6 The Contemporary Holistic Health Perspective

In order to gain a perspective on contemporary holistic health practices, it may be useful to resort to a principle that is central in cultures that have based their world view on holism. This is the principle of macrocosm-microcosm. For this purpose let us focus attention on the works of Beals, who studied the strategies of people who, faced by illness, are looking for cures.[1] Beals' study was on a small but populous corner of the world, South India. Reflected in this concentrated microcosm are issues that underlie the search for health common to all people in our time. Beals found a large array of health practitioners who were chosen according to several factors.

The primary factor in choosing a health practitioner was the concept of the problem as the person perceived it within the pattern of strategies used in other aspects of the person's life-style. This pattern was most frequently concerned with the maintenance of individual harmony with the laws of the universe as that person understood them to be. Therefore, prayer, worship, and magic were resorted to, as well as modern scientific methods.

Of secondary importance in choosing a health practitioner was the kind of disease that was present. This was important because the type of illness gave cues as to whether the illness came from natural or supernatural sources.

The folk interpretation of the sickness was a third criterion. If the illness was caused by sin, one could expect punishment. If the illness was the result of an attack by spirits, psychological illness or death would ensue. If, however, the illness was due to "bad" or impure blood, a dietary imbalance was implied and there was the possibility of easy cure.

The next priority in choosing a health practitioner was the economic and social status of the family. The loss of working time was of concern here. An additional concern was the amount of money charged by the practitioner. Therefore, the first choice was for treatment by those who knew spells or home treatment. Western medicine was expensive; on the other hand, it also was more prestigious.

Finally, the kinds of advice and information available at the time a strategy was adopted were crucial. The first impulse would be to "keep quiet" in the hope that the illness would disappear. A secondary strategy was to ask the advice of relatives, friends, and neighbors. If there was agreement on the diagnosis and the treatment, the ill person was given home remedies. It was known, however, that certain illnesses were treated best by certain doctors. Western medical doctors were known to treat best those whose illnesses required antibiotics, chemotherapy, or surgery. In the case of natural causes of illness such as snakebite, reliance was placed on the expertise of traditional curers.

If there was some shame attached to the problem, such as with impotence, prestigious licensed practitioners were not consulted. In all cases where there was no fixed strategy, the easiest and least expensive treatments were used first. In times of epidemics, Beals says that the villagers accepted all treatments that were offered.

Within this framework, any of the following health practitioners might be chosen, and frequently the ill person consulted more than one simultaneously. The choices included local healers; saints and religious figures; priests, ministers, and missionaries; drug and herb specialists; midwives and persons "that had the gift"; astrologers and diviners; and ayurvedic doctors and Western medical doctors.

Although this study took place in small villages, it can readily be seen that the villagers' responses to illness are basically similar to those of the most intelligent city sophisticates in that they are very human reactions in the face of crisis.

The Beginning of the Modern Holistic Approach

Particularly in the second half of the twentieth century there has been an unprecedented intermix among people of dissimilar cultures that has served to level out differences. This has been fostered and even accelerated by rapid advances in the technology of communications and travel, as well as by a significant general increase in worldwide standards of living. Also, there are illnesses that all people share, many of which result from and at the same time alter their life-style. By far the most common of these is the epidemic of stress-related illnesses that know no geographic boundaries. There is little relief from the frenetic pace of modern living and its cumulative stresses, whether one lives in the midst of the current post-technological effort or on its fringes. The physiologic reactions to these stresses have run the gamut from migraine headache to cardiac dysfunction, depending on how the clustering of physiologic reactivities pattern themselves in the individual.

The revolutions of the 1960s were to a great extent psychosocial i nature and represented a desperate attempt to break out of this life- wasting mold into a more life-affirmative and individually assertive stance. It was a time of mass confrontation and reexamination of life- styles and world view. The repercussions were felt in the farthermost reaches of the world, wherever the thrust of modern communications and travel made its impact.

There were many responses to this impact. Where the response was positive, people who had previously felt nothing but a sense of overwhelming powerlessness in the face of impossible personal, social, and economic situations began to use the wealth of technological advances such as facilitated communication and travel to critically change their psychological perspective and social conditions. Out of this mélange arose concepts of living that were viable alternatives to the previously accepted modes of living. From the pool of ideas concerning the well-being of the individual developed a loosely defined notion of practices. Because they added to the individual's knowledge of how to use himself or herself as an actualized being, the practices adhered to the concept of holism and became known as holistic health practices.

A significant difference in perspective between the methods of Western medicine and a transcultural approach to health became readi apparent. This differentiation has been cogently stated by Sobel:

> Western scientific medicine is largely concerned with objective, nonpersonal, physicochemical explanations of disease as well as technical control . . . (whereas) . . . Traditional healing techniques are armed principally at providing meaningful and understandal explanations of the illness experience.[2]

Historically, one of the potent forces that turned people in the United States away from the accepted dependence on Western medici was the decision which originated in, and was endorsed by, the American Medical Association. This decision raised considerably the costs of medical care just before a federally supported program to alleviate the heavy burden of medical costs on the elderly went into effect. Concomitantly, several previously unknown or ignored facts about significant negative effects of Western medicine made their wa into the popular press and served to accelerate the search for alternat methods of health care. For instance, one of the bits of information concerned the frightening effects of pharmacologic dependence for extended periods of time. The indirect and delayed side-effects that accompanied prolonged dependence on drugs and frequently led to iatrogenic disease (that is, disease caused by the medical treatment itself) led many people to explore alternative methods of health care.

There also has been an increase in the general level of

transferable to other physiologic states that are amenable to autosuggestion so that they can return to a normal range of harmonic self-regulation.[10]

Biofeedback

Biofeedback has been called the yoga of the West. It stems from the work of Miller of Rockefeller University, who, through systematic rewards and punishments, was able to demonstrate that mice can be conditioned to control functions of the autonomic nervous system that previously had been thought to be beyond voluntary control.[11] Biofeedback has taught human beings to also develop this type of voluntary control. By learning to pick up subtle cues from their bodies, people can learn to control normally unconscious functions.

The methods of choice are to actuate a visible or audible signal to inform the subject whether or not he or she is in fact controlling a certain function on command. This feedback serves to teach the person the right responses, and to repeat the controlled action until it can be done at will. It seems that any aspect of the autonomic nervous system can be controlled under these circumstances, particularly cardiovascular problems, chronic pain such as migraine headache, and problems due to stress-related illnesses.

The secret of biofeedback is to greatly magnify the physiologic response and display it to the subject so he or she can know that, when an effort was made, it proceeded in the correct direction. Biofeedback can control response either within the body structure or outside of the body on the skin. Green and Green of the Menninger Institute have done extensive research on biofeedback. Their theory is that control of energies both within and outside of the body can occur ". . . only after we become conscious of our unconscious."[12]

Reports on the use of electromyography biofeedback for muscle reeducation in persons who have had cardiovascular accidents, Bell's palsy, or cerebral palsy have been very heartening and decisive in considerably altering rehabilitation goals.[13] There also has been a strong interest in biofeedback among educators. Significant improvement in focus of attention, emotional stability, and communications and reading skills have been reported, as has a reduction in anxiety and hyperactive behavior in students.[14]

Guided Imagery

The study of imagery, although probably one of humanity's earliest tools of communication to self and to others, has been very little studied in this century. In its current definition, imagery encompasses more than mere visualization. Imagery includes internal behavior, such

as internalized sounds, feelings, words, symbols, and subtle body sensations.

Guided imagery, in which either a therapist, a tape-recorded message, or the subject describes imagery which the subject then conjures up in his or her head has been used to aid ill persons understand their diseases. In some cases a "dialogue" is enacted between the patient and the imagery, the purpose being to gather information about the illness.

Several suggestions have been put forward for people who have difficulty in visualizing:

- Bridging. Some people have an area of sensory awareness that th prefer to use. The preferred state is used as an access to a visual image.
- Turning off verbal "noise." This is done by deliberately scanning the environment without categorizing, labeling, or naming what seen. It is thought that when poor visualizers are deprived of words for what they see, they will resort to images.
- Visual recall with the use of a slide projector in which the item the slide is allowed to be seen for only a very brief time
- Evoking visual images of something one strongly enjoys looking
- Evoking early childhood memories
- Dream recall
- Picturing inner dialogues as cartoons[15]

Visualization has been used in autogenic training, biofeedback, and hyponosis, as discussed here, and in several forms of meditation the latter case it has been found to alter electroencephalographic brai wave patterns[16] and psychophysiology.[17,18] Since there is this intimate connectivity among the mind, psychological processes, and the physic body as an integrated system, a potent therapy has been developed fo selected persons with cancer by the Simontons and Creighton.[19] Their method combines the use of visualization to promote psychological awareness and self-care with the standard medical treatment of chemotherapy and radiation. This highly successful therapy gives the patients an opportunity to actively participate in their own health car by learning to relax to break the recycling of uncontrollable fear and rising tensions that are the common lot of those who are told "There nothing more that medical science can do . . . " This they do by unstressing their bodies through relaxation techniques and by using positive affirmation and guided imagery in a manner that will charge them with an expectant attitude toward meeting short-term goals in their quest for wellness. This program is carried out with the guidanc of a counseler who cares about the inidividual and the resources of ar "Inner Guide" who also is invoked through imagery.

The theoretical foundation for the relationship between physical disease, in this case cancer, and the cognitive processes involved in imagery is based on three known factors. One of these bases is the surveillance theory as developed by Prehn. In this theory the success of abnormal cells to break through the body's immune system is rare and, therefore, abnormal cells, such as cancer cells, are seen as being vulnerable to attack from the immune system. In addition, cancer cells are considered "metabolically confused" and open to this attack. Another basis is the extensive literature on the relationship between stress and the development of cancer and other diseases.[22] The works of both Riley[23] and Solomon and Amkraut[24] demonstrate that unrelieved stress significantly weakens the immune system by altering crucial hormone levels. The third component in the theoretical frame of reference is concerned with principles of biofeedback (see above) by which persons can learn to consciously control functions of the autonomic nervous system.

Achterberg and Lawlis developed a unique psychological instrument, the IMAGE-CA, to draw out from patients undergoing imagery therapy discussion about their imagery drawings.[25] This standardized instrument has provided a communication link between therapist and patient and it engages the patient in his or her own therapeutic process. On the basis of the psycological variables that are evoked by the instrument, it enables the team of therapists to anticipate the course of the patient's disease process as this can be elicited through the reflection of the state of the patient's coping mechanisms that can be deduced through the IMAGE-CA testing results.

Meditation

Essentially there are two phases to meditation: (1) centering or coming into relationship with self and (2) the perceiving in quietude how mind, or consciousness, works. In the words of the Quaker writer Bradford Smith, it is an "inward art" the essence of which each person must capture for himself or herself.

As noted above, several studies have demonstrated that it is possible to significantly alter psychophysiologic responses through meditative practices. Meditation is a worldwide practice of ancient origin (see particularly Chap. 4). In most ages meditation has been practiced within a religious context. However, as a holistic health practice in our age this has not necessarily been the case. Meditation as practiced today is more eclectic, drawing from many techniques. Basically what is sought is a shift in consciousness, for sensitivity is too frequently downgraded by routine acts of daily living in the present technology-bound world. Through meditative practice increasing sensitivity to subtle stimuli may occur. This can allow the meditator to

refresh his or her powers of perception even in environments that seemingly bleak and drab. An intimation of unity and wholeness c accompany developed meditative practice, giving one a sense of transpersonal experience and of deepened self-knowledge.[26]

One of the outcomes of meditation is a better understanding c many facets of self and an appreciation for previously unperceived potentialities. As the meditative experience is translated into one's life, the perspective changes as these potentialities are explored and finally actualized. As the reality of the fullness of self is experience "... the practice of this approach leads to less vulnerability, greater inner freedom, less attachment to particular feeling states or opinio and therefore greater flexibility, all in the direction of mental healt

A practical Westernized centering technique that closely resem transcendental meditation, the Clinically Standardized Meditation, been developed by Carrington.[27] As the name suggests, the method been standardized and used clinically by psychotherapists in both hospitals and private practice.

Unlike in transcendental meditation (TM), trainees in the Clinically Standardized Meditation can either make up their own mantra in accordance with some simple rules provided by Carringto they can select one from a pool of 16 Sanskrit mantras whose word- sounds have been validated by a panel of judges known to be exper the yoga tradition of mantra meditation.

The mantra is the core of this centering technique. The practice done in a quiet, pleasant atmosphere. The instructions for the center process are purposely permissive, but the instructions themselves ar standardized. The major regulation concerns the length of time the trainee does the technique, and this is regulated on an individual ba The procedure is without religious context of any kind; however, ". short, standardized, soothing means of transferring the mantra (whi he or she has personally selected)" is done as a planned ritual to enhance the learning milieu.

In essence, the technique is concerned with the provision of a permissive, relaxing atmosphere in which one can feel free to allow welling up of usually repressed facets of consciousness and to becom quietly aware of the fullness of one's own stature.

Experiential Exercise

The purpose of this exercise is to help the individual experience ordering principles within his or her own psyche as a means of recognizing a unitary directing principle that is primary in the formation and sustenance of his or her own personal patterns of growth.

1. Work with a partner, preferably someone with whom you do not as yet have a strong acquaintance. Decide between you which one shall experience creative imagery first. The other person will play the role of a human support system to that person, that is, he or she will listen; will encourage verbalization without any attempt to be judgmental, analytical or coercive; will make notes; will quietly sit near his or her partner; and will begin by softly reading aloud the next section (2), below:
2. The person undergoing the experience should:
   a. Gently close the eyes and relax
   b. It may be useful to imagine a screen in front of your mind's eye and then allow yourself to quietly observe and describe the flow of imagery that moves across this screen.
   c. Try not to be self-conscious about this flow. Look upon the images that move across the screen in an objective manner as an observer of an interesting story. Do not attempt to structure the flow of images, just permit them to arise freely. Permit the imagery to speak to you.
   d. If you remember dream content, describe the dream to your support person, and while doing so, effortlessly drift back down into the dream so that you feel as though you are recapturing the feeling tone or the atmosphere of that dream.
   e. When you feel that you are again in that space, try to continue or extend that dream. Again, do not force structure upon the imaging, allow the images to flow as they will and describe them as they flow by the screen in your mind's eye
3. At the end of the experience change roles.
4. When both partners have had their turn, discuss your experiences with each other and fill in any impressions of your experience that you could not articulate at the time you visualized them. Should further reminiscences or reflections arise to conscious awareness later in the week, add them also to this account, which can be kept in a continuing journal. During this time you may want to reexperience your dream and imaging. Do not force the material; allow your psyche to unfold its contents to your conscious awareness unimpeded by any willful structuring on your part. Allow it to reveal itself to you on its own terms, in accordance with its own internal rhythms. Allow it to teach you about yourself in a way only it can do. As with any committed teacher, material forthcoming will be most creative, clear, and cogent where the student is alert, enthusiastic, and eager for learning. Be it.

Summary

Only a few of the multitude of holistic health practices have been reviewed. It becomes apparent upon close examination that these practices loosely fall under either the category of a somewhat dissociative frame of mind as in autosuggestion or the category of conscious practice such as meditation. Most of the practices derive from transcultural, frequently ancient, sources. Some synthesize the transcultural with modern techniques and knowledges (*i.e.*, biofeedback). The common denominator is that the practice allows the individual to experience, and thereby become more aware of, self. This is done by an inward focusing and persistent search for subtle cues to latent facets of consciousness that can then be brought more fully into awareness and actualized.

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sophistication of people as a result of a trend toward the continuance of higher education, and with it a more discriminating sense of choice in the care of their bodies. Access to diverse literature has given the general public a more eclectic appreciation for the findings of other cultures and a deeper understanding of the growing edge of Western cultural mores. One insight that has caused persons in the holistic health movement to look again at the age-old theory of the humors has been the realization that the doctrine of the balance of the humors has been restated in our time in reference to chemical and hormonal processes. Penetrating discernments such as this have coupled with other knowledge that our post-technological body of information has made clear for us. An example of the latter is that at the level of elementary particles, matter and energy become indistinguishable (a recognition which has confronted the best minds since Einstein first stated it at the beginning of the twentieth century, but which few could interpret to lay people until recently). These discernments and post-technological information have armed the imagnination of the multitudes with the possibility of a rationale for the wisdom of the ancients. On the negative side, this has given rise to a mere use of terms within the holistic health movement without an understanding of their semantics. On the positive side, however, immense strides have been taken in research which has attempted to synthesize transcultural knowledges about human well-being with contemporary information about the human condition. In thus combining even the extreme edges of the spectrum of human thought through the ages, more often than not it has been found that there is more that is similar rather than dissimilar among the minds of men of all literate times regarding man's interaction with the universe.

This common, human linkage of ideas arrested the attention of Jung, whose writings speak fluently to the psychological analysis of our time. In writing a commentary on an ancient Eastern text, Jung specifically notes the commonality of all thought.[3] He speaks of the more than five decades in which he conducted his life work, during which he had no more than a most superficial idea of Chinese philosophy. He had discovered in the later years of his life that the psychological techniques he had developed for his patients were remarkably similar to those that had been developed by the best minds of the East. He developed a striking analogy that could also be an assumption for the above-noted modern synthesis of the ancient and the contemporary knowledges about the well-being of humans that underlie holistic health practices. Jung says:

> . . . just as the human body shows a common anatomy over and above racial differences, so too does the psyche possess a common substratum.[4]

It is within this context that contemporary holistic health practices should be evaluated.

A Generalized Modeling of Suffering and Illness

Holistic health practices are based on alternative rather than traditi ways of perceiving illness. Within this general modeling it is usefu consider Durckheim's overview of human suffering and illness, wn he perceives as being of two types:

> . . . that engendered by functional impairment and having mundane implications; and that caused by "not being at one v the Self", i.e., not to be what one actually is.[5]

The former is concerned with some disabling effect that prohibits t person from meeting his or her responsibilities to society and from taking advantage of the opportunities offered by society. "Somethi lacking," he says, "with respect to that which one has, knows or is to do." The differentiating quality of the latter category is that it is concerned with a personal deficit, a lack with respect ot the inner t of the self, ". . . to what one *is*."

At its base, the difference depends on whether the ill person i concerned with being unable to function in outer society or is concerned about a personal inability to attain self-realization. Durckheim's point is that the former, more pragmatic objective has the goal of traditional therapies, whereas the latter has sought the of a wholeness of being. The holistic mode in actuality enhances th integration of both of these extremes, he conlcudes, for ". . . in the only a person who has come to an understanding with himself can enter into an understanding with the world."[6]

The General Orientation to Holistic Health Practices

The underlying premise of holistic health practices is that it is a ma misconception of our times that the germ theory accounts for all ill In actuality, it is established fact—depending upon which source y read—that between 50% and 80% of all illness is psychosomatic in origin.[7] This means that illness is the product of a complementary interaction between mind and body under conditions of stress that

cannot be reconciled. The goal of the holistic perspective is to treat all aspects of the person's problems by an integrated approach that considers both the person in the context of the problem and the problem in the context of the uniqueness of the individual, thus giving the situation a more humanistic orientation than has previously been the case.

A very important point arises from this last consideration. It now becomes clear that the perspective to treating illness should not be that the illness falls into the domain of one therapist alone. Rather, the patient's acceptance of responsibility for the illness or wellness of his or her being is crucial to healing, to prevention of illness, and to the maintenance of high-level well-being. Within this context the therapist and the client are seen to be partners; the client actively participates in the therapeutic stance as an actualizer of health potential. Illness need no longer carry a negative connotation. It can be seen as a limitation and an opportunity to learn more about the fullness of self. This last has been the underlying stimulus to the explosion of growth experiences and encounters with personal values that have been pursued by the consumer of holistic health practices during the past decade. Finally, in order to be an intelligent and understanding participant in this therapeutic process, the therapist must have insight into his or her own self from this multivariate point of view.

The Major Avenues of Holistic Health Practices

Hypnosis

As was noted earlier, hypnotic suggestion, as in temple sleep, was used therapeutically in ancient times in India, Egypt, and Greece (see Chap. 5). Its more recent use for migraine headache, severe burns, asthma, and sexual dysfunction has been of varying interest to therapists over the past two hundred years.*

Recently, Hilgard of Stanford University, in studies on hypnotic analgesia, found that there seems to be more than one dimension of awareness that operates even when a person has been deeply hypnotized. He has called this coextensive consciousness "the hidden observer."* In his studies, Hilgard has found that the hidden observer escaped his attempts to place it in a passive hypnotic state and, instead, did such left hemisphere tasks as the working out of statistical problems and the analysis of observations. One of the useful aspects of this finding has been introduced into the use of hypnosis for the relief of pain in patients with terminal cancer. The purpose in this therapy is to call attention to the hidden observer that can be otherwise occupied even in the face of pain. Thus the patients can experience for themselves that they are more complex and complete than that aspec that is involved with the pain. In this way, patients are encouraged t actualize more of their potential in the service of the therapeutic process.

Autogenic Training

Autogenic training, a direct relation of clinical hypnosis, was develo by Johannes Schultz, a psychiatrist, in the 1930s in Germany. Its maj ploy is to dampen response to external stimuli and to heighten an inward focusing of attention. This serves to alter the state of consciousness so that a deep relaxation accompanies a somewhat dissociative frame of mind.

Autogenic training is done in either a reclining or a relaxed sitt position, with the mind in a passive, almost casual and nonexpectant attitutde. A series of commands to the person's physical body then follows, the commands being stereotyped and impersonal, although s by the subject. The series starts with the dominant hand. While payi passive attention to the hand, one repeats to one's self the statement "My (dominant) hand is heavy." This is repeated at the rate of about times per minute. Then passive attention is given the other hand and the procedure is repeated. When the feeling of heaviness has been adequately experienced in both hands, attention is given to doing th procedure with both arms at the same time. Attention is next gently focused on the legs: first one, then the other, then both, until a generalized sense of heaviness is felt throughout the body. This proc of autosuggestion is then continued. Instead of heaviness, however, t person focuses on feelings of warmth in the extremities. Using the pattern noted above, the person says "My (dominant) hand is warm," and continues the progression in the extremities. It is important to te the body to stop these procedures, and so a convention is adopted to clearly state "Arms firm, breathe deeply, open eyes" in an affirmative voice after each repetition.

Luthe, a student of Schultz, developed a number of exercises th have become standard. He gives instructions for heart regulation ("Heartbeat calm and regular," terminated with "Eyes open, breathe deeply"), respiratory exercises ("It breathes me," followed by "Eyes open, breathe deeply"), and for acquiring a sensation of warmth in th abdomen ("My solar plexus is warm," followed by "Eyes open, breath deeply"). Finally one tells one's self "My forehead is cool" in the sam manner, thus completing the physical exercises. These exercises, incidentally, are given over a period of several weeks' training, usual with a certified trainer in attendance.

The deep relaxation and regulation when acquired are said to be

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