name to the applicable program.

Yoga itself is an holistic concept because the definition means "union of the body, mind, and spirit." (Madill, 1979). Some persons question Sandy and Pat about practicing yoga and being Christian by asking how they can participate in yoga and remain Christian. Sandy pointed out that "yoga is more a universal approach, and it transcends what either of us experience in our churches or denominations." (Madill, 1979). They also referred to yoga as a "science of living" which is 6,000 years old, but practitioners believe it is time to tell its ancient secrets for those willing to accept it.

In addition to what has already been covered, Sandy and Pat teach and live out the following principles to holism:
- to be non-judgmental in attitude and practice of living
- to promote sharing experiences within classes so each person can help the other without attempts being made by the leaders to serve as "counselors"
- to learn there are options to patterns of doing things and living
- to realize choices are made individually and to take responsibility for those choices as they affect lifestyle
- to teach people to tailor their diets to their own bodies respective of adversities he or she may have
- to become aware of self-responsibility for health care
- to develop positive attitudes
- to get plenty of sleep
- to develop a network of persons to help each other
- to find ways to relieve tension and stress
- to identify various exercise programs available and to consult with a physician before starting one
- to make persons aware of the effects of smoking and drugs on the body (including coffee as a drug)
- to live out the teachings of Jesus
- to rely less on physicians and prescriptions
- to get into touch with "yourself" and allow personal free time
- to simply "play" and allow time for recreation (including rolling in the grass if one feels like it)

These are the basic concepts though not at all inclusive which Sandy and Pat are continually open for as they allow their Human Support Network develop as life itself does.

**Summary**

As holistic practitioners, Sandy Madill and Pat Stevens of the Human Support Network in Muncie, Indiana educate persons to develop an holistic attitude and to act on it. They have read and studied extensively to develop their network. Using yogic science, the Westberg model, and their own creativity, they have developed a unique educative process.

Their central core to holistic philosophy embraces the teachings of Jesus as they work alone, as a team, within their respective families, and as they work with participants in their seminars. It is their sole purpose for being - to bring the spiritual element to the forefront.
Harold H. Bloomfield, M.D., is one of the country's renowned leaders of the holistic approach to health caregiving. Much of his philosophy and practice was mentioned in Chapter 1. The writer of this thesis availed herself of the opportunity to meet him at the holistic conference in Lafayette, Indiana last year.

Dr. Bloomfield is a founding member of the Association for Holistic Health and also the American Holistic Medical Association. Both of these organizations were founded "to stimulate greater public and governmental involvement and to establish guidelines for holistic health education and training." (Bloomfield, 1978, p. 9).

At Dr. Bloomfield's Center for Holistic Health in San Diego, treatment is offered by physicians who practice holistic medicine, and health enrichment classes are taught by paraprofessionals. Portions of the Holistic Health Survey form used at his center for assessing patients are included in Appendix A.

The focus is to teach people to assume responsibility for their own health. The strategy involves a shift of responsibility from the doctor to the individual patient. Dr. Bloomfield endorses the philosophy mentioned earlier:

In short, you, and not your doctor are ultimately responsible for your health. . . . . Your health is your own responsibility. So the first and most important step in achieving your full measure of health, vitality, and emotional well-being is to recognize your own natural healing abilities. (Bloomfield, 1978, p. 14).
In order to accomplish this, Dr. Bloomfield provides an educative means to actualize the entire life process. At the Lafayette conference, he listed six steps to the actualization of health.

First of all, he suggests stress management and reduction. Hans Selye, internationally known researcher and a "very dear friend" of Bloomfield's, spent his entire life studying the stress concept. (Bloomfield, 1978). In his classic work, The Stress of Life, copyrighted first in 1956, Selye defines stress:

Stress is usually the outcome of a struggle for the self-preservation (the homeostasis) of parts within a whole. This is true of cells within an individual, of individuals within society, and of species within the whole animate world. (Selye, 1956, 1976, p. 367).

Continuing this necessary diversity from Bloomfield's approach, Selye explains applicable psychosomatic and philosophic implications from which Bloomfield has drawn part of his theory:

After surveying the emotions which govern interpersonal relations (the thirst for approval, the terror of censure, the feeling of love, hate, gratitude, and revenge), we come to the conclusion that the incitement, by our actions, of love, goodwill and gratitude in others is most likely to assure our safety within society. (Selye, 1956, 1976, p. 368).

One can easily understand Selye's approach. It is a move toward formulating codes of behavior that are based on the findings of his own research that have uncovered the laws that govern the body's resistance and adaptation to stress.

Dr. Bloomfield suggests that people must focus on the positive aspects of life such as love, joy, and well-being rather than fear, rage, and pathology. (Bloomfield, 1978). He speaks continually of actualizing the life process through blooming,
growing, uncovering potential, creating, and energizing. He says:

We all have a tremendously powerful energy that is really the source of our being. It is a revolutionary force itself, and if we can express it in love, well-being and creativity, we blossom. If it gets blocked on any level - physical, mental, emotional, spiritual - we lose it all. (Bloomfield, 1978).

Symptoms resulting from chronic stress affect the health and well-being of persons.

To reduce stress, Dr. Bloomfield suggests becoming aware of both internal and external cues with emphasis on the internal ones. In his book, he discusses the concept, too. "Tapping into an inner silence which is the exact opposite of stress in every way we can measure it" is the key to getting in touch with the internal cues. (Bloomfield, 1978).

He refers to this concept as the "healing silence," and it is Dr. Bloomfield's primary methodology. In his most recent book, The Holistic Way to Health and Happiness, he describes the healing silence as an "antidote to excessive stress" because it restores balance to the body, mind, and the spirit. (Bloomfield and Kory, 1978, p. 74).

Backing the concept scientifically, Dr. Bloomfield has measured the physiological and the psychological changes in the human body within the laboratory. "The spiritual effects of the healing silence have received little scientific scrutiny, but they are evident in reports of increased inner harmony and feelings of wholeness among meditators." (Bloomfield and Kory, 1978, p. 75).

Bloomfield and Kory recommend Transcendental Meditation in their books as the route to achieving the healing silence. Of
course other scientists, psychiatrists, and psychologists have similar techniques. To give his suggestion credibility, Dr. Bloomfield bases his recommendation only upon vast sources of scientific research. As a physician, he does not advocate using techniques like Erhard Seminar Training (EST) and Silva Mind Control. (Bloomfield and Kory, 1976, p. 88). Unless a program has beneficial research reported to back it up, he does not advocate it.

The second method to actualize the life process, according to Dr. Bloomfield, is a physical fitness program. Third, he suggests working toward emotional well-being by constructively handling anger, being tender and loving, expressing sexuality, and loving and growing from the "heart." Throughout his lecture and in his book, his rhetoric elicits nurturance, loving, and serving others. He says we need to "give ourselves permission to love." (Bloomfield, 1978).

As the fourth factor, he suggests developing a good diet and nutritive effort. By this he means eliminating destructive health habits such as smoking, overeating, and excessive alcohol use in addition to planning a healthy diet of foods ingested into the body.

The fifth factor to actualization is becoming aware of the environment. Literally, this aspect encompasses a broad variety from which a great deal of material could be written. It will be narrowed down here. Dr. Bloomfield talks specifically of developing a warm, loving home environment. Also, he speaks of creating the life you want rather than reacting to what seems to happen."
(Bloomfield, 1978). Interpreted, he suggests balancing our responsibilities and obligations in terms of social and business commitments in order to remain a balanced person.

Finally, Dr. Bloomfield addresses the sixth and most important factor of the actualization process, and that is the spirit. He speaks of spirit as that which gives meaning, direction, and purpose to an individual's life. "Spiritual refers to the experience of wholeness and integration irrespective of religious belief or affiliation." (Bloomfield and Kory, 1976, p. 146).

He cites the spirit as a "pragmatic concept, not religious or mystical" as it is tended to within holistic medicine. (Bloomfield, 1978, p. 14). A person who is spiritually healthy experiences "satisfaction with work, an untroubled home life, and a sense of deep inner happiness." (Bloomfield, 1978, p. 15). He explains the concept further:

Although spiritual growth may contribute to a religious life, it may also be experienced and understood in terms of the actualization of an inherent human potential. In any case, through spiritual growth you experience a personal connection to a greater reality, be it Nature, God, or History. (Bloomfield, 1978, p. 15).

Holistic medicine does not endorse any specific reference to the Trinity, and Dr. Bloomfield generally does not either.

As part of the actualization process concerned with the spiritual factor, he introduces the idea of the "spiritual crisis." A person may have to EXPERIENCE this crisis to uncover the spiritual element that serves to integrate all of the others. Dr. Bloomfield says the crisis "can be the point of transformation," (Bloomfield, 1978), and he works with his patients at this level.
Harold H. Bloomfield, M.D., a psychiatrist, does not call himself a "shrink." Instead, he calls himself a "stretch." He attunes his treatment methodology to endorse this philosophy by including the symptoms associated with the spiritual crisis as part of the patient's reason they came to him. He is attuned to the symptomology of spiritual awakenings, spiritual experiences, and spiritual emptiness. As a "stretch," he tends to all of these symptoms.

Though the standard curricula in psychiatric training does not include the writings of psychiatrists Jung, Horney, Assagioli, and Maslow which discuss spiritual realization, Dr. Bloomfield incorporates what they have to say into diagnosis and treatment of his patients. (Bloomfield and Kory, 1976, p. 146).

Traditionally, mental health workers have treated the spiritual crisis within the psychopathological model. Dr. Bloomfield cites distinct differences between the spiritual crisis and the psychological crisis:

The symptoms of ordinary neurosis are regressive in nature, while those resulting from unconscious stirrings of spiritual potential are distinctly progressive. . . . . The person in a spiritual crisis has difficulties with friends and family because his emotional autonomy is so great that he feels driven to withdraw into himself for a while until he finds what he is seeking. The neurotic may seek refuge in illness or invalidism in order to escape the requirements of ordinary personal and social life. The person in a spiritual crisis has not previously and does not during his crisis resort to manipulative deceitful ways of avoiding responsibility. (Bloomfield and Kory, 1976, p. 151-152).

Dr. Bloomfield cites the origin of the spiritual crisis as the "lack of spiritual experience." (Bloomfield and Kory, 1976, p. 152). Therefore, the people who treat the spiritual crisis
must be dually competent as a trained psychotherapist and a spiritual guide. (Bloomfield and Kory, 1976, p. 153). The symptoms may appear to be the same but really are different, and they must be treated differently. Dr. Bloomfield considers himself a spiritual guide within the context of calling himself a "stretch."

Continually throughout his lectures and books, Harold Bloomfield, M.D. cites the importance of true, unconditional love that must be rendered to the patient through the therapeutic relationship. He feels the therapist must portray "genuine love and compassion" to patients in order to provide a "healing personality." He cites this attribute that should be practiced by all health care professionals:

Technical skill may be important, but the health care professional's basic attitudes contribute significantly to the outcome of many forms of treatment. Psychologist Carl Rogers emphasizes that empathetic listening (the ability to feel deeply what another person is saying), caring, emotional ease, and compassion are basic to the healing personality. Unfortunately the rigors of medical training often squeezes these qualities out of future medical practitioners. As a result, many patients end up running from one doctor to the next because they do not feel cared for. (Bloomfield and Kory, 1976, p. 158-159).

This theory is quite relevant to a person's becoming whole. In his book, The Holistic Way to Health and Happiness, he suggests that persons consult a minister, priest, or rabbi for pastoral counseling if they feel their spiritual needs are not being met from the traditional caregiving framework.

Harold Bloomfield's last component in his approach to holistic health and medicine is a proposal that scientific research be
established for the area of the spirit. Many proponents of holistic medicine believe the new standard of health called "wholeness" or sometimes referred to as "wellness" must be "established carefully through scientific research." (Bloomfield, 1978, p. 15). Advocates of holistic health feel the role of the spirit must also become an important area of research.

**Summary**

The holistic health approach has been viewed from Harold Bloomfield's perspective. His approach embraces all of the elements - physical, psychological, and spiritual. Broadening his own dimension as a psychiatrist, he refers to himself as a "stretch." He has broken out of the traditional role of the psychiatrist to include the care and treatment of the spiritual problem. Therefore, Dr. Bloomfield does not practice a totally mechanistic approach to caregiving. Instead, his approach contains the nontraditional perspective of a holistic practitioner. He aims for prevention of disease and illness while embracing the values of happiness and love.

Highly admirable from the writer's viewpoint, Dr. Bloomfield includes love and true caregiving as antidotes to illness. He suggests the same genuine caregiving be included in the therapeutic relationship since it is so often missing.

Having met Dr. Bloomfield at the Lafayette conference on holistic health, the writer feels he certainly is the "shining light" he suggests other caregivers be. He truly lives out the meaning and implications of holism.
Granger Westberg, D.D., a clinical professor of preventive medicine at the University of Illinois, Chicago, set the stage or the model for many of the holistic health centers in the United States today. He set up the model project in 1973 at the Hinsdale Center, Hinsdale, Illinois, to add the spiritual dimension to medicine. Westberg is one of the nation’s non-medical leaders in preventive medicine. More and more clinics are being established across the country from this same model and through Wholistic Health Centers, Inc. The original Westberg clinic was established about 12 years ago in Springfield, Ohio.

Dr. Westberg began this venture because he felt that ministers and physicians should work more closely together. His model includes a staff with a physician, a pastoral counselor, and a nurse practitioner who all work as a team. He also believes the church building is a good place to house medical centers since they signify health and wholeness. The Hinsdale Center was established as a non-profit organization with a grant from the Kellogg Foundation, but the center is now self-supporting.

To illustrate the Westberg model, the theoretical principles of the Wholistic Health Center located in Union Church in Hinsdale, Illinois will be described. Simply stated, they provide a person with primary medical care from a physician while mending the mind and the spirit. The writer of this thesis met the holistic practitioners of the center at the holistic conference in Lafayette last year. (Incidently, this center is
affiliated with the University of Illinois Medical Center.) The three practitioners who treat the patient as a team at the Hinsdale Center are: Reverend William Peterson, staff counselor and sociologist; Wolfgang P. Seibt, M.D., family practice physician; and Florence Muir, R.N., nurse practitioner.

The basic function of the Wholistic Health Center is to bring persons to recognition of the "spiritual level in order to get the others together." (Peterson, 1978). Here the spiritual element is not considered another category. The spirit of a person is the center and that which INTEGRATES the other elements. The other elements of their model include the physical and the psychological defined as mental, social, and behavioral.

Westberg's model operates from his idea that "the church, at its best is made to help the whole man." (Bona, 1977, p. 29). He is not speaking of the church in a secular sense nor as an organization but as a group of people united and bound by a common faith. The persons who choose to work in holistic terms do so because they have very strong theistic beliefs. These persons comprise his view of the church, and they are the type of persons working under his model plan.

Patients seeking services at the Wholistic Health Centers are treated non-traditionally in one sense because they talk with the three team members in a health planning conference. They discuss the "patient's health problems as equals." (Bona, 1977, p. 29). The professional team ministers to the needs of the whole person, and they decide upon a way to move the person toward health. Further, "patients are encouraged to become
responsible for getting well and staying well." (Bona, 1977, p. 29).

When a patient seeks medical attention at the center, they are asked to fill out a personal health inventory. The purpose of this form is to stimulate thoughts and ideas, to create an awareness of changes within the person's life, and to identify and focus on positives that give cause for celebration. See Appendix B for the sample of the inventory used.

The health care team not only treats the patient's symptoms in a traditional manner but also in a nontraditional manner by educating the patient to practice preventive techniques in order to stay well. Also, self-responsibility is emphasized, and persons are taught to handle both acute and chronic stress. They are encouraged to set up exercise programs and taught to adhere to proper diets. In this program, as in the others, the psychological technique of consciousness-raising is employed to make persons aware of their whole lifestyle and how it affects their health.

In her article, Cele Bona summarized the functions of the Wholistic Health Centers stating they "practice preventive medicine at the grass roots level." (Bona, 1977, p. 29). Finally, in Reverend Peterson's words, the center provides "both inner and outer healing." (Peterson, 1978).

**Summary**

At the Wholistic Health Center, a team approach is used to give health care. In this center, the team members have the capability of delivering all aspects of caregiving to the patients. By their respective professions, each team member
represents one of the three holistic elements.

The team practices from a spiritual base, and they translate that concept to the patient while attempting to integrate the parts of the person to make him or her whole.

The writer availed herself of the opportunity to meet this team at the Lafayette conference whose healing methodology embraces the spiritual as central to the person. Watching a role-play situation in which the team members worked with a patient, the writer felt they were truly giving the best of health care while living out their philosophy and that of Granger Westberg.
Thomas H. Hollingsworth, M.D., Inc.

Thomas H. Hollingsworth, M.D., practices holistic medicine in a "solo practice" as he incorporates the best of both the traditional and the nontraditional medical models into his practice. He draws upon Granger Westberg's concepts for treatment of the whole person. As a general practitioner, Dr. Hollingsworth theoretically treats the whole person from this standpoint, too.

Dr. Hollingsworth defines holistic medicine with its theory and its results:

Holistic medicine is a system of health care that emphasizes personal responsibility. That is really important. . . . . It fosters a cooperative relationship among all those involved leading toward optimal attunement of body, mind, spirit, and emotions. (Hollingsworth, 1979).

As a physician open to the holistic concept, Dr. Hollingsworth asks: "How should I react to this?"

First of all, the spiritual element is very important to him since his background is Quaker, and he believes that God dwells within every man. He says "the spiritual plays in here. It is why we should take care of our bodies." (Hollingsworth, 1979). In a recent Quaker Life magazine article, Dr. Hollingsworth states his theory quite eloquently:

For me, the foundation for the part of the art of medicine which is spiritual is the responsibility of the individual for good stewardship of the body. The Quaker belief in that of God in every man makes me think of each individual as a living temple - a temple that should be worthy of God's presence. Just as a temple is kept pure and clean, so the body should not be defaced and mistreated. (Hollingsworth, 1979, p. 6).
From this spiritual basis, Dr. Hollingsworth believes persons should pay attention to lifestyle by taking care of their bodies through a proper diet, with an exercise program, use of meditation and religious meditation.

Dr. Hollingsworth embraces the holistic approach rather than just the strict allopathic approach which is the traditional mode of medicine practiced in the United States. Allopathic refers to a focus on a "definite vector of disease causing a definite disease thus asking for a definite treatment rather than the holistic idea that there are a lot of things that enter into the disease state." (Hollingsworth, 1979).

He, like other holistic proponents, recognizes the "failure of the system to deal well with the degenerative diseases." (Hollingsworth, 1979). The allopathic approach works fine for infection, but not for degenerative diseases such as cancer, cardiovascular disease, arteriosclerosis, etc. because there are many elements that cause these diseases, not one single thing.

Because of the system's failure, as a holistic practitioner, Dr. Hollingsworth believes in being open to other treatment methodologies. He first acts from the traditional model by examining and testing thoroughly for medical problems. "I am an M.D. in Middletown, U.S.A., but from there I am nontraditional." (Hollingsworth, 1979). The person seeking health care has a somatic complaint which was "his or her ticket" for getting into the physician's door, and that has to be attended to properly. Dr. Hollingsworth said that "10 to 15 percent of people who come in really have a problem that has to be dealt with." (Hollingsworth, 1979).
Dr. Hollingsworth offers and sometimes strongly suggests alternatives to treating hypertension (high blood pressure) or migraine headache. For example, instead of prescribing Valium or Librium, he will search for the causes and reasons underlying the migraine headache that does not have a physical cause.

After taking a thorough family history to identify risk factors, perhaps he may suggest Transcendental Meditation, an aerobic exercise program, autogenic training such as biofeedback, psychological or pastoral counseling depending upon the patient's wishes, and special diets as therapies. Some persons may even want to endorse a natural foods diet or a vegetarian diet. Therefore, instead of providing a prescription for medication, he will suggest alternative methods of dealing with the stress in the person's life or whatever may have caused the somatic complaint.

Like most holistic practitioners, Dr. Hollingsworth believes in living holistically himself. His holistic practice is based on his own spiritual beliefs, and he feels that his suggested therapies must have a personal basis, too. He believes that if he asks someone to do something such as beginning an aerobic exercise program, trying a vegetarian diet, etc. he must also be doing it himself or must have tried it.

As a member of the American Holistic Medical Association, Dr. Hollingsworth has joined with 390 other m.d.'s and d.o.'s (osteopaths) out of the nation's 150,000 to educate and practice preventive medicine through a holistic approach. A goal has been set by the President of that organization, C. Norman Shealy,
M.D., Ph.D., to have half the population to high-level wellness within 50 years. This state of wellness is the goal, as he sees it, for this organization. (Hollingsworth, 1979). The number of members has doubled over the past year showing an increased interest in holism. Membership in the American Holistic Medical Association is limited exclusively to physicians and osteopaths - the only health professionals trained to diagnose and treat acute illness.

The essence of Dr. Hollingsworth's holistic practice as a physician in the traditional medical system is finding ways for his patients to "realize the harmony of body, mind, and spirit in a wholistic way [so they] will truly enjoy health." (Hollingsworth, 1979, p. 6).

Though working "solo" Dr. Hollingsworth seeks alternative treatment methods sometimes by referring them to other caregiving professionals. In his article, he describes his approach:

I have sought ways to incorporate the wholistic concept into my practice so it might speak to the condition of my patients.
Even though there are frustrations of lack of time and a heavy patient load, the rewards are increasing. Dealing with the spiritual aspect of the patient's nature has become easier and easier. Questions about meditation and prayer have become a part of history taken, especially when I see the need to find some resources available for the patient to lean on in times of stress. It is surprising how open people are to this inquiry. (Hollingsworth, 1979, p. 6).

Dr. Hollingsworth speaks to the conditions of his patients as he said, and he also meets their needs where they are.

Summary
Dr. Thomas Hollingsworth, a holistic practitioner, is dedicated to treating persons from the holistic perspective based
upon his spiritual beliefs that God dwells within each person. Although he practices alone, he works closely with other health caregivers to whom he makes referrals. He adheres to holistic principles both in practice and in his own life.

The writer was inspired by this physician, the first in Muncie, Indiana to practice holistically out of a dedication and a devotion to what he believes in. He truly lives out holism.
Lynn Lightfoot, M.A., therapist and counselor, is a holistic practitioner at the Pain Rehabilitation Center within Community Hospital in Indianapolis. He provides psychotherapy services, acts as program coordinator, and teaches classes on wellness.

The director of the Pain Center is Karl Manders, M.D. who works with a large staff in addition to Mr. Lightfoot. A 12-member (three shifts) nursing staff is employed for the 12 patients who stay for a period of four to six weeks. In addition to those already mentioned are: full-time physical therapist, a half-time clinical psychologist, a half-time recreation therapist, a consulting pharmacist, and a part-time art therapist who work with the patients to bring them to a state of wellness. The Pain Center has operated for five years.

At the Pain Center, holism as described in this thesis is called wellness medicine. The approach is the same. Only the terminology is different. The move toward individual holistic health (self-health and healing) is defined on a continuum in wellness medicine. From the middle "0" neutral position of the continuum and to the left, traditional medicine moves toward premature death. To the right, wellness moves toward high level wellness. This theory is adopted from John W. Travis, M.D. See Appendix C for the definition of wellness, and see Appendix D for the wellness inventory sometimes used at the Pain Center.
Mr. Lightfoot draws upon other known theories on wellness or holism and integrates them into his therapeutic processes. The goal is to move persons toward self-actualization.

The patients referred to the Pain Center are first screened by the neurosurgeon, Dr. Karl Manders who also serves as director. These persons have recovered from accidents or surgeries but still experience pain. The period of time since the accident or surgery may be two or three years (or more) when they go to the Pain Center, and the persons are physically healed. If the neurosurgeon does not indicate any further surgery or medication, the patients begin the rehabilitation program.

The methodology used at the Pain Center to get persons physically healthy is basically by behavioral modification theory applied. A behavioral approach is used in the hospital setting to: change behavior, change attitudes and to ultimately change physiology.

The pain eradicated by the behavioral approach does not arise from a somatic difficulty in these cases because the body has healed. However, the pain is felt, and the patients are generally inactive because they are afraid they will experience more pain or be damaged if they are active. (Lightfoot, 1979).

Theoretically, the patient has learned pain and has become acclimated to it until it becomes a chronic problem. "Not only is this true of pain but true of diabetes, epilepsy or any kind of chronic problem." (Lightfoot, 1979). Therefore, the pain has to be unlearned in order to get the person physically healthy again.
How do the practitioners accomplish this? The rehabilitation program stresses all the holistic concepts. First, the patients are treated physically by the physical therapist under the supervision of the neurosurgeon. The patient is mobilized, and part of the pain starts to go away because atrophied muscles are toned up. Second, the patient is taught to relax and to gain control "particularly over muscles." (Lightfoot, 1979). Sometimes biofeedback, hypnosis, or guided imagery is used. They are taught the benefits of muscle relaxation especially as it affects pain from the damaged tissues. At this point, the patient begins to take self-responsibility over his or her body, and they are not depending on the physician or medication any longer. This has been the key message of holism and is the first step at the Pain Center.

The third aspect of rehabilitation at the Pain Center is to begin to educate the patients about stress management. Lynn Lightfoot coordinates the various programs and teaches the concepts that will be discussed.

Defined simply, "stress is any time a person has to adjust to change." (Lightfoot, 1979). An awareness of life changes is developed, and a social readjustment scale is sometimes used. See Appendix E. This scale was developed by Richard H. Rahe, M.D. and Thomas Holmes, M.D. The writer was fortunate to hear a lecture by Dr. Rahe in Chicago in May 1978 at a conference on "Stress and Behavioral Medicine." At the conference, he explained how the life change units move from psychological defense mechanisms to a psychophysiological response. Dr. Rahe said
a score of more than 400 life change units will create more illness at a higher rate. (Rahe, 1978). Illness is inevitable, and it occurs in the final stages of the measured process.

The stress concept is especially important to these patients because they can not tolerate stress as well. Mr. Lightfoot explained it well:

Now that they have had an injury or have had surgery, it is kind of like a chain with a broken link. Any stress they have is going to show up right there at the broken link. They can not tolerate the stress like they once could. So, their pain is exaggerated by stress - emotional stress, psychological stress, social stress, or any kind. (Lightfoot, 1979).

Mr. Lightfoot brings the patients to an awareness of how these life events have mounted to the point they affect the broken link of the chain.

The stress concept is very broad having many implications that Mr. Lightfoot attempts to cover while these patients are under his care during the four to six-week period. He cites a basic rule he teaches in his classes and if he is working with the patient in therapy. Mr. Lightfoot teaches the patients not to deny the negative aspects of life, but he wants them to become aware of them to the level of admitting, accepting, and finally resolving them. To do this, patients are taught assertiveness skills, tactics for dealing with personal problems, and to focus on positive aspects of their own self-image through the use of affirmations. (Lightfoot, 1979).

As a fourth step to self-actualization during the healing process, Mr. Lightfoot teaches the patients to recognize all aspects of their environment including both people and places.
The spouses of patients are always required to attend classes or therapy sessions with them. It is necessary to make the spouses aware of the changes taking place during the rehabilitation period in order for them to understand the process and to teach them how to respond once the patient is back home. Spouses are a very important part of the patient’s environment.

Other factors dealt with as part of the environment are: physical fitness programs, nutritional awareness, and sexuality. Nutritional awareness involves more than food intake. "Nutrition is not just food. Nutrition is nourishment in the form of attention, love and affection" as Mr. Lightfoot teaches. (Lightfoot, 1979). He encourages them to develop support systems of friends in addition to spouses and children.

He summarized the environmental concept pertaining to holistic health saying: "It begins with your own body, and you have responsibility over how you respond to the environment." (Lightfoot, 1979). He encourages the patients to recognize that they have this choice and control over how they respond.

Within the holistic program at the Pain Rehabilitation Center, the spiritual dimension is not really addressed. Unless spoken of in terms of that which gives life meaning, whether it is religious or not, the spirit is not dealt with in any kind of religious terms. Theological conflicts are inevitable within the setting where the Pain Center is housed.

The organizational structure resists the spiritual dimension because they feel it infers a religious connotation. The organization structure or the system is the hospital in general,
the patients, and some of the staff who are rather defensive to
the spiritual dimension. In this hospital setting, under the au-
spices of the medical model, the introduction of spiritual health
appears as an obstacle yet to be overcome.

Mr. Lightfoot explained his feelings about leaving the spiri-
tual out of the rehabilitative program:

I do not think any religious or spiritual ap-
proach has to be in conflict with holistic health
... but getting people to see that or to recognize
it is tough sometimes. (Lightfoot, 1979).

Therefore, the spiritual is generally left out due to differing
values and attitudes. The focus shifts from the spiritual to re-
ligiosity with conflict and dissension resulting among the staff.

Summary

Lynn Lightfoot, M.A., is a caregiver and a holistic practi-
tioner within a hospital setting at the Pain Center. The patients
lack a somatic definition for pain experienced, and Mr. Lightfoot
and other caregivers work with them to bring high level wellness
through a primarily behavioral modification program.

Mr. Lightfoot educates the patients in groups, and he pro-
vides therapy on a one-to-one basis with those who wish to partici-
cipate. He brings them to a conscious awareness of what it means
to be whole, and they can go back to their environments to live
out the holistic principles learned.

The writer was inspired by the essence of Lynn Lightfoot's
healing personality, a quality highly respected by this writer be-
cause it is not often found. Lynn's values embrace love and nur-
turance, and he lives them out holistically.
The Center for Peace and Life Studies
Muncie, Indiana

Board of Directors:
Janis Gildner, ACSW
Sister Maureen Mangen
Father Keith Hosey
Frank Walsh, J.D., APR

Father Ron Voss, Director

The writer includes The Center for Peace and Life Studies in this thesis even though it does not fall into a "named" category designated as holistic health. She chose to describe this retreat center and to include the philosophies of the persons who have developed this "blessed event" because she felt the work would be incomplete without it.

The writer is very much aware of the strength of commitment of the director and the board of directors have to the Center's cause since these persons are close friends. Having had the opportunity to interact with these persons over the past few years, the writer realizes the devotion and dedication exemplified by the developers is unique, and it is very inspiring.

The Center embraces all the values of the holistic approach as it has been defined thus far, but its philosophy goes beyond. The purpose of the Center is to explore alternatives in order to find life-giving values. Therefore, the writer felt that leaving out a concept as broad as this (even though it is not called holism) would be missing the point of the holistic approach entirely.

The Center for Peace and Life Studies embraces an educative goal - to learn life-giving values that are gifts from God. A brochure in Appendix F begins with the purpose and underlying
philosophy of the Center. The developers have written:

The Center has a basic overriding religious dimension emphasizing that life itself is a religious experience, a gift from God to be enjoyed. This life is enriched through the sharing of religious celebration, prayer, recreation, work, contemplation, and study. (Center for Peace and Life Studies, 1978).

That life itself is a gift is central to the Center's philosophies. The Spiritual source of the gift is praised, and it is celebrated through liturgy services several of which this writer has attended. The experience is rich with an essence and beauty that can only be felt, not captured with words.

Membership at the Center for Peace and Life Studies has only one requisite - that a person simply believe in the idea. The developers wrote of the Center as such a community of believers:

As a community, the Center is not specifically affiliated with a particular organization, religion, or institution, although many are involved in its function. Anyone who believes in the idea of the Center for Peace and Life Studies is a member. The realization is that the community is always in process and must remain life-giving. (Center for Peace and Life Studies, 1978).

Non-denominationalism is actually a part of the idea. The Center for Peace is open to all persons. A Protestant or Jew would feel as comfortable there as a Catholic.

Ron Voss does not endorse any kind of criteria that would lock persons in to a system, an organization, or an institution under the auspices of religiosity. By defining, persons become limited by those conceptions of how God is "supposed to be" or how institutionalized religion is "supposed to be." The writer discussed this labelling and naming process with Ron in great
detail. Ron stated it beautifully:

That is where we lose touch. If God is the source of meaning and the source of reality, and the source of unity, the source of wholeness, then it seems that we should just tend to His movement. The universe, how does it work? It seems to be whole, intact. . . . We are part of that process, too. So it seems like we just need to trust Him more. Abandon ourselves to it rather than manipulate it. (Voss, 1979).

Institutionalization of religion becomes a manipulative process that takes God and boxes Him in to a very narrow concept. The writer concluded that institutionalized religion has failed her in "My Reflection and Journey of Religious Experiences" and believes it will fail the masses if viewed narrowly and definitively. Just as the traditional allopathic medical model has failed, so also has institutionalized religion in this writer's opinion.

At the Center for Peace and Life Studies, the spiritual element of the holistic approach is their sole purpose for being. The spiritual element is not divided nor separated at all. Ron emphasized this point:

To be human is to be spiritual. . . . The spiritual has nothing to do with non-body. Although that is the way it has been culturally for us, spiritual includes the existence of a body and the existence of a mind, existence of an emotional life and all of that. All of this has something to do with God. All of it happens to be a gift. (Voss, 1979).

Again, Ron explained the reason the spiritual element becomes separated is due to the definitions and distinctions down through the ages. "I believe the spiritual comes naturally with the physical and the psychological. I do not think it is a separate reality." (Voss, 1979).
Further, he explained that distinctions become the reality. "In other words, the name of the reality became the reality." (Voss, 1979). If the spiritual element becomes separated from the human, this is the reason. To summarize his concept of holism, Ron states:

So it seems to me to become whole is to get in touch with all we ARE and in touch with all the names we are. It helps to name . . . it is a helpful process toward understanding . . . but we cannot rest there. (Voss, 1979).

In other words, to limit meaning of human or of spiritual is to continue the naming and fragmentation process. It also allows worshipping of names and in this writer's vision, the worship of fragments.

Therefore, religious affiliation does not bring persons to study, to celebration, to recreate, or to pray at the Center for Peace and Life Studies. The force here is that "source" mentioned earlier in Chapter 2 and described by Ron Voss as God - that which makes us whole.

While the Center for Peace embraces the values and concepts already mentioned, other subjects are addressed during weekend retreats for college and adult groups. They are: environmental conservation, war and peace, social justice, marriage and family enrichment, and simple living. Discussion topics for the weekend retreats include a broad range.

As one of the members of the Board of Directors, Jan Gildner, ACSW, has been one of the developers who has given much of her time, talent and love to the Center. She has developed many of the educative programs and the most recent series entitled
"Meeting Human Needs." Topics of study and exploration in this series have dealt with the child, the handicapped, the single parent, the migrant worker, the prisoner, and the elderly. These areas of study include the persons mentioned. For example, retreats are held within the prison at Pendleton for the prisoners. The Center made this retreat in conjunction with the John XXIII Center at Hartford City, Indiana. Persons who become involved as volunteers in these programs go out and meet these needs where they are.

Jan is a leader at the Center during retreats and also during Family Camp throughout the summer. She fulfills a professional role as psychiatric social worker when those needs arise, and she does so voluntarily.

Jan helps to create this community that is healthy for people to live in for a weekend or a week. (Gildner, 1979). Emphasizing that most health problems are stress related, she described the social environment created at the Center:

Health problems, at least in my area, are related to stress, and we have tools to untangle the stress. As an example, the Center is out in the woods, and you live in a place where people parent your kids [for a time and thus] parenting is shared. We cook together, and we eat healthy foods rather than junk. There is space for kids to run, an environment for them to play, and for parents to interact in that play. . . . . The place is also set up so that you can have privacy which is very important for psychological and social health. (Gildner, 1979).

She demonstrates the enrichment of the psychological-social-spiritual self.

Not leaving out any of the elements included in the holistic approach, Jan continued with the spiritual:
In the non-traditional sense, at the Center, we are the church. We create it wherever we are. In the woods, in the Center, and with whomever we are with, we are part of that creation. . . . . We say out loud what we believe in . . . God . . . friendship . . . family. (Gildner, 1979).

The concept of the family is elevated at the Center for Peace and Life Studies. Sometimes Family Life Enrichment seminars are held and throughout the summer, Family Camp is held from week to week.

The heritage of the Center is from the Holy Family Camp that began 15 years ago in central Indiana. Father Ron Voss was part of that camp. Ron brought the Family Camp dimension to the present Center since it was the seed. The educative thrust, which includes peace and social issues, and simple living, was added to that original concept of Family Camp.

Families come together as units for a week in the summer at the Center to celebrate. During that time together, families:

Celebrate the good part of every individual in that family unit. The other part is the support that one family gives another family which is the social aspect. There is a need for a kind of ritual to say "thank you" which is the spiritual part. . . . In all, I just believe that the earth, the sun, and the air is healing itself. And if you have a place to live in that kind of environment, celebration and the spiritual part come about naturally. (Gildner, 1979).

Jan explains how all these elements, characterized by the holistic movement, actually can work together naturally. She helps these families realize they can create the "spiritual dimension and socialize with one another" in their own homes after leaving the Center for Peace and Life Studies. (Gildner, 1979).

To say the Center is "into" holistic health would be giving
them a "name that could be misinterpreted." (Gildner, 1979), and that would be totally against their philosophy. However, Jan addressed the holistic concept with its elements ending the interview by stating:

I am for centering, for peace, and for life, and that has to say something about all three. (Gildner, 1979).

The writer of this thesis is very happy to say Jan Gildner is a very dear friend. Jan lives the respected values of loving, giving, and true caring to the level few ever realize.

Another member of the Board of Directors, Frank Walsh, J.D., APR, is also one of the developers of the Center and handles many of the legal matters for the Center. His involvement is in a non-traditional sense because he believes the attorney should be part of a caregiving team.

For his own life at the present time, he is not able to address the holistic needs in such a setting as an organization, but he would like to some day. "As I continue to grow, with an organization like the Center for Peace and Life Studies, I would like an opportunity to be part-time" if it would become possible. (Walsh, 1979). He stated further:

Right now, I do not have a close association with an organization who has holistic medicine as a part of its primary objectives. (Walsh, 1979).

If he had the opportunity, he would bring to the organization his talents both in law and in public relations.

As a close and dear friend of this writer, Frank has been her key source of support since the inception of this creative endeavor even when it was at the stage of simply being an "idea."
As a fellow writer, he has encouraged this writer to "keep going" even when the going became rough.

To divert from the Center, the writer will describe the type of interdisciplinary philosophy that guides Frank Walsh. It has been over a year since he suggested bringing the attorney into the team of health caregivers to work with patients. In a recent interview, he described his theory:

An attorney is the public spokesperson (public advocate) for all of the elements of holistic medicine. The attorney may well be responsible as a lobbyist, he may well be responsible as a draftsman of legislation regarding credentials, the training of all persons who they touch either medically, psychologically, or spiritually. . . . So the attorney would be the legislative branch - so as to speak - of a group of persons gathered together [to practice] holistic medicine. He would be the front person, the person to fight the public battles that every profession has, needless to say that the holistic medicine profession will also have. (Walsh, 1979).

Frank sees the elements of law as necessary to the holistic approach when caregivers work as teams.

He also believes the attorney must be viewed as a treatment person. Why? The attorney is "a person who directly treats an individual." (Walsh, 1979). Treatment can come in the form of support as he illustrates:

In talking to these persons, many of their complaints come from a lack of support from the state legislature, the federal government, etc. This kind of support [will] come from a person who is their advocate, and the best person to do this is a person who not only believes in holistic medicine but also understands the law. (Walsh, 1979).

The type of support Dr. Walsh feels persons need goes beyond what the medical caregivers have to give.

To illustrate how Dr. Walsh believes that an attorney is needed in a holistic setting, he cited an example.
He spoke of the person in prison:

Persons are in prison not so much because they are die-hard criminals, but because they have problems... a psychology problem. They have problems of the past, and these are the problems that the holistic clinic can approach, as well as the attorney working with this individual as he goes through the rigmorole of the law. (Walsh, 1979).

Further, he cited reasons an attorney could be helpful with the problems of child abuse:

Simply working with the child or the abuser does not take into the whole consideration the public's interest and how that public's interest is going to be served through the legislation. (Walsh, 1979).

The writer felt that Dr. Walsh's suggestions and ideas for the holistic approach have a far-reaching impact on the growth of this concept, and these ideas needed to be part of the thesis. If the approach is to be successful over a period of time, some of these public problems must be addressed and worked through by the caregiver known as an attorney.

Dr. Walsh believes the holistic proponents will need attorneys for their teams when they reach a certain level of frustration in "dealing with the legislative groups and agencies." (Walsh, 1979). Further, when holism "realizes the law and how it affects persons is part of the problems and part of the disturbing factors of our society." (Walsh, 1979).

As both an attorney and an accredited public relations specialist, Frank Walsh has observed that the holistic movement is "technically-educationally oriented[rather] than public oriented." (Walsh, 1979). If the public or the social ramifications of holism are not dealt with, proponents will
soon find these problems and obstacles will have to be overcome.

Dr. Walsh ended the interview indicating the importance of working toward the healing or treating problems **before** they exist. The problem with law is that it offers "treatment after the fact." (Walsh, 1979). Frank Walsh would give the necessary support for the public interest as a holistic practitioner to "prevent" the facts from occurring.

As a caregiving professional, Frank Walsh already works in an interdisciplinary fashion. At the Center for Peace and Life Studies, he is part of a unique caregiving team that includes all but the medical profession. The team (director and board of directors) includes the spiritual, the psychological, and the legal professions working together "interdependently" to give true caregiving to all who participate at the Center.

Though this team does not endorse the term "holistic," they certainly live out all that holism is supposed to be and more.
CHAPTER IV

AUTHOR'S CONCLUSIONS

Critique

I have researched and extensively interviewed to arrive at the conclusions I will present in this chapter. I have found inherent problems with the approach, yet I have found some possibilities. I am afraid the problems are very broad and beyond this project to document.

I have looked at the holistic approach to health caregiving from the educator's perspective to the direct health caregiver's perspective. By doing so, I have developed a much deeper appreciation for these goals those persons seek to attain within their respective professions.

Most important, I was very happy to discover the basis of spirituality from which the holistic proponents operate. One of my main concerns was to explore this area. I found those persons truly dedicated and devoted to the spiritual dimension of the approach.

Questions remain regarding how this movement started and who started it. From a public relations theoretical standpoint, it is difficult to document the source. I can only theorize myself. Several of my research sources indicate various references to historical figures who may have instigated a move toward a holistic approach centuries ago as I indicated earlier. I have concluded that the process may have ran a cycle. With
the historical construct to back my implication, I feel we are moving to the historical starting point, i.e., the human being must be cared for totally, wholly, and not in fragmented parts. Unfortunately, many centuries have had to pass before humans realized the fragmentation and inadequacies of the systems which they created and essentially did not work.

As far as modern day instigators are concerned, I would have to give credit to Hans Selye, M.D., who in 1926, began developing the stress concept while he was a young medical student at the University of Prague. I availed myself of the opportunity to participate in an intensive conference in Chicago last year on Stress and Behavioral Medicine where Hans Selye presented the keynote address. Dr. Selye stated:

For one thing, it has been since 1926 that the concept has been evolving through different stages. But I think you have one advantage from a lecture which you can't easily get from books, and that is the concept itself, the feeling, the idea of what we are after. Also, I think we are very far from having reached the end. There are many people who are now working out the details, so that it is important to use the holistic approach, to get the picture as a whole, and see where blanks exist, where we should dig further, and develop them. (Selye, 1978).

As I sat there listening to the beginning of the conference, I realized it was also the real beginning of this creative project, and it would lead to a better, clearer understanding of the fragmented systems for my own perspective. Dr. Selye described how he researched and documented the physiological changes that take place under the influence of various stressors. He found causes and effects, and he categorized, measured, and named them scientifically.
Dr. Selye's influence remains, and it is his concept that is employed in every holistic program I researched.

Hans Selye is mentioned many times, but I did not find the work of B.F. Skinner mentioned. A question remains in my mind relating to Skinner's influence on this movement even though I have not heard his name mentioned within the context of holism. Perhaps the reason is due to the fact he is "opposed to most religious teachings" (Smith, 1979) as my friend Dr. Rich Smith pointed out to me. For Skinner, man is viewed scientifically, and the spiritual element has not been categorized as scientific - at least not yet.

The reason I mention Skinner in this critique is because he proposes a new science of behavior to cure the ills of the world in a move toward a utopia. This is his scientific answer, and I wonder if his proposed answer is not being acted upon. I have asked: Was his book, Beyond Freedom and Dignity (copyrighted in 1971), a move toward the very science he proposes? Are not the scientists aware of the influence exerted that Skinner's rhetoric, both spoken and implied, elicits?

Behind the scenes of the current growth of the holistic movement, I seriously believe that Skinner's "science of behavior" (proposed in 1971) has been adapted to holistic health caregiving. This is a supposition on my part, and I can not provide documentation for it. Skinner's rhetoric in scientific explanations may be part of the current holistic thrust. I found all holistic practitioners practicing behavior modification techniques. The idea of holistic health is to change a person's
current unhealthy state to take them to a healthy state. As Rich Smith pointed out to me, however, I do not think Skinner would want to be included in the holistic approach. I believe that appropriate credit for the thrust of this movement and the larger issues at hand need to be identified, and that is why I feel B. F. Skinner needs to be included.

Many of these issues at hand have not been identified, and I tried to get at them in Chapter 3 in the section, Forces Behind Change. As a result, I have concluded that mass change by mass influence is being encouraged by this movement by the very rhetoric that comes out of it, and the rhetoric of B.F. Skinner has something to do with it.

For this reason and others, I have found problems with the approach, but I also found there can be possibilities. I will conclude with the problems.

Problems

I have studied both psychological theory and public relations theory at Ball State University since these are my two majors. I have also studied the humanities, my minor, and from these perspectives collectively, I have developed a frame of reference from which to base conclusions drawn.

The first question I asked at the beginning of this project when I wrote an outline to submit to Bob Mayo was: Is the holistic approach really being treated holistically? The second question I asked was: Is the holistic approach really interdisciplinary? The second question can not be answered "yes" unless the first one has been "yes." I looked to far-reaching implications of the holistic movement to base my answer.
From a broad perspective, I must answer, no, the holistic approach is not really being treated holistically. That leads to the answer, no, for the second question, too. For this entire project, I had to go deeper into the issue than simply looking at how somebody out there is healing somebody else, and I concluded that the answers are no.

To back up my answers, I would like to give my explanation because it involves a much larger issue than anyone cares to admit if even to recognize. My own human reasoning has been strengthened by my dear friend, Bob Mayo, who has helped guide me spiritually through this project the past year. Also, the wisdom of Dr. A. Hunter Colpitts; my loving friend, Sister "Mo" Maureen Mangen, and a very dear friend, Pat Bennett have all helped me crystallize thoughts that were uncertain to me. Above all, however, my spiritual reasoning has brought me to these answers.

My reasoning is thus. Each person within the holistic movement has the same mission. That mission is to help each person get well if they are ill in some way - either physically, psychologically or spiritually. One person seeks to restore another person's health, but where is the real source of help coming from?

I firmly believe the real source of all healing comes from the Trinity, and that source must be elevated rather than all of these others. I have concluded that this is the problem with the holistic approach in a global sense.

Also, the person helping does not have to have any credentials, names, titles, nor degrees. The requisite is that the
person helping is a Christian. Bob Mayo stated this thought well:

    My essential concern is: Is there a person who really believes in Jesus Christ? . . . . When I say the Christian should be present, I don't mean a Christian name . . . . All you need is to have someone committed to the gospel of Jesus Christ to come in there and help that person . . . someone who has a change of heart of a life reflecting Jesus Christ. (Mayo, 1979).

The problem is that this type of credential may be overlooked on a global scale.

    I did not find it to be so within the individual groups I have identified in this thesis. I believe that we must give a lot of thought to the source we choose as individuals who seek health caregiving for this reason. The whole idea of holism is based upon choice and self-responsibility, and careful attention needs to be given to that choice.

    In a public relations theory class lecture a few years ago, Frank Walsh said: "The greatest PR man was Christ." (Walsh, 1975). He stated further, as I recorded his words in my PR journal for that class: "Remember this. As you write, keep one individual in mind, and develop your tool for PR." (Walsh, 1979).

    As I recorded a reply to that statement in my journal, my choice as my tool was Christ. I believe He will have to be the choice of every person who seeks to practice holistically. Without that choice, the concept is not whole. It is not acted out nor is it lived out. It is not really holistic.

    Further, I do not think the concept is being approached in an interdisciplinary fashion on a wide scale. If it were, the historical schisms would not persist. Even institutionalized religion gets caught up in schisms. Religion is not
spiritual nor holistic because it does not practice interdisciplinarily. We certainly supply our own religions whether they are derived from Herberg's model of Protestant, Catholic, Jew or whatever, but none of them actually work together. If they did, the spiritual aspect of holism would be realized globally.

Another larger issue exists. I conclude the holistic approach is not being treated holistically because the very proponents of the movement suggest turning the spiritual dimension of man into a science, too. This disturbs me. They want the entire holistic approach to be measured, defined, and categorized into a science. They propose taking the nonscientific element, the spiritual that is undefinable and unmeasurable, and turning it into a science.

Until they can do this, I do not believe they will sanction the spiritual element nor elevate it to where it should be - at the top. In the meantime, the problem persists - fragmentation of the elements.

If the holistic ideal is for spiritual development and growth, why attempt to measure and define it? That is simply boxing the concept in and saying: holism is this, and this, and this. Cataloguing stifles the creativity and the growth of the spiritual development within. Naming, labelling, and cataloguing does nothing but stifle, limit, and confine.

I have not even approached this project from purely a scientific stance, yet I feel I have produced some important results. The mere act of calling this project an experiment, developing an hypothesis, and testing that presumption would have placed