AN EVALUATION
OF THE HOLISTIC APPROACH
TO HEALTH CAREGIVING

by
Charlene Faris Jenkins

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Dr. Robert J. Mayo
Department of General and Experimental Psychology
If we live in the Spirit, let us also walk in the Spirit.

Galatians 5:25
PREFACE

My interest in what can be labelled as the holistic or wholistic approach or concept to living and health began some time ago.

Sparked by personal questions and an awareness of the fragmentation of the health care delivery system, I began this search in an effort to make some sense out of the systems. When I speak of the health care system, I feel all areas must be included be they spiritual, psychological or physiological. From personal experience and observation, I felt motivated to learn more about all of these areas and how they work or do not work together.

My search or my journey has already been intense, but I do not intend for it to end with this creative project, the Honors Thesis, nor with graduation from this institution. Rather I would like to think my journey is only beginning.

Based upon this personal motivation, I researched and evaluated this holistic approach to living and health care in an attempt to define an ethical premise from which I can proceed with career choice. Ethically, I could not progress further nor proceed with advanced education until I could make some sense out of these fragmented systems. I felt an urgency to find a meaning and a relationship between psychology and religion - two areas of prime interest to me. As a result of this project, I have drawn conclusions for my own perspective and resolved what I initially felt were conflicts. This research project has helped solidify questions and has given depth to my own personal beliefs and faith.

I am especially grateful to Dr. C. Warren VanderHill, Director of the Honors College at Ball State University, who invited me to enroll in the Honors Program. Participation in this program during my college career has given me the freedom to delve into an area of personal interest working with it creatively until it gave a new dimension to my life. I am thankful for the opportunity.

I feel this particular project dealing with holism has become part of my own personal history - a concept introduced by Dr. VanderHill. He calls this unique history an "act of faith," and this endeavor has been one.

I owe much gratitude to my friend and adviser, Dr. Robert J. Mayo, who has given me spiritual and emotional support along with professional guidance. I am thankful to him for his sustaining interest and for his faith that gives energy to my own.

I am also very much appreciative of the personal support (as well as professional) of a number of friends. Those persons
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I would like to express my gratitude to those professionals who shared the expertise of their respective professions as I interviewed them. To Patricia M. Bennett, R.N., M.A., Associate Professor of Psychiatric Nursing at Anderson College, Anderson, Indiana; to A. Hunter Colpitts, D.D., Senior Minister at High Street United Methodist Church, Muncie, Indiana; to Jan Gildner, ACSW, Assistant Professor of Social Work at Ball State University; to Thomas H. Hollingsworth, M.D., Holistic Health and General Practitioner, Muncie, Indiana; to Lynn Lightfoot, M.A., Counselor and Program Coordinator at the Pain Rehabilitation Center of Community Hospital, Indianapolis, Indiana; to Sandy Madill, B.S. and Pat Stevens, M.A., Directors of the Human Support Network, Muncie, Indiana; to Sister Maureen Mangen of the John XXIII Center, Hartford City, Indiana; to Robert J. Mayo, Ph.D., Assistant Professor of General and Experimental Psychology at Ball State University and Minister at Saratoga-Mt. Zion United Methodist Churches, Saratoga, Indiana; to Frank E. Walsh, M.A., J.D., APR, Associate Professor of Journalism and Sequence Coordinator of Public Relations at Ball State University, Attorney, and Public Relations Specialist; to Father Ron Voss, Director of the Center for Peace and Life Studies, Muncie, Indiana. I express sincere thanks to each one.

Finally, I wish to acknowledge and thank the person who shared both the joys and the sorrows, or the agonies and the ecstasies, of this project with me. I thank my husband, Robert, for his continued support.

Charlene Paris Jenkins
INTRODUCTION

The concept of an holistic or wholistic approach to health care delivery whether viewed from a spiritual, psychological, or physiological perspective can not be defined in a narrow sense. The area is too broad and has many fragments.

Even a definition of holism as body, mind, and spirit limits. These are the major divisions cited, but there are many other fragments that call for identification. Psychology has identified many of those pieces and has helped us to understand them. Many other professions within our society also work with the fragments.

When we work with a fragment, we are dealing with only a portion of a person. Caregivers within the helping professions are recognizing the need for unification of those divisions in order for a person to become whole. Thus the concept of an holistic approach to health care and medicine is born or perhaps reborn in new terms.

Recognizing the inadequacies of the current state of the art in health care delivery systems, many professionals are turning to the holistic approach. They have learned that caring for a person with a fragmented perspective tends to perpetuate fragmented lives.

In order to understand why the health care delivery system became fragmented, it is necessary to look at the history of caregiving. Most of the first chapter of the thesis will provide an historical construct upon which all health care systems
are based. The history gives impetus to the present state of the art of health care delivery.

Both a traditional and a nontraditional perspective of health caregiving will be presented based upon the interviews and other research sources. The spiritual, psychological, and the physiological dimensions will be analyzed for effectiveness. Concepts proposed by the interviewees will be presented.

Thus the thesis will deal with the fragments as each of the disciplines are presented and as each discipline attempts to evaluate its relationship to the whole person. The writer of this thesis does not intend to perpetuate fragmentation of the disciplines by presenting the various viewpoints. The intent is to simply identify in order to understand the various elements. The writer saw this approach essential to understanding the essence of caregiving.

The final portion of the paper will evaluate the disciplines and attempt to identify those that work and those that do not work. The problems and the possibilities of this interdisciplinary approach will be presented in the conclusion.

One very important conclusion will be drawn and cited in the summary. That is, how can these conclusions be communicated to the masses in a way that will promote this holistic concept credibly?

The writer will draw upon and attempt to integrate the parts of her education at Ball State University - general and experimental psychology, journalism/public relations, and humanities - to create a means to communicate these ideas to the various publics.
CHAPTER I
HISTORY

Scope and Purpose

The scope and purpose of this chapter is to provide the history of caregiving and to show how that history relates to the holistic approach to living and health as stated in the Introduction. The history shows where we have been, where we are, and where we are going. The history - be it past, present, or future - gives a depth to this holistic concept. It is important to include because the history gives the evidence that the systems have not worked efficiently and why. The history reveals the fallacies and the inadequacies thus pointing to a new direction. It finally reveals the cycle that caregiving has followed.

History of Caregiving

To give care or to help another human being to become well is a concept that has prevailed since creation. The interesting part is how that care has become civilized, modernized by technology, and divided according to various disciplinary lines.

The history of how that care is given today is important because the history has helped shape current practice as we see it emerging. It is the very historical construct practitioners of holism are having to break through in order to bring man back to where he began - to the holistic concept.
First of all, historical schism between body, mind, and spirit occurred intellectually during the classical period between 600 and 400 B.C. when the Greeks exerted an intellectual effort on the whole of nature and the whole of humanity. (Sarton, 1927, p. 81).

"The natural philosophers of the sixth and fifth centuries accomplished the first systematic exploration of nature ..." (Sarton, 1927, p. 81). Even then the Greek natural philosophers were aided by physicians, engineers, and lawgivers. Many of these Greek philosophers influenced the progress of scientific research providing an impetus that continues to this day.

Plato was a key leader in this intellectual movement. He was among the first who separated the human being into two distinct parts - the body and the soul. He called the body "matter" and the soul "spirit" as he expressed his thoughts when he recorded the personality of Socrates in the Phaedo:

Is it not the separation of soul and body? And to be dead is the completion of this; when the soul exists in herself, and is released from the body and the body is released from the soul, what is this but death? (Plato, 1942, p. 93).

Platonic dialogue spoke often of this mind-body duality such as Socrates illustrates.

Plato, the first intellectual to point out this distinction, also felt the body and soul were synonymous with good and evil. Plato believed in this dualistic concept in much the same way the New Testament presents it. Louise R. Loomis states Plato's concept in her introduction:

There are two worlds, was his answer. One is an invisible, spiritual world of perfect order and
design, containing in itself the eternal models or Ideas of all that appears temporarily and imperfectly in this... the Idea of the Good, the Supreme One, the Father, God... God, the all-perfect ruler of the spiritual world... Himself all goodness, he desired all things to be like himself, good and not evil. (Plato, 1942, p. 12).

Loomis further explains the Platonic conception of creation as God's work:

So he looked to the spiritual world of Ideas about him and framed a material world after its model, bringing down spirit to unite with matter, making it rich and diversified and endowing it with life, soul and intelligence. Next God made creatures. (Plato, 1942, p. 12).

Plato believed in the "supremacy of the spiritual life" once man was created. Sir Richard Livingstone cites the reasons as he interprets Socrates:

Man has a twofold nature: a soul, and a body which imprisons and defiles it, and the problem of life is to keep the soul, man's immortal part, pure in this world so that in the next it can inherit blessedness. (Livingstone, 1938, p. 82).

Thus the early philosophy provided a framework to build the intellectually scientific upon.

Regarded as an intellectual and as a natural philosopher, Plato was among the first to provide a scientific explanation. To illustrate the factors that influenced Plato would require research prior to the classical period. Since the formation of ideas, institutions, and professions began during the fifth century, the writer feels this is a logical starting point for this thesis.

Indicative of this period are the systems as we know them today. Plato's dialogues record some of the earliest works on
physics, epistemology, politics, sociology, logic, metaphysics, ethics, law, mathematics, education, etc. The Platonic arguments on the theory of the universe as matter and spirit are based upon those physical sciences. In the words of Loomis, those sciences are "philosophical proofs" elicited by Socrates and Plato. Through his writings and his Academy, Plato became the determiner of Western thought.

Plato was one of the first natural philosophers to view mental illness as an evil spirit within the person. Those spirits were called "infernal deities" that wrought evil in the person and were an explanation for all mental disorders whether in the "shape of insanity, epilepsy, hysteria, and other major neuroses." (Garrison, 1921, p. 75). Thus disorders of the mind were separated from the body by causality even though they dwelt within the body. The historical basis for the prognosis of mental disorders is given by Plato, but administration of treatment must also be incorporated into the prognosis.

Fielding Garrison, in his classic work, History of Medicine, illustrates an important fact concerning the origin of medicine and treatment methodology as he describes the method of Hippocrates:

Here . . . we find some approach to the accurate clinical pictures of Hippocrates, and many have supposed, on this slender evidence, that the Father of Medicine was indebted to Egypt for much of his knowledge. Some ethical precepts of the ancient Egyptian physicians are very much like the Hippocratic Oath in sentiment and expression, and this alone would point to the fact that pre-Hippocratic medicine in Greece had an origin closely connected with Egyptian medicine. (Garrison, 1921, p. 50)

However, there was a difference. Egyptian medicine was "entirely
in the hands of the priests." (Garrison, 1921, p. 50). Greek medicine was sometimes handled by Homeric warrior kings during the time of the Trojan war. Garrison states: "Thus we find, at the start, that there were many tutelary divinities of medicine among the Greeks, with overlapping or interchangeable functions in different places." (Garrison, 1921, p. 74). It seems the Greeks provided a divisional framework for modern health caregiving and delivery.

A well-known physiological psychologist, Allen M. Schneider and a professional writer, Barry Tarshis, indicate in their book, *An Introduction to Physiological Psychology* that today's scientists approach investigations from a different standpoint than did the ancient Greeks. They state:

But there are critical differences between the way today's behavioral scientist approaches the puzzle of human behavior and the way scientists and philosophers approached the problem before the birth of Christ. As a result, the philosophical framework within which these investigations are taking place is radically different today from the framework within which, say, the ancient Greeks approached the matter. (Schneider and Tarshis, 1975, p. 12).

From an argumentative standpoint, this writer does not agree because the historical construct of caregiving dates back earlier than the Greeks of the fifth and sixth centuries who borrowed from earlier peoples.

To provide further argumentation, Fielding Garrison illustrates the Greek approach to medicine, and it encompasses three parts. Those three parts are the same today, too. He states:

Apart from such 'priests' and medical men proper, the healing art was studied by the phil-
osophers, and practised in some details by the 'gymnasts,' who bathed and annointed the body and tried to treat wounds and injuries and even internal diseases. Greek medicine, as Osler has said, 'had a triple relationship with science, with gymnastics, and with theology,' and before the time of Hippocrates, it was regarded simply as a branch of philosophy. (Garrison, 1921, p. 79).

To explain the gymnastic approach to healing further, Garrison stated that gymnastics were used therapeutically. They were "exercise in the open air, the feeling that external nature had a kindly healing side toward bodily and mental ills." (Garrison, 1921, p. 710). The important factor to consider is the development of this three-in-one approach to caregiving came from the historical Greek framework. The purpose of all approaches was simply to heal the person and to make him whole.

To illustrate the Greek influence further, the Greek myth of Asklepius was the first institution dedicated to healing. Asklepius was the son of the god, Apollo, and the mortal, Coronis, but he was raised by Chiron, a physician gifted in healing. The myth tells how Asklepius became a skilled physician. "He moved about among the people healing the sick and injured wherever he went, and it was said that even the dead were called back to life." (Sanford, 1977, p. 43).

In ancient Greece and Rome, followers of Asklepius - the Asklepiads - treated persons more or less holistically. Asklepius' treatment methods were scientific, spiritual or charismatic, and psychological as John A. Sanford points out in his book, Healing and Wholeness. Sanford describes the holistic approach used very well:
It is a significant part of the myth that Asklepius is the source of both natural or scientific healing, and charismatic or spiritual healing. In our present day we have an unfortunate division between the scientific and spiritual sides of healing. The scientific knowledge of medicine has developed enormously since the days of the ancient Asklepiads, but without a proper recognition of the spiritual foundation of both illness and health, the results remain questionable. There are those patients, as we have suggested in the previous chapter whose illness is of spiritual and not physical origin, and who must be treated spiritually and psychologically as well as physically if ultimate healing is to take place. (Sanford, 1977, p. 49).

Therefore, Asklepius, the ancient god of Healing and the founder of Medicine utilized the holistic approach to healing. Among his methods were the use of herbs, dream interpretations, auto-suggestion calling for use of higher mental processes, and the symbolic use of sacred serpents. These methods were used to save life as well as to restore life. (Goertz, 1979). The Greeks sought order and perfection in their lives using the concept of gods and goddesses as explanations. Perhaps the myth of Asklepius was just a manifestation of how they would like health caregiving to be. That myth was an "ideal" state then as it is today. The true holistic state would be from ultimate healing.

The intellectual movement of this historical construct of caregiving moves to Hippocrates. He lived between 460-370 B.C. and is considered the "Father of Medicine." From here, the history of science takes form. Sarton, in his book, Life of Science, says science is seen from "its birth, its evolution, its diffusion, its progress and regressions [and from] a series of psychological problems" that are imposed. (Sarton, 1948, p. 51).
Hippocrates defined and treated the person from an anatomical stance by disassociating "medicine from theurgy and philosophy [and by crystallizing various schools of knowledge into] systematic science." (Garrison, 1921, p. 86). Thus the historical schism was created among the disciplines whose purposes are to heal and to make whole. The medical profession slowly became highly specialized adhering mostly to a scientific approach disregarding the psychological problems Sarton described and not considering spiritual problems.

Down through the ages, many persons contributed to the history of medicine, and Greek medicine was finally "established in Rome through the personality, tact, and superior ability of Asclepiades of Bithynia (124 B.C.)." (Garrison, 1921, p. 97). He did not practice medicine strictly by scientific method but rather like a "real Asklepiad [by using] fresh air, light, appropriate diet, hydrotherapy, massage, clysters, local applications, and sparing internal medications." (Garrison, 1921, p. 97).

Many of the Greek theories on physics and biology led to modern science and medicine as we know it today. Their theories on mind-body dualism, on spirits known as "pneuma," on the "vital force" which was thought to be the soul controlling behavior, and on the teaching of Anaxagoras that the "nous" or mind is distinct from the body but controls life processes have all been abandoned today. The historical process continued - giving birth to the science of psychology that has made considerable strides since the early 1800's in helping to under-
stand human beings and their behavior.

René Descartes, a seventeenth-century philosopher and mathematician said to be deeply religious, influenced scientific thought by establishing a "basic framework for modern rationalistic thought." (Schneider and Tarshis, 1975, p. 15). The split between the body and soul was crystallized by his theories and experiments. Then came the split between the disciplines, i.e. between the natural scientists and the theologians.

Descartes is sometimes called the "father of physiological psychology." In 1662, he published the first European textbook on physiology entitled De homine which contained a great deal of "theoretic disposition." (Garrison, 1921, p. 256). In 1649, his treatise, Des passions de l'ame "gives the first experiment in reflex action - the familiar one of making a person bat his eyes by aiming a mock blow at them - with the correct explanation of the phenomenon." (Garrison, 1921, p. 256).

It was the British empiricists who gave rise to taking the "study of mind-body relationships out of the realm of the metaphysical and the religious and into the mainstream of experimental scientific inquiry." (Schneider and Tarshis, 1975, p. 15). John Locke, George Berkeley, and David Hume were empiricists who helped establish a philosophical climate that took "psychology away from philosophy and closer to the natural sciences." (Schneider and Tarshis, 1975, p. 15).

One schism gave rise to another. Experimentation rose in an attempt to explain human behavior scientifically. Great
strides have been made since the 1800's just in psychological advancements alone, and various treatment modalities have been generated. Some theorists believe the historical schism must keep breaking the disciplines down into more and more schisms until new disciplines and sciences are developed.

One of the theorists is B.F. Skinner well-known for his formulation of operant conditioning and the Skinner box. To put it simply, Skinner believes an organism acts upon his environment, and as a result, the organism is affected by his actions. For these reasons as a basis, Skinner points out in his classic work, *Beyond Freedom and Dignity*, that many possibilities for man still have not been exhausted. He states his reasoning:

> There is a sense in which it can be said that the methods of science have scarcely yet been applied to human behavior. We have used the instruments of science; we have counted and measured and compared; but something essential to scientific practice is missing in almost all current discussions of human behavior. It has to do with our treatment of the causes of behavior. (The term 'cause' is no longer common in sophisticated scientific writing, but it will serve well enough here.) (Skinner, 1971, p. 5).

Perhaps Skinner's statement and recognition that treatment of causes has a missing element is a good place to culminate the historical construct of caregiving and the schisms inherent within that construct.

In *Beyond Freedom and Dignity*, Skinner proposes another scientific answer to the problem of ineffective treatment even though prior scientific solutions have proven ineffective. For the missing element, he proposes that a "science of
behavior [be applied to the] design of a culture." (Skinner, 1971, p. 15). The question is: Will his design work?

It seems that one scientist after another proposes an answer to the dilemma of mankind, and this is not to say the contributions are unworthy. Professionals of various sorts offer methods of healing and curing for the individual and for society.

Looking closer to the current holistic thrust to health caregiving, it is difficult to substantiate who or what event may have started it. Or, it could be asked: When did the cycle start to swing back to endorse the ancient philosophies and methods of healing?

In the last decade, a number of persons have used their rhetoric to contribute to the holistic movement. The movement has had impetus and growth as a result of holistic proponents joining together at conferences, in associations, and in organizations. Who is to say whether or not it was given impetus by B.F. Skinner's proposal in 1971 that a new science be formed? Who is to say whether or not it was Rollo May's 1969 treatise on Love and Will that suggested people must find the source of love and will?

After the Greeks, after the historical schisms that persist, and between the scientists and empiricists was the birth of Jesus. This is where the history really begins. The writer of this thesis proposes that scientific design working alone will not work effectively. The history of caregiving must include the spiritual healer, Jesus. Scientists, the religious, philo-
sophers, empiricists or whatever are all human healers. They are not the ultimate source of healing. That is the reason they have failed in their attempts.

The greatest healer in our history was Jesus. Throughout the New Testament, He performed miracle after miracle. His treatment methodology was healing the spirit, and it is timeless, ageless. John A. Sanford says: "Jesus is a healer par excellence." (Sanford, 1977, p. 51).

Jesus is neither a myth nor an institution.

Jesus is not a scientist. He is not a physician, a psychologist, nor a religious.

Jesus is the Divine - the ultimate source of wholeness and of healing. In order to understand His Divinity and His power, humans may have to begin another history. Or, is that the one humans are already living?

The rest of the history is personal to an extent although disciplines are engaged collectively in developing the same type of history. Finding that Jesus is the healer "par excellence" does not end the history for the individual nor of disciplines.

The history begins with the embarkation upon a sacred journey to find the living Christ. This journey becomes a history within itself. It seems that disciplinary groups have not identified the kind of history they are developing. Perhaps holism is the beginning of that identification process. Who knows?

The history defined now is quite different from the one described earlier. Its level is higher. It explains the larger
issues at hand. The sacred journey of the individual applies to society as a whole. Society has been forming these historical schisms for a reason. Essentially society itself may be embarking upon a sacred journey with the growth of the holistic movement. Why? The spiritual element is finally being included.

The writer could not attempt to define the characteristics of such a journey and of such a history without having experienced them herself. The writer identified the journey that explores the three elements of holism - physiological, psychological, and spiritual - in a work written last year entitled: "My Reflection and Journey of Religious Experiences." It was a personal religious history written for an Honors Colloquium under the direction of Dr. Stephen H. Wurster at Ball State. In this work, the elements were sorted out as the path was retraced, and the history was written. Along that path were the three elements of holism - body, mind, and spirit. Along the path of our society history has defined them scientifically, but the spiritual has been left out.

At this point, John A. Sanford's description of the sacred journey is very fitting and is all-inclusive as it pertains to the formation of individual and societal histories. He states:

It is a sacred journey in search of healing, a journey undertaken for a holy purpose. No one becomes whole without undertaking such a journey. It may not necessarily involve a physical journey from one place to another, but it must involve a spiritual journey in which we move from our location or attitude in the beginning to an entirely new psychological place. But often the pilgrimage in search of healing, which alone can lead to wholeness, must involve physical effort as well. (Sanford, 1977, pp. 55-56).
To understand fully the implications of the healing process or the journeying process that makes persons or society whole and holy, this writer contends that each of the fragments be they spiritual, psychological, or physical, may have to be dealt with in the course of history for a time. Perhaps the institutions set up by man are a means to that end - of eventually finding wholeness. Out of the fragments and out of fragmentation can come wholeness, but the experience must be private, and it must be individual. It is a personal search to find the living Christ manifest by the Holy Spirit within.

Thus the historic schism among the disciplines and within the individual may be a blessing. The word "religious" that implies an institution and the various manifestations of religiosity may be a blessing. All of them gave rise to the embarking on the journey. Embarking on the sacred journey is a blessing. This thesis is simply another historic marker for the writer's own sacred journey. Hopefully the holistic movement will be an historical marker for the caregiving disciplines.
CHAPTER II
HOLISM DEFINED - ITS "STATE OF THE ART"

Holism

The concept of holism is actually very old. The word "holos" in Greek means whole, complete and holy. Holism is a modern term - a noun that theoretically means human beings as whole entities are, by their very existence and in reality, more than the sum of their parts.

"The individual is more than just the sum of the individual parts, and is an integration of the physical, the mental, and the spiritual - united to form a unique being." (Association for Holistic Health, 1977). Holism is a movement whose thrust is to make persons aware that the parts are integrated and not divided. The central component is described by Harold Bloomfield, M.D., a leader in the holistic movement:

You have to look at all the parts together, as well as that which sustains harmony among the parts. This dimension is called 'spirit.' (Bloomfield and Kory, 1978, p. 46).

Bloomfield and Kory state further that "spiritual refers to the experience of wholeness and integration, irrespective of religious belief or affiliation." (Bloomfield and Kory, 1978, p. 146).

Holistic Health

To apply the concept of holism to lives implies that persons must achieve, maintain, and continue to experience an integration of the body, mind, and spirit.
The American Holistic Medical Association defines holistic health as:

A state of well-being in which an individual's body, mind, emotions and spirit are in tune with the natural, cosmic and social environment. (1979)

This holistic approach to health care is new for this age and is "revolutionary" according to Dr. Bloomfield, but it embraces the old concepts as well as the new.

Speaking to persons interested in this rising concept at a conference last year in Lafayette, Indiana, Dr. Bloomfield said:

The holistic health movement from my vantage really represents the inspiration of the very best of what is old - like old wisdom - about man and his health and of what is new. (Bloomfield, 1978).

Some of that old wisdom comes from the New Testament where the "state of wholeness and of health were often equated with salvation." (Svihus, 1979, p. 19). Such knowledge carries the historical construct further.

The Apostle Paul gives the concept of the holistic approach in I Thessalonians 5:23. Paul writes:

And the very God of peace sanctify you wholly; and I pray God your whole spirit and soul and body be preserved blameless unto the coming of our Lord Jesus Christ.

Even though the terms holistic and holistic health are sort of "in" words right now, Dr. Richard H. Svihus points out the teachings of Paul from the New Testament which are ageless.

To further explain the holistic approach, Dr. Svihus clarifies the meaning:

The concept in its original meaning relates to the integration and growth of the individual. There is really no one holistic therapy, but there is an approach, a process that attempts to mobilize
the healing forces and energies within the individual to bring about the integration of body, mind, and spirit. Thus one is working with the whole person and not just with a disease process. (Svihus, 1979, p. 20).

This leads to the key message of the movement. "Now the major message of holistic health is that health is primarily your responsibility, each person's own responsibility," said Dr. Bloomfield at the Lafayette conference. (Bloomfield, 1978). This message is heard again and again throughout. The present medical model does not allow a patient who is "unwell" or "ill" to assume responsibility for his or her own health. Rather the physician assumes responsibility when the person is physically ill, for example. The holistic approach embraces the whole person and includes "his conscious awareness' and his spiritual self." (Svihus, 1979, p.21). This approach allows the person to intervene and take self-responsibility toward becoming well if physically ill or in cases where the person is psychologically ill.

Further, the holistic approach does not view health simply in negative terms as the absence of disease and the absence of symptoms. Health is viewed as "wellness." In his lecture, Dr. Bloomfield said health "really represents a growing state of wellness." (Bloomfield, 1978).

Dr. Bloomfield illustrated the model he followed throughout his medical training and psychiatric training. He described the model which all medical students follow: "Gee, if we can just eliminate one disease after another that is how we have health." (Bloomfield, 1978). He says it is not that simple, and the
Another force is the mere fact that specialization of all health caregiving is too specialized. The focus has been on a named disease and treatment of that disease only. Dr. Richard H. Svihus provides a quote from the famous Sir William Osler who said:

'It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has.' (Svihus, 1979, p. 20).

The holistic approach and method forces the caregiver to pay attention to the whole person who is experiencing the disease and not "concentrate so much scientific attention on the disease process." (Svihus, 1979, p. 20). However, Harold Bloomfield points out that the contrasting of the mechanistic approach to the holistic one "is not meant to imply that one can replace the other." (Bloomfield, 1978). It simply points to the fact that problems are inherent within the health care systems, and a single approach will not work. These problems become a force behind change.

"Neither the holistic nor the mechanistic views of health care have claim to absolute truth. Both stem from philosophical ways of looking at the world, and neither can exclude the other." (Bloomfield, 1978). Dr. Bloomfield believes an integration of the two approaches is necessary. Otherwise the "whole" will not be realized.

We have simply "lost harmony with nature in our efforts to master it." (Bloomfield, 1978). This lack of harmony gives force to change with harmony as a goal to achieve.

Another force is the health care crisis. This crisis is
forcing changes in the health care delivery system. President Carter and his administration is making health care the major domestic policy, and health care is the number one industry in the United States. Over 170 billion dollars is spent annually on health, but statistics reveal that persons are not always getting well as a result. Instead, they often get sicker.

It is true that many advances have been made, and lives have been saved by vaccines, intensive care units, open-heart surgery, and other surgical techniques. Yet Americans are consuming more medications either in the form of over-the-counter drugs or prescribed drugs. The costs of many treatments are enormous. The technology available within hospitals for treating illness is also very expensive.

Therefore the rising costs of health care delivery may be a force behind the change, but problems are ingrained in this force. Eric J. Cassell, M.D., clinical professor of public health at Cornell University Medical College and author of The Healer's Art, discussed the commodity view of medicine in a recent Wall Street Journal article. He points out a paradox between two forces that are generating change in the health care delivery system. He states:

I recently attended a meeting about medical care where two themes were constantly recurring. The first was that high quality medical care should be available equally to everyone on the population and reduced in cost. The other idea, also strongly held, was that more humanism was necessary in medical care, that doctors should care for their patients as persons, rather than focusing exclusively on disease or technology. These two concepts represent major pressures upon the profession of medicine today; however
they are incompatible goals. (Cassell, 1979). Cassell says that medical care is a "vital social commodity." Medical care or any form of health care delivery must be allocated and distributed evenly to all persons according to "economic rules that govern any commodity." (Cassell, 1979). In other words, they should be available at a fair cost to the consumer.

What happens to the holistic approach, or the humanistic approach as Cassell calls it, if social and distributive justice are not inherent within the health care delivery system? Is it really holistic or humanistic?

Serious ethical questions should be asked as progress is made by the holistic movement. To move toward distributive justice should be a major concern and a force behind the change as it embraces what holism really means. Not only must the parts represented by holism be integrated when it is lived out, but what those parts implicate, too.

What should be and what is the force behind change to an holistic approach includes levels that have not all been considered. Questions need to be raised, and many of them need to be not only ethical ones, but bioethical in nature. "Bioethics, as a discipline, concerns itself with public policy guidelines as well as medical ones whenever the clinical care of a patient is involved." (Faris-Jenkins, 1979). Are holistic proponents considering distributive justice?

To forget that persons in this country and in this world are starving is not a move toward holism. The fact that
persons are starving should be a force to move toward holism and to live it out. Cassell feels the "problems of distributive justice should come first," (Cassell, 1979) but will they? Many persons in this world are not even in a position to consider an holistic approach to living. Consciousness must be raised to this level.

Father Ron Voss, a highly respected friend of this writer and a proponent of distributive justice, made this point quite clear during the interview with him at the Center for Peace and Life Studies. Fr. Voss and the writer were discussing the elements of a persons and that which makes him whole. Fr. Voss stated:

Spiritual life has something to do with our physical well-being. It is very hard to be spiritual if your stomach does not have any food in it, in a sense... Though it is odd because a lot of people who live in hunger and poverty are really a lot more 'spiritually together' than those of us that take more than our share. (Voss, 1979).

It seems that if living out an all-inclusive practice of holism, all the parts and their implications must be the forces behind change, but what must be and what is are conflicting.

The writer believes the important force or the basic force has not really been identified. The basic force must be the emergence of a strong spiritual dimension to this triple relationship termed holism. So far the spiritual dimension seems to be very weak and vague at all levels of practice and understanding. The writer believes failure, perpetuated failure, and fragmentation will continue to occur within the holistic approach if the spiritual dimension continues to be weak and unidentified.
In the past, the scientific concepts - either physiological or psychological - are the ones that receive the most attention. The non-scientific concept of spirituality falls aside as all attention is geared to those others. As a result, continued failure persists.

During the interviews and research gathering for this thesis, the true meaning of CAREGIVER echoed over and over. If holism is to be lived out, and if it is to be acted upon, caregiving should become giving love. The writer heard this message over and over again from the persons interviewed. This writer believes the basic force behind change should arise from the recognition that there has been a lack of loving and the lack of really giving care.

Loving implies a continual tapping into that source of love, i.e., the Trinity. Dr. Rollo May identified the need and stated it quite eloquently in his foreword to _Love and Will_ published in 1969 before a holistic movement began. He stated:

I have long believed that love and will are interdependent and belong together. Both are conjunctive processes of being - a reaching out to influence others; molding, forming, creating the consciousness of the other. But this is only possible, in an inner sense, if one opens oneself, at the same time to the influences of the other. And will without love becomes manipulation. . . . Love without will in our own day becomes sentimental and experimental. (May, 1969, p. 9).

Dr. May ends his foreword with this call to act upon:

In this transitional twentieth century, when the full results of our bankruptcy of inner values is brought home to us, I believe it is especially important that we seek the source of love and will. Rollo May (May, 1969, p. 10).
Therefore, the source must be sought, found, and acted upon by the caregivers. The source, envisioned by the writer as the Trinity, will be the force, not only behind change, but it will cause change. That force was not allowed before in a global sense because caregivers did not think in terms of living out the words of Jesus. Hopefully the force will become global.

On another level, aside from the theoretical aspects dealing with failure of the current systems, rising costs, over-specialization, and lack of spirituality as forces, the current tangible force creating change is the pervasive influence of communications.

The communications effort is being promulgated from the holistic practitioners at this stage. The powerful force of the effort is slowly causing persons to adopt new attitudes and to change their lifestyles, to take self-responsibility for their lives, and to view themselves as a unit rather than a separation of elements. The medium is getting the message to both audiences - the professional caregivers and to the general public even though the message itself is fragmented at this point.

Many inadequacies are inherent within the communications force behind change that will be addressed in the last chapter. For example, holism, as a concept or approach, seems to lack a clear definition. As a result, many professionals do not even understand the concept.

Inappropriate and inadequate communications has to be the reason holism is not completely understood.

Yet, holism is creating and causing change. The communica-
tions effort is working. Books have been printed to reach lay persons, and conferences and seminars are being held regularly and nationwide for professional caregivers. The printed word and the spoken word communicate the holistic movement. Across the country, holistic health centers are being established advertising for holistic practitioners in placement columns of publications such as the "Holistic Health FOCUS" printed by the Association for Holistic Health.

The message is slowly beginning to saturate the American public, and this writer believes it is a powerful, practical force behind change. The theoretical forces behind change are obvious, and they are easily recognized. Though not obvious, the practical method of mass communications effort is the force that will elicit change within the various publics of our society.

Like all communication, the message is being received in a piecemeal fashion and often inconsistent manner. Terminology is vague and inconsistent. Therefore, the writer believes a similar understanding is inevitable.

Finally, the outcome of the holistic movement will be determined perhaps by which force is allowed to exercise the greatest amount of control.
CHAPTER III
HOLISTIC PERSPECTIVES

Scope and Purpose

The scope and purpose of this chapter is to give an overview from various research sources on the holistic approach as it is being practiced in this community, a surrounding community, and in the United States. To understand the theories presented in the preceding chapters, it is necessary to see those theories in operation.

Application is essential for another reason. Taking a look at holism in practice identifies the weaker parts of the theory. The writer has identified some missing elements within the applied areas, and during the process illuminated her own conception of what will make holism work more effectively on a broader scale.

This chapter will include perspectives on holism as they are conceptualized and practiced in Muncie, Indiana and surrounding areas. Extensive interviews were held with caregiving professionals here in Middletown, U.S.A. All dimensions of the health care delivery system are included - spiritual, psychological, and physiological. Protestant ministers, a Catholic priest, a Catholic sister, physicians, a nurse, a therapist, an attorney, a social worker, and educators are the parts of the systems represented.
All of these perspectives were rich with insights giving the writer a depth of perception that became increasingly valuable as the thesis was written.

Many of these perspectives include persons who are not from a purely traditional framework in their own theories. This was the writer's purpose for selecting these sources. They were persons who continually "listen" for a call to be more than what they already are, and that is to say, they are led by the Spirit. The scope and purpose of any holistic perspective should embrace the spiritual core they seek.

As the initiator of this creative endeavor, the writer sought to discover the extent of the spiritual core when talking with each professional. By identifying some persons who have strong beliefs toward the spiritual dimension with those beliefs in action, a stronger case for holism can thus be presented.

Human Support Network, Inc.
Muncie, Indiana

Sandy Madill and Pat Stevens, Directors

Sandy Madill and Pat Stevens are holistic practitioners who practice from a spiritual basis whose mission is to educate persons to live holistically. Both of them are educators, and one is Protestant, one Catholic. They have formed a non-profit organization called The Human Support Network "for the purpose of promoting holistic philosophy." (Madill, 1979). They teach classes to meet the holistic needs of their participants.

The two women "team teach" the holistic approach to living through hatha yoga, nutrition and diet classes, the holistic
woman, and any other aspect of holism requested. Sandy and Pat team teach these concepts because they do not believe holism can be accomplished alone. People need to reach out to help other people in the effort, too. Underlying their philosophy and approach is the fact that God dwells "within people." (Stevens, 1979).

Pat explains one of their teaching methodologies as it parallels with the holistic concept:

People will demand what they need. It will eventually shift from the intellectual. We teach hatha yoga, and that is taking care of the body. Then they need something for their heads. While you are feeding their bodies, through the classes, you take care of their heads. We are kind of taking care of their bodies and emotions a lot. And it starts growing until they feel they need a sharing group or a fellowship group or need to see a doctor. It develops, you don't have to force it. . . . Life evolves. (Stevens, 1979).

For Sandy and Pat the underlying philosophy and motivation for their teaching efforts is letting their network evolve just as life itself evolves. They teach what is needed and what is asked for without forcing anything. They meet human needs.

The thrust of Sandy and Pat's efforts is to teach persons to take self-responsibility for their lifestyle in order to try to "get it all together" - in order to become whole. Self-responsibility is the thrust of the holistic movement, and these women call it their "prime commandment." They raise consciousness to the level that causes an individual to look at his or her lifestyle by asking questions such as:

Is there something in my lifestyle that I might be able to change that would also change my health and change my outlook on life? . . . . A lot of times our lifestyle contributes to disease. . . . . A lot of times it is the sin in our lifestyle that causes us to end up sick. Those things pull weight. (Stevens, 1979).
Sandy and Pat develop an awareness for their participants at in the seminars teaching them that the "normal American condition" is not a healthy one from any of the three perspectives.

While they teach holism, the two educators are living the concept themselves. They feel that the only way persons can "know what holism is, is to live it." (Stevens, 1979). On a regular basis, Sandy and Pat attend holistic retreats at a center in Pennsylvania. It is a yoga retreat center directed by an Indian with a universal Christian background. This is where they model their own evolving holistic lifestyles. They feel that in order to be models themselves, they must follow models who are a "step ahead" of them. (Madill, 1979).

The 200 people living at the yoga center they attend have gone there because they are on a spiritual path. "They have denounced worldly things, and they are there to study and grow ... with the framework to serve whoever comes." (Madill, 1979).

Physicians, psychologists, and psychiatrists are living and working there "to provide these experiences for people who want to come there to study. They have a holistic center and an institute that awards the master's degree and advanced work along with the various spiritual programs.

Pat explained the basis of this community which is their model:

When you are within that community you can help anybody. You are free to be a spiritual person. You are free to live out everything Jesus said. No matter what precept Jesus talked about, you are free there to live it out. People are there practicing and learning how to love others. (Stevens, 1979).
Although an emphasis is not placed on Protestant, Catholic, or Jew, or any other religious category, an emphasis is placed on Christianity through the center's teaching.

Therefore, the basis is spiritual, and it is acted upon. "The Kingdom of Heaven is within, there is Divinity within" is the basic structure from which persons living there live their lives. Sandy and Pat incorporate this attitude in their own classes. However, many persons attend the yoga retreat center, and many persons participate in the women's classes who are either agnostic or atheistic. No distinction is made. Although Sandy and Pat believe in the Trinity, they often speak in terms of "spirit" in their classes without reference to God, Jesus, or the Holy Spirit. They speak of Christianity if they know that all persons in a group are Christian, but they are very cautious of labelling and naming.

Sandy explained the result of looking to the Divinity within and in other people as if they are a "child of God":

And through seeing it in you, I can see it in me. We start reflecting our own Divinity, and we start practicing what it means. (Madill, 1979).

It is interesting to note the beauty of the foundation from which holistic lifestyles are truly lived out.

Sandy and Pat pointed out that if the spiritual dimension is left out, it can not be called "holistic." Rather, it must be "halfistic." Granger Westberg has such a clinic in Chicago, Illinois, and he is the person who designed the current holistic model many clinics in the United States are following today. Westberg is true to the holistic concept by putting the correct