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Holistic Medicine: The Journey to Health

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HOLISTIC MEDICINE: THE JOURNEY TO HEALTH

A THESIS
The Honors Program
College of St. Benedict/St. John's University

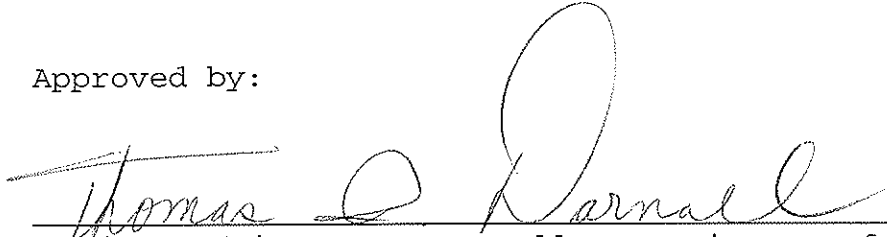
In Partial Fulfillment
of the Requirements for the Distinction "All College Honors"
and the Degree Bachelor of Arts
In the Department of Liberal Studies

by
Molly J. Lahn
April, 1995

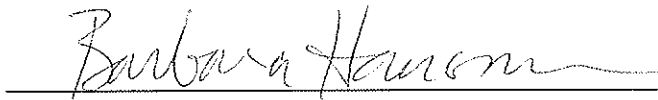
For Naida

HOLISTIC MEDICINE: THE JOURNEY TO HEALTH

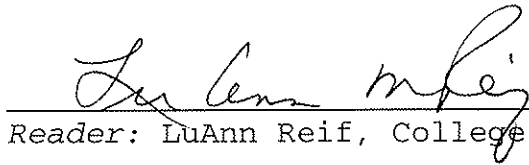
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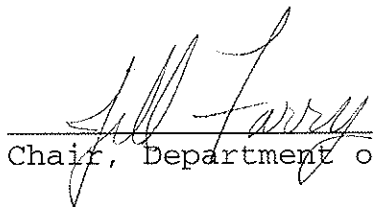
Project Advisor: Tom Darnall, Associate Professor of Theater



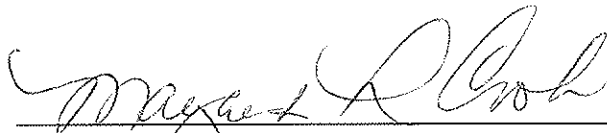
Reader: Barbara Hansmeier, Associate Professor of Nursing



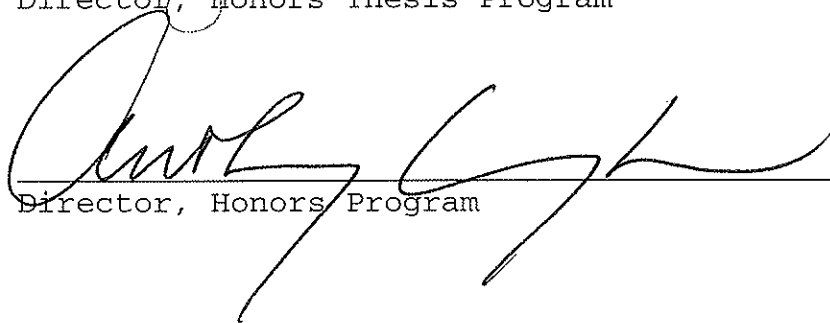
Reader: LuAnn Reif, College of St. Benedict Health Educator



Chair, Department of Liberal Studies



Director, Honors Thesis Program



Director, Honors Program

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Margie Boatz, who has nourished my spirit

Mom and Dad, whose love has been there from the beginning.

INTRODUCTION: First Steps of the Journey

What you are reading now is not the result of a finished product. This is a reflection of a personal process that will continue far into my future. As I think back, this process of exploring and questioning really began years ago. I have always been fascinated with how the human body and mind work together, and even more so how the body and mind integrate with the spirit. My intuition has led me to believe that our quality of life is improved by using gifts that Nature has given us. For as long as I can remember, I have been "the healer type," wondering how body, mind, spirit, and natural abilities can be used to improve human health. I will never forget a scene from a documentary that I saw in high school in which a village healer started a wad of paper on fire, solely with the energy in his hands. He used this same ability to channel his energy in healing his patients. During my years of martial arts training, I have thought about a connection between this natural energy to heal and the natural energy with which we are taught to destroy an assailant. If I am being trained to channel my power, to do harm if necessary, can I not be trained to use this same power to heal? What

other natural abilities do we possess, but remain unused because we are unaware of them? During my college career, I have focused my fascination with healing in a pre-physical therapy curriculum. I have studied both the human body and mind, including anatomy and physiology, biology, chemistry, a variety of psychology courses, acting, and Zen meditation. In my summer work as a nursing assistant for the elderly, I have often found myself deep in thought. Isn't there more to healing than fixing the body? Can't we do more for these people besides bathing them and making their beds and giving them pills? Living and studying in China for a semester continued to fuel my burning curiosity. I made friends with some Chinese students, and a couple of them explained how they could feel their *qi*, or body energy. Two of my closest friends had their eyesight greatly improved with the use of acupuncture. One American teacher living there was having her disabling condition, for which American medicine could do nothing, successfully treated with massage and electrical stimulation through acupuncture needles. I even became a patient of Chinese medicine myself (which I will describe later). My questions deepened. How could this ancient way of healing, still used in a country that supports one fifth of the world's population, augment the practices at home? What are we missing in Western health practice? From

experiences like watching a film in high school to living in China, all of these experiences were coming together and starting me off on this journey. At the time, though, I had no foreshadowing of where I was being led!

When I returned home from China in the winter, it was time to begin thinking about what my senior Honors thesis topic would be. As a liberal studies major, I had the opportunity to research an almost unlimited range of topics. Why did I pursue holistic healing? There is no such thing as a holistic healing major, or a department, or even a class on it. At first, I did not even know any students or professors on campus who were interested in it, nor did I know anyone that had done a similar project in the past. At that point, I had a few ideas of what I wanted to research scrawled on a half sheet of paper, and a few phone numbers given to me of people who might be "into the alternative stuff." I had very little to go on at the beginning, so I started from scratch, with what I knew I could go on. As Joseph Campbell says, I followed my bliss.

Although at first I had very few contacts or resources, I was amazed at how fast my support network grew. I have been privileged to work under the guidance of mentors who have adopted me and my project with enthusiasm and care. This network of like-minded people who are so willing to

share their knowledge continues to grow as my process deepens. The practitioners with whom I have worked are compassionate, competent, focused, and truly dedicated to this way of life. Much to my delight, they have personally invested in passing along their knowledge to me as a student, and have taken pride in doing so.

As I began my research, I knew that I wanted to have more hands-on experience than time in the library. My wish was fulfilled, and I had no idea what I was getting myself into! What I have gotten out of this process so far has far surpassed every hope or expectation that I had in the beginning. Since I have begun my research, I have been blessed with the opportunity to participate in various settings. Over the last year, I have taken three American Holistic Nurses' Association's Healing Touch classes and spent many hours practicing outside of class. Last summer, I spent considerable time under the mentorship of Naida Colby, RN, CNS, who teaches her patients pain and stress management. I also participated in Pathways of Minneapolis "Renewing Life" program. This is a nine-week class/support group for those with life-threatening illness and their caregivers. In addition to Renewing Life, I attended lectures and presentations there at Pathways. This fall, I volunteered in various physical therapy settings and

observed Dr. Robert Vornbrock's chiropractic practice. Throughout these months, I have interviewed a variety of physicians and therapists. What I thought was to be an academic venture became not only a discovery of a way of healing, but a way of life. I have found this journey to be mind-opening, exciting, and sometimes frightening when my familiar boundaries are pushed. What I share here is what I have come to know as I understand it so far, based on my own experiences. This information is supported by research and the teaching of others, but it is more than just the facts: for me, it is an expanded view of people and the world around me. It is not an overstatement to say that this journey has been personally transformative for me, for it has truly deepened my way of living.

Despite all of the positive insights I have gained, I have encountered fear and distrust in some people's reactions to my experiences. Others with whom I have spoken, especially MD's, are open to these ideas, but need to know more before they trust it. Whether these reactions come in the form of laughter, skepticism, or a closed mind, it is clear that there is a need for a greater understanding of holism. If you find any ideas presented here challenging or threatening, acknowledge the feeling and read on. These ideas mean something different to each person, so build your

understanding on what makes sense to you. This is the reflection of only one student's experience, and there are many other interpretations of what I present here. I have spent countless hours in classes and clinical settings, with my nose in books, and finally organizing my thoughts in front of the word processor, and yet there remains far more that I do not understand than what I do understand. I invite you to read this with an open mind and heart, as it has been written. This project is near and dear to me, for it is a piece of who I am becoming. I am grateful for this opportunity to share with you, my reader, what I have learned. I hope you gain some insights from which you will benefit.

The purpose of this thesis is to reflect the journey that I have made and what I have come to understand about the holistic medical model, based on my experience and supporting research. Because this is a very expansive topic and cannot be fully explained in one writing, what follows is intended to be a general framework of the model. By sharing my understanding, I hope to demystify holistic practice and clear up any skepticism on the part of readers who are not familiar with it. Moreover, I wish to validate and encourage those who are.

The model on which the Western medical system is based,

the medical paradigm, is rapidly evolving. The holistic paradigm is an ancient way of medical thought that is made up of healing practices from around the world and is now being validated by modern science. The integration of the current Western paradigm and the "new" holistic paradigm is enhancing medicine's approach both to the individual and health and healing on a larger scale. Clearly, the current and holistic paradigms have the same goal of health and well-being. They also build on each other when they are integrated, but they do represent some contrasting ideas. As a brief introduction, consider some basic assumptions that holism makes that contrast with the current Western view. While the Western model tends to focus on the physical body as a sort of living machine, the holistic model views the individual as a whole. Besides the physical body, this whole has emotional, spiritual, and psychological aspects that all play an equally important role in health. The Western view has approached illness as due to mostly outside factors that are out of the patient's control. Because illness is perceived as coming from without, so is healing. The holistic paradigm instead views illness from the inside out, not due to some outside entity. These ideas are all part of the *somatic* approach. This was founded by Hans Selye, whose research concretely showed the connection

between stress and the body. The term somatic comes from the Greek word *soma*, which means "living body." While Western medicine has tended to view the person as the body from the outside, the somatic viewpoint views people from the inside out: as "self-aware, self-sensing, and self-moving...self-responsible somas" (Hanna, 1988, p. 21). From the inside, there is no distinction between mind, body, emotions, and spirit. Because healing is seen from without in the current model, it has traditionally put health professionals in positions of having significant responsibility for their patients' health. Patients, then, are in passive receptive roles. In the holistic model, individuals are encouraged to take control of aspects of their health that have traditionally been overlooked. Self-empowered individuals are ultimately responsible for their own health by taking an active, not passive, role in a partnership with their health providers. Human beings can fall to outside stresses like illness and accidents, but as *somas* they can also learn. This learning comes through perceiving and taking control of what they can in order to change their *reactions* to those stresses. Most physical illness, from the holistic standpoint, is from stress overload. Whether it be spiritual, emotional, physical, or psychological stress, it weakens the whole person. The

traditional Western term "cure" implies fixing a problem on a physical level. Holism searches for health on all levels, not just a cure. Some view the traditional model as the "mind" of medicine, and holism the "heart" (Shealy & Myss, 1993). The challenge to both individuals and the medical community today is to bridge the gap between the two different but complementary paradigms, so that they can work together more effectively. The first step toward this goal is understanding. The discussion on these pages is not intended to discredit the current paradigm, but to highlight the advantages of the holistic paradigm and examine what it has to offer the current medical model. I also must emphasize the fact that there are already areas of Western health care that are based on holistic ideas. The nursing profession is a major example. Nursing students' education focuses on the importance of emotional and environmental factors in healing, and stresses the role of the patients' self-care. It is also the nursing profession that is at the forefront of many holistic modalities, such as Healing Touch. It is my belief that it is through direct patient care professions such as these that holistic practices are being pioneered.

It is important to understand why the paradigm shift is occurring in the first place. This is happening for a

number of reasons. First, advanced technology is shedding new light upon holistic modalities, many of which are centuries old but have not until recently been "proven" scientifically. Consider, for example, the study of psychoneuroimmunology, where it has been shown through research that mind, body, and the immune system are chemically linked (Moyers, 1991). Second, the same advanced technology that is the foundation of acute care is very expensive and is highlighting the need for cost-effective preventive care. Technology-based medicine is also a factor in the loss of a more "human" side to medical practice; patients are in need of a more active role in their care, and they need healing on emotional and spiritual levels as well as on the physical level. Furthermore, society is more informed about holistic medical practices from the East and ancient cultures, who have effective and enduring health care traditions (Sabatino, 1993). The last main reason why the holistic medical model is emerging is because it addresses a rapidly growing segment of the population -- namely, the chronically ill. The definition of chronic illness itself embodies holistic concepts (Curtin & Lubkin, 1990), italics mine:

Chronic illness is the irreversible presence, accumulation, or latency of disease states or impairments that involve the *total human* environment

for supportive care and *self-care*, maintenance of function, and prevention of further disability (6).

It is interesting to note that one paradigm has helped generate another one. The advanced technology of modern medicine has saved countless lives from acute illness, but many of these survivors are now living with chronic conditions. For example, infant mortality rate has dropped, but those who survive often live with chronic health problems because of congenital abnormalities. On the other end, the proportion of the elderly population has also increased due to life prolongation. With it, the need for long-term care has also increased (Friedemann & Scheffer, 1990). Extensive research, cost effectiveness, and the need for care of the chronically ill are but a few of the many reasons why the medical paradigm is evolving in the direction of holism.

With that established, let us now turn to the holistic model of the individual and the effects of stress on all aspects of the whole person. This will be followed by a look at the individual's self-healing capability in response to that stress, and how each person can practice their own self-care. A first-hand look into a few complementary modalities will show how "healers" help us heal ourselves. Finally, the picture of the holistic paradigm will be put

into a larger context with a discussion of the paradigm shift on a societal scale and how it can be integrated into the current medical model.

THE "WHOLE PERSON" MODEL

The word "health" comes from the Indo-European word meaning "to make whole" (Ornish, 1992). The most fundamental assumption that the holistic model makes is how it sees the individual person. The person is a whole, with each interdependent part interacting equally to affect health. Health is balance between each part, and illness is a result of stress that disrupts this balance. The whole person must be understood first because it is the basis for the holistic approach to the causes of illness, diagnosis, and healing. For simplicity's sake, each part will be examined individually. It will be soon be clear, though, that these are really not separate in reality. In this model, the person is made up of energy, mind, emotions, and of course a body. As I illustrate the whole person, I will show the significance of each part and illustrate how it interconnects with the rest of the person. I will especially focus on showing how each part relates to the physical body, since this is with which we are most familiar. I will also show how stress is registered in each

of these aspects. Keep in mind that there are many different ways of explaining each part and the connection between them; what follows is how I have personally come to understand the model.

Energy

My journey into holistic healing began quite literally with a bang when I first experienced human energy. The energy of the human is a fundamental concept that has reshaped my way of looking at people and their health, and is a significant but largely unknown aspect of the whole person. Many cultures around the world have known of the human energy for thousands of years. Ancient India knew of the energy centers, and the Chinese have known of the energy meridians on which a large portion of their traditional medical model is based. Modern Westerners are just beginning to learn about this "new" dimension to health. The technology does not yet exist that can quantify it, so it is rather difficult to study in the traditional empirical way. There is no single definition for energy, but the most descriptive term is "life force." Other terms include vital

energy, the soul, *ki* (Japanese), *chi* or *qi* (Chinese), and *prana* (East Indian). One Eastern description states that the physical body is made up of emotional, psychological, spiritual, and mental energy currents (Shealy & Myss). Personally, I feel that our energy is a manifestation of our spirit, or who we are beyond our physical body. The significance of energy, no matter how it is interpreted, is that it is the organization to our life processes and is therefore what is behind self-healing (Krieger, 1979). The quality of the energy system directly affects the health of the individual (Mentgen & Bulbrook, 1994). In turn, the attitudes, beliefs, emotional states, and perception of the individual's environment all affect the body's energy.

In the human, the flow of energy enters the head and feet and circulates throughout and around the body, thus forming a continuous cycle. The source of energy is universal and unlimited. It surrounds us like the ocean surrounds a fish. The human energy system has three main parts, and can be roughly compared to an electrical system. The first is the energy field, also known as the *aura*. This field is composed of seven different layers and surrounds the body (Brennan, 1987). People who can visually perceive the field have verified that the field's layers each have a characteristic color and thickness. The first layer, for

example, is the physical layer. It extends about two inches from the body and has a blue color. The second layer extends a bit further out, overlapping the first. It appears as a multicolored cloud and corresponds with emotions. The layers continue to overlap in this fashion, extending out and each corresponding to a different aspect of the person. In this way, they are not really separate, but all a connected whole. People who have especially developed perceptive skills can see the colors of the field as described, while others see the energy as golden or white light, or as "waves" much like heat rising off pavement. As for myself, I am still waiting for my first glimpse.

The second part of the human energy system is the energy centers. They can be compared to "master switches," regulating the flow of energy throughout the body. There are seven major energy centers, called *chakras* after the Sanskrit term that means "wheels of light." The chakras exchange energy between the field and the physical body and are all connected through the spinal column's flow of energy. As energy travels down the spine, it flows through the chakras. These funnels of energy are named after their location. Moving up the body, the root chakra is at the base of the spinal cord and extends straight down, followed by the sacral, solar plexus, heart, throat, and brow

chakras. These extend horizontally out from both front and back of the body. The crown chakra extends upwards out the top of the head. Healthy chakras are about four inches in diameter at the surface of the body, then expand as they spiral out in a clockwise direction. Each chakra corresponds to a part of the body and to the various aspects of the person. For example, the first chakra interacts with the first layer of the aura, which is the physical aspect. The crown chakra corresponds with the outermost layer of the aura. Each chakra is also in the same location as a major nerve plexus and a specific endocrine organ, such as the crown chakra corresponding to the function of the pineal gland (Mentgen & Bulbrook).

The third part of the human energy system is the energy tracts, or *meridians*. As energy is absorbed through the chakras, it is sent along these pathways that extend throughout the body. Energy is sent to the nervous system, endocrine glands, and blood (Brennan) in much the same way as electricity travels through wires to supply appliances. Along these meridians are points that run close to the body's surface. These are the acupuncture points, or are generally known as "pressure points." This is where the energy of the meridians can be accessed from the surface of the body through finger pressure or needles. Because the

energy system is what ultimately nourishes all of the body's functions, it is closely associated with health and illness. When the connection between physical and emotional health and the energy system is understood, the approach to the individual's health expands greatly.

The human energy field sensitively responds to stress. In fact, stress manifests itself in the energy field before it registers physically (Mentgen & Bulbrook). For example, I did extensive energy work with a woman with arthritis who was taking high doses of medication. Although medication is a positive stress, it does affect the energy field in that it usually dampens it. This patient's field was drawn in close to her body and "weak" -- I could not feel the heat or pulsing that I usually do. When she temporarily stopped her medication regimen, her energy felt more vibrant. In addition to responding to outer stress, the energy of the body also reflects spiritual issues such as fulfillment, love, and a sense of purpose. Naida Colby notes that in her patients with depression, which is interpreted energetically as a spiritual crisis or imbalance, the field around the heart is particularly "dented in." They have, quite literally, low spirits. As an example of a positive energy state, consider those who are spiritually developed and quite connected with their higher source. These are known

to have quite open crown chakras that extend far above the head, and their fields are expansive.

The concept of energy is difficult for many people to grasp, myself included, because energy is not a part of our Western thought. I was very skeptical when I first started learning about energy in my Level I Healing Touch class. It was especially difficult for me in particular, because I was one of the few students in the class who could not feel the energy in my hands. For quite awhile, until I had more practice, I had to rely on intuition and a lot of trust! Despite my doubts, however, I knew right away that the human energy field does exist because of the effects I saw in others and the effects I felt myself. I mentioned before that my experience with energy started with a literal bang.... It was the middle of the night of the second day of class, and a thunderstorm was raging outside. Suddenly, lightning struck nearby. I had experienced close strikes before, but none like this one. I was so energetically opened from the class, or "charged," that the tremendous blast of energy penetrated my very core. Lying awake with my heart pounding, I realized that even though I was not yet able to perceive energy with my hands, I had been deeply affected by the work in class. I shared my experience the next morning, and other students reported related feelings

of being more sensitive to the emotional energy of others. The instructor verified this and explained that it is a common occurrence at the beginning level to become opened by the energetic work. However, we had not yet developed our shielding, thus making us especially sensitive to other people's energy. Another person's anger, for example, to me feels like "spikes" of energy coming from them and it is physically uncomfortable when I am especially open and unshielded. Imagine, then what a sudden mega-volt blast of lightning felt like! Over the past months of practice, I have not only begun to feel human energy in my hands, but more fully experience how powerful this work can be. There is still much that I do not understand, and much that even the skilled masters do not yet understand, but I have experienced time and again that it simply works. Energy work goes past just physical cure and is a beautiful form of whole-person healing. I will specifically describe Healing Touch with more depth later on.

Mind

The mind, which extends far beyond the grey matter between the ears, is another important part of the whole person. The workings of each individual's mind determines how that individual processes information and perceives the world. The mind is a key element of the whole person because it interprets events. These interpretations create responses in all other aspects of the person, including energetically, emotionally, and physically. The reason why the workings of the mind are important to health is that the mind's *perception* is the individual's *reality* (Cousins, 1989). There are many approaches to understanding the mind. As one way of illustrating the connection between the mind and the rest of the whole person, think of the mind as the first link in a chain of events that occurs when under stress. The mind's interpretations trigger emotions, which in turn create physical responses registered both in the body and in the energy system. Consider my reaction to an exam that I recently took. Because I felt unprepared, my mind perceived it as a threat. This was the first link in the chain reaction. My emotion of fear was triggered, which

caused the physical reaction known as the fight-or-flight response (to be described in the next section.) Although the exam I took was far from a real physical threat, the interpretation of my mind caused my body to react in the same way as if I was being chased by a tiger! In this way it can be seen that what the mind perceives is made into reality by the body, emotions, and spirit.

A second point about the mind is that it often runs on "programs" much like a computer does. The programs of the mind are literally neurons firing in a certain pattern that create emotional and physical responses. Many of us, myself included, can relate to Borysenko's (1991) example of the "driving program." From the moment I turn the key in the ignition, my program is activated. I use my conscious mind to do all kinds of things while my subconscious driving program runs, such as carrying on a conversation with a passenger, listening to music, or daydreaming. This is my mind working on "autopilot," or subconscious programming. We usually do not even realize we are working on autopilot until something interrupts the program, like driving right past my exit while my conscious mind was thinking about my upcoming vacation. Programs are entered as we learn something, then reinforced with repetition. As I learned to drive, it became "wired in" to my mind and I no longer have

to consciously think about it to do it. The mind's programming coupled with its interpretations of reality has powerful implications for our health. Just like we learn to do a task such as driving, we also learn cognitive interpretations of events. From past experience, for example, I learned that exams for which I am not prepared constitute a threat. Because this interpretation is programmed, I automatically interpret every exam in this situation in the same way. Despite the strength of negative mental programs, we can turn this strength to our advantage. We can get rid of destructive mental habits by re-learning and then re-programming how we interpret stressful events. We can further reinforce these new, healthy programs through practice. Because more positive programs run, we suffer fewer harmful emotional and physical responses to stress. To reiterate, our perceptions are our reality; our attitudes, the programmed interpretations of the mind, greatly affect our health and recovery from illness. One clear example of this was when I did an informal poll of the physical therapists at the St. Cloud Hospital where I was volunteering. They agreed that the most important factor in patients' successful therapy was not their physical condition, but their attitude. As a part of the section on self-healing, I will show how we can access the mind and

thus foster healthy perceptions and attitudes.

Emotions

Emotions are the link between the mind and the body. I have described how we think, the mind, affects how we feel, our emotions. Now it can be shown how feelings affect the body. This happens in a few distinct but interconnected ways.

One way that the emotions tie in with the body is in immune function. Through the branch of study called psychoneuroimmunology, it has been shown that certain emotions such as fear and guilt greatly depress immune function (Moyers, 1993). Everyone knows at least intuitively how emotional stress affects the body, such as how people are more susceptible to colds when they are upset for a prolonged time. One specific form of emotional stress is powerlessness, whether real or perceived. David Felten,

M.D., Ph.D., who is a prominent researcher in psychoneuroimmunology, explains that specific stress hormones and neurotransmitters respond to stress and decrease immune function. In the laboratory, he explains, rats that can shut off an annoying shock do better than ones who get exactly the same shock but can't shut it off. Similarly, terminal cancer patients who are allowed to regulate their own doses of morphine usually control their pain better and with less of the drug than patients who receive it from the nurse or doctor (Moyers). Borysenko states that chronic, everyday stress has the most impact on the individual's health, because again, it stems from the feeling of powerlessness. In this case, the powerlessness comes from a feeling of not being able to control the *response* to stress, not the stressful event itself. What is shown by all of this is that an emotion or feeling, in these cases the feeling of being in control, has a great impact on the individual's health.

Recall that the mind is the first link in a chain reaction that causes a physical response when under stress. This response is a cycle of events that occurs when the person involved is emotionally, physically, or even chemically over stressed. Hans Selye's research has shown the chemical response to all of these stressors, which all

stem from emotional responses. Consider again when I took the exam. I was afraid, so my brain released hormones that stimulated my adrenal glands and accelerated my nerves' communication ability. It also released anti-inflammatory chemicals and beta-endorphins, which are our natural narcotics. My adrenal glands released epinephrine (adrenaline), my sympathetic nervous system released norepinephrine, and my liver released stored blood sugar (Shealy & Myss). My blood pressure rose, and I felt my heart thump in my chest. Everyone is familiar with how they uniquely respond to stress both in the long- and short-term. This includes sweaty palms, dry mouth, headaches, jaw tension, cramped muscles, and a plethora of other reactions. The stress response is uncomfortable and is damaging when chronically present, but it also serves an important survival function. It allows the body to gear up for any real physical threat, preparing the individual to fight or take flight (hence the name).

Emotions also affect the structure of the body. Every animal, including humans, displays a neuromuscular response to varying degrees to even the smallest stresses. The sea anemone, when touched, instantly withdraws its appendages, the caterpillar curls up when touched on its anterior side, and the beaver slaps its tail on the water when startled.

As part of the fight-or-flight response, these instinctive reflexes serve an important evolutionary function of protection from danger. For humans, when the mind interprets a situation as a threat (whether it is a real threat or not), the emotion of fear is triggered. One structural response to fear is called the *withdrawal reflex* (Hanna). This is an instinctive and subconscious pattern that is wired into the spinal nerves that registers in the body's muscles. Once triggered, the reflex happens within milliseconds. Beginning at the head, the instinctive nerve impulse continues all the way to the toes: the muscles of the jaw contract first, followed by the eyes and brow, the shoulders and head jut forward, the abdominal muscles contract which pulls the abdomen forward and stops breathing for an instant, and the arms and legs bend and point inward. In a full withdrawal reflex as just described, the body is left in a crouched position, ready to curl up like the caterpillar. The other major instinctive reflex produces the opposite reaction in the body. This is the *action response*, which lengthens and arches the body backwards. Our bodies react to stress with a unique combination of the two reflexes that varies for each person.

Ideally, the body returns to a normal relaxed state when a threatening situation is over. When stress is

prolonged in the form of day-to-day anxiety, though, the body does not return to a completely relaxed state. It instead maintains a certain degree of muscle *tonus*, or tension. (The other situation when this occurs is not directly related to emotions. When a part of the body has been injured, the entire structure automatically compensates for the injury to protect it. This compensation involves muscle tonus that can continue long after the original injury has healed.) This constant muscle tension is called *habituation*. Habituation is much like the mind's programs in that it is a learned adaptation to stress. The result of habituation is what Hanna calls *sensory-motor amnesia*, or SMA. With SMA, the body can no longer sense (sensory) that it is tense, and can no longer send the messages (motor) to the affected muscles to relax. The affected sensory-motor pathway gets "tangled up" in the subconscious level of the brain's functioning instead of the conscious level. In other words, the body "forgets" how to relax, even when there is no immediate stress, and stores old emotions in its structure. This connection between emotions and structure is significant because prolonged stress can cause the body's structure to permanently change. In this way, the body's posture can be a direct reflection on the individual's past and present emotional states. If the sensory-motor amnesia

cannot be reversed (how to do this will be explained later), these effects become cumulative and continue into old age. Health complaints such as lower back pain and the slumped-over "senile posture" that is so common in the aged are more a product of accumulated stress than many realize.

In addition to body structure, the chakras are also closely associated with emotions. Each one corresponds to a certain aspect of emotion. For example, the throat chakra is associated with expression and grieving (Mentgen & Bulbrook). Emotional changes are reflected in the energy and openness of that chakra. Consider the situation when someone is suddenly startled. Many people get a tight feeling in their chest. This is the feeling of the heart chakra temporarily blocking its energy out of fear. When a person feels "open," they quite literally are, with their chakras circulating their energy freely. The effect of emotions on the energy system also works in the other direction; the emotions are affected when the energy field is treated. When I was giving a treatment to another student in one of my Healing Touch classes, the woman who I was treating had an emotional reaction to the work. I was working over her sacral area, straightening the lines of her energy, much like combing the energetic "tangles" out of her field. She began to shed tears as the untangling pulled out

old grief that she had stored there for a number of months. She expressed these feelings as I worked, and felt greatly relieved after the old emotions were released.

Modern medicine is increasing its emphasis on the connection between emotions and health, and for good reason. As our understanding of emotions' role in health increases, this emphasis will certainly deepen.

Body

We are most aware of our health as it manifests itself in the physical body. When something is wrong with our bodies, it is registered as illness. The holistic concept of body is that physical health means balance and harmony; the body does not necessarily have to be in perfect working order for the whole person to be healthy. In other words, a person can be quite healthy even with an illness or disability as long as the body is balanced. The Western medical model also acknowledges the importance of balance. The human body's healthy functioning is based on maintaining *homeostasis*, a dynamic balance of every system that maintains internal equilibrium despite outer change. For example, the body maintains internal temperature by

regulating by a feedback loop through the hypothalamus. Walter Cannon, a physiologist of early 1900s, coined the term homeostasis as describing "the wisdom of the body" (Marieb, 1992). In short, the body can regulate itself.

A good example of bodily balance is the Chinese model of health, which has been a foundation of medical thought for thousands of years. In Chinese medicine, the body's organs are viewed as "physical-mental-emotional spheres of influence" (title and author unknown). The body's energy, *qi*, integrates physical, mental, and emotional aspects of the person. The kidneys, for example, represent the physical organs themselves, and on an energetic level, the energy specific to the kidneys. On a mental level, they represent thinking and the brain, and emotionally they represent fear. These aspects all work together at the same time. Two main concepts in Chinese medicine are yin/yang and the Five Elements. Yin/yang has been an interpretative model of natural phenomena in China since 700 B.C.E. In the traditional Chinese school of thought, everything that happens is part of a cycle. Polar opposites are part of the same whole, like the day/night cycle. In the medical model, all physiology, pathology, and treatment can be reduced to yin/yang principles. For the human body, every part and organ has either a yin or yang predominance. There are

also basic qualities that the body can take on, such as rapid or slow, dry or wet, and hot or cold. Being opposites, each quality is designated as either yin or yang. A person's heartbeat could be "full" (yang) or "empty" (yin). When one quality increases, the opposite quality decreases. For example, excess yang is felt as heat while excess yin is felt as cold. Qualities that are yin and yang work together to balance each other and maintain the whole.

The Five Elements are also a part of the Chinese model of physical balance and interdependence. The Elements are wood, fire, earth, water, and metal. Like yin and yang, they represent different basic processes. They represent phases of a cycle, such as the seasonal cycle. Within the Elements' cycle is a *controlling sequence*. In this sequence, each Element controls one other while at the same time is controlled by a different one. For example, wood controls earth and in turn earth controls water. This keeps them in balance. Each Element also corresponds to one of five major organs. These are the heart, spleen, lungs, kidneys, and liver. These organs act in support of one another, such as the heart controlling the lungs and being controlled by the liver. One way of diagnosing illness in Chinese medicine is to identify the ailing Element and determine how it is being affected and is affecting the

others. As an illustration, consider the case of a liver deficiency. The liver's Element, according to the model, is wood. The deficiency could be caused by metal overacting on it, or fire could be drawing too much from it. Since health is harmony in all areas, many other factors are considered in diagnosis. These include diet, rest and exercise, emotional balance, and even climate conditions. Symptoms are merely expressions of the disharmony, so the key to restoring health is to identify the cause of the disharmony, not just correct the symptom. When the cause is under the patients' control, doctors recommend changes that patients can make themselves to restore their own balance.

While I was living in China, I came under the care of traditional Chinese medicine myself. At the time, I had chronic knee pain. The therapists at home had told me to ice my knees and take plenty of aspirin. One day, one of my Chinese friends saw me icing them and cringed. She gently insisted that I see a Chinese doctor. I wanted to experience Chinese medicine, and my knee problem was the just excuse I was looking for. The next week, she brought me to the campus clinic. After I paid five Chinese cents at the front window, I met my doctor in his little cement-floored office. A wooden table served as his desk, and a couple of his students sat on a bench by the window. He and

the students wore the traditional white lab coat with the university's characters printed in red over the chest. In the window stood a human model displaying the energy meridians and acupuncture points. Two yellowed posters on the wall showed the same. Dr. Li Xiao was an energetic man who liked to laugh at his own jokes, and I took an immediate liking to his vibrant and compassionate manner. Through my Chinese friend who translated, he asked me various questions. Like almost every other man in China, he puffed away at a cigarette. I told him about my overall health, exercise level, and diet. He also asked me if my knees felt hot or cold. I almost laughed out loud because, at the time, the concept of a body part feeling a certain temperature was so unfamiliar to me! (However, I now understand that a hot or cold feeling could have indicated an imbalance in yin or yang energy.) He carefully felt my pulse from each wrist, which I put on a small pillow on his desk specifically designed for pulse-reading. He looked at my tongue, which gives many clues to the experienced examiner. Much to my delight, he pronounced me quite healthy. He showed me exercises to limber up my knees, and especially encouraged me to practice my tai chi frequently. He recommended acupuncture and heat treatment, which was quite the opposite of using ice that the therapists at home

prescribed! He also wrote out a prescription for an herbal oil, which is a Chinese equivalent to Ben-Gay. He did not attempt to explain what the exact problem was, what the cause was, or when I could expect results from treatment. The Chinese approach is to simply try whatever works. In fact, whenever I tried to get specific answers in the clinic, the Chinese were surprised and rather taken aback. My friend quietly explained to me that patients there do not expect hard and fast explanations or results. They certainly do not question their doctors about it because it implies that the patient does not trust the doctor. I was clearly not just learning about Chinese medicine; it rapidly became an embarrassing but fascinating cultural lesson! I returned to the little campus clinic regularly for the rest of the semester for my treatments. The acupuncturist, Dr. Liu, rubbed the oil on my knees, then arranged two hot lamps over them. When the timer went off twenty minutes later, she inserted a long, thin needle just below my patella (kneecap), withdrew it halfway, changed its angle, inserted it again, and withdrew it. The hot lamps and the oil felt wonderfully soothing, but the acupuncture became progressively more agonizing with each treatment. I must emphasize that acupuncture is usually not painful in the least, and my case was an exception. My acupuncturist said

that it should not have been painful, and could not explain why it was for me. To my further shock, the pain in my knees had intensified, not gotten better, by the end of the semester. My Chinese doctor and friends happily explained to me that this was a sure sign of *progress*: it is common for symptoms, when under the care of traditional Chinese medicine, to get worse before they get better as mine did. We were sure that if I was able to stay in China long enough to complete treatment, my healing process would have continued until my knees were pain-free. Although I had many unanswered questions, both because of the language barrier and their ambiguous approach to treatment, my Chinese medical experience was a mind-opening one. Needless to say, I will never see Western medicine in the same way again!

Integration of the Whole Person

Experiences like these, in addition to what is known of psychoneuroimmunology and the body's structural responses, continue to blur the perceived lines between emotions, energy, and the body. David Felten, M.D., states that we cannot neatly separate mind, body, and emotions (Moyers). Dr. Candace Pert, whose research has focused upon peptide receptors and their role in emotions, gives her explanation of how mind, emotions, body, and energy are ultimately one in the same (Moyers). She describes the mind as "some kind of enlivening energy...that extends throughout the brain and body that enables the cells to talk to each other, and the outside to talk to the whole organism." The mind's moods and attitudes are transformed into the physical body through the emotions. "We do know that not all the emotions are up in your head. The chemicals that mediate emotions and the receptors for those chemicals are found in almost every cell of the body," Pert states. The peptides and receptors carry

messages within the brain, within the body, and back and forth between the two. This is what Pert calls a "psychosomatic communication network." The emotion-mediating chemicals are endorphines, and the receptors are proteins called peptides. These peptides and the receptors are the biochemical equivalent of emotions. The peptide binds to the receptor, which causes a series of chemical reactions. The brain's receptors perceive these changes as emotions which play a significant role in the function of such systems as the immune system and the endocrine system. Chemically, this is how attitudes and emotions directly affect physical health. Recall that emotions are structurally stored in the body. They are also stored chemically. Bill Moyers, in his interview with Pert, asks her what happened when he once got his foot stepped on. He felt pain first, then anger. Both the pain and anger, she explains, are chemical messages. The pain registers first via a more direct pathway to the brain, and the anger registers just after. When asked whether the emotion of anger is mental or physical, she states, "It's both. That's what's so interesting about emotions. They're the bridge between the mental and the physical....The old barriers between brain and body are breaking down." Pert also talks about the areas of the whole person that are not yet

understood. She feels these aspects will be explained by energy. For example, she says that emotions are in two realms. They are in the physical realm, which are the chemical messengers, with their own molecular weight and formula, and the realm that the individual experiences. (This, if you will recall, is the experience of the self-perceiving soma.) This is the area that lies outside of science at the moment. The mind, too, has aspects that are outside the realm of physical matter. Pert says:

"I personally think that there are many [human] phenomena that we can't explain without going into energy. As a scientist, I believe that we're going to understand everything someday, but that...we're going to have to bring in that extra-energy realm, the realm of spirit and soul that Descartes kicked out of Western scientific thought" (186).

When asked what the link between the mind, body, emotions, and energy has to do with health, she simply replies, "Everything." I could not agree more with her statement. Her explanation is a concrete and plausible one for any "show me the proof" mind, and yet it rightfully acknowledges how far we have to go in our understanding of the whole person connection.

After becoming familiar with the whole person, I have defined health as the individual having vibrant energy, a clear mind, emotions that are channeled productively, and a body in balance. I have also described some effects of stress on all aspects of the whole person. How does the whole person, as a patient, regain balance when under stress, though? How does the whole person heal? What issues does self-healing present? This is the focus of the next section.

SELF-HEALING THE WHOLE PERSON

At the root of holistic medical practice is the knowledge that the body, out of its natural wisdom, knows how to stay in balance and heal itself. How a broken bone heals is one of the more tangible demonstrations of the body's wisdom when thrown off balance. Immediately after the break, capillaries begin to grow into and around the break site. Immune cells enter the area and clean up the debris and help prevent infection. At the same time, other cells reconnect the bone ends (as much as possible, depending on the severity of the fracture). This forms a hard matrix that splints the bone while reconstruction inside occurs. After reconstruction, any excess callus is removed and the bone is restored to much like its old shape (Marieb). Dr. Michael Lerner is the founder and president of Commonweal, a health and environmental research center in California. He expands on the broken bone healing by commenting, "The doctor may have set the broken leg, but the doctor didn't make it heal. The healing takes place from within" (Moyers 324). Like the body physically repairing

itself, the other aspects of the whole person can rebalance themselves.

Responsibility vs. Guilt and Fear

Maintaining or regaining healthy balance is dependent on individual lifestyles, attitudes, and spiritual growth. Because this comes from within, patients can control or at least participate in this process. When healing is approached in this way, the issue of personal responsibility becomes paramount. If individuals are in control of factors that influence their health, then they must take more ownership of their health. This changes the provider/patient relationship. The prevailing attitude of the present is for patients to expect a quick fix, no matter how much they were a part of the original cause. Dean Ornish cites the common case of heart bypass surgery because of arteries blocked by lack of exercise and a diet high in cholesterol (Moyers). This aspect of the provider/patient relationship is largely due to the fact that doctors often do not empower patients. David Smith, M.D., is the Commissioner of the Texas Department of Health. He cites

the case of an asthmatic, whose attack could have been brought on by a number of factors including allergies or stress. The case is treated in the hospital, but the patient is not told how to prevent it in the future. Smith states, "We've traditionally not informed people well enough for them to be aware of what's going on. We've not empowered them so that they can help us take care of them" (Moyers 49). In this approach, illness is from without, so cure is from without.

Many providers in a holistic practice, however, base their programs on the patients' self-care. Naida Colby's practice at Glenwood Rehabilitation in Golden Valley, Minnesota, is one good example. Her pain and stress management training focuses on proper diet, relaxation training, and teaching the patients how to tune in to their bodies' natural biofeedback signals. She also treats their pain directly with hands-on energy work and acupressure, but this is not her emphasis. She insists that her patients practice self-care in conjunction with her treatments, thereby making certain that they are not dependent on her. For a closer look at such a practice, I will highlight my experience with her program.

The time that I spent at Glenwood Rehabilitation in Naida's office is one of my most cherished memories. As I

was trying to make contacts for research at the beginning of my project, I made a "cold call" down to her office from a referral. I told her a little about myself and my proposed project, and without hesitation she agreed to take me in as a student over the summer. I first came to the clinic a couple of months later, early in the morning. As I came up to the door, a smiling woman was standing there waiting for me. She gave me a warm hug and said, "Hi, you must be Molly. I'm Naida!" Within these fifteen seconds, the tone for the rest of the summer was set. She showed me around the clinic and explained what she does, and immediately recommended sources for my research. It was she who referred me to the Healing Touch program and the Renewing Life program at Pathways. She also told me her story, which I will share here because of its significance.

While she was raising a large family, Naida describes herself as "super mom." She also entered nursing school at this time, and graduated at age 40. She was talented enough to become a cardiac nurse, thus describing herself as "super nurse" as well. Seven years later on an October day, her life changed forever. She was struck from behind in her car, and was seriously injured. She tried for three years to go back to cardiac nursing, but her resulting chronic pain from her injuries only got worse. She knew that she

could no longer continue with the mechanics of her line of work. She decided to pursue "alternative medicine" and entered an internship in which she went through the same program as the patients. On March 5, 1980, Naida had her first acupressure treatment and afterwards spent her first day since her accident free of pain. For fifteen years now, she has not only educated herself extensively on all areas of holistic medical practice, but became a pioneer of this field. She has lectured throughout the United States and was a guest speaker of the Chinese Medical Association in Beijing. She was also the American Holistic Nurse of 1994. Naida's work only continues to grow as she facilitates the healing of patients and furthers the development of holistic practice.

I came into the clinic once a week, observing her sessions with her patients. Everything she did with her patients, I did also. I practiced her guided relaxation exercises beside them, and also used the audio tapes that she recorded for patients' use at home. She did a couple of energy treatments on me, and I even wore acupressure ear beads for two weeks. During times between patients, we had time for questions and answers, or what we called "cuss and discuss." As the summer progressed, I became increasingly familiar with her program. I started to make sense out of

the energy treatments she gave her patients and understood what she was teaching them. As I became a familiar face around the clinic, her patients also became familiar to me. It was deeply satisfying to follow their progress as they moved through the program, most of them improving from week to week. A couple of times I was moved to tears as I watched her ease a patient's tension and pain during energy treatments. I wish I could fully express the power of that healing environment and the beauty of the human interaction that takes place every day there in her office. However, there were also frustrating times such as when a few patients had to drop the program due to insurance tangles or they refused to take care of themselves. The difficult times sometimes went beyond frustration -- our hearts were broken when a cancer patient who was especially close to Naida came for his last treatment. He was on his way to his native country to live out the remainder of his life, and he passed away at the end of the summer. Far outweighing painful times, though, she shared with me a vast amount of information and a lot of laughter. By the end of the summer, I had begun to integrate many aspects of her program into my own life. Her highest goal for her patients was to help them set their spirits free. Naida Colby remains not only an extremely knowledgeable mentor, but a treasured

friend of mine.

Two important issues that I encountered at Naida's practice that are associated with patient responsibility are fear and guilt. If people do not understand their bodies and are afraid of their health condition, say a sudden cancer diagnosis, it is a temptation for them to shed all responsibility and place it on health providers for their healing (Shealy & Myss). This is detrimental because not only does the emotion of fear interfere with the healing process, but shedding responsibility places the patients in a powerless position. Part of taking responsibility is moving past the fear of illness and ignorance of the body. To do this, patients can learn enough about their own functioning in order to act on their own behalf so as to not shed responsibility out of fear. Colby, for example, tells her patients what their pain means, explaining to them that it is sometimes a healthy sign. She encourages them not to be afraid of the pain, because the less fear they have the more energy they will have for their healing.

Another issue that is raised with responsibility is guilt and shame. Unfortunately, both paradigms can unwittingly send patients the mistaken message of guilt. It is common for them to feel shamed by their doctors who are frustrated because they cannot find a cure. This is usually

done unbeknownst to both doctor and patient, but the effects of shame are significant whether the patient is aware of the feeling or not. Patients also often feel guilty for not being a "typical" patient and healing like everyone else does under the same treatment. I observed many at Naida's clinic who expressed these same feelings. She works specifically with this issue so as they let go of fear they can let go of their guilt and have more energy to heal.

The holistic paradigm can also be misinterpreted so that patients feel shamed. This comes from holism's emphasis on self-healing. It is easy for patients to think that if they can *heal* their illness, then they must have *caused* it. Patients can further misinterpret holism and feel guilty if they cannot heal themselves. On both of these counts, holism is being taken too literally. Colby stresses that practitioners must not shame their patients. She explains to her patients that their bodies do the best they can under their given stress -- chronic pain is certainly not a failure on their part. She also emphasizes that illness is an opportunity to grow. Bernie Siegel calls illness a "restart button" (*Renewing Life*, 1994). Dean Ornish (Moyers) only points out to his patients lifestyle patterns that may be detrimental without scolding them. His focus is on helping them make positive changes, not dwelling

on what could have been done in the past. He reminds them that their illness is caused by many factors combined. Lerner (Moyers) adds that many of these factors that contribute to illness are not under patients' control. Felten (Moyers) says that in some circumstances there is simply nothing more that can be done; this does not mean a failure on the part of the patient or of medicine. He comments on an article in *The New England Journal of Medicine* that warned doctors not to make patients feel guilty if their illness cannot be healed. "I appreciate that warning," Felten says, "--but I also think that we can't let a patient totally reject all responsibility for getting in there and fighting. Patients are responsible for bringing their best to medicine so that medicine can do its best for them" (Moyers 227). His comment represents a balanced approach to the issue of responsibility without incurring fear, shame, or guilt on patients. What is most important is that even though physical symptoms may not disappear, healing on all other levels can take place. For example, I watched Colby work more on an emotional level with the cancer patient because there was little more she could do for him physically. His physical condition steadily worsened, but the healing of old emotional scars was amazing to see. Because of his emotional,

psychological, and spiritual healing that took place, we are sure that he died a peaceful, balanced person.

Healing Through Awareness

There are many ways people can practice self-care in the face of stress and accentuate the body's natural healing capability. This is empowerment in that it keeps the power of health in the individual. Self-care for all aspects of the whole person begins with awareness. With awareness, people are able to identify positive aspects of their lifestyle to be maintained and negative ones that can be changed. A personal inventory is one tool for awareness that is mostly used on a physical level. There are many examples of inventories, which are frequently used by holistic practitioners. Colby's patients fill out a questionnaire on their first and last visits to see what progress has been made. They rank their pain levels and check off what kinds of emotional, mental, spiritual, and physical symptoms they are experiencing. All thorough inventories contain

lifestyle choices that are made, such as amounts of exercise, eating habits, and work environment. Once patients tune into what is happening to them physically, they can make any lifestyle changes that are needed and concretely record their progress. Another way to fine-tune self reflection is a journal. I have kept a journal for years, and I can attest to the effectiveness that it can have. When a journal is used as part of a healing process, patients can write in a free format what they are feeling, changes that they are making, and improvements that are happening. It is also a perfect place to express emotional, psychological, and spiritual developments throughout their healing.

The practice of meditation is the cornerstone for healing on a mental level. In fact, meditation is the very foundation of many people's overall healing processes. It is frequently misunderstood and even feared, being viewed by some as supernatural or confined to selected religious faiths. This is far from the truth. Meditation is a practice that is grounded, does not have to be religious, and is really quite simple. It is the practice of mindfulness, which is quieting the mind so that the person can experience what is happening in the present moment. Meditation is founded on the principle that the mind is by

nature peaceful, and the meditation practice strives to eliminate "the chatter of the mind" in order to return to that peaceful place. In addition, when the mind is slowed down, the meditator can observe his or her own thought processes. In this way, the practice of mindfulness is simply observing. Borysenko says, "The practice of meditation, which calms the body through the relaxation response and fixes the mind through dropping the anchor of attention, is the most important tool of self-healing and self-regulation" (36).

John Kabat-Zinn, Ph.D., specializes on meditation as used in medical practice (Moyers). He is the founder of the Stress Reduction Clinic at the University of Massachusetts Medical Center. Doctors refer patients (and themselves!) there for all types of chronic pain and stress-related medical disorders. Kabat-Zinn begins his program with demystifying meditation by having the class eat a single raisin mindfully. By focusing on the experience of feeling, smelling, and eating the raisin, patients are introduced to the awareness that the present moment brings. Then, the focus on the raisin is shifted to the breath. Kabat-Zinn tells his patients to "taste" their breath like they did the raisin, to fully experience all that each breath brings. If they have chronic pain, he instructs them to enter into the

pain. By being present with pain and stress, they can learn to work with it instead of running away from it. By noticing the mind's reactions to stressors, patients can learn to let go of those reactions that continue the stress cycle. "And then you find that there is inner stillness and peace *within* some of the most difficult life situations. It's right in the breath, and it's right in the experience," Kabat-Zinn explains (121). Meditation has been shown in his eight week course to dramatically reduce chronic and stress-related symptoms, both physical and psychological. Furthermore, this positive effect has been shown to continue over at least a three-month span. Kabat-Zinn suggests that there is more of a change occurring than just surface symptoms disappearing: patients learn to have a different relationship with their minds and bodies, and with their outside stressors. "Something is going on here that reaches the organism as a whole," he says (123).

Meditation is also "prescribed" by practitioners such as Colby in her pain and stress management program. She, like Kabat-Zinn, explains meditation simply to her patients. Part of her patient plan is daily meditation, and she leads them through a basic breathing exercise at the beginning of most sessions. I have found with my own practice, both during an intensive course a few years ago and practicing at

Colby's with her patients, that it became easier and easier to access the relaxation response and the inner calm associated with focus on the breath.

My experience with meditation taught me much about what gifts the present moment can bring. A few years ago, I was enrolled in the January Term class entitled "Zen Meditation and the Question of Time" led by Professor Willem Ibes. The class was not held in an ideal setting; we meditated and discussed in a central room in an academic building, surrounded on all sides with other classes. However, most of us used the many distractions as an opportunity to practice our ability to focus! On the first day of class, we were already practicing sitting meditation for two sessions of twenty minutes. Our sitting practice was a deceptively simple one. Spaced apart, we sat facing the walls cross-legged on pillows to support our backs, placed our hands together resting on our legs, with a straight back and eyes open but unfocused. The anchor of our meditation was our breath. Starting at one, we counted our breaths, with every inhale (or exhale, depending on what we chose) as the next number. When we reached ten, we returned to one. If we got distracted from the breath and lost count, we simply returned our attention and started again with the next breath at one. After a week or so, our class was set

in a routine. We sat for two sessions of forty minutes, had open discussion followed by lunch, then another two forty minute sittings followed by discussion. During the hours that I spent facing a blank wall, I became much more acquainted with my mind. More than just learning to observe my mind, though, it was a deeply touching experience that I still call upon today. As part of our practice, we all kept a journal recording our reactions and experiences to each day's sitting. I will share glimpses of my journal here, for my unedited handwritten words will best speak for themselves in describing my experience.

After the first day, I wrote, "In general I feel totally unfocused - I long for the concentration to be present from one to ten!" *Day Two:* "As usual, I was continually distracted by itches, pain [in my legs], sounds, my eyes focusing and unfocusing, and especially *thoughts* - also drowsiness." *Day Three:* "I was more distracted, pulled from center, than ever during the first sitting...I felt just plain annoyed...I just kept returning to my breath, though..." Later in that same entry, "I had a mindless moment today in karate practice. Everything was JUST karate and myself was gone." *Day Six:* "...Zen just seems totally limitless." *Day Eight:* "I think Time became totally meaningless today during our 40 minute sitting. It

went by so fast!...My concentration was much better overall....It seems to me that Time has identity only as perceived by us. I'm sure that 40 minutes had different dimensions to all of us. How real can Time really be, then, if it's so relative?....to be uncomfortably honest, the novelty of sitting has worn off. I'm feeling burned out with class...I'm digging down deeper to find energy. Aigh! Tomorrow's only Wednesday!" *Day Ten:* "Can any two days be so different? Yesterday I felt the most focused that I'd been yet, and today I felt by far the least! I was so hyper that I was bouncing off the walls! I think I counted to 10 maybe once or twice....It's all a part of the journey, though. In the past two weeks, I've gotten off the road [lost concentration while sitting] to refuel or look at the map or things like that. Today I got off the road and danced." *Day Eleven:* "Again I felt the whole world being in motion somehow, as I sat motionless....All of this motion of time and space, and I was a part of it all, being swept along in the current....the treasure of sitting is beyond what my brain can understand, so I tried...to be present to my breaths....Only 4 days left! Be in the Now and the Here or it passes you by!" *Day Twelve:* "I guess I don't have much to say today. So much of it is hard to put on paper. I'll just be silent for now." *Last entry:* "I feel written

out of words!...Tomorrow's the last day of class - I feel sad to see our time together go....Hopefully during spring semester I'll be able to look and find the stillness within that I'm feeling now."

Because of the awareness that it brings, meditation is the first step to mental self-healing. One reason is because it interrupts destructive mental patterns. Borysenko uses the term "awfulizing" for thoughts that bring people out of the present moment and into future scenarios of "hurry, worry, and fear" (Colby). As a student, I am most familiar with awfulizing: "I haven't studied for this test, so I'll probably fail, which will ruin my entire grade for the class, and ruin my overall GPA, and then I won't be able to get accepted to graduate school, and then I'll get stuck in some dismal job for the rest of my life...." Mindfulness teaches how these thoughts are triggered in the first place. Another pattern of thinking that begins and perpetuates the stress cycle is called "old tapes." Old tapes are messages that people are programmed with from youth, and often these messages are destructive. Some people run on the old tape that says they must always be in control, for example. If someone with this old tape finds themselves in a situation that seems out of their direct control, such as a traffic jam, the reaction to the old tape

sets off their anxiety cycle. Once these triggers and old tapes are recognized, the individual can stop the cycle of stress (the thought and its physical reaction) by consciously "reprogramming" their thinking. This can be done with affirmations such as, for the over controlling person, "thy will be done, not mine." The other way to reprogram is to simply return to the breath and the present moment. Anyone can practice this sort of awareness, at any time of the day. The breath is always there, a buoy to grab onto in the rushing waters of the mind. I practice it myself while driving, when my mind especially runs away from me. While on the road, I mentally follow my breaths. I also bring my attention to the journey and try not to anticipate the destination. Other good times to practice mindfulness are while eating -- *just eat*, or while washing the dishes -- *just wash the dishes*. Every day is rich in opportunities to focus on the breath, observe the mind, and feel the peace that comes from within the present moment.

Emotions and the spirit also play an important role in the healing process. Since Pathways' "Renewing Life" class/support group is an ideal environment for healing both emotions and spirit, and deals with all of the most important issues in these areas, I will describe it here. Like my experience at Naida Colby's practice, the Renewing

Life class was both informative and deeply touching. Regularly offered by Pathways, it is nine-week class that meets for about three hours each session. Our group was co-facilitated by two wonderful women who had both been through serious illness themselves. The program is structured to address certain topics each week. The first eight topics covered are renewing life out of illness; the healing partnership of mind/body/spirit; creating a nourishing circle; the possibilities for growth in the feelings you hate; fear and love; forgiving, making meaning, and reframing; using your inner healer and/or higher power; and loving yourself enough to make life wishes. The last session is a celebration in which family and friends are invited. The introduction to the class handbook (Dilley, Troestler, & Dilley, 1991) reads,

"This program, *Renewing Life*, provides the audience for people with whom to share this journey from illness to self-renewal...It provides techniques to reframe the experience of illness so that participants can move on into their lives with more control, meaning, self-direction and joy..." (1).

The program has specific goals. Some of these are becoming an active participant in the healing process, communication, problem-solving, and stress management skills, learning about the mind/body/spirit connection and how this affects healing, and to "develop a wellness lifestyle that includes a purpose for life, a deep satisfaction for living, and a sense of joy" (p. 4). Our particular group had about fifteen people in it, mostly women. There were three of us attending as caregivers, and the rest had illnesses that ranged from a malignant brain tumor to multiple sclerosis. At first I felt quite out of place, being far younger than everyone else and having little or no experience with life-threatening illness. However, I participated fully in all discussions and exercises, and we all steadily became closer. The time was divided between our sharing of our weeks' "brags and bummers," guided exercises, talks by the facilitators, and open discussion. We covered topics such as how to communicate better with doctors in order to work in a partnership with them, assertiveness, and ways of getting the grief out. We also learned how to deal with anger and fear, the use of affirmations for mental reprogramming, stages of loss, how to recognize and promote healthy relationships, and relaxation exercises. The list

continues. To this day, I continue to realize more and more of how much I learned from the experience. Just by the end of the class, I felt much more comfortable with serious illness. I learned to see the seriously ill as *people*, not just illnesses. I was heartened at seeing how happy and whole they could be given their circumstances. In short, I learned to see beyond the physical level because that is what they do. I also deepened my sense of my own life goals and values, how I deal with my emotions, my spiritual growth, and how very much I have to be grateful for.

The most important idea that we learned in the group regarding emotional healing is that emotions, such as fear and anger, in themselves are not "bad." It is what the individual does with them, or how the emotions are processed, that can be destructive. Emotions are there for a reason, and individuals need to listen to them. What is a particular emotion trying to tell me? If it is telling me to take action, what action can I take? When no more action can be taken, the individual needs to let go of the related emotions. One example of when emotions can be released is when they are the result of old tapes. Fear, guilt, and anger were the most significant emotions that my group members were learning to release. Like physical and mental awareness, it is also important to become

familiarized with oneself's own "emotional style" (Borysenko). How do I react in certain situations? What kind of role do my emotions play in my life?

Renewing Life also addressed feelings of helplessness, or of not feeling in control of our reactions to stress. If we approach an illness as an opportunity to grow towards wholeness, then it can be a powerful experience. The class showed us that we cannot change the wind but we can adjust our sails. Then it taught us how to adjust them. Forgiveness is another important aspect of emotional healing. Colby works specifically with many of her patients who hold on to destructive emotions. She explains to them how significantly they interfere with their healing process, and gives them advice on how to practice forgiveness.

The Renewing Life group was also a powerful environment for healing the spirit. It did not advocate any certain way of believing. It did encourage us to practice the form of spirituality that was most meaningful to us. We began and ended our sessions with meditations and were encouraged to meditate on our own. A healthy spirit comes from a feeling of connectedness, both with our Higher Power and with each other. Everyone develops their feeling of connectedness with their Higher Power in different ways, whether it be prayer/meditation, worship services, or a walk in the woods.

One session focused on how we could better develop and free our spirits. Each one of us shared what we considered to be a sacred object in our lives, one that brings feelings of connection. Objects such as family pictures, special rocks, and crosses were brought in. We also practiced some guided imagery to find our inner healer or guide. The practice of guided imagery, in whatever form it takes, helps the individual focus their inner healing.

At the end of each session, we joined hands and connected with each other in meditation. We closed with appropriate affirmations to that particular session. The last page of our handbook describes what the entire Renewing Life program is all about: "What the caterpillar calls the end, God calls the butterfly."

HOW "HEALERS" HELP US HEAL OURSELVES

There are many ways that we can accentuate our own healing processes with the practice of self-care, but clearly there are times when we need the help of a health professional. Whether Western, holistic, or a combination of both is most appropriate depends on the situation. The term "complementary" means any healing modality that is used in conjunction with Western practice -- it is a complement to, not a substitute for, mainstream methods.

"Complementary" is used because "holistic" actually describes a way of healing that fully integrates the two paradigms. It should also be made clear that in any complementary modality, the person administering treatment is not the "healer," for it is the patient who does the healing. Any complementary practitioner who claims to be a healer should be looked upon with suspicion. In the Healing Touch courses, the practitioner is called "healer" for the sake of clarity only. Colby also insists that she is not a healer, nor does she let anyone label her that. She is only

her patients' guide.

Complementary methods vary greatly in theory and in practice, but they all focus on accessing the patient's inherent ability to heal. There are different ways of classifying them, but the most clear classification I have seen puts them in six categories (Royce, 1994). The first is the *diet/nutrition/ lifestyle* category, which includes macrobiotics, megavitamins, special diets, and changes in lifestyle. The second is *mind/body control*, which includes biofeedback, counseling, guided imagery, and hypnotherapy. The *traditional/ethnomedicine* category includes Ayur Veda (ancient Indian medicine), herbs, homeopathy, and traditional Native American and Chinese medicine. The fourth category features *structural and energetic* modalities. Acupressure, chiropractic, massage, reflexology, and Therapeutic Touch fall under this heading. *Pharmacological and biological* treatments include chelation therapy, metabolic therapy, and oxidizing agents. Last is the *bioelectromagnetic class* which uses electromagnetic fields, neuromagnetic tissue stimulation, and blue or artificial light treatments. There is an overwhelming amount of various modalities. I will highlight a few with which I have the most experience.

The American Holistic Nurses' Association Healing Touch

program, or HT, falls under the structural and energetic category. It involves the consciously directed exchange of energy between therapist and patient. From the Level I handbook, "Healing Touch is an energy based therapeutic approach to healing. HT uses touch to influence the energy system, thus affecting physical, emotional, mental, and spiritual health and healing" (1994). The modern modality that is Healing Touch is based upon ancient practices, where it has long been shown that humans possess the natural capability to heal others. The written history of healing with the hands goes back over 5,000 years, and some pictorial evidence in Pyrenees caves dates back about 15,000 years. There are accounts of healing in this manner from early rock carvings in Egypt to both the old and new Judeo-Christian testaments. In nations all over the world such as India, Tibet, and China, it continues to be shared from teacher to pupil (Krieger). It is taught in Healing Touch that the therapist is a channel for the universal energy, which is constantly circulating through the body, to flow through the therapist's hands and to the places in the patient where it is needed most. Once the basics of HT practice are introduced, the first skills that are taught are ways of assessing the patient's energy field. The first way of assessing the patient's needs is of course an

interview. The therapist takes a health history and learns about current conditions that affect health. Non-verbal methods of assessment depend on the therapist's perceptive abilities. Assessments are made using the hands (feeling the energy and taking note of its qualities), penduling (a dangling pendulum held by the therapist will move according to the energy flow), the use of sound, or even feelings in the therapist's own body. Once assessment is completed, the treatment begins. This depends on what the patient has verbalized and what the therapist has noticed. The energetic flow of treatment has various effects. First, it accentuates the patient's natural healing ability. For example, a study was done on subjects with identical superficial cuts on their arms. They put their arms in a sleeve out of their sight, and they all were told that the cuts were being examined. Half of them, however, had an HT practitioner treat the cut. These people healed significantly faster than the control group. HT also magnifies the effects of medications in the body, especially pain medications and chemotherapy. In fact, it is stressed to students that we must work closely with patients' health care teams, because regular HT treatments often drastically reduce the amount of drug needed. Some hospitals have implemented HT programs in which patients receive treatments

before and after surgery. The vast majority of these patients' surgery is more successful, and they need less pain medication after surgery than non-treated patients. Cancer patients who have HT done usually assimilate chemotherapy better and do not get as ill as other patients do. Healing Touch also serves to generally balance the patient's energy field. It is common for people in our society to accumulate extra energy in the head area, for example, due to our stress level. This energy buildup often registers as a headache. HT treatments for headaches depend on the kind of headache, but they all involve pulling the extra energy out of the head. The energy is then rebalanced. Healing Touch also focuses on balancing energy via the chakras, so there are a number of techniques that are designed to balance and open these energy centers. HT is especially powerful in deeply relaxing the patients, which naturally frees their energy for healing, and is excellent for direct pain management.

Although some "traditionalists" attack Healing Touch as "paranormal and religious activity masquerading as science" (Scheiber, qtd. in Jaroff, 1994), its teaching and practice is becoming main streamed. The practice is taught in some nursing schools and is found in at least one widely read nursing textbook. It is widely practiced in hospitals, both

by itself and in combination with other therapies such as physical therapy. Although its effectiveness has been proven to me time after time, I agree with both skeptics and HT practitioners alike: It needs to be validated in the eyes of the Western medical model in order for it to be more fully integrated. This validation can only come from scientific "evidence" based upon research. To gain the respect that it deserves and to further the art itself, practitioners are putting their efforts into research. The National Institute of Health has given at least \$150,000 worth of grants toward Therapeutic Touch research over the past ten years. One researcher recently was awarded \$355,000 by the Department of Defense to study its effects on burn patients (Jaron). To many practitioners and students such as myself, however, the need for scientific validation is a frustrating technicality.

Cranio-sacral therapy is another energy-based modality that I have had the opportunity to practice. Using the skills developed with Healing Touch, I worked with Sharon Niskanen, a physical therapist at the St. Cloud Pain Management Center. This therapy is based upon the natural rhythm that is produced by the circulation of the cerebrospinal fluid throughout the head and spine. In a healthy person, this rhythm, which can be felt by trained

hands, cycles between six and twelve times per minute (Upledger). In pathological situations, the cycle is faster or slower depending on the condition. The aim of therapy is to modulate the cycle to a more healthy rate and depth. For example, the patient with whom I worked the most suffered from rheumatoid arthritis and depression. At her sessions, Sharon worked at her head to start off, feeling her rhythm and then working to strengthen it. When she was at the patient's head, I worked at her feet by strengthening the energy flow between my and Sharon's hands. In this way, we formed a human energy "circuit." Later on in the treatment, I moved to different parts of the patient's body that needed attention, that either she requested or that I had perceived with my hands. Once I was able to feel her craniosacral rhythm, with much practice, I noticed that it was often slow and quite shallow. This is common especially with depression, and in her case, taking potent medication. After treatment, though, her rhythm usually became stronger. The modulating of her rhythm served to clear up energy blocks. This helped Sharon relax her tight muscles and joints through myofascial release, another light touch modality.

Homeopathy is another fascinating complementary modality. One principle on which it is based is "like cures

like" (Mirman, 1994). Patients are given a dilution of a substance, usually derived from plant material, that in its pure form is found to cause the symptoms that they have. The other main principle of homeopathy lies in the dilution of the substances. It has been found that the more a substance is diluted, the more potent it is. These can be diluted up to millions of times, and always to the point that little or no trace of the original material can be found in the solution. Scientists of the current paradigm are baffled, and homeopaths themselves can only speculate as to why it works as well as it does. Some think that it is based on chemical energy, or that the water in which the substances are diluted has some sort of "memory." Once the solution enters the body, the body knows how to use it to heal itself. Similar to energy modalities, skeptics are quick to shout "Placebo!" Although the placebo effect could explain some cases, it certainly does not explain homeopathy's effectiveness on babies and animals, who cannot be aware of any treatment.

Named after its founder, the Feldenkrais method is an example of healing that occurs because of awareness of the body's structure. Students first learn to take detailed "mental notes" of their body's positioning. They then learn to relax overly tense areas and maintain a more balanced

muscle tone throughout the body. I practiced Feldenkrais myself for a few months in Professor Tom Darnall's acting class. We used journals as a tool of awareness. I recorded my awareness of my trouble spot, which was my tense, painful shoulders. Each time I noticed tension during the course of a day, I took a breath of relaxation and released it. Feldenkrais exercises focus on each part of the body, where the student slowly and mindfully moves parts through a certain range of motion in order to stay relaxed as possible. A more recent example of healing through awareness came when I was telling Sharon Niskanen about my knee pain that was occasionally recurring. She looked at my posture as I stood, and pointed out a subtle but crucial aspect of my posture of which I was totally unaware. I was straightening one leg, placing all of my weight on it, and locking the knee. I was also flexing my quadriceps muscle, which put an extra strain on the knee's tendons. After this assessment was made, I consciously kept placing my attention to my standing posture and muscle tension in my legs. Sure enough, I noticed that I fell into this posture when I was most stressed. Whenever I caught myself in this position, I relaxed and straightened out my leg position. Within a couple of weeks, my knees were virtually pain-free.

Healing Touch, craniosacral therapy, homeopathy, and

the Feldenkrais method are mere glimpses of the myriad of holistic modalities. What they all have in common, though, is that the healers help the patients heal themselves. It is difficult to say which ones are more effective than others, because each person responds to certain kinds of treatment in a unique way. This is no different than the varied responses to different Western practices. What is most important is to find what works best for the patient, whatever the combination of Western and holistic methods it may be.

WORKING TOGETHER: INTEGRATING THE HOLISTIC PARADIGM WITH WESTERN MEDICINE

The very definition of holism is integration. It is integration of the whole person and integration of healing modalities. Medical practice needs both paradigms to work together, for neither one can work to its potential by itself. There are a few key points to contrast with the current "traditional" medical system. The holistic paradigm has a different approach to the structure of care giving, the approach to illness, and the doctor/patient relationship.

The overall picture of the United States' health care system is a complex one, and this affects the way care is given down to the individual level. The U.S. system is expensive, decentralized, and competitively driven. America spends a lot of money on health care: In 1990, the U.S. spent \$660 billion on health care, accounting for almost 15% of the GNP. This is about \$1 billion each half day (Kaplan, 1993)! Each branch of government has its own piece of the health care pie, from the Department of Health and Human

services to the Department of Treasury, and from the federal to the community level (Roemer, 1986). This causes competition for funding, profit-based providers, and fluctuations of available services due to supply and demand. The confusing myriad of health care providers include private, self-help, and voluntary agencies. For the individual, it is difficult to know where to turn (Friedemann & Scheffer).

The highly complex nature of the current medical system has significant effects on patients. The major problem that I observed in clinical experience at Glenwood Rehabilitation in Colby's pain and stress management program was frustration. Many patients were exasperated and exhausted at having been referred from one specialist to the next. They were not getting any reliable answers and more importantly, no continuity of care. Lubkin (1990) gives the example of a diabetic who, because of complications, would be under the care of a nephrologist, endocrinologist, ophthalmologist, and cardiologist. I also saw tremendous frustration in both the patients and practitioners because of the complexity of the medical provider agencies. Many patients could not count on their workers' compensation or insurance package to be assured of treatment. My introduction to this situation came at the beginning of the

summer, when one very promising patient's insurance company suddenly dropped her coverage. She had to terminate treatment midway through her program, left on her own to manage her chronic pain.

The holistic medical model does not promise solutions to all of these problems, but it does offer another approach that is already being integrated. Instead of a complex and fragmented approach to care, the holistic approach is based more on the community level with integrated care. This addresses both the cost and continuity of care issues. Consider the Community Oriented Primary Care Clinics in Dallas, Texas (Moyers). Instead of care being only in one centralized location (the city hospital), the clinic is out in the neighborhood where care is needed most. These clinics have comprehensive services in one place, such as social workers, health educators, and even dental care (Moyers). This makes evaluation and treatment more accessible and is much less expensive than a hospital. Zwaag and others (1980) showed that a number of patients who needed ongoing care benefitted from going to a community clinic rather than a large hospital. Their care focused more on education, follow-up, and support. They also missed fewer appointments and remained in the system many years after referral (Neifing, 1990). At Dallas' large Parkland

Hospital, it would cost about \$125 to see a doctor for a problem such as a sore throat. If a patient goes to one of the seven community clinics, however, the same services will only cost about \$47 (Moyers). Practitioners in this setting form an interdisciplinary team, of which the patient is a member. Because of this, communication between the health care team and between team and patients is improved (Lubkin & Shanck, 1990). This makes care more efficient and better suited to each unique case. Glenwood Rehabilitation is an example of this team approach. On staff there are two psychiatrists, occupational and physical therapists, a social worker, counselor, and of course Colby's pain and stress management program.

Besides being fragmented, the current medical paradigm is also focused on symptom-based acute care. Thomas Weaver, an MD in holistic family practice in St. Cloud, Minnesota, (personal communication, October 13, 1994), calls the health care system a "disease care system." In other words, patients only seek help when something is physically wrong. Medicine, in turn, tends to only treat the symptoms on this level. Smith (Moyers 49) gives the example of a patient who comes into the emergency room with an asthma attack, and the doctors say, "Take these pills, and go home, and I'll see you back in two weeks." However, Smith explains, there are

many other factors that influence the asthma, the causes themselves of that physical symptom. Smith notes that the doctors do not talk to the patient about the emotional and environmental factors that cause it in the first place.

Acute care is expensive and focused on a short-term basis. Acute care is a necessary part of health care, of course, but the holistic model offers more emphasis on *prevention* of acute problems. The key to prevention in community, patient-centered care is accessibility. Prevention not only improves quality of life and quality of care, but it is at a significant savings to patients and agencies alike. Dr. Dean Ornish, who is a great advocate for lifestyle changes as prevention, says, "Now, if it could be shown that for every dollar you spend on life-style changes, you would save three or four or five in health care costs, we might begin to have viable alternatives to our rationed health care system" (Moyers 113).

Unfortunately, our system does not support prevention as much as it could. Ornish says that insurance companies would pay \$40,000 for bypass surgery or \$10,000 for an angioplasty, or \$1500 a year for cholesterol-lowering drugs. Companies are much less likely, however, to pay for a \$50 cost for a lifestyle-changing education program. "And if you don't have an illness, and I want to try to keep you

healthy, the insurance company won't pay anything at all," he says (Moyers 113). It is especially interesting to contrast with the Chinese medical model, where in some cases patients pay their acupuncturist when they get well, and the acupuncturist pays the patient when they get sick (Stevens, 1990)!

The core of these changes in the practitioner/patient relationship is in restoring the humanity of care. Nursing education and practice are a good example of this restoration. Consider, for example, hospitals that employ baccalaureate-degreed nurses who take the time to help patients implement new treatment plans, as well as adjust to physical and emotional conditions (Friedemann & Scheffer). It is part of the nursing profession's tradition to teach holistic care to students and bringing it into work settings.

The current Western medical model and the holistic one, when contrasted, seem to be in opposition. Indeed, they do have differing approaches, but the desired outcome is the same: healthy people, functioning well on all levels. The goal is not to have one paradigm dominate the other, but to learn from both of them and integrate the best combination of the two. Integrating them would have tremendous benefits for patients and care givers alike, but some important

issues need to be resolved as this happens. First, in order for holistic practices, or complementary modalities, to be recognized in the current system, there needs to be research and documented evidence that modalities work and are cost-effective. This must happen in order for professionals to make referrals and especially for insurance companies to pay for them. Second, there must be regulation in qualifications of complementary practitioners to ensure quality care. Third, it is important to find and use a common language between the two paradigms: what a cardiologist might call a myocardial infarct, an energy practitioner might call a blockage of energy in the heart chakra. Both of these definitions are equally valid, but there must be an understanding of both paradigms' frame of reference. It must also be made clear that complementary modalities are not meant to be alternatives to be used instead of treatments that are known to be effective. Even so, if patients do decide to see a complementary practitioner instead of a traditional one for certain conditions, this decision must be made from a position of educated empowerment. Holistic modalities are not "miracle cures," and people should not believe in them blindly. It is most important for health care consumers to be as educated as possible as the health care picture continues to

expand.

Dr. Robert Vornbrock's chiropractic practice in St. Joseph, MN, is a positive look at the possible future of integration of the two paradigms. His practice is located in a professional but homey atmosphere, well-lit and with lots of plants. "Dr. Bob," as he is affectionately known to his patients, has an educational background that includes both Western approaches to healing and holistic modalities such as acupuncture and energy work. His treatments vary from spinal adjustments to acupuncture to dietary counseling. The healing atmosphere of his space is largely due to his personal regard for his patients. While he works, he actively listens to them. Whether they tell him about the tight muscles in their backs or how to make the best pork sausage in the county, it is clear that they cherish the opportunity to confide in him. He empowers his patients by working with all areas of their lives, including diet, exercise level, and working conditions. Responsibility for lifestyle changes is always a large part of his program. He frequently but gently encourages them to continue their self-care, and does not let them become dependent on him: his goal is to lose patients! His practice also shows integration due to the way he works with his patients' health care team. When he feels they need

further tests or treatment from another practitioner, he is sure to make the appropriate referrals. In the few cases when he suspects an emotional cause to problems, he even has a good psychologist that he recommends. His careful attention to make proper referrals is not ideal for him, though. He would prefer small local clinics with all providers working in the same place over the confusing referral system. Between Dr. Vornbrock, patient, and Western health professionals, they make up a health care team that works with all aspects of the whole person. One patient told me as I observed that Dr. Vornbrock has the wisest, most gentle hands he has ever experienced. Another said, "Whatever he does, he's got magic fingers." I am sure that we will see many more practices such as his in the future, as health consumers come to see the value in such a practice.

The holistic medical model is not "New Age." In fact, there is nothing really new about it. It is based on ancient traditions from all areas of the world. Changing demographics and a desire for the human side of medical practice have all played roles in the return to this paradigm. Obviously, the Western system has made and will continue to make significant advances in the level of care, and is far from being replaced by the holistic paradigm.

Neither one offers perfect solutions. Instead, the U.S. medical system can learn from both and integrate the two. Holism must be integrated carefully, but the potential for the kind of medical care that could emerge in the future is exciting. Dr. Alan Bensman, a psychiatrist at Glenwood Rehabilitation, describes holism with an analogy. Patients are both the musician and the instrument. They work with medical professionals, who are the conductors, teachers, and tuners (personal communication, September 1, 1994). With the best of the Western and holistic paradigms integrated, the U.S. medical system can become a symphony orchestra that plays the music of health and wholeness.

I would like to leave you with an idea that I find central to the understanding of this topic. On our journey to health, we are not searching to perfect ourselves. On the contrary, we are already perfect! The wholeness, health, and peace of mind lie within us all. Our challenge is to cut through blocks such as unhealthy reactions to stress, destructive mental conditioning, and poor lifestyle habits. By doing this, we find the place of wholeness that lies within, our True Nature. As for myself, I will continue this search with my development both in my own self-care and in my healing role as a future physical therapist. For all of the questions with which I began this

journey, there are ten more for every answer that I've gotten. My quest for more understanding will continue and as I learn new ideas they will continue to challenge me. I would like to challenge you to make an internal shift in understanding yourself. Remember who you are: honor yourself as an energetic, spiritual being whose emotions and mind all make up your whole. I also challenge you to keep your mind and heart open to new ideas that can deepen your life experience. I invite you to walk this journey with me, for it is not only a way of healing but a way of life. A lifestyle based on responsibility, awareness, and self-care is not an easy one. It takes perseverance and discipline, but the rewards far outweigh the costs. I have felt a tremendous fullness and clarity of life's experiences in these few short months since my introduction to this lifestyle. The journey to health is a journey to your own center, where the power of health, healing, and a sense of peace lie within you. It is from this center, whether you are a health-care provider or not, that you can truly touch others. Thank you for sharing in this experience with me. I wish you well.

“May my heart flower. May I know the joy of my own true nature.

May I be healed into this moment. May I be at peace”

(S. Levine, qtd. in Dilley, Troestler, & Dilley, 10).

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