spain. "Impossible Dream" and its attendant musical represents a transformation, the reconstruction and reconstitution of an original 16th century work, to enable it speak to an American people in the 20th century. Similar to the way George received the news of prostate cancer as a "death sentence, "so the hero in the musical play faces a possible

death sentence, not from a physician but a judge from an Inquisition Court (Wasserman, 1965).

The two terms 'knock-out punch' and 'death sentence' are juxtaposed in the text interview of George, thereby suggesting their relatedness. Hence, one experience is interpreted in terms of another; this also suggests that real life experiences are often apprehended by fictional ones as Dean (1972) and Dirkx (2000) also point out. Comparisons are ultimately images and not the things themselves. Thus meaning can change as new experiences heighten, sharpen or call into question a previous comparison through image or apprehension of past or present circumstance (Dirkx, 2000). Here, George interprets his experience with prostate cancer in terms of his experience with his grandmother; so, the solution becomes to fight. So George says that you must "block things that are headed for us over and over again" as well as deliver one's own "knock-out punch" to prostate cancer. Not only has the fight" become offensive, but it also has become defensive in that one must "block things," blocks things that are coming, block things that are coming in the future—anticipate and as George says, "Plan ahead."

As George identifies his most influential person with a dual identity, as Muhammad Ali-Grandmother, in the musical play, *Man of La Mancha*, the life context for the song "Impossible Dream," the hero has a dual identity of Don Quixote- Cervantes (and even in the play Don Quixote has still another identity as Alonso Quixano). Actually, more historical research is now linking the real life of Miguel Cervantes with his fictional character Don Quixote: the depictions of the character represent to a great degree the life and perspective of the author (Busoni, 1958). Thus, life tends to be *fictionally*

apprehended or interpreted; this implies that meaning is constructed, as transformational learning implies (Mezirow, 2000).

So, George labels his imitation of Muhammad Ali's speech pattern as "foolish talk" in a fashion that is similar to *Man of La Mancha's* depiction of Don Quixote as a *comical character* who nevertheless 'fights') and uses 'foolish talk' as if he were a 'knight errant' a 'soldier,' if you please (Wasserman, 1965). In this regard, from the perspective of spirituality and the arts, life may regarded as, as only comprehended *fictionally comically*, and cosmically (Dean, 1972).

A knight may 'fight' in a *crusade*, with crusade being used in the best sense of the word. Interestingly, George agreed that his own personal contest and his efforts to help others with prostate cancer could be called a crusade. The image of crusade fits that of a knight and Don Quixote in such a way as to establish a pattern of 'consistent imagery' and 'continuity of' of imagery that tends to support patterns of meaning.

Dirkx (2000) states, "Boyd's notion of transformative education reflects a psyche- or soul-centered psychology (Dirkx, 1997; Moore 1992; Scott 1997). That is, what matters most in learning is what matters to the deep ground of our being" (p. 2). Dirkx adds, "This way of knowing is felt to be mediated largely through images rather than…forms of rationalism," (p. 2) and that "Images convey the ways in which we invest or withdraw meaning from the social world (p. 2). Dirkx notes that in this "mytho-poetic" (p. 2) dimension of transformative learning, use may be made "regardless of subject matter, of story, myths, poetry, music, drawing, art journaling, rituals, or performance" (p. 3). In regard to the *crusader* image, George draws upon the notion of story, myth, poetry, and music.

George sees himself, in terms of getting prostate cancer as a war "war casualty," but perhaps more accurately as a "war victim." Cranton (2006) states that "transformational learning…is often provoked by an experience" (p. 7). This is significant for both the individual and the group, since a group's experience can also be transformed by another (Dirkx, 2000; Freire, 1973).

I believe that George is correct in attributing his prostate cancer to the use of Agent Orange. Even though a causal relation has not been established between Agent Orange and prostate cancer, a positive correlation with prostate cancer has been established. Moreover, the government is sending monthly payments to veterans who encountered Agent Orange and were victims of prostate cancer. George is one of them (line 104-107). There are some *social justice* concerns here. There are also *futurist* concerns as evidenced by George's statement, "You must be a futurist." and his citation of Marcus Aurelius, "'The future is now.'"

George states that other people, including his wife, say that he is *blessed*. He himself asserts that he is *blessed*. He described himself as being *lucky* in a way that seems equivalent to being *blessed*. He also used the equivalency of being *fortunate*.

Gordon

Gordon is a *crusader* who launched a campaign against the death toll of prostate cancer, since he even stated before I could ask him a question, "I tell the men, especially our African American men, to get checked. I beat the drum. I tell them at the gym. I tell them everywhere. I beat the drum." The drum summons men to a *fight*. In fact, in regard to prostate cancer, Gordon stated, "One must be a crusader. This is another kind of Civil Rights crusade. There are risks of sexual problems and ED [erectile dysfunction], and

becoming impotent." Gordon alludes to the fact that some die in the *crusade* and *fight* when he says, "Sometimes friends of mine died, when the loss from prostate cancer was preventable." I believe that Gordon is the most *crusading* of all the men I interviewed. In fact, the lives of some of the men that I interviewed were saved by Gordon. Gordon is also remarkably comical. He likes to say, "I am a card!"

Gordon's fight and crusade against prostate cancer appears to have begun with his father, who was clearly one of the *significant others* in his life, "I was always suspicious about my Dad—I suspect that he had prostate cancer for 10 years. After a nine-month period of being very sick, he went to the doctor. He died shortly after. I had this in mind when I saw the doctor." Gordon, for emphasis, repeats this powerful fact. "This is what got me going to the doctor for checkups for prostate cancer. I had an excellent Italian doctor, who discovered it." In a sense, the father's death saved Gordon's life, since this is what started Gordon to check with the doctor. Gordon mentioned several times some of the *songs* that his father loved. Gordon indicated that one of those was particularly one of his favorites also, "I'm Gonna Walk Around Heaven All Day." He seemed to indicate that the song means much to him, since he is actually a very spiritual person, as he asserts himself, but in a nontraditional way. He seems to be still exploring—"walking around," as it were. His experience of going to sleep in the middle of a joke while waiting for prostate surgery and waking up afterward at the same point in the joke seemed to make a deep spiritual impression on him; Gordon related it to the song in his discussion, and asked, "What am I waking up to?" In other words, Gordon is beginning to wonder if death is like his experience with surgery, and has a type of life that one resumes after death, like his joke was resumed after he awoke. His song about "walking around

heaven" is a way of exploring the wonder of it all; interestingly, the song is also frequently used at funerals. Consequently, the experience of the surgery was deeply spiritual. His work to save other men from prostate cancer is deeply spiritual. There is also, accordingly, an *absent/presence* theme—he was absent and now present. His wife stressed that she wanted him 'to stay with them.' As other men experience prostate cancer, it is important for Gordon 'to be with them.' Gordon discussed *maleness*.

The role of a significant other was crucial for Gordon. He indicated that he had another *significant other* who helped him through surgery and prostate cancer—his wife.

Franklin

The themes o*f spirituality, comic, song* and *presence of the future* stand out as evidenced by several references that Franklin made about church, humor, and his deep commitment to sacred music, as a musician, as well his rather esoteric and futuristic experiences about music. Franklin describes himself as fortunate.

Franklin talked about the powerful experience of the *presence* of God during the time he was in the military and he rode a ship through the waves. In fact, Franklin emphasized the 'presence of God' several times, and how spirituality helped him through prostate. Franklin spoke of asking God to guide the doctor's hand during the surgery as if the doctor were God's, *servant,* some might even say, almost like an *angel*. Franklin also was a *crusader* who urged others to take prostate exams. *Fictional apprehension* is clearly present as evidenced about the dream about music and the musical score that Franklin cannot remember.

Bill

Some of the major images that set forth Bill's experience are *blessing* and *gifts* as well as *angels*. Dirkx (2000) explains the importance of images in the spiritual and mytho-poetic dimension of transformational learning. Clearly, the most central image for Bill is blessing as he reckons his life as being saved from prostate cancer by a blessing. However, it is clear from the context, that the terms gift(s) and angel(s) are used just about interchangeably. Hence I suggest the thematic combination o*f blessing/gift(s)/ angel(s)*. This thematic complex is closely related to Bill's understanding of *spirituality & religiosity*. In fact, I would judge that the complex of blessing is an expression of his spirituality and religiosity, as demonstrated by Bill's fullest exposition of the concept of blessing. The concept of blessing that Bill sets forth suggests that in terms of the help or blessing that was brought to Bill by the individuals involved are really a kind of angel; sometimes Bill directly identifies them as Gordon, Dr. J.W., Dr. F. and one of the nurses that assisted him.

Even while recovering from surgery, Bill only missed one Sunday from church, the Sunday that he was still in the hospital. Moreover, Bill is also the crusader since he wants to share what he has learned about prostate cancer with others in order to rescue and often to save lives. However, the *crusad*e is described in terms of blessing; this newly instilled crusader instinct is also demonstrated by Bill's joining the American Cancer Society. Even though Bill is like the knight who saves others, who saves lives, including his own life, he saves others by being a blessing or, perhaps, better 'pouring out' a blessing upon others. Bill stated, "I was blessed by Gordon, and I now must bless someone else." The pouring out of oil over an individual, especially upon the head, by one who was 'set

apart' by 'anointing,' as in the Book of James, constitutes a request for divine healing (Nichol, 1976).

Bill is also a *fighter* but it is closely described in terms of 'blessing." Bill's desire to fight prostate cancer and launch a crusade to save others was initiated by *significant others* (i.e., Gordon and Dr. J.W.). Bill raised the issue of *maleness by* pointing out that prostate cancer destroys the ability to have children, and implies that the *issue of maleness tends to translates into the issue of the true constituents of manliness—an experience of transformation. Out of this struggle, Bill developed a great appreciation of the value of life. Bill*'s reflection of doctors as angels is reflective of the theme *life as fictional apprehension*, since doctors are not literally angels.

Brandon

In many ways, Brandon's experience reflected many of the themes that were discussed earlier: fighter, crusader (but not song), fictional apprehension, life as comic, positive attitude, futurist/presence of the future, spirituality, blessing/gift/angel, and manliness. The theme of *manliness* has sub-themes of the *value of life/ rejuvenation,* and *maleness* that are particularly emphasized in Brandon's experience. Prostate cancer is strictly a man's disease; women do not develop prostate cancer. The prostate is actually the site of the production of sperm, a defining characteristic of being male and a constituent of creating life. So, in a very powerful sense, what makes a man male now threatens to destroy him and take his life in the form of prostate cancer. A man's sex life may be impaired in some way, or render him totally unable to engage in sexual intercourse at all anymore. Surviving the experience of prostate cancer can generate a new sense of the value of life and bring rejuvenation and value change as well

Thus, Brandon made it clear that the value of life; and what is valued and important in life changed greatly with his battle and victory over prostate cancer. His sex life was very closely connected to his understanding of maleness; since he is now unable to have a sex life. His view of what constitutes maleness and his concept of manliness has dramatically changed. Relationships and marriages he had were damaged by his earlier view, but now he has a transformed perspective that gives rejuvenated value to life. In other words, through transformational learning the meaning of life experience was reconstituted and reconstructed to promote change on the basis of a new vision of male ontology that was brought about by a new experience. Brandon manifested *courage* in facing surgery and his new sense of *maleness*. And life is seen as a *gift.* Brandon sees Bill as an *angel* who led him to the physician and deliverance.

Jacob

Jacob manifested all the themes of the other men. He has the gift of conversation, and, it may be why he has been successful in his *crusading* efforts to get men to go to be checked for prostate cancer. He has also worked with friends, such as Thomas, and Philip, in his crusading efforts. The majority of the participants had surgery for prostate, but Jacob achieved success through radiation treatments. His *spirituality and religiosity,* which came through the training of his parents and early church attendance, stand out. It is mainly due to this spiritual upbringing that Jacob attributes his success. Overcoming prostate cancer is seen as an aspect of Jacob's development.

In other words, Jacob closely links with human development of potential with spirituality. Also, he links education with education as therapeutic in terms of human development. Jacob stressed the importance of education in terms of developing one's

talents and abilities as a type of fulfillment of purpose. Jacob was known as one of the

best welders around, but he saw the availability and timing of such training as an

educational and spiritual development that rendered this achievement possible.

Thomas

Thomas manifested all the themes of the other men. He was having kidney issues

when the prostate cancer was discovered. He emphasizes valuing life in terms of

surviving prostate cancer and seeing with new eyes, as it were. He manifested great

courage in facing his surgery for prostate cancer while dealing with kidney issues, going

through dialysis, and prospects of a kidney transplant; the answer to the issue of *maleness*

became manliness, since prostate cancer attacks the sperm production site. Thomas went

through prostate surgery first, and later had a kidney transplant.

Songs were important to Thomas during this experience with prostate cancer. He

likes songs like "Precious Lord," which was his mother's favorite song. He feels that

religious songs helped him through his prostate cancer. Thomas directly speaks of

himself as "*fortunate*." He uses the term fortunate in a way that others speak of being

blessed.

Philip

Philip exemplified the themes of the other men. While traveling with a friend on a trip

in a vehicle, a friend realized that Philip had symptoms that might indicate prostate

cancer. As a result, Philip saw a doctor that he particularly liked and respected. The

doctor confirmed that it was prostate cancer. Fortunately it was "caught in time." Phillip

elected to have surgery to remove the prostate. Philip described how his relationship

with his doctor and his wife helped him at this time as well as his friendship with Jacob

and Thomas. In fact, he described his friendship and the initial meeting at the health club

with Jacob and Thomas in a most amusing way. Jacob and Thomas, at first, thought that

Philip was Chinese rather than Black. He played a joke on them. However, Philip was

always very careful not to offend anyone, with his jokes, while revealing a very *comic*

disposition.

Richard

Richard displayed the themes of the other men. Although Richard found out that he

had prostate cancer and had elected surgery, he delayed taking the surgery because of his

business operations that involved extensive traveling. Richard waited a year. His friend,

Gordon, continued to pressure him again and again until he finally consented to have the

surgery. It was just barely in time; he admits that Gordon saved his life. He credits the

self-discipline and *attitud*e instilled in him by the military and his parents. A *significant*

other in Richard's life is obviously Gordon, since he literally saved him from being a

prostate cancer termination statistic. Richard and Gordon had a type of friendly "fight"

over this before Richard went ahead and had the surgery. Even the attending physician

implied that Richard was "lucky."

David

David is the successful pastor of a large church. He is an outstanding leader, and his

experience with prostate cancer is reflective of the *crusader* theme. He invited some of

his fellow ministers and deacons to stay for his interview. As such, he demonstrated their

closeness as well as his concern about *education* and *maleness manliness*. He says, "I

have nothing to say that these men cannot hear." He explains [like Thomas] that he has

had kidney surgery and prostate surgery; the kidney operation was first and more

difficult, and it actually prepared (*in the sense of the presence of the future*) him for the

second, prostate surgery, which seemed easier to him. He spoke of *gift*s, in the sense of

manifestations in the church, and God's *presence* in terms of his pastoral duties.

   As Table 1 indicates, a number of themes emerged resulted from the interviews with

the men. In the following chapter, a more detailed discussion of the themes will be

addressed.

Table 1 Themes

Theme	Definition
Life as Fictionally Creatively Apprehended	Constructing meaning through the redaction of experience—as if cutting, erasing, and splicing audiotape.
Life as Comic	Linking the incongruous so as to change the tone of experience-even to the point of an intrusion of the transcendent in to ordinary experience (humor).
Positive Attitude as Discipline	Maintaining optimism
Spirituality as a Therapeutic Process	Healing through the finding of meaning
The Power of the Gift of Blessing	Effecting or affecting transformative learning as a recipient or bestower—often to change meaning

Table 2 Themes Cont.

Theme	Definition
Recognizing Significant Others	Discerning influential individuals in one's life.
Education as a Therapeutic and Spiritual Process	Using learning as a self-transformative process in a ethical and often crisis context—in short—to effect blessing—as a recipient or bestower
Presence of the Future	Seeing the present as a preparation for future.
Crusader	Acting in an urgent fashion to save and preserve life as if motivated by a transcendent ideal.
Acting on Social Justice	Recognizing and acting on the premise that helping and promoting the rights others through creative engagement is healing for all.
Manliness	Perceiving and acting to fulfill a male's original purpose and destiny as a type of original promised blessing—the vision of an original male ontology.

Table 2 Themes (cont)

Theme	Definition
Fighter	Persevering, offensively or defensibly, in a difficult situation.
Song as Therapy	Using music for healing.
A Sense of Presence/ Absence	Discerning the spiritual.

Chapter Five: Themes

The purpose of this study was to investigate the meaning of an illness experience through the lens of transformational learning. Specifically, the experiences of African men who had prostate cancer were examined. This chapter will include an in-depth discussion of the emerging themes.   Using thematic analysis, 15 themes were identified to explain the experiences of me with prostate cancer.

The following discussion will examine the themes more closely. As Table 2 indicates, certain themes were more prominent among some of the men than others.

Table 2 Themes and Participants

_____

Theme	Participant
Life as Fictionally or Creatively Apprehended	All
Life as Comic	All
Positive Attitude as a Discipline	All
Spirituality as a Therapeutic Process	All
The Power of the Gift of Blessing	All
Recognizing Significant Others	All
Recognizing Significant Even	All
Education as Therapeutic and Spiritual Process	All
Presence of the Future	All
Crusader	All

Table 2 Themes and Participants (cont.)

_____

Theme	Participant
Acting on Social Justice	All
Manliness	All
Fighter	All
Song as Therapy	Franklin, Gordon, George Thomas
Sense of Presence/Absence	Franklin, Gordon, David

_____

Life as Fictionally or Creatively Apprehended

This theme referred to the ability to construct meaning through the redaction of experience—as if cutting, erasing, and splicing audiotape. Obviously linked to human experience, fictional does necessarily imply being untrue as much as imply the creativity and spirituality, that has a kinship with the literary to transform and reshape meaning. There are mystical and mysterious elements, that some might call imaginative, in human experience that are very real. Accordingly, as a chaplain, I once spoke with a patient C.H. who told me how she was once so depressed about the amputation of her two legs that she contemplated suicide. However, after intense reflection on her childhood experience of singing "Climbing Up the Rough Side of the Mountain" with her mother, C.H. was freed of her depression and was able to go on living. C.H. was able find meaning in the new experience by a creative and spiritual application of an old experience. One might

say that there was a 'metaphorical' relationship between the two events. One very literal metaphor was that of the absence and presence of 'legs' to 'climb.'

According to transformational learning theory, an individual reshapes and reinterprets meaning under the impact of new learning experiences in order to create meaning (Mezirow, 2000), and meaning is a factor that affects health (Moyers, 1993; Rossi, 1993). The creativity that was observed in the redaction and appropriation of Psalms 68 of the Jewish corporate experience for the Christian corporate experience by Ephesians 4 is also found in the Synoptic Gospels (Maxsen, 1968) as well as in the experience of the Russian soldiers, interned in German camps during WWII, found hope in the apocalyptic figure in Revelation 16 by imaginatively envisioning the figure in Soviet military dress(Samuels & Thompson, 1995). It was also found in the lives of individuals, and is often characterized as a creative and artistic act as people seek to resolve their problems that include illness.

Relative to this theme, Bill's designation of "angels" to those that helped him with prostate cancer would be characteristic. Indeed, such creative solutions often take fictional form (Chopra, 1991; Dean, 1973; Sheikh, 1983). Such was the case with Philip's theatrical and comic play with Jacob and Thomas about his ethnic ancestry. Both men thought Phillip was Chinese. Sheikh and other researchers (Literature & Medicine, 1982) say that coping behaviors can often be compared to and with literary works; this can be observed in the quotes of George from Marcus Aurelius, "The future is now," and the proverb-like statements of Philip, "What is said in my house between me and my wife will remain in my house between my wife and me." This is sometimes called control theory (Glasser, 1973), and it is often this sense of control that is a factor in overcoming disease (Glanz et al., 2002).

This sense of control is often heightened by the fictional (Glasser, 1973), and especially when the fictional is further intensified by creative, artistic, and spiritual resolve cast in terms of sustainable imagery of motivation (Sardello, 1992). Sardello identifies the story of the Holy Grail as an image having such potential for some individuals; Sardello identifies such a process with a kind of 'giftedness," a synonym word "blessing" among the participants. Fox (1986) also identified such an imaging process with the notion of blessing, as well as with the mystics and mystical experience. The place of all blessing, in terms of symbol, is the temple and the temple symbol is closely related to creation, the place of the 'original blessing' (Fox, 1986; McKenzie, 1963).

<div style="text-align:center">Life as Comic</div>

This theme reflected the ability to link the incongruous so as to change the tone of experience-even to the point of an intrusion of the transcendent into ordinary experience (humor). The themes *life as fictionally apprehended* and *life as comic* are closely interrelated. What is comic often is fictionally comprehended, since logical truth or falsity is not the point within the comic life. When Bill described his inability to have children by using the humorous phrase of "shooting blanks," his logic about the lack of a gun and blank shot are not being tested. It is actually the incongruity of the logic that gives rise to the humor.

There is an African American story, one that has been passed along for many generations, that illustrates this theme. Since the story has been passed down in oral form for many generations, the story also has historical, narrative, and even biographical validity and implications. Moreover, meaning tends to be expressed in narrative form in

the realm of human experience. The story was told to me by my father: In the field, a barefooted and enslaved man keeps singing "All of God's children got shoes." While watching, a white overseer asks, "Where are your shoes?" The enslaved man responded, "I got shoes in my mind. I got shoes in my mind. One day they will be on my feet."

Moreover, humor, the perception of the comic in life, is linked to the improvement of health, including the remission of cancer and improvement in health, especially in terms of alternative health methods and philosophy (Cousins, 1991; Segall, 1979). Perhaps the most well publicized cases of recovery from cancer and heart attack that are at least partially linked to humor are, respectively, those of Segall (1999), a physician himself, and Cousins (1983), a professor of medicine. Williams (1972) provides an impressive array of evidence that the perception of the comic in life is actually something very spiritual, since it represents a type of insightful 'intrusion into the flow of ordinary life.'

Along with Williams, other researchers like Fox (1986) and Kwan (2002) have associated humor with spirituality. The well-known physician and holistic health practitioner Deepak Chopra (2008) relates spirituality and humor to improved health. Also, Hostetler (2002), a researcher as well as a humorist himself, has explored the area of tangency of health, humor, and spirituality, and reports that the "National Institute of Health has created a National Center for Complementary and Alternative Medicine" (p. 1) to explore this and related issues. Fox (1986) closely relates humor and spirituality to mysticism. Moreover, Jewish tradition has a long-standing tradition of relating mysticism to humor (Buxbaum, 2002). Significantly, Fox associates both humor and health with the concept of 'blessing' and the concept of 'original blessing' in particular.

Positive Attitude as Discipline

Positive attitude means that the participant has the ability to maintain optimism. This acceptance as life comic also requires having a disciplined positive attitude and has been shown among the participants repeatedly. Jacob, Thomas, and Philip virtually form a theatrical group in humor at a nearby health club they attend. Perhaps, Gordon is the most comical of all; he likes to lighten a situation that has become too serious. For example, in becoming impotent he said, "We are shooting blanks!" The very essence of comedy is to bring together two things that are incongruent. This is certainly being positive! George says, "If you take the oxygen, I'll make my own air….If you take the car, I'll take the bus." Like the experiences of Jacob, Thomas, George, and Gordon, Kwan (2002) demonstrates that humor can develop into a sustaining and positive attitude that can overcome health problems and despair. An optimistic attitude is related to improved health (Bossio & Peterson, 1991). Also, Frankl (2000), through the analysis of his own prisoner of war experience during World War II, indicates that a positive attitude that is built on finding meaning can manage a crisis time. Additionally, Moss (1973) has shown any crisis time can be analogous to illness—in fact a crisis may instigate illness into a physical symptom of such; moreover finding meaning is really an issue of spirituality (Fox, 1986; Hexham & Poewe, 1986; Kelly, 1977; Warren, 2002).

 Sardello (1992) identifies 'giftedness' with positive attitude. The participants identify this 'giftedness' with 'being blessed.' Archetypically, the maintaining of this positive attitude is identified with Jacob and his wrestling with the angel all night until the morning light, the breaking of the day—at last the angel 'blessed him.' In terms of

imagery, the temple was the place the angel and priest met and blessed people (McKenzie, 1963; Nichol, 1976; Shea, 1982).

<div align="center">Spirituality as a Therapeutic Process</div>

Healing through the finding of meaning is characteristic of this theme. To *be spiritual*, to recognize a "Higher Power," as George phrases it, is one of the themes that all participants used to cope and recover from prostate cancer.

Ironically, both psychological and sociological research show that spirituality is connected to meaning (Kelly, 1977; Robertson, 1994), and meaning can drive the immune system. Moreover, it is particularly through religious language that meaning is driven (Hexham & Poewe, 1986; Kelly; Tillich, 1957). Jung (as cited by Kelsey, 1973) noticed from his observations that illness can result from "loss of meaning" (p. 318). In fact, Jung sees spirituality/religion as dealing with largely the same phenomena but from a different perspective; actually, Jung spoke of "healing as a religious problem" (Kelsey, p. 298).

Benner (1979) adds that the rich imagery and language of spirituality/religion and its power to motivate is often lost in a rigid scientific formulation of psychology that is not sufficiently nuanced. Even as far back as the late 1960s, Stotland (1969), having recorded his research conclusions in *The Psychology of Hope*, was able to show that concepts like 'hope,' which may be considered spiritual, can be treated within a scientific framework. Research like Stotland's paved the way for further scientific explorations of spirituality and spirituality and health. More than one thousand research projects have correlated improved health with spirituality.

Research like Stotland's (1968) and Deci's (1980) indicate that both physical and mental disease can result from loss of meaning. Accordingly, transformational learning becomes very relevant, since it is about the construction, reconstruction, and deconstruction of meaning. All that has been pointed out serves as 'cross research' to affirm the participants' espousal of this theme. However, the site of hope, meaning, healing, and therapy was the temple, in terms of image (McKenzie, 1963; Nichol, 1976; Shea, 1982).

<div align="center">Power of the Gift of Blessing</div>

The ability to effect or affect transformative learning as a recipient or bestower—often to change meaning describes the theme of Gift of Blessing. This theme appears to be at the heart of matters for most of the other themes. Although the theme of *the power of the gift of blessing* is present among all the participants, it is most fully developed in the interview with Bill. He used the terms "gift" and "blessing" almost interchangeably, as did the other participants. These terms are closely related to his understanding of *spirituality/religiosity as a therapeutic process.* Bill talked very directly in terms of the mind affecting the body through perception. He regarded both the help and healing received in regard to prostate cancer as a blessing/gift.

The concept of blessing as described by Bill, in terms of imagistic interpretation, resembles both the anointing of an individual for healing, as in the Book of James or as anointed for service, set apart for service as a priest, king, or even a knight, soldier, or warrior (Nichol, 1976; The Concise Oxford Dictionary, 1996). Therefore, prostate cancer and recovery becomes a *significant life event* for Bill. Those that helped with his learning about and recovery from prostate cancer he calls, in imagistic terms, "angels." It is

significant therefore that the psychologist Sardello (1992) uses the term angels, by analogy, to describe the type of 'inner work' that needs to be done that can result in becoming healthy and in the accomplishment of human growth, These angels of Bill's might also be called priests, since priests are the ones who dispense blessings (Nichol, 1976). These individuals became *significant others* in his life. In terms of root metaphor and symbolism, the place of blessing by the priests and meeting with angels was the temple (McKenzie, 1963; Nichol, 1976).

Recognizing Significant Others

Discerning influential individuals in one's life was apparent for many of the men. Bill had the ability to discern that his relationship with Dr. W. and his relationship with Gordon were significant beyond his immediate view. George sensed that his relationship with his grandmother constituted the 'touchstone' for the major events in his life. Both George and Gordon survived and recovered from their bout with prostate cancer because of the recognition of these significant others. Counselors and psychologists have long recognized the influence of significant others in the making and transformation of the lives of others (Stewart, 1980; Stone, et al, 1987).

Along with other participants, Bill identifies significant others with experiencing 'blessing;" as mentioned in chapter 4. He often uses the terms "angels" to describe these significant others.

Recognizing Significant Events

This theme referred to the ability to discern a life-changing event. George recognized his experience as a marine during the Vietnam War as a life changing event; He was largely able to comprehend the significance of the 'Vietnam Event" through the

experience of another event, growing up with his grandmother. George saw men die and become ill through the use of Agent Orange. It was used to clear jungle foliage as hiding places for snipers and Viet Cong. George was able to discern the significance of the Vietnam War as a warning to protect and guard his own health. George actually saw some men die as result of Agent Orange. Some soldiers believed that Agent Orange could cause diabetes and prostate cancer as well as some other diseases. This is the more immediate impetus for the source of George's many visits to the doctor for prostate checks. George uses military imagery that modified by the root image of his 'boxing experience" with his grandmother to describe his bout and recovery from prostate cancer

Bill interprets the auspicious occurrence of significant events that are helpful and therapeutic as 'blessings.' This interpretation and connection of significant events with 'blessings' is very much a part of Hebrew thinking (Fox, 1986; McKenzie, 1963). In terms of root image, as well as in the sense of Bill's description, 'angels' are dispatched from a temple during a time of significant events (Nichol, 1976; Shea, 1982).

<div align="center">Education as Therapeutic and Spiritual Process</div>

This theme indicates using learning as a self-transformative process in an ethical and often crisis context—in short—to effect blessing—as a recipient or bestower. For example, by teaching other men about prostate cancer, Bill used *education as a therapeutic and spiritual process.* Through attending health lectures at his Lodge, Bill was able to separate fact from myth about prostate cancer. Through his friendship with the health instructor, a physician, Bill became strongly inclined to have health checks and took advantage of such an opportunity when it was announced over the radio. Teaming up with Gordon, Bill was able to disseminate the information to other men so that they

too could separate fact from fiction. In fact through observation, it can be said that one of most effective motivating facts for Black men to see the physician and have prostate check-ups comes from this informal adult and health education movement by former prostate cancer patients.

In terms of imagery and root metaphor, education and learning, especially in terms of 'blessing and 'therapy' are linked to the 'temple' (Dimont, 2004; McKenzie, 1963; Trepp, 2001). Education was inseparable from the temple. In many ways, Jewish mystism (kabbalah) was closely related to the temple, especially in its merkaba ('chariot') form, since those having visions reported seeing chariot-thrones and heavenly temples. These mystics also provided educational writings that reinterpreted sacred texts (Dimont; Trepp) in ways that can only be described as transformational (Mezirow, 2000). These religious educational texts reshaped or re-applied the interpretation of sacred texts to provide a therapeutic coping device during times of crisis, when significant events occurred for the Jewish people during of the first century, the time of the Middle Ages, the time of the crusades (the Jewish people fought on the side of the Muslims, among whom they lived then), and the time of World War II (Dimont; Trepp).

<div align="center">Presence of the Future</div>

Seeing the present as a preparation for future was a major theme for the participants. Gordon saw his future danger from prostate cancer in the death of his father. Bill seemed to almost foresee or somehow connect his prostate cancer threat with an experience or auspicious event that occurred much earlier. It is a rather remarkable story. At one time, Bill literally felt as if he was going to be killed when he was in his early 20s. He associates this feeling with a car accident that he had in Tennessee, but his original

feeling did not stem from there. Actually, Bill does not know when this feeling started or where it came from. Bill was transferred from one military unit to another. Later Bill learned that everyone in his old unit was killed in Vietnam. Sometime before he found this out, the feeling that he was going to be killed had left him. Bill seems to attribute to his friends like Gordon and Dr. W. the fact that death "missed" him; he seems to believe that the threat was really prostate cancer, but it 'missed' him because of significant others and significant events. He no longer has the feeling; he consistently attends church and feels that he is greatly 'blessed.' Bill's story provides an illustration of how auspicious events, in a very Hebraic manner, can be connected to the concept of blessing and the concept of the presence of the future. The story has an almost mystical or mysterious quality about it; this should be noted since issues that are related will be raised in the coming pages and especially in the next chapter.

Interestingly, scholars and psychologists who have studied the concept of blessing in the Hebrew tradition connect biographies, histories, and occurrences to the concept of blessing (LaRondelle, 1978; Maddon, 1993; McKenzie, 1963; Walsh, 1982). In other words, the Hebrew concept of blessing affects what happens or what will happen in the future, since the concept of receiving and recovering blessings goes back, in terms of a root metaphor of what was intended for the history of this world at the time of the world's beginnings, to an 'original blessing' of creation (Fox, 1986; McKenzie, 1963).

Crusader

This theme referred to acting in an urgent fashion to save and preserve life as if motivated by a transcendent ideal. Thus, crusader has not the sense of promulgating the misconstrued campaigns that destroyed many (Smith, 2005), but has the sense of the

Knights Templar whose mission in actual history was to protect and preserve pilgrims to the Holy Land. And, in the synthesis of Arthurian-Christian legend, their mission was to protect and preserve the Holy Grail, the drinking cup of the Christ (Sardello, 1992).

As Bill received his healing and recovery from prostate cancer, he also became anointed as a *crusade*r and accepts the call to help, warn, and teach other men, especially other black men, about prostate cancer. Bill and Gordon partnered in their mission to preserve and save the lives of African American men from the destruction of prostate cancer. Gordon literally reproduces the image of the crusader when he says, "I beat the drum;" indeed, in many ways Gordon seems the most 'crusading' of the participants. He even recites words from a song that a fictional knight is supposedly singing. With so much spirituality sustaining the interviews of all men, one could say that they are indeed involved in a 'holy endeavor," indeed a 'holy crusade," an image, that John L. Lewis, the director of SNIC (Student Non-Violent Coordinating Committee), used to describe the U.S. Civil Rights Movement (Mills, 1992). George implies the word 'crusade,' but Gordon directly sees the effort to save black men from prostate cancer as a 'crusade;' Gordon also describes the Civil Rights Movement of the 1960s as a 'crusade.'

Remarkably, a psychologist, Sardello (1992), speaks of healing and recovering from illness as a type of 're-imaging of the world.' Sardello especially recommends the contemplation and visualization of the mythic story and image of the Holy Grail, an image in the best sense of the term 'crusade.' Oddly, the writer Barasch (1993) found that the visualization of the Grail story helped him recover as an aspect of his post-operative regimen.

Ellis (2006) tells the story of a female teacher, who as a teenager, was thrown in the water by well meaning friends who did not know that she could not swim. Remarkably, she was saved from drowning by imitating the movements of the famous swimmer and underwater ballet artist Esther Williams in a movie that she saw. Likewise, the relevant fictional and mythic image or story can be summoned to consciousness in a crusading effort to save our lives. The meaning of the movie now has new meaning for the individual whose life was saved; physiologically in the brain, in electrical and chemical terms, a new meaning has been assigned that brought about physiological consequences (Harris, 1973; Moyers, 1993). This is transformational learning.

Myth and symbol, especially in narrative, can be very powerful when it is made to march as a crusading army. In a similar regard, Sardello (1992) says that "there can be found an underlying myth, a story larger than oneself that reveals the essence of the work in which one has been engaged…..their concerns seem to be connected with the Grail Legend" (p. 12).

Sardello (1992) connects the crusading image, the use of the imagination, as well as the issue of disease with being "gifted." Bill would call this being "blessed." As mentioned in chapter 4, the participants tended to use terms "blessing," "gift," and "fortunate" synonymously. Larry Dossey (year), Christian physician and holistic health practitioner, whose cutting edge research has proven so valuable in advancing complimentary alternative medicine (CAM), as well as linking spirituality and health, recommends the therapeutic processes and potential in Sardello's book *Facing the World with Soul: The Reimagining of the Modern World.* In so doing also endorses the notion of crusader.

In terms of root image, the place that anoints the crusader and blesses him (knights being almost exclusively male and prostate cancer being a solely male disease) for his mission would be the church symbol that actually has its roots in the image of the ancient temple (McKenzie, 1963). In Jewish-Christian terms of a temple, such a blessing would take place by the priestly pillar at the entrance of the temple, which is called Jachin, the priestly pillar or column (McKenzie).

Action on Social Justice

Recognizing and acting on the premise that helping and promoting the rights of others through creative engagement is healing for all concerned. From the participant interviews, the theme of *action on social justice* seems to be closely related to the c*rusader*, since it appears that the informal 'adult education action" of African American men may be more effective than the more official and formal efforts of, shall we say, the medical and health establishment in securing Black men for prostate exams.

It was discovered that the PSA level was set too high for Black men, and as a result much prostate cancer went undetected, even for those who sought screening, and some men died when they might have been saved. On the other hand, lives were saved when the PSA threshold was lowered (Jones, 1991). Hence, the situation is not as bad as the Tuskegee Syphilis case, but it is a case of seeking social justice in a medical and scientific context (Jones).

Also, as George pointed out there is some evidence that it is possible that Agent Orange, that was used in Vietnam, may be a factor causing prostate cancer and other diseases like diabetes; however, the research evidence is not definitive. Nevertheless, some veterans like George are receiving financial compensation.

All of the men acted as an adult education agency to convince and recruit men for prostate cancer tests. Nouwen, the psychotherapist and minister, who wrote the *Wounded Healer* shows that helping and promoting the rights and respect of others is also healing.

In terms of root metaphor, *action on social justice*, in terms of *blessings*, is at the temple. The king, who is to promote justice in the society is usually anointed or blessed the official place that is in front of the temple porch by the king's pillar or column, which is called Boas (McKenzie, 1963; Nichol, 1976).

<center>Manliness</center>

Perceiving and acting to fulfill a male's original purpose and destiny as a type of original promised blessing—the vision of an original male ontology was reflected in all the men. All the men had to struggle with the reality that they could no longer sire children. For Brandon, this involved a radical transforming experience since being male was virtually defined in sexual terms, as he stated. Brandon had to make a radical change in his life and redefine manliness in terms of values and seeing family, friends, and children as what is important.

In other words, Brandon's experience is very significant since it gets at the heart of healing and recovery. Brandon's experience suggests that healing involves the thoughtful 'reflection,' as Mezirow (2000) says, of an ontology that generalizes even beyond the male ontology to ask, "What is my purpose? Why am I here?" This is the essence of the 'temple' and 'blessing' images. The 'temple image,' really goes back, in terms of root metaphor and Near Eastern cultural thinking, to the concept of an original 'blessing' at the creation of a world that needs recovering and revitalization to bring healing

(McKenzie, 196; Nichol, 1976). It is like re-triggering your genes to bring back the shape of your finger that has been cut—this actually happens (Sardello,1992).

<p style="text-align:center">Fighter</p>

Persevering, offensively or defensibly, in a difficult situation describes this theme. If one is a crusader, a closely related theme, then one can also *be a fighter* against prostate cancer. Sometimes this fight may involve fighting with other men to motivate them to see a physician or to banish ignorance about prostate cancer through education--as Bill, Gordon, Brandon, and George and all the other participants affirm. This is well-illustrated in the successful fight that Gordon had with Richard. This positive conflict literally saved, as Richard now acknowledges, his life.

To receive the 'blessing' often requires a fight. The archetypal image and probable root metaphor here is that of 'Jacob wrestling (Gen. 32: 28),' or we might say 'fighting,' with the angel' in the context of his brother Esau coming with an army and threatening to destroy Jacob. However, Jacob's contention has won him a 'blessing' form the angel, and, oddly enough, also the story also contains a 'health metaphor'—Jacob receives a weakened thigh.

All of the participants manifested the characteristics of a "fighter." This was most notably and powerfully present in George. However, the image of the "fighter" is strongly present among the participants. They used visualization strategies against cancer (Sininton, 1978). In fact, the therapeutic fight is almost envisioned as a military assault (Simonton); it is therefore interesting that most of the participants who overcame prostate cancer were in the military at one time.

Song as Therapy

Song as therapy describes how participants used music for healing. Gordon particularly manifested this theme. He literally said that he was "the drummer" in terms of his crusading. By his 'drumming,' Gordon set the marching pace for the men that followed him. Here again the source of blessing has the root metaphor in the temple image, since there were a special group of 24 courses of singers who were anointed or blessed in an inspired way to sing at the temple (Nichol, 1976).

Gordon's insight into his father's death and his own battle with prostate cancer as well as his hope to overcome it was linked by one of his father's favorite songs, that has now become his personal favorite—"I want to walk all over God's Heaven." As is now well known, prostate cancer has a genetic and family link (Varricchio, 2004). As indicated in chapter 4, Gordon feels that he had some type of mystical insight into the meaning of death and beyond as he fell asleep in the middle of telling a joke while awaiting prostate surgery. Gordon completed the joke exactly from the point that he left off as he awoke. Gordon somehow connects this 'mystical' experience during surgery in some way to his father's death and his father's song, "I want to walk all over God's Heaven."

Interestingly, Gordon used to sing in a choir. While Gordon used to sing in a church choir, Franklin used to direct a church choir. The theme of Song as Therapy was particularly pronounced in Franklin. Franklin associates song, especially sacred song, with his recovery from prostate cancer. He had unusual dreams about songs and their composition that he could not remember when he woke up from surgery. It was a kind of mystical and mysterious experience.

Sense of Presence/Absence

This theme refers to discerning the spiritual. Again, the leaders in the group, Gordon, Franklin, and David, tended to particularly speak and act on a strong *sense of presence*. As noted above, Gordon implied the notion of "presence" in connection with experiences related to the absence and presence of his father. Gordon also spoke of absence and presence in regard to his wife and family. David spoke of spoke of a presence in regard to conducting his daily work of ministry. Along with the unusual dreams, Franklin indicated that he had a very powerful sense of a divine presence while in the military and serving in Korea. Franklin emphasized an experience of powerful waves and then a calming peace as he rode on a military ship. The ship "would go down hundreds of feet into the water" and "rise up hundreds of feet of water," said Franklin. He felt a divine presence.

In terms of a cross study, years ago, I conducted another research project that involved chaplains and the notion of healing. I interviewed a real leader of men, Chaplain H.S., a military chaplain. He had such a presence about him that filled the room. It was as if he was "more there" than others in the room. The chaplain even spoke of *absence* and *presence* a lot in his speech, as does David. A regiment of 15-16,000 thousand men almost did not want to leave to go overseas until they saw Chaplain H. S. However, the chaplain had developed a blood clot that was present in his leg. However, hesitantly, the doctor allowed him to go and see the regiment of soldiers. As he prepared to go, the doctor examined him one more time and found that the blood clot was now absent. When Chaplain H. S. met with the soldiers, there was a wonderful *sense of presence*. Some chaplains in the hospital have reported a powerful *sense of presence* while in the operating room with doctors during surgeries on patients.

Spiritually, presence also is strongly associated with leadership and spiritual direction since in terms of Biblical images it is closely associated with the temple (McKenzie, 1963). The temple image is closely associated also with health and healing (McKenzie). In fact, a major connotation as well as denotation of temple/tabernacle is that of 'presence;' the leadership for the people is the 'House of God' (Nichol, 1976). The blessing is there at the temple because a 'presence' is there—most notably in the shikinah (Nichol, 1978).

Summary

This chapter provided a close examination of the themes that emerged from the men's experience with prostate cancer. Most of the themes were reflective in many of the men's narrative. However, song as therapy and sense of presence were only present in three of the men's experiences. The following chapter provides a summary of the study as well as recommendations for future research.

Chapter 6:   Conclusion, Recommendation, and Summary

The purpose of this study was to investigate the meaning of an illness experience through the lens of transformational learning. Specifically, the experiences of men who had prostate cancer were examined. In this chapter, I provide conclusions, a summary and recommendations for future.

Fifteen themes emerged that explain the experiences of 10 African American men who overcame prostate cancer. The men resided in large metropolitan communities in the Midwestern U. S. One-on-one interviews were conducted and lasted approximately one hour. The interviews were assessed in terms of the transformational learning theory. Most of the men elected surgery as their treatment. The majority were married and had served in the military. There was a great educational range, from basic education to the Ph.D. All of the men were economically successful.

While a more in-depth discussion of the themes can be found in chapter 5, in this chapter, I examine the themes relative to spirituality and transformational learning. The themes are (a) Life as Fictionally Apprehended, (b) Life as Comic, (c) Positive Attitude as Discipline, (d) Spirituality as a Therapeutic Process, (e) Power of the Gift of Blessing, (f) Recognizing Significant Others, (g) Recognizing Significant Events, (h) Education as a Therapeutic and Spiritual Process; (i) Presence of the Future, (j) Crusader, (k) Action on Social Justice, l) Manliness, (m) Fighter, (n) Song as Therapy, and (p) Sense of Presence/Absence.

Discussion

In addition, since the themes cluster around the central concept of blessing, there will follow an examination of imagery and spirituality in the context of this concept of

blessing through the investigation of a root metaphor. As shall be seen, this investigation

will suggest that illness and recovery from illness are closely related to answering

questions of personal ontology and epistemology, that are anciently fashioned in terms of

temple and creation imagery, in a meditative, tranquil, mystical way, and, reflective'

manner Mezirow (2000).

Spirituality

Spirituality was a major concern of all the participants, and one can clearly discern

that the individual themes are closely interrelated, and often, the individual themes in

themselves, constitute examples of transformational learning. In fact, it is my contention

that transformational learning, that links the mind-body system, constitutes a major factor

in healing and recovery. As the individual themes are reviewed, it should become

evident that they cluster around the central theme and concept of blessing. As mentioned

in chapters 3 and 4, the examination of the themes was heavily based on imagery

analysis, in narrative context of course. Imagery represents the input into the brain from

the five senses of sight, sound, smell, touch and taste that creates our grasp of reality

(Fezler, 1989). Philosophers of education and science, including Kuhn, have pointed out

that images function like scientific paradigms and inform our perspective and worldview

of things (Kuhn 1973, 1993). Hence changes and modification of imagery can represent

transformational learning (Mezirow, 1991) and therefore serve as activation for the mind-

body system (Rossi, 1993; Simonton, 1978).

For example, George indicated how the fundamental image of "boxing," symbolized

his experience with his grandmother. His experiences in the Marine Corp as well as

prostate cancer modified or changed his image over time. This represented a learning

experience in terms transformational theory in order to meet various crises, including the crisis of illness, in his life. However, these changes can best be seen, at the level of the image (Dirkx, 2000); even slight changes or small shifts in the perception of reality can more readily be detected. Otherwise, changes in the overall philosophy or stance of life of George may appear to be unchanged in at all.

In times of crisis or illness, slight changes in individual perception sometimes makes a differences. Also, slight changes may indicate that one is building on the foundation of another experience. Some of the participants at times changed their mind and affirmed that their military experience did influence their development of a positive attitude.

However, sometimes the changes that constitute transformational learning are not slight and at the image level of perception, but constitute radical changes in lifestyle on almost every level. Such was the case of Brandon, a retired General Motors employee, in terms of manliness. Although all the participants raised the issue, Brandon's perspective on the issue is particularly interesting since he really raises the issue of male ontology and thus the ontology in general is raised--some might say in its most acute form. Hence Brandon's case serves as an important point of introduction to the central concept of blessing, a spiritual concept actually.

In addition, since the themes cluster around the central concept of blessing, there will follow an examination of imagery and spirituality in the context of this concept of blessing through the investigation of a root metaphor. As shall be seen, this investigation will suggest that illness and recovery from illness are closely related to answering questions of personal ontology and epistemology, that are anciently fashioned in terms of

temple and creation imagery, in a meditative, tranquil, mystical way, and, reflective'

manner Mezirow (2000).

There was such a paramount emphasis on spirituality that was closely linked to most

of the other themes—especially in terms of 'blessing'—that was also closely allied with

the concept of education and learning. Moreover, Jarvis (as cited by McCaffry, 1993)

points out the close relationship between 20th century "major thinkers in adult education

and the influences of institutional religion, especially Christianity" (p. 54). Furthermore,

spirituality's acceptance within academia, including adult education, as well as its

explorations of the linkage with religion/theology provide more impetus for research in

this area (Jarvis & Walters, 1993; Schneiders, 1989); accordingly, this chapter will

closely consider the spiritual factor in its own terms—or rather the imagery that it uses.

However, such an apparent 'solitary' approach may be actually 'blended,' a mix of adult

education and theology/spirituality, since McCaffry (1993) suggests an

imagistic/metaphoric approach.

> To move…to a meaningful juxtaposition of theology and adult education
>
> is to go…to the interpretive with the intention of gaining fresh perceptions.
>
> Unexpected alliances can produce interesting results….Metaphor is the
>
> figure of speech which links the seemingly unrelated and disturbs the
>
> apparent calm of the view of reality as it is. The language used…provides a
>
> particular environmental perception, a new and challenging context in which
>
> meanings can be explored and interpretations attempted. (McCaffry, pp. 53-54)

McCaffry also says, "I lay professional claim to use both sets of specialist language: my

particular individual perception can be taken as the common denominator" (p. 54).

Also, not only did Jung state that the issue of healing was a religious and spiritual issue, but much of the formulation of his psychology was largely in religious terms: therapy involved the use of archetypal symbols and imagery that were almost always equally religious and spiritual (Kelsey, 1973, 1995). Likewise, Tillich (1957) and Benner (1989) point out that many religious symbols and images often tend to be Jungian and archetypal. Satir (1988) reports, "Spirituality….is essential to our therapeutic context" (p. 334). Moreover, despite differences in faith tradition, the mystics, whose experiences are often taken as the deepest and most personal experiential explorations of spirituality, have yielded consistent or closely related imagery (Teasdale, 2001). At the core of meaning is imagery and metaphor: it is really imagery and metaphor that allows individuals to make sense out of experiences; that is for experience to have meaning (Kliever, 1977; Pepper, 1961; Sheffield, 2007). And, it is meaning, that is the interpretation of experience, that is related to health (Chopra, 1991; Rossi, 1993).

This commonality of core imagery in spirituality of the mystics may be significant since imagistic therapy is related to immune system response; it has been specifically related to immune response against cancer (Rossi, 1993; Simonton, 1978). Moreover, some researchers have identified both the recovery of the mystical tradition and the concept of 'blessing' with healing as well as holistic methods and holistic philosophy (Dykema, 2001, 2005; Fox, 2000). Nakagawa (2000) states, "Friederich Froebel (Frobel)(1782-1852) developed a typical, mystical philosophy of education based on Christian mysticism" (p. 56), and Nakagawa then likens this statement of educational philosophy of Froebel to those of Emerson, Steiner, and Montessori that are "spiritual" (p. 57) and constitute the "metaphysical dimension of the Spirit by the experience of

nature" (p. 57). Such philosophies include the physical and thus health issues (Nakagawa).

Nakagawa (2000) describes and labels all these educational philosophies as 'mystical' and identifies them as aspects of 'holistic education.' Jarvis (1992) describes them as "rooted in holism, or the concept of an interconnected reality.…a multi-level to education that stresses interdependence" (p. 84). Rinke (1982) connected holistic education with adult education in his article entitled "Holistic Education: Toward a Functional Approach to Adult Education." Nakagawa, who focuses on an Eastern approach to education and Western approaches that have parallel paths sets forth the position that spirituality and educational issues really cannot be separated. Interestingly, Nakagawa points out that the 19th century educator Froebel uses the term "gifts" to describe his plans, staffing, and objects for his 'play' strategies. Issues of 'play' are not only confined to children, but are also related to 'spirituality' and issues of 'meaning' in education (Dean, 1972; Nakagawa).

Imagery

There are increasing efforts to merge various disciplines, including spirituality and education, in training and practice to improve the health of patients (Interdisciplinary Education, 2004). There is an attempt to transform, the controlling image, 'the mini-paradigm,' into something different.

An examination of mystics provides a useful example of imagery at work. The common core imagery of the mystics tends to consists of a cosmic throne, throne rooms, chariot throne, or other temple related symbols (Teasdale, 2001). Some mystics envision a bridge, but there was a Solomonic bridge that led to the temple portal (Edersheim,

1997; Nichol, 1976). Temples were commonly used for and imaged as places of healing by ancient peoples, regardless of whether they were Greek, Roman, or Jewish (Avalon, 2006). Accordingly, as noted earlier, Jung considered healing as a process that is spiritual and religious (Kelsey, 1973, 1995).

In times of crisis, many ancient peoples envisioned a throne (Shea, 1982; Nichol, 1976, 1982); one is reminded of a popular saying in the African American community, "God is still on the throne!" This saying becomes popular in times of crisis. The Yom Kippur-Rosh Hashanna ceremony, the 10 days of awe leading up to the end of the religious year, initially emphasized the sacrifice of one goat for sin and another as a scapegoat. However, after the captivity of the Jews in Baylon, there was an emphasis in the ceremonies of God on the throne as judge and vindicator (Nichol, 1976). This change in emphasis through symbol and image to meet the crisis and create meaning is an example of transformational learning that has successfully modified past meaning in a group's experience. Satir (1988) says that "changes all rest on new learnings, new awareness, and a new consciousness" (p. 4). Illness is another type of crisis in which an individual seeks to find meaning through an interpretation of the present or a reinterpretation of past experience which is applied to the present. This process of the reconstruction of meaning affects the use. language and symbol. Moreover, finding meaning is related to finding health (Chopra, 1991; Rossi, 1993).

The earliest Jewish mystics were called merkaba, and they had visions of the "throne-chariot;" indeed, the term merkaba means chariot (Scholem, 1970, 1995; Teasdale, 2000, 2003). The Islamic Sufi had visions of the throne room and throne rooms (Sells, 1996; Teasdale, 2000, 2003). All of this is interesting for many reasons. The ancient temple was

certainly a representation of the universe; the temple on earth was a model of the temple in the heavens (McKenzie, 1963, 1985; Nichol, 1976; Shea, 1982). But more than this, in terms of ancient worldview imagery, its operation represents 'the control center' for the universe (McKenzie; Nichol, Shea). This is very significant, since the patient's sense of control is closely related to health and overcoming illness (Glanz et al., 2002; Glasser, 1973, 1984).

Jewish and Christian Imagery as Related to Transformational Learning

As adult education and transformational learning posit, learning is experienced based. New experience may lead to conflict with older experiences, leading to a state of 'disorientation' until the issue is resolved in terms of meaning (Mezirow, 2000). The experience of illness also follows this process (Moyers, 1993; Rossi, 1993). Brain-science, especially in Penfield's research, also accords with this view (Harris, 1973). Language and imagery also reflect this process; indeed, individual's who are ill often reflect a single central image that others may cluster around (Sheikh, 1983). Also it is important to note that immune systems may be affected by imagery (Sheikh), through the mind-body system that is the basis for holistic medicine. The synoptic gospels (Matthew, Mark, and Luke), that are based on a literary relationship among themselves, viewed as instruments of spirituality and accepting the priority of Mark, show modification (redaction) in a different context (*sitz im leben*) to provide meaning in changed circumstances. For example, Jewish ceremonial terms are explained in Mark 7 which is written to the Roman Christians, but are not explained in the parallel passage of Matthew 15, that is written for the Jewish Christians (Stein, 1987).

Indeed, the Christian symbols and concepts of salvation, redemption, and baptism arise from the Exodus experience and narrative of the Israelites, but the symbols are transformed in their New Testament context as is the case of the citation of Ps. 68:14 by Ephesians 4 that indicated that the Church has become the New Israel. (Ladd, 1970; Nichol, 1976).

The Black Church has appropriated Biblical experience and symbols to the experience of its context (Felder, 1989). In other words, there was a redaction of one experience to meet the needs of another experience that follows the pattern of transformative learning theory (Mezirow, 2000). Felder provides the details of how the Black Church appropriated Biblical symbols both to cope with slavery and post-slavery in his *Troubling the Bible Waters*.

Likewise, until freed in 1945, some Russian prisoners of war were sometimes sustained by a fictional rehearsal and imaginative vision of deliverance by the synthesis (the construction of two experiences into one) of an apocalyptic figure on a white horse, taken from the Book of Revelation. Ironically, Russian soldiers, prisoners of war, envisioned men dressed in white who delivered them from German concentration camps (Samuels & Thompson, 1995). Being a prisoner of war was disorienting to say the least, for the Russian soldiers, so they constructed a new symbol that merged two experiences: one that was Marxist-Stalinist and one that Christian-Apocalyptic. This is obviously a fictional but effective coping schema for the soldiers; Samuels and Thompson (1995) would doubtless also call it 'mythic.' However, the point is, according to adult education, this process is called transformational learning theory.

The Central Concept of Blessing and Root Metaphors

Confirming 'cross-research' to these observations can be found in Myron Madden's (1970, 1999) research in *The Power to Bless*; it is very relevant here. One dimension of this *power of the gift of blessing* can be seen in parent-child relationships (Madden, 1999). Madden a pastoral psychologist, based on earlier Judeo-Christian studies about 'blessing,' theorized that both a father and a mother have what he calls a "blessing" that they can confer upon a child. The father has 'one' and the mother has one,' but they can only confer this one time and to one child, but it is possible that both 'blessings' might be conferred to the same child.

Perhaps an unusual but rather dramatic example of this is told by Madden (1999). An elderly man is dying in a hospital and under an oxygen tent; he hangs on until his son, who is in the military, can arrive from a Pacific island. The medical staff are amazed that he is still alive. Finally, his son arrives. This weaken and near death old man sits up, removes, the oxygen tent, and places his hands on his son's head as if he is conferring a blessing in ritual fashion. Then the old man sits back and dies. The parents may not be aware of all this, but Madden has criteria to determine this. His results appear to indicate the child or children who have received the 'blessing' tend to be the most successful in terms of fame finance, scholarship, or some other category.

Likewise, the research of Smalley and Trent (1982) indicates that when the 'blessings' is not received or especially when withheld from an individual, this individual often has apparently related psychological and social problems. Madden closely associated the notion of 'blessing' with family inheritance appears to be confirmed by research in England through better grief tolerance after loss by Japanese widows who

had a sense of continuity through high regard for ancestors than many other English

widows who felt plagued by apparitional appearances (Chapman & Oates, 1999). Hence,

Madden (1970, 1999) says many things about 'blessings,' but one of things he says

believes that "blessings is infusing one's life into a child. It is a gift of all that one has

bestowed upon the next generation" (Madden, 2000, p. 3).Thus, the notion of 'blessing

can help with the grief process.

   In terms of personal cross-research, I had what I would judge as a confirming

experience with a patient while serving as chaplain at a small urban hospital. I was

visiting with a male patient who had certain physical complaints. The patient talked about

the years of bad relationships that he had with his father. As a consequence, he had not

spoken to his father in years. At some point in our discussion, he decided that he was

going to restore his relation ship with his father. Shortly after this, I learned that the

patient had recovered and was released from the hospital. I believe that the former -

patient left the hospital to receive the 'blessing' of his father.

   Thus, the research and conception of Madden (1970, 1999) also suggests that the

'blessing' to be received can be a 'gift of healing,' and can be outside of the family

context that restores a person to health. However, the healing gift's efficacy either must

or tends to come through a designated agent, an instrument, as in the example of the child

and parent. The research of Madden (1970, 1999, 2000) appears to be in direct agreement

with Bill's conception and explanation of "the blessing/luck/gift/angel," using his images

and language. Madden (2000) states that "the one with the power to bless is the one who

is authorized by another who is in search of blessing and affirmation" (p. 5), "God seeks

to bless through me and all other people….That makes me an agent of blessing, not the

originator" (p. 6), and "the blessing of persons is best done in a ritual act" (p. 6).There

generally seems to be a need for one who may be designated, in various ways perhaps,

who is somehow connected to a type of "Higher Power," as George would call it.

Metaphorically in a way, Bill calls them "angels." His angels were his doctors, nurses,

and Gordon.

Health and Religion

Interestingly, Ellen White (1905), the nineteenth century religious leader and holistic

health advocates, stated that physicians were God's ministers, his servants, whether or

not they acknowledge Him, and that they should therefore, since they are ministers, be

ordained,. since they are ministers, Ellen White also speaks of nurses and physicians as

being involved in a medical ministry. However, the point is that some 19th century

holistic health advocates saw medicine as part of the ministry and not separate from it.

Likewise, according to Kelsey (1999), Jung saw healing as a religious issue.

Today, we seem to be returning to approaching this viewpoint, since so many holistic

health practitioners have a spiritual perspective (Chopra, 1991; Dossey, 1991, 2006).

Certainly, in the 19th century, there was the notoriety of the Dr. David Livingston, one

also a well-known as an explorer, enhanced the idea of the missionary-doctor as an

integrated concept. Of course, when there was uncertainty about Livingston's situation in

Africa, the search for him by journalist Henry Stanley became proverbial. Of course, the

doctor's and reporter's story became legendary (Holmes, 1993). Two years after

Livingston's death in 1873, Albert Schweitzer was born. Albert Schwietzer, whose life

spanned parts of both the 19th and 20th centuries was the living embodiment of the

missionary-physician concept (Brabazon, 2000; Lemke & Schweitzer, 1998). Indeed,

some 19th century holistic health advocates like Kellogg and White did not see miracles

as a conflict between naturally law and divinity, but viewed natural law as God's servant

that was used in a way that one may not understand (Spangler & Van Dolson, 1975;

White, 1902). However, *education* would be necessary to preserve and perpetuate such a

perspective (Kelly, 1977).

Interestingly, Kelsey (1973) has researched the entire history of healing and the

Judeo-Christian tradition and speaks of the urgent need to restore gift of healing to the

Christian church, a gift that has largely disappeared. However, as a New Testament

document of historical theology, the Epistle to the Ephesians, chapter 4, may fill a gap in

the record of Kelsey: it links the existence and manifestation of spiritual gifts, that

includes the gift of healing, with the resurrection as a 'kingdom' motif and cites as

evidence and authority from Psalms, division 68, whose periscope includes the core

imagery of most mystics, as shall be seen below after a little more preliminary.

Perhaps that recovery of the gift of healing involves recovery of the experience of the

early spirituality and origin of the 'gift' and 'blessing,' a process that some might call

revitalization (Hexham & Poewe, 1986). Still others might call it 'revival' (White, 1905)

or to remember. This revitalization or revival most likely also involves recovering the

imagery, especially the root imagery, which most fully grasps and holds the reality and

interpretation of the experience. There is a need for 'remembering' the earliest

transformation of the experience that leads to learning of the 'blessing' and the 'gift.'

Within religious traditions, 'gift' and 'blessing' are often used interchangeably (Fox,

1986). In Jewish understanding of spirituality, "to remember," zakhor, means "to act" and

"to act in the name of;" also "memory is a healing, a redemptive, and salvific thing"

(Fox, 2000, p. 304).

Conclusion

Fox (2000) provides an example of this understanding of the meaning of

'remembering' in its original Jewish context, but also by citing the example of the

institution of the Communion Service, a particularly important 'life event' by a

'significant other,' the Christ, in the life of the church, the new sitz im leben, has both

reinforced and transformed, through expansion, the meaning of 'to remember.' The time

and meaning of the Passover Service has been expanded into the meaning of the

Communion Service (Nichol, 1976). This is transformational learning; also the Gospel

that makes the fullest statement about the Communion Service is the Gospel of Matthew,

and the Gospel of Matthew stresses 'Jesus as the Great Teacher' (Ladd, 1970; Stein,

1987). Thus, teaching and education are very much a part of the blessings. The Gospel of

Matthew, whose central image revolves around the kingdom and Jesus, follows the order

of events in Mark but divides the Gospel into five sections that are interspersed with the

teachings of Jesus (Stein, 1987). The Communion, or Lord's Supper, brings 'blessings,'

however, as one might expect, Fox also describes the 'blessings" in gift language and

says of Christ, "He left his gift in the context of memory" (p. 304). And of course, there

is the related issue of *presence and absence*, whether in the actual Eucharistic emblems

as Catholics maintain, or in the Communion Service itself as most Protestants maintain

Hence, in terms of spirituality, it may be especially important to find the origin or root

metaphor(s) of meaning in their early context may prove. This may be very helpful since

often, as has been observed, the latter does not usually contradict the older meaning, but

expands the meaning. In fact, 'repetition and enlargement' is a basic principle of ancient

Near Eastern teaching method and literary writing as well as exemplified in more than

400 quotes and literary allusions in the Book of Revelation (Shea, 1982; Nichol, 1976).

In fact, research is already on-going in tracking down root metaphors and image origins

research like that of Brown (1999) in *The Ethics of the Cosmos: The Genesis of Moral*

Imagination in the Bible and in his (2002) *Seeing the Psalms: A Theology of Metaphor.*

There is as well the somewhat older Clausen's (1986) *The Moral Imagination: Essays on*

Literature and Ethics.

This common core imagery tends to consists of a cosmic throne, throne rooms, chariot

throne, or other temple related symbols (Teasdale, 2001). Now, before elucidating this

central core image, it is necessary to set the stage by discussing three other themes.

The Jewish mystical tradition has strongly influenced the development of both Jewish

and Christian apocalyptic, a literature born of a crisis situation, and is reflected in the

Book of Daniel and the Book of Revelation (Russell, 1964, 1978). The Jewish mystical

tradition is particularly clear in the vision of the image of the cosmic throne-chariot set

forth in Revelation 4-5, which in places reflect and were redacted from Daniel 7, as

Revelation 5:11 cites Daniel 7:10 (Nichol, 1976; Russell). However, the point is not so

much the detail, but to note that the disorienting crises were solved by drawing on the

corporate experience of the Jewish-Christian experience and making changes in their

meaning, usually by expansion rather than denial—according to transformative learning

theory (Mezirow, 2000; Nichol, 1976, Russell, 1964, 1978). However, also, the central

point for the heart of our discussion is that Ephesians 4 relates throne imagery, that is the

spiritual core of the mystics, like that of Rev. 4-5 and Dan. 7 to the issue of spiritual gifts by citing Psalms 68, that contains such imagery.

Furthermore, the New Testament (NT), represents some of the earliest experiences with 'gifts,' the Christian Pauline Epistle of Ephesians (4:7-11). There is a very spiritual and 'creative' use (a redaction) made of a citation from the Israelite Old Testament (OT) Psalm 68:18 (Martin, 1994). In other words, there is a transformational learning process whereby Eph. 4 appropriates and redacts the experience of Psalm 68 to interpret that of another experience, namely, that experience which is set forth in Ephesians 4—all according to Jewish Midreshim, the tradition of interpretation and reinterpretation (Nichol, 1976; Mezirow, 2000). There is a parallel theme since Psalm 68 is a royal Psalm, meaning its theme concerns "the kingdom," and Ephesians 4 deals with the church as an 'instrument of the kingdom' (Martin). The original context and experience of Israel in Psalm 68 depicts divinity as a victorious king of kings who "receives gifts" from vassal kings, but the expression is creatively redacted, following the Syriac Peshitta OT version, and rendered "gave gifts," with kingly authority, as an explanation, in the light of corporate religious experience, for the manifestation of spiritual gifts, including teaching and healing, in the newly formed church in the light of the resurrection event (Martin; Nichol, 1976).

The metaphors in Psalm 68, a royal psalm, related to the kingdom theme (Blackwell, 1982; Fenton, 1973; Martin, 1994; Stein, 1987). This kingdom theme is also stressed in Matthew, which also emphasizes Jesus as the great teacher, as *educator* (Fenton,1973; Lawrence, 1998). Also, Ephesians 4 cites and redacts Psalm 68 and also lists a *teaching, educational function*, along with the work of the pastor, *as a spiritual gift*. Matthew also

has a *miracle* emphasi*s*, one that may include healing as a blessing (Fenton, 1973;

Nichol, 1976; Stein, 1987). Since the psalm is a kingdom psalm, a royal psalm, ultimately

the power *to heal and educate* must come from the from the gift *of the king of kings,*

whose victory and triumph in battle over now vassal kings is depicted in Psalm 68.

However, this victorious battle in Psalm 68 is interpreted as the victory over death in

the resurrection of Christ, and the manifestation of spiritual gifts in the early church is

interpreted as kingdom authority that Christ gives out since his kingdom, represented by

the ark (a 'throne motif'), in the temple, is established (Martin, 1994; McKenzie, 1963,

1985, Nichol, 1976). The interpreted events of a past time in Psalm 68 is interpreted in

Ephesians 4 as a future that was already conceived within that past (Martin, 1994; Ladd,

1970). Delitzsch and Keil (1996) identify the psalm with a great military victory of Israel

over the Syrians and Ammonites. So, the establishment of the kingdom s in the temple in

the heavens above supplies explanation for the exercise of the gifts of healing and

prophecy that are manifested on earth below. Related to this, Auleen (1969), in his

*Christus Victo*r, speaks of the failure of the church to relate atonement to the kingdom

theme. Kelsey (1973, 1999) relates the scarcity of the gift of healing to the failure to link

the gift with the kingdom concept in the Gospels. In the New Testament, the kingdom

concept is related to the idea of *the presence of the future*—the power of the actual

coming of God is in the future, but the power of that coming is already present but not

consummated (Fenton, 1973; Ladd, 1970; Nichol, 1976).

The occasion of Psalm 68 is generally believed to be a procession to return the ark, a

representation of the throne, to the temple/ sanctuary after its recovery from the

Philistines. In fact, there is a procession in the Psalm in 68:18. Interestingly, Psalm 31,

which is also ascribed to such a time of returning the ark, has a superscription saying "A Prayer for the Sick" (Brown, 2002; Nichol, 1976). Avalos (1995) points out that ancient temples often were sites for health care for illness. Again, there is a procession within the psalm itself (68:18). Psalm 68:18, 25 describes a host of captives, after a military victory, apparently being lead by a king's chariot, as suggested by verse 18. This scene is also reproduced in Ephesians 4—whose depiction doubtlessly reminds readers and hearers (since epistolary letters were usually also read aloud)of the Roman triumph, a procession and victory celebration of Roman emperors and consuls (generals) (Blackwell, 1982; Martin, 1994; Nichols, 1976) The Roman conqueror usually rode in a chariot with the prisoners following.

  It should be recalled that the image of fighting has shown effectiveness against cancer; apparently this conscious imagining triggers some unconscious mechanism that stimulates the immune system (Rossi, 1993; Simonton, 1978). Indeed, Jung states that healing involves bring the conscious and the unconscious in contact with each other; this type of imaging puts a label on and provides for therapeutic use of an unconscious this unidentified mechanism of the unconscious (Jung, 1964; Kelsey, 1973, 1999). On the level and from the perspective of Psalm 68 and Ephesians 4, there is the kingdom concept that is about a victorious battle that is won but not consummated, a battle that is won in the future but not seen in the present—a presence of the future, without the future itself being present (Auleen, 1969; Ladd, 1970).

  However, an imaginative and faith venture of drawing on that future power—which some might call effective visualization—makes the future power present for healing.

Hence, the temple image tends to symbolize the "presence" of the divine; thus the writings of John tend to use the temple image a great deal and especially in reference to the *presence* of Christ, the Messiah (Frey, et al., 2006). Indeed, a temple itself symbolized presence, since the temple constituted a house for a god to dwell in—for his presence to be housed there (McKenzie, 1963; Nichol, 1976). In regard to imagery, Frey et al. (2006) states, "there is hardly a book in the New Testament whose images have exerted a larger influence in theological, ecclesiastical or art history than those of John" (p. 1).

However, since it is the occasion in Psalm 68 of the ark, that contains the 10 commandments, that is being returned to the temple, the temple and sanctuary being mentioned in 68:29, and that symbolically the ark also is the earthly representation of the 'throne-chariot of God, it is likely that the reference is that of the cosmic throne-chariot of God. Psalm 68:4 speaks of a "rider of clouds" (RSV) or "of the heavens" (KJV), and this is a traditional description of a chariot of divinity, especially a 'storm chariot" (McKenzie, 1963; Shea, 1982). The chariot of God is both a chariot and a throne, like other Near Eastern counterparts like Baal as well as Egyptian and Phoenician models (McKenzie, 1963; Nichol, 1976; Shea, 1982). Indeed, this is suggested when describing the military host surrounding the king of kings as angels and in large units of 20,000 and small units of thousands. The largest Israelite military unit is the 10,000 unit that is called the myriad; the basic military unit is the thousand, *eleph,* which is interpreted as family or household when there is no war (McKenzie; Nichol; Shea). Since divinity is involved, the unit is doubled. Clearly, the units are ready *to fight,* and since there is a resurrection event interpretation, in the Christian terms of Eph. 4, the units are ready *to save*

(Blackwell; 1982; Martin, 1994; Nichol, 1976). The marching procession and position for the armies of Israel are traditionally based on the portable temple/ tent with the ark, containing the throne, the image of the authority to rule, being in the center with three designated tribes, with banners, being in each of the four cardinal directions (Nichol). Hence, the focus center is actually on the sanctuary/ temple; the real temple is actually in heaven according to the Old Testament (OT) and New Testament sources, especially the Book of Hebrews (McKenzie, 1963; Nichol; Shea).

However, this temple in heaven, these throne rooms, or throne-chariot, symbolizing the reign of God, is the major image that most mystics of most religions see in their visions, dreams, and meditations. In fact, ancient temples, whether Egyptian, Phoenician, or Israelite were strikingly similar. Outside the temple was considered earth, but inside was the heavenly realm Avalon, 2006; Nichol, 1976). In the Israelite sanctuary/temple, there were normally two pillars or columns that supported the entrance to the temple–one was for the king and one for the priest. It is here where the people worship and pray as well as the priests are ordained for service, before the entrance to the temple that represents the heavens, and the cloud of presence would reside; this is the place of blessings and gifts. Often these supporting pillars (doubtlessly the Greeks would envision Atlas as a type of pillar holding up the world) were described as trees (McKenzie, 1963; Stevenson, 2001). Before these pillars, priests and kings were anointed (Nichol).

Stevenson (2001) points out that Rev. 3:12 describes God's servants as living pillars and that Wilkerson connects these living pillar images to the image of the temple described in Revelation 22 and states that "the king's pillar [Boas] refers to the ancient 'King Pillar' in Solomon's temple, next to which the king stood for coronation

ceremonies" (p. 244) and that the two pillars were a "functional symbol of royal stability and hence the institution of kingship" (p. 245). Stevenson says, "Becoming a pillar in the temple (a symbol of God's presence) communicates total and permanent access to God" (pp. 249-250) and "Christ dedicates the victor to God as a… temple servant made the faithful into priests for God" (pp. 249-250). Hence, as priests and kings, with total access to kingdom power, the servants are prepared to heal. Ancient healing and archetypal healing was in conjunction with the temple that mystics all envisioned (Avalon, 2006).

Interestingly, Shamans, who frequently perform healing rites, would frequently go into a trance and seek certain types of animals or animal-like creatures to gain certain information or power in order for the individual to be healed (Eliade, 1974; Hexham & Poewe, 1986). Cherubim, angels that are depicted in the innermost chamber of temples, especially, the Jewish temple, might described as animal-like since cherubim are often described as composite in appearance, human, eagle, lion, and ox/calf; angelic beings, throne guardians, who are often depicted as being in a temple, are frequently described this way in Ezekiel, a book identified with the beginnings of 'chariot-throne,' also called merkaba, mysticism in Judaism and Revelation especially (Scholem, 1965, 1995). Davila (1998) has pointed out that the shaman's experience in trance is similar to similar to experience of some Jewish mystics, especially as reflected in mystical-apocalyptic literature, like the Book of Enoch, that follows the merkaba tradition. Being in a trance or vision, like meditating, may bring about an altered state of consciousness, a change in the perception of reality, and all this amounts to a transformed mind-body connection that has the potential to change physiology or promote healing (Benson, 1982; Hexham & Poewe, 1986; Moyer, 1993; Rossi, 1993). The individual that believes the ritual or the

shaman or other healer may also be transformed and participate experience this new reality that may promote healing (Benner, 1978; Hexham & Powe). Interesting, many shamans, around the world, experience sickness as constituting a call to their work, and when this call is accepted, perceived as type of priestly call in many cultures, the illness disappears (Benson; Hexham & Poewe). In this sense, the work of the shamans or other native healers is related to a vision of an esoteric world. In this sense also, the shamans is a 'searcher for knowledge and he is a learner; hence a type of learning and education is again linked to the healer (Hexham & Powe, 1986), a connection that was observed among all the participants. In some native cultures, like Africa, native healers tend to be more successful in curing neurosis than Western trained psychologists or psychiatrists (Sow, 1980).

Also, in the vision of the temple in Revelation 22, the Book of Revelation being written a time of crisis, there is a redaction of the temple design, that more closely resembles the temple vision in the Book of Ezekiel, also written during the time of a crisis, but here in the place of blessing, where the people petition, now resides the tree of life (McKenzie, 1963; Nichol, 1963), "whose leaves are for the healing of the nations," Revelation 22:2 citing and redacting Ezekiel 47:12. Evidently, the laver, which is called a 'sea' in Exodus and Leviticus, where the priests washed their hands and feet, (Nichol), has now become an actual sea, the River of the Water of Life in Revelation. The description resembles an Edenic scene, especially as viewed through the experience of Ezekiel (McKenzie; Nichol) and in many ways it is, since it is necessary to create meaning for the current crisis by weaving together different strands of experience (Harris, 1973; Mezirow, 2000). Accordingly, also Revelation 22 draws on and redacts creatively,

in the tradition of Midreshim, the experience and *sitz im leben* of Ezekiel 28 (and 47),

that mentions "Eden the Garden of God" (vs. 13), which in fact has drawn on   the

experience of Genesis 1-3--Eden being a type of temple in time (McKenzie; Nichol).

McKenzie says, "Ezekiel 28: 12-18 contains a variant form of the tradition that appears in

Genesis 2-3" (p. 175) and reports that "The tree in Ezekiel 47:12" (p. 164) is dependent

on the Genesis tradition in chapters 2-3. The Spirit of God is has left the temple in

Ezekiel's time but also will return; this new vision of the temple and a healed and whole

people depicts a powerful and persistent divine presence in such passages as Ezekiel 47.

Revelation, like Ezekiel and especially through the experience of Ezekiel, goes back to

the time of Edenic presence in Genesis to find healing symbolism and imagery.

   In this regard, as mentioned earlier, some of my research participants, but not all,

manifested a strong sense of *presence*. However, those that manifested this theme tended

to be leaders in some sense—like David who pastors a large church or Gordon, who

manifests such a remarkable ability to motivate and inspire individuals. Naden's (1982)

research and development of a Spiritual Gifts Inventory (this would be my next area of

investigation with my participants) connects spiritual gifts with leadership also.

    These leaders, also identified with the pillars in the temple, who thus are called priests

and kings, are also conceptualized, though human, are also apparently imaged as 'angels,'

especially in Revelation 1-3 and 14 (Rev. 1-3 speaks of 'angels in the churches,' as it

were, and Rev. 14 speaks of 'angels that preach on earth); participant Bill used the term

"angel" in this same sense in terms of receiving help in overcoming prostate cancer.

Bill's image resounds and echoes a truth in the human psyche as well as the cosmic

realm. Images often stand for the reality that cannot be grasped fully in empirical terms, but ring true in human experience.

Thus the 'angels' serve in this new temple in the heavens in Revelation serves to advance healing and wholeness as the ancient temples, whether Jewish or Greek or Roman sought to be sites for healing and health, according to Avalon (2006). This concept of returning to an original creational image and purpose is more or less an approximation of what Fox (2000), who emphasizes the importance of the Christian mystical tradition, is saying when he points to the ontology that is set forth in the Book of Genesis and speaks of "original blessing," the title of his major work. Cummings sets forth similar views that he terms "creation health" as well as Walsh (1984) who speaks of a creation covenant. Dykema (2004), both a physician and holistic practitioner, connects the Fox concept of 'original blessing" with healing and recovery as well as holistic health and holistic philosophy.

In the ancient worldview, health and safety are depicted in the imagery of beginnings, in terms of a past times redacted to the present needs (Avalon, 2006; McKenzie, 1963; Nichol, 1976; Shea, 1982), and according to transformational learning theory (Mezirow, 1991). The main trees, the two pillars, at the temple has become, or has been transformed into the tree of life, as it were, that is once again available for healing—in Rev. 22. The tree for healing is imaged as standing at the temple.

In a large hospital, there was the incident of the recovery of two coma patients that I worked with as a chaplain; continuous and therapeutic imaging of the tree of life may have been a factor in their remarkable recovery. This was not listed on the patient's chart

at that time, but now more and more hospitals are asking chaplains to place spiritual

interventions and outcomes on the patients' charts.

Images and symbols, as bearers of experience, may have great power. Consider the

appearance of the writing and production, as a positive re-examination of the faith

experience of Israel, of Mishna and Talmud; their appearance probably constituted major

factors in the saving the life of Judaism and preserving it as a religious faith. To a great

extent, the Mishnah and Talmud's purpose was to reinforce Jewish interpretation, in

short, to preserve the teachings that sustains the meaning and that protects Judaism from

inroads of both Christianity and the larger Graeco-Roman culture (Vanderkam, 2000).

However, some recent studies suggest that there has been more continuity than radical

break between the Jewish and Christian traditions, especially when the differentiation

involved the transformation of meaning of symbols held in common, and that much of

the sense of radical break came about by the law versus grace conflicts between

protestants and Catholics during the Reformation and being read back into the New

Testament, at least according to Bockmuehl (2000). Hence, from either the Jewish or

Christian perspective, the educational process was part of the transformation of symbol,

and such a process was necessary to sustain and continue such a transformation; this is

how Kelly (1977) defines the social function of theology as part of the social system of a

particular religious grouping. Thus, the theological and spiritual transformation that the

protestant reformation brought about could only by sustained by a rapid extension and

development of educational process, as Luther contends in his plea for a protestant

educational system (Bainton, 1972; Ramm, 1973).

Despite the theological controversy of the Reformation Era, for the most part, scholars admit that it was also a deeply spiritual matter to most people (Bainton, 1972). However, the point is that Kelsey's (1973, 1999) research identifies one of the reasons for the scarcity of the gift of healing, despite its abundance in the early church, that we find today is a teaching failure, a *failure of educational process* to transmit what has been received.

Revelation returns to the Edenic Temple in Genesis, the site of the original blessing given with creation by the original priest-king by God, by a Higher Power. This original blessing may be received by meditation and reflection on the original Genesis temple blessing as is strongly advocated by Fox (1986, 2000). This amounts to transformative learning (Mezirow, 2000).

In the Hebrew concept of blessing, as is evident from Genesis, the notion of blessings includes the physical (Madden, 1970, 1999; Nichol, 1976). The physical, spiritual, social, and mental are not seen as separate but as one unity in an 'original blessing,' a creational covenant (Fox, 1986; Walsh, 1986) that is recovered through a type of spirituality that links both with medicine and education for personal transformation. In other words, the original blessing of the earth in creation, to the ancients, implied an intended destiny and direction for history, that still can be claimed as a blessing that is promised from the beginning (LaRondelle, 1977; Nichol, 1976). Hence, the freeing of the Israelites as slaves of Egypt in Exodus is depicted and imaged in creational terms (LaRondelle, 1977). In other word, the properly imaged and humanistic answer to the ontological questions, 'Who am I? What is my purpose?" in proper situational context, moves us in the direction

to answer those interpretational questions that, in turn can improve our spiritual and physical and mental health since humans constitute a unity and not a duality. Our quest involves learning about ourselves and an education about those things around us.

The temple is further redacted in Revelation in that the image temple is seen as enlarged into an entire holy city. The connection between the city becomes clear when one sees that the foundation for the city consists of foundation stones which are identical with the stones, often called birth stones, that are on the breast plate of the high priest who serves in the temple (Nichol, 1976). Interestingly, also identified with the celestial heavens, many of these stones, as well as their very colors, are associated with healing and recovery, as well as vision and prophecy, by both ancient authorities and modern mystics, including some clairvoyants (Campbell, 1989; Francis & Jangl, 1985). The temple image was the center of education and blessing that work together for human transformation that is the essence of healing.

<center>Summary</center>

Learning and education are part of the human experience that includes encounters with illness. We seek meaning in our human experience so that it makes sense. Anomie or lack of meaning can lead to illness and even death. The conception of meaning and reality is depicted in terms of the subjective and experiential perception that is captured and painted by the imagery of the five senses. An illness, like prostate cancer, brings crisis to our experience and confuses the structure of our reality as well as disturbs our meaning which is upheld by imagery. Hence, recovery involves a learning experience

that consists of a reflective, educational, and spiritual process to rebuild and reconstruct meaning through the use and transformation of our images and themes to create meaning.

This reconstructed meaning works in tandem exterior medical means to work through the mind-body system to stimulate the immune system and to help us recover from illness. Our definitions of images are always incomplete since they also simultaneously, in part, represent unconscious mechanisms (Dirkx, 2000) that we partially bring into consciousness for recovery of health (Jung, 1964; Rossi, 1993). Jung describes healing as bringing the unconscious and the conscious together; this is what happens in the mind-body system (Jung; Rossi). The concept of blessing is the central concept that unites all 15 themes and even unites their imagery. Imagery of blessing is linked to the concept of original blessing, the place of origins for ontology and epistemology. This imaged concept when translated into more Western language means that health and wellness involves issues of self-knowledge and origins: What is my purpose? Why am I here? Refection on these questions in transformational mode and in particular context can help to bring about hope and health.

Moreover, transformational learning has the potential to serve as a type of umbrella concept to unify and coordinate discussion among the various approaches to holistic medicine. Also, transformational learning has the potential to further negotiate discussion among practitioners of both holistic medicine and biomedicine, since transformational learning can be seen as somewhat analogous to the biological concept of homeostasis. However, in a more philosophical and wholistic manner, transformational learning, an educational process, encourages us to view human experience and the encounter with crises such as illness as opportunities for creativity and human development.

Recommendations for Research

There are several recommendations for research. It may helpful to investigate the concept of spiritual gifts in relationship to the themes and recovery from prostate cancer. In a more religious context, there should be a theological investigation of the metaphors and themes here in the context of religious education and along the lines of investigation set forth by Jarvis in his *Theological Reflections and Adult Education.* A follow up and a more comprehensive study of holistic health visualization methods and transformational learning could be done. An investigation could be conducted on the uses of transformational learning and religious education. Further investigations into the implications of language and imagery should be pursued in the light of new investigations of transformational learning that are now exploring the image, mytho-poetic, and spiritual dimensions of transformational learning. Also, issues of ethical context of Niebuhr (1977) should be investigated along with this study, since much of Niebuhr's work mirrors Mezirow (2000).

References

Adams, F., & Horton, M. (1975). *Unearthing seeds of fire: the idea of Highlander*. Winston-Salem, NC: John Blair, Publisher.

Achterberg, J., & Lawliss, F. G. (1978). *Imagery of cancer*. Champaign, Il: Institute for Personality and Ability Testing.

Altizer, T. (1985). *History as apocalypse*. Albany, NY: State University of New York Press.

Apple, M., & Beyer, L. (1988). *The curriculum: Problems, policies, and possibilities*. Albany, NY: State University of New York Press.

Aquili, E. D. (2002). *Why God won't go away: Brain science and the biology of belief*. New York: Ballentine Publishing.

Ary, D., Jacobs, L., & Razavieh, A. (1996). *Introduction to research in education*. New York: Harcourt Brace College Publishers.

Baldwin, D., & Quinn, P. (Eds.). (2007). *An anthology of colonial and postcolonial short fiction*. Boston, MA: Houghton Mifflin.

Banfield, E.C. (1967). *The moral basis of a backward society*. New York: Free Press.

Beale, G.K. (1999). *The book of Revelation: A commentary on the Greek text*. Grand Rapids, MI: Eerdmans Publishing.

Belenky, M. F. Clinchy, B. M., Goldberger, N. R., & Tarule, J. M. (1997). *Women's ways of knowing: The development of self, voice, and mind*. New York: Basic Books.

Bennett, E. A. (1966). *What Jung really said*. New York: Shocken Books.

Bernal, M. (1987). *Black Athena. The Afroasiatic roots of classical civilization*.

Vol. 1. New Brunswick, NJ: Rutgers University Press.

Betts, R. F. (1995). *Uncertain dimensions: Western overseas empires in the twentieth Century*. Minneapolis: University of Minnesota Press.

Bhikhu, P. (1997). *Gandhi.* New York: Oxford University Press.

Biklen, S., & Bogdan, R. (1992). *Qualitative research for education: An introduction to theory and methods*. Boston, MA: Allyn & Bacon.

Blumenthal, D. S., Jenkins, B., & Jones, C. (2004). *Public health ethics and community-based research: Lessons from the Tuskegee Syphilis Study*. New York: Springer Publishing.

Bockmeuhl, M. (2000). *Jewish law in gentile churches: Halakhah and the beginnings of Christian public ethics.* Grand Rapids, MI: Baker Book House.

Boggs, W.H. (1956). *Faith healing and the Christian faith*. Richmond, VA: John Knox Press.

Bonhoeffer, D. & Kelly, G., & Nelson, T. (1990). *A testament to freedom*. San Francisco: Harper.

Boulder, K.E., & Mukerjee, T. (Eds.). (1972). *Economic imperialism.* Ann Arbor, MI: University of Michigan Press.

Bozarth, A.R. (1982). *Life is goodbye--Life is hello: Grieving well through all kinds of loss.* Minneapolis, MN: CompCare Publishers.

Brown, T.M., & Fee, E. (2002). Voices from the past: John Harvey Kellogg, MD: Health reformer and antismoking crusader [Electronic version]. *American Journal of Public Health*, *92*(6), 935.

Brann, E.T.H. (1991). *The world of the imagination: Sum and substance.* Boston:

Rowman and Littleton.

Bruner, J. (1962). *The process of education.* Cambridge, MA: Harvard University Press.

Bruner, J. (1990). *Acts of being*. Cambridge, MA: Harvard University Press.

Bruner, J. (1991). *The culture of education*. Cambridge, MA: Harvard University Press.

Bueckert, L. & Schipani, D. (Eds.). (2006) *Spiritual caregiving in the hospital*: *Windows to chaplaincy ministry*. Kitchner: Pandorda Press.

Burns, D. D. (1980). *Feeling good: The mood therapy.* New York: Signet/ Penguin.

Burns, E. M., Lerner, R. E., & Meachum, S. (1998). *Western civilizations: Their history and their culture*. New York: W.W. Norton.

Capra, F. (1989). *Uncommon wisdom*. New York: Vintage.

Capra, F. (1999). *The Tao of physics*. New York: Vintage.

Carliner, S. (2002). *Information design toolkit: How to plan and conduct an interview*. Retrieved July 31, 2007, from http://saulcarliner.home.att.net/id/interview.htm

Carmichael, S. & Hamilton, C. (1967). *Black power: The politics of liberation.* NY: Vintage.

Carmichael, S. & Hamilton, C. (1992). *Black power: The politics of liberation.* NY: Vintage.

Chaska, N. L. (1978). *The nursing profession: Views through the mist*. St. Louis: McGraw-Hill.

Chopra, D. (1991). *Ageless body, timeless mind.* New York: Three Rivers Press/Crown.

Clark, C. (1991). Context and rationality in Mezirow's theory of transformational

Learning. *Adult Education Quarterly*, *41* (2), 275-291.

Clinebell, H. (1994). *Basic types of pastoral care and counseling*. Nashville: Abingdon.

Colton, J., & Palmer, R. (1965). *A history of the modern world*. New York: Alfred A.
    Knopf.

Colton, J., & Palmer, R. (1992). *A history of the modern world*. New York: Alfred A.
    Knopf.

Cockerham. W.C. (2006). *Medical sociology.* Upper Saddle River, NJ: Prentice-Hall.

Cooper, C., & Dewe, P. (2004). *Stress: A brief history.* Malden, MA: Blackwell
    Publishing.

Cooper, R., Kaufman, J., Owoaje, E., & Rotimi, C. (1999). Blood pressure change in
    Africa: Case study from Nigeria. *Human Biology*. Retrieved March 13,
    2008, from http://findarticles.com/p/articles/mi-qa3659/is-199908/ai-n8865191

Cooper, S. (2005). *Health and education articles*. Retrieved January 12, 2007, from
    http://www.lifecircles-inc.com

Corbin, J., & Strauss, A. (1998). *Basics of qualitative research: techniques and
    procedures for developing grounded theory*. Thousand Oaks, CA: Sage.

Creal, E. & Tillman, K. (2008). The meaning of spirituality among nonreligious persons
    with chronic illness. *Holistic Nursing Practice*, 22(6), 303-309.

Cunningham, P., & Merriam, S. B. (Eds.). (1989). *Handbook of adult and continuing
    education.*   San Francisco, CA: Jossey-Bass.

De Guchy, J. (2002). *The Cambridge companion to Bonhoeffer*. New York: Cambridge
    University Press.

Dean, W. (1972). *Coming to: A theology of beauty*. Philadelphia, PA: Westminister Press.

Denton, V. L. (1993). *Booker T. Washington and the adult education movement.*
Gainesville, FL: University Press-Florida/ Board of Regents of the State of
Florida.

Dewey, J. (1938). *Experience and education.* New York: The Macmillan Company.

Dirkx, J. (1997). Nurturing soul in adult learning. *New Directions in Adult Learning.*
19 (74), 9-88.

Dirkx, J. (2000). *Transformative learning and the journey of individuation. Eric Digest
No. 223.* Retrieved October 10, 2008.

Di Stephano, V. (2006). *Holism and contemporary medicine: origins and principles.*
Crows Nest, Australia: Allen & Unwin Academic.

Dunlap, R. E., Lodwick, D. G., & Olsen, M.E. (1992). *Viewing the world ecologically.*
Boulder, CO: Westview Press.

Elbert-Avila, K., Johnson, K., & Tulsky, J. (2005). The influence of spiritual beliefs and
practices on the treatment preferences of African Americans: A review of the
literature. *Journal of American Geriatric Sociology*, 53(4), 711-719.

Esedebe, P.O. (1994). *Pan-Africanism: The idea and the movement, 1776-1991.*
Washington, DC: Howard University Press.

Elias, J. (2002). *A history of Christian education: protestant, catholic, and orthodox
perspectives.* Malabar, FL: Krieger Publishing Company.

Elias, J., & Merriam, S. B. (2005). *Philosophical foundations for adult education.*
Malabar, FL: Krieger Publishing Company.

Ellis, M., Ewigman, B., & Vinson, D. (1999). Addressing spiritual concerns of patients:
Family physicians' attitudes and practices. *Journal of Family Practice*, 48(7),

501-503.

English, L., & Gillen, M. (2000). *Addressing the spiritual dimensions of adult learning*: *What educators can do.* New directions for adult and continuing education, No. XX). Malabar, FL: Krieger Publishing Company.

Fanon, F. (1959). *A dying colonialism.* NY: Grove Press.

Fanon, F. (1961). *The wretched of the earth: A Negro psychoanalyst study of the problem of racism and colonialism in the world today*. NY: Grove Weidenfeld.

Ferguson, N. (2006). *The war of the world: Twentieth century conflict and the descent of of the West*. New York: Penguin.

Fezler, W. (1989). *Total visualization: Using all five senses*. New York: Simon and Schuster / Fireside.

Fischer, L. (1954). *Gandhi: His life and message for the world*. New York: New American Library.

Felder, C. (1993). *Troubling Biblical waters: Race, class, and family*. Maryknoll, New York: Orbis Books.

Fordham, F. (1964). *An introduction to Jung's psychology.* Baltimore, MD: Penguin.

Ford, D. (1978). *Daniel*. Nashville, TN: Southern Publishing.

Freed, E. D. (1986). *The New Testament: A critical introduction.* Belmont, CA: Wadsworth Publishing.

Fowler, J. (1982). *Stages of faith: The psychology of human development and the quest for human development*. San Francisco: Harper & Row.

Fritz, S. (2000). *Mosby's fundamentals of therapeutic message*. St. Louis, MO: Mosby.

Furniss, G. (1994). *The social context of pastoral care: Defining the life situation*. Philadelphia: Westminister Jojn Knox.

Engell, J. (1981). *The creative imagination: Enlightenment to Romanticism*. Cambridge, MA: Harvard University Press.

Fieldhouse, R. (1994). Cold war conflict in British West African education, 1947-1953. *History of Education Quarterly*, *24*(53), 259-271.

Gardner, E. C. (1960). *Biblical faith and social ethics*. New York: Harper & Brothers.

Gevitz, N. (Ed.). (1990). *Unorthodox medicine in America*. Baltimore, MD: John Hopkins University Press.

Gibson, N. C. (1999). Rethinking Fanon: The continuing dialogue. Amherst, NY: Humanity Books.

Gibson, N. C. (2003). *The postcolonial imagination*. NY: Oxford/Poility Press.

Giles, H., & St. Clair, R. N. (Eds.). (1980). *The social and psychological contexts of language*. Hillsdale, NJ: Lawrence Erlbaum Associates.

Glanz, K., Lewis, F. M., & Rimer, R. K. (Eds.). (2002). *Health behavior and health education*. San Francisco, CA: Jossey-Bass.

Gordon, J., Hastings, A., & Fadiman, J. (Eds.). (1980). *Health for the whole person: The complete guide to holistic medicine*. Boulder, CO: Westview Press.

Graham, B. (1997). *Just as I am: The autobiography of Billy Graham*. New York: HarperCollins.

Gross, L., & Morehouse, L. E. (1976). *Total fitness: In 30 minutes a week*. New York: Simon & Schuster.

Gubrium, J. F., & Holdstein, D.H. (1989). *Qualitative interviewing: The art of hearing*

data. Newbury Park, CA: Sage.

Guy, T.C. (Ed.). (1999). *Providing culturally relevant adult education: A challenge for The twenty-first century*. New Directions for adult and continuing education, No. 82. San Francisco, CA: Jossey-Bass.

Harris, T. (1973). *I'm ok—You're ok*. New York: Avon/ Hearst Corporation.

Harrington, F. H. (1977). *The future of adult education*. San Francisco: Jossey-Bass.

Haviland, W. (1974). *Anthropology.* New York: Harcourt.

Haviland, W. (1994). *Anthropology* (8th ed). New York: Harcourt.

Hawkins, S.W. (1997). *A brief history of time: From the big bang to black holes*. New York: Bantam Books.

Hayes, E., & Flannery, Daniele, D. (2000). *Women as learners: The significance of gender in adult learning.* San Francisco: Jossey-Bass.

Hexham, I., & Poewe, K. (1986). *Understanding cults and new religions.* Grand Rapids, MI: Wm. B. Eerdmans.

Hexham, I., & Poewe, K. (1999). *Understanding cults and new religions*. Grand Rapids: MI: William B. Eerdmans.

Ivancevich, J. M., & Matteson, M. T. (1982). *Managing job stress and health*. New York: Free Press.

Hoffman, D. (1995). *The new holistic herbal: A herbal celebrating the wholeness of life*. New York: Barnes & Noble.

Holst, S., & Smuts, J.C. (1999). *Holism and evolution: The original source for the holistic approach to life*. NY: Routledge.

Hungler, B.P., & Polit, D.E. (1995). *Nursing research: Principles and methods.*

Philadelphia, PA: Lippincott.

Isaac, E. P. (2005). The future of adult education in the urban African American

church. *Education and Urban Society*, *37*(3), 276-291.

Isaac, E. P., & Rowland, M. (In Press). Health, adult education and the Black

Church. In. T.C. Guy, and L. M. Hunn, & E. A. Peterson (Eds.). *The handbook*

of Black adult education.

Isaac, E. P., Rowland, M. L., & Blackwell, L. E. (2007). Fighting health disparities:

The educational role of the African American church. *CrossCurrents*, *57*(2),

261-265.

Isaac, P. (Spring, 2002). The adult education phase of the African American church

revisited. *Christian Education Journal, 6*(1), 7-23.

Isaac, P., & Rowland, M. (2002). Institutional barriers to participation in adult

education within religious institutions. *Journal of Research on Christian*

Education, 11(2), 101-120.

Isaac-Savage, E. P. (2004). The role of adult education in the African American

church: A ministerial perspective. *Perspectives: The New York Journal of Adult*

Education. *3*(1), 4-16.

Jackson, J. P., & Weidman, N. M. (2004). *Race, racism, and science: Social impact and*

interaction. Santa Barbara, California: ABC-CLIO Press.

Jaffe, D. (1980). *Healing from within*. New York: Alfred A. Knopf.

Jarvis, P. & Nicholas, W. (1992). *Adult education and theological interpretations.*

Malabar, FL: Krieger.

Jay, C. (1996).*The dialectical imagination: A history of the Frankfurt School and the*

Institute for Social Researc. Ithaca, New York: Cornell University Press.

Johnson, P. (1970). *Psychology of pastoral care*. Nashville: Abingdon.

Johnson, P. (1973). *Psychology of pastoral care*. Nashville: Abingdon.

Johnson, R. (Ed.). (2001). *The politics of healing: histories of alternative medicine in twentieth century*. NY: Routledge.

Johnson-Bailey, J. (2006). African Americans in adult education: The Harlem Renaissance revisited. *Adult Education Quarterly, 56*(2), 102-118.

Jung, C. G. (1964). *Man and his symbols*. Garden City, NY: Doubleday.

Jung, F. T. (1981). *History of medicine. The new book of knowledge*. Vol. 12. Danbury, CT: Grolier Inc.

Kelly, D. (1977). *Why conservative churches are growing*. NewYork: Harper & Row.

Kelsey, M.T. (1973). *Healing and Christianity: In ancient thought and modern times*. New York: Harper & Row.

King, D., Mansfield, C., & Mitchell, J. (2002). The doctor as God's mechanic? Beliefs in the Southwestern United States. *Social Science Medicine*, 54(3), 399-409.

Koch, S. (1999). *Psychology in human context*. Chicago, IL: University of Chicago Press.

Krech, D. (1971). Psychoneurobiochemeducation, In Guthrie, R. V. (Ed.). *Psychology in the world today* (**93-100)**. Reading, MA: Addison-Wesley Publishing.

Krech, D. (1983). Psychoneurobiochemeducation. In Guthrie,R. V. (Ed.). *Psychology in the world today* (**93-100)**.It seems strange to me that both of these would be on the same page. Reading, MA: Addison-Wesley Publishing.

Kopan, A.T. (1974). Melting pot: Myth or reality? In E. P. Epps (Ed.), *Cultural pluralism* (pp. 101-117). Berkeley, CA: McCutcheon Publishing.

Kuhn, T. (1962). *The structure of scientific revolutions*. Chicago: University of Chicago
 Press.

Kuhn, T. (1970). *The structure of scientific revolutions*. (2nd ed.). Chicago, IL:
 University of Chicago Press.

Kuhn, T. (1993).*The structure of scientific revolutions*. (3rd ed.). Chicago, IL: University
 of Chicago Press.

Laitinen, M. (2004). *Marching to Zion: Creolisation in spiritual Baptist rituals
 and cosmology*. Helsinki, Finland: University of Helsinki.

Lauren, P. G. (1997). *Power and prejudice*: *The politics and diplomacy of racial
 diplomacy*. Boulder, Colorado: Westview Press.

Lawrence, C., & Weisz, G. (1998). *Greater than the parts: Holism in biomedicine 1920-
 1950*. New York: Oxford University Press.

Layton, A. S. (2000). *International politics and the civil rights policies in the
 United States*. Cambridge, MA: Cambridge University Press.

Leonard, G. (1968). *Education and ecstasy.* NY: Delta Books.

Leonard, G. (1987). *Education and ecstasy.* NY: North Atlantic Books.

Lewis, J. (1981). *Something hidden: A biography of Wilder Penfield.* New York:
 Doubleday.

Marty, M. E. (1964). *The place of Bonhoeffer: Problems and possibilities in his
 thought*. New York: Association Press.

Merriam, S. B. (1988). *Case study research: A qualitative approach*. San Francisco, CA:
 Jossey-Bass.

Merriam, S. B. (1998). *Qualitative research and case study analysis in education*.

San Francisco, CA: Jossey-Bass.

Merriam, S. B., & Brockett, R. G. (1997). *The profession and practice of adult education: An introduction.* San Francisco, CA: Jossey-Bass.

Merriam, S. B., & Simpson, E. L. (1995). *A guide to research for educators and trainers of adults*. Malabar, FL: Krieger.

Mezirow, J. (1978). Perspective transformation. *Adult Education*, 100-110.

Mezirow, J. (1991). *Transformational dimensions of learning*. San Francisco: Jossey-Bass.

Mezirow, J. (Ed.). (2000). *Learning as transformation: Critical perspectives on a theory in progress.* San Francisco: Jossey-Bass.

Middleton, R., & Walsh, B. (1984). *The transforming vision*. Downers Grove, IL: InterVarsity Press.

Moses, W. J. (1982). *Black messiahs and Uncle Toms: Social and literary manipulations of a religious myth*. University Park, PA: Pennsylvania State University Press.

Moss, G. E. (1973). *Illness, immunity, and social Interaction*. New York: John Wiley and Sons.

Mounce, R. H. (1998). *The book of Revelation.* Grand Rapids, MI: Eerdmans.

Moyers, B. (1993). *Healing and the mind.* New York: Doubleday.

Murray, M., & Pizzorno, J. (1998). *Encyclopedia of natural medicine.* Rocklin, CA: Prima Publishing.

Nichol, F. D. (Ed.). (1976). *The Seventh-day Adventist bible commentary*. *Vol. 7.* Washington, DC: Review and Herald Publishing.

Nkomo, M. (1990). *Pedagogy of domination: Toward a democratic education in South Africa*. Trenton, NJ: Africa World Press, Inc.

Nowen, H. (1981). *The way of the heat: Desert spirituality and contemporary ministry*. New York: Seabury Press.

Nunn, J. F. (1996). *Ancient Egyptian medicine*. London: British Museum.

Olive, D.H. (1973). *Wolfhart Panneberg*. Waco, TX: Word Books.

Olesen, S. H., & Rasmussen, P. (1996). *Theoretical issues in adult education: Danish research and experiences*. Roskilde, Denmark: Roskilde University Press.

Ozkiriml, U. (2000). *Theories of nationalism: A critical introduction*. New York: St. Martin's Press.

Pargman, D. (1986). *Stress and motor performance: Understanding and coping*. Longmeadow, MA: Mouvement Publications.

Pannenberg, W. (1973). *Theology and the philosophy of science*. Philadelphia: Westminister Press.

Papper, E. (1995). *Romance, poetry, and suggested sleep: Literature influences medicine.* Westport, CT: Greenwood Press.

Patel,V. (1998). *Culture and common mental disorders in Sub-Sahara Africa*. New York: Psychology Press.

Pelletier, K. R. (1984). *Healthy people in unhealthy places: Stress and Fitness at work.* New York: Delacarte Press.

Pelletier, K. R. (1979). *Holistic medicine: From stress to optimum health*. New York: Delacarte Press.

Peterson, E. A. (Ed.). (2006). *Freedom road: Adult education of African Americans* (Rev.

Ed.). Malabar, FL: Robert E. Krieger.

Pi-Sunyer, O., & Salzman, Z. (1978). *Humanity and culture: An introduction to anthropology.* Boston: Houghton Mifflin.

Quarles, B. (1969). *The Negro in the making of America*. New York: Collier.

Quasha, G. (1965). *Beowulf*. New York: Monarch Press/ Simon & Schuster.

Raffler-Engel, W. A. (1980). The unconscious element in intercultural communication. in R. N. St. Clair, & H. Giles (Eds.), *The social contexts of language* (19-28). Hillsdale, NJ: Lawrence Erlbaum.

Reed, R. (1997). *Active faith: How Christians are changing the soul of American politics.* NY: The Free Press.

Reid, D. (1995). The *complete book of Chinese health & healing: Guarding the three treasures*. Boston: Shambhala.

Randi, J. (1989). *Oral Roberts*. New York: Prometheus Press.

Roberts, O. (1998). *Expect a miracle: My life and ministry*. Nashville, TN: Nelson Publishing.

Robertson, I. (1994). *Sociology*. New York: Worth Publishers.

Rosenberg, C. (2003). *An Anglo-American tradition of self-help medicine and hygiene*. Baltimore, MD: Johns Hopkins University Press.

Rudwick, E. M. (1960). *W. E. B. DuBois: A study in minority leadership*. University Park: University of Pennsylvania Press.

Rudwick, E. M. (1968). *W.E.B. DuBois. Propagandist of Negro protest*. Athenaum.

Rudwick, E. M. (1970). *Black titan: W.E.B. DuBois.* Boston, MA: Beacon Press.

Robinson, D.E. (1965). *Our health message.* Nashville, Tenn.: Southern Publishing.

Rossi, E. L. (1993). *The psychobiology of mind-body healing: New concepts of therapeutic hypnosis*. New York: W.W. Norton.

Russell, D. S. (1978). *Apocalyptic: Ancient and modern*. Philadelphia, PA: Westminster Press.

Russell, D. S. (1964). *The method and message of Jewish apocalyptic.* Philadelphia, PA: Westminster Press.

Sandidge, O. E. (2001). *Beyond the classroom*. Nashville, TN: Sunday School Publishing Board.

Schwarz, R. W. (2006). *John Harvey Kellogg: Father of the health food industry.* Berrien Springs, MI: Andrews University Press.

Scholem, G. (1970). Major trends in Jewish mysticism. NY: Schocken Books.

Scholem, G. (1995). Major trends in Jewish mysticism. NY: Schocken Books.

Segall, M. H. (1979). *Cross-Cultural psychology: Human behavior in global perspective.* Monterey, CA: Brooks/Cole Publishing.

Segall, M. H. (1999). *Cross-Cultural psychology: Human behavior in global perspective.* Monterey, CA: Brooks/Cole Publishing.

Selye, H. (1956). *The stress of life*. New York: McGraw-Hill.

Selye, H. (1970). *The stress of life* (Rev. Ed.). New York: McGraw-Hill.

Sheikh, A.A. (Ed.). (1983). *Imagery: Current theory, research, and application.* New York: John Wiley & Sons.

Shea, W. (1982). Selected studies on prophetic interpretation. Lincoln, NE: College View Printers.

Sheared, V. (1994). Giving voice: An inclusive model of instruction—A womanist

perspective. In E. Hayes & A. J. C. Scipio, III (Eds.), *Confronting racism and sexism* (pp. 27-37). New Directions for Adult and Continuing Education, No. 61. San Francisco: Jossey-Bass.

Shults, F.L. (1999). *The postfoundational task of theology: Wolfhart Pannenberg and the new theological rationality*. Grand Rapids, MI: Eerdmans.

Simonton, O. C. (1978). *Getting well again*. NY: Tarcher/ Bantam.

Smiles, S. (2002). *Self-Help*. NY: Oxford University Press.

Sontag, S. (1978). *Illness as metaphor*. NY: Basic Books.

Sontag, S. (1988). *AIDS and its metaphors*. NY: Basic Books.

Sow, I. (1980). *Anthropological structures of madness in Black Africa.* New York: International Universities Press.

Spangler, A., & Van Dolson, L. (1975). *Healthy, happy, holy.* Washington, DC: Review and Herald.

Stewart, R. (1980). *Helping couples change: A social learning approach to marital therapy.* New York: Guilford Press.

Stone, G. C., & Associates, (Ed.). (1987). *Health psychology: A discipline and a profession.* Chicago: University of Chicago Press.

Stubblefied, H., & Keanne, L. (1994). *Adult education in the American experience*. San Francisco, CA: Jossey-Bass.

Sue, D. W., & Sue, D. (1999). *Counseling the culturally different: Theory and practice*. New York: John Wiley & Sons.

Suzuki, M., Willcox, B. J., & Willcox, C. (2001). *The Okinawa program: How the longest-lived people achieve everlasting health*. New York: Clarkson Potter,

Symington, N. (1986). *The analytic experience.* New York: St. Martin's Press.

Tillich, P. (1957). *Dynamics of faith.* New York: Harper.

Tillich, P. (1986). Symbols of faith. In L. A. Jacobus (Ed.), *A world of essential readings for college writers.* New York: St. Martin's / Bedford.

Tisdell, E. J. (2003). *Exploring spirituality in adult education and higher education.* San Francisco, CA: Jossey-Bass.

Tisdell, E. J. (2000). Spirituality and emancipatory adult education in women adult educators for social change. *Adult education quarterly*, *50*(4), 308-335.

Utt, R. (1977). *The vision bold.* Washington, DC: Review and Herald.

Wald, F. (1995). Health. In S. Terkel (Ed.), *In coming of age: The story of our century by those who lived it* (pp. 19-24). New York: St. Martin's.

Walters, S. (1997).*Globalization, adult education, and training: Impacts and issues.* London: Zed Books.

Ward, G. (2003). *Teach yourself postmodernism.* NY: McGraw-Hill.

Ward, W. (1986). *Advances in health education and promotion.* Greenwich, CT: JAI Press.

Weil, A. (1983). *Health and Healing.* Boston: Houghton Mifflin.

Weil, A. (1995). Spontaneous healing. New York: Ballantine Publishing/ Random House.

Weisz, P. (1964). *The science of biology.* New York: McGraw-Hill.

Weisz, P. (1982). *The science of biology* (2nd Ed.). New York: McGraw-Hill.

Welton, M. R. (1999). The contribution of critical theory to our understanding of adult learning theory. In S. B. Merriam (Ed.), An update on adult learning theory.

San Francisco, CA: Jossey-Bass.

White, E. G. (1903). *Education*. Mountain View, CA: Pacific Press.

White, E. G. (1905) *Ministry of Healing*. Mountain View, CA: Pacific Press.

White, E. G. (1952). *Education*. Mountain View, CA: Pacific Press.

Whorton, J. C. (2004). *Nature cures: The history of alternative medicine in America*.

NY: Oxford University Press.

Wiggershaus, R. (1995). *The Frankfort School: Its history, theories and political*

significance. Cambridge, MA: MIT Press.

Wilkerson, D. (1971). *The cross and the switchblade*. New York: Berkley/ Penguin

Putnam.

Wilkerson, D. (1977). *The cross and the switchblade* (2nd Ed.). New York: Berkley/

Penguin Putnam.

Wirth, A.G. (1966). *John Dewey as educator: His design for work in education*

(1894-1904). New York: John Wiley & Sons.

Wolf, F. A. (1998). *The spiritual universe: One physicist's vision of spirit, soul,*

matter. Portsmouth, NH: Moment Point Press.

Yoder, P. (1986). *African health and healing systems: Procedings of a symposium*.

Atlanta, GA: African Studies Association.

Young, Q. (1995). Health. In S. Terkel (Ed.), *Coming of age: The story of our*

century by those who lived it (pp. 18-23).   New York: St. Martin's.

Youngman, F. (2000).*The political economy of adult education and development*.

New York: Zed Books.