

7 Current Modalities in Holistic Health Practice

The range of holistic health practices is as varied as human beings are complex. Many of these practices are essentially similar but are called by different names. Frequently the difference is simply that two or more modalities arise from different ethnic sources, such as acupressure (Chinese) and *shiatsu* (Japanese), rather than from distinctly different techniques. The major reason at this time for a modality to be included among holistic health practices is that it adds to the practitioner's knowledge about himself or herself and therefore helps the person to actualize his or her potential for well-being. There are very few, if any, persons who have studied all of the available techniques affording access to the complexities of human nature. At the time of this writing, there have been no succinct articulation and classification of holistic health practices into integrated systems. Therefore, reflecting the obvious delimitations of the writer, the following account of holistic health practices restricts itself to about three dozen of those that are most popularly known. This is an acknowledged arbitrary basis for choice. The reason for summarizing these several modalities is to give the reader a basis to begin his or her own search for appropriate holistic health practices and to provide an overview of the possibilities for client referral. For purposes of convenience, the modalities are listed in alphabetical order under the broad generalizations of modalities concerned with (1) nonallopathic (*i.e.*, practices that are not disease-oriented) methods of diagnosis, (2) the rebalancing of human energies, (3) the relationship of body structure to environmental forces, and (4) awareness of self.

Nonallopathic Diagnostic Modalities

Applied Kinesiology

The innovative feature that applied kinesiology brings into focus is the translation of the body language exhibited by the client into diagnostic cues. The rationale underlying this mode of diagnosis is that

there is a clear correlation between the ways people position their bodies, which reflect muscular weaknesses and consequent structural imbalance, and the state of their viscera. In fact, the muscle weakness represents motoneuron inhibitions and these inobtrusively pattern body language and can reflect fundamental visceral problems.

The tool by which this language is read is muscle testing of various reflex centers in the body. These centers are based on composite studies of neurovascular reflexes, neurolymphatic reflexes, and acupuncture reflexes, which indicated that for a weakness or dysfunction of a particular organ, for instance the kidneys, there will be a concomitant demonstrable weakness in a specific muscle, for instance the psoas muscle. The relationship to the acupuncture reflex in the case cited is that the kidney meridian begins by proceeding from the sole of the front part of the foot and then the energy goes up the inner aspect of the lower leg and thigh to the bladder. These areas may be related functionally to the psoas major and the psoas minor muscles. It should perhaps be noted that the kidney meridian in its entirety goes beyond the bladder, in a physiologic sense, and travels upward (caudally) through the umbilical area and the sternum and ends on the sternal side of the clavicle. Goodheart, who was one of the earliest to structure and classify these kinds of relationships, states that similar relationships exist for foot reflexes, hand reflexes, areas in the eye that are concerned with iridology diagnostics (see later), and cranial reflex centers.¹

A remarkable finding of applied kinesiology is called *therapy localization*, in which the hands of the client can act as the localizer or diagnostic tool to elicit the area of involvement. This is done by having the client place his or her hand in contact with the involved muscle area. If the reflex center is irritated or the function is altered in any way, and muscle testing is done at the same time as the client places his or her hands on the area, there is a reversal in the condition of that muscle: if it was weak before, it will now test out strong; if the muscle tested strongly before, it will now be weak as long as the client's hand remains on the involved area. These are empirical findings; at present there is no substantive theory for their occurrence. It is claimed that therapy localization coupled with other applied kinesiology techniques can diagnose, with few exceptions, all dysfunctions that have an effect on the nervous system.²

Iridology

In the last quarter of the nineteenth century, a minister in Sweden, N. Liljequist, and a medical doctor in Hungary, I. von Peczely, simultaneously became aware that the effects of disease, drugs, and chemicals on the physical body can be diagnosed from changes in

the coloration and structure of the eye. Neither knew of the work of the other. In a tradition that goes back to the works of Liljequist and von Peczely, the underlying assumption of this art, *iridology*, is that every organ in the body has a representation area in the eye. In effect, the umbilical zone is assigned to the area of the eye surrounding the pupil, the abdomen and its contents encircle that area, and then regions radiate out to the periphery of the eye, each radiation representing one of the other organs and key structures of the body. A schema of different colorations is assigned to four major classifications of pathology: (1) acute inflammatory conditions, (2) subacute inflammation, (3) chronic conditions, and (4) destruction of tissues. Isolated pigmentation of various areas in the iris indicates mineral or drug deposits in the corresponding part of the body.

It is claimed that symptoms of pathology and the general state of the body's health are reflected in the condition of the iris, and this is the basis or iridologic diagnosis. Because of the sensitivity of these tissues to biochemical changes in the body, particularly those caused by toxicity or autonomic nervous system changes, the patient's progress in treatment can be closely monitored or a change in condition can be known well before there are physical manifestations apparent in the rest of the body.³

Psychic Readings

Shamanic practices (see Chap. 2) suggest that the use of psychic readings for diagnostic and prognostic purposes extends back into the far reaches of human history. In modern times the most famous psychic reader was Edgar Cayce, who in professional life was a photographer.⁴ Cayce's career as a psychic reader began when, at about the age of 21, it was noticed that he was developing a gradual paralysis of his throat muscles. Repeated medical examinations failed to find any physical cause for the progressive paralysis and finally hypnosis was tried, but without success.

Cayce had been a psychically perceptive child and, remembering that in his childhood he could obtain information from his unconscious during sleep, he solicited the help of a friend to put him into a hypnotic sleep by suggestion. Cayce was able to go into trance through his friend's suggestions and discern the basis of his paralysis. In his trance he was able to converse with his friend and allow material to well up from his unconscious without censoring it. In this way he was able to suggest medication and manipulative treatment for his throat, although later, when awake, he was not aware of how he did it. His throat condition soon healed.

Because of contingencies within his family and among his friends and neighbors, Cayce continued this mode of discerning the causes of

illnesses and their treatment. A group of physicians in his hometown and in its outlying areas used Cayce's ability to diagnose their own patients' illnesses. It was found that once he was in trance and simply given the names and addresses of the patients under consideration, Cayce could telepathically obtain correct information about each patient and then could go on to diagnose the patient's condition and suggest treatment. When he was awake, however, he was not at all aware of these experiences. The verity of his information and the validity of his suggested treatments were demonstrated with unusual frequency, and finally his fame grew beyond the confines of his hometown Hopkinsville, Kentucky and eventually reached worldwide proportions.

For 43 years, Cayce regularly did these trance sessions, and a collection of 14,246 statements accrued that had been taken down by a stenographer during Cayce's trances. Of these psychic readings, it is said that 8,976 were descriptions of illnesses and suggestions for their treatments.⁵

One of the treatments most frequently suggested by Cayce was the application of castor oil packs.⁶ McGarey has studied the known empirical effects of these packs but is unable to offer substantive theory for their effects. The castor oil pack consists of a piece of cotton material that has been soaked in castor oil (*Racinus communis*), and for treatment purposes the pack is placed externally over the locality of the body that is affected. Its cleansing and detoxifying effects are said by McGarey to work through the lymphatics that are stimulated by the pack.

Persons having the ability to do psychic readings have been intensively studied in this century. Although much evidence for the validity of the phenomenon has accrued both through personal accounts⁷ and formal psychoanalysis,⁸ at the present time there is little scientifically acceptable theory to substantiate this extraordinary medium of communications. A fuller appreciation and understanding may rest not so much in the accumulation of more data as in an enlightened shift in our cultural mores.

Bioenergetic Analyzers

Psionics had its beginnings in a field representative of a new class of technology that has been the hallmark of the twentieth century: electricity and electronics. The precursor of psionics was *radionics*, a term introduced into the English language in the mid 1930s. Bioenergetic instrumentation developed under this aegis act as detectors of disease in humans, animals, and plants. The basis for the validity of these instruments is that they help to focus the practitioner's attention. However, to date it is not known how this happens, and presently the question that provokes the interest of investigators in the field of

bioenergetics is whether the person working the instrument is an integral part of the detector circuitry.

The person best known for his early work in the field of bioenergetics was Albert Abrams, an unusually perceptive medical doctor who went on to do postdoctoral studies in physics under von Helmholtz. His particular interest was in integrating biologic laws with the laws of physics.

Initially, Abrams' interest was aroused when he noted that when he percussed a patient's abdomen during medical examination, there seemed to be a dull sound over specific areas of the abdomen and that these areas related in a one-to-one fashion with specific diseases. Trying to magnify the response, Abrams introduced into the process a variable resistance instrument. In time he found that samples of diseased blood placed on the machine could be assigned values measured in ohms when the resistance was varied, and that in this way he could come up with a diagnosis of the disease affecting the person from whom the sample was taken by referring to the measurement in ohms alone.⁹

Abrams carried this idea one step further to treat the disease. He connected the patient by wires and electrodes in circuit to the resistance box which had been turned to the readout in ohm values of the patient's disease. Abrams called this instrument an *oscilloclast*, and he treated the patient by transmitting a series of intermittent negative potentials and radio frequencies through the *oscilloclast*.

The *oscilloclast* was modified after Abrams' death, the initial modification being a rubber detector plate that replaced the percussion of the patient's abdomen. When this plate was stroked with the fingers, a noticeable tactile resistance was felt when the appropriate disease was tuned in. The resistances and inductances were also discarded and replaced with a series of dials. These were said to be able to "tune in on patients" even at a distance.

In a later version of the *oscilloclast*, vacuum tubes and condensers were used instead of resistances to tune into a client's disease. Perfected and patented by one of the early pioneers of radio and a Fellow in the Society of Electrical Engineers, Thomas G. Hieronymous, the detection instrument included a radio frequency amplifier, variable condensers, and a noninductive resistance focused through a crystal prism. The rubber induction plate was retained for diagnostic purposes.

With the publication of Hieronymous' patent in 1949, the instrument was variously duplicated and tested. Eventually, however, it was recognized that the underlying basis of the Hieronymous instrument was not its design, but rather that the device merely helped the practitioner to focus concentration on the patient and on the diagnosis. The startling suggestion accepted in many quarters today is that in some still undetermined way the practitioner uses his or her

own bodily state as a context or reference for diagnosis and that the instrument itself allows the practitioner to engage in this interiorized analysis. This conjecture has since gained some credence through the successful substitution of a symbolic representation of the instrument, for instance a diagram, for the actual nuts-and-bolts instrument itself.

Nevertheless, the diagnostic and treatment instruments were meticulously standardized by De la Waar in England. After repeated trials at his laboratories, it was found that about 30% of people who would lend themselves to training with the instrument could become successful diagnosticians. The crucial characteristics seem to be an unbiased mind, an ability for clear visualization, a willingness to build up considerable experience with the use of the instrument, and a foundation in medical knowledge. These are essentially the same characteristics that have always been required over time for this ancient practice, which is essentially based on techniques of dowsing. In its more recent practice, psionics has been coupled with Eastern knowledge on acupuncture points (see Chap. 3) and *cakras* (see Chap. 4).¹⁰

Methods of Rebalancing Energy

Acupuncture and Acupressure

The theory underlying acupuncture is discussed in Chapter 3, the Chinese Sphere of Influence. The Chinese traditional conception of health is intrinsically related to Chinese philosophy. Essentially, Chinese thought is based on the macrocosm-microcosm principle in that the natural laws of the universe are reflected in the laws that govern the well-being of man. As life energy, *ch'i*, continuously flows through the universe so too does *ch'i* constantly flow through and energize humans. This flow in humans occurs through particular conduits, called *meridians*, within which lies a series of localizations, called *acupoints*, through which *ch'i* may be intercepted.

Stimulation or sedation of the flow of *ch'i* is indicated, dependent upon a constellation of factors. These include whether the situation to be rebalanced is *yin* or *yang* or a combination of both, the person's nutritional state, and so on (see Orbisiconography, Chap. 3). If the flow of *ch'i* is impeded through either environmental factors or internal problems, either a build-up or a deficit of *ch'i* may result. Sedation in the first instance or stimulation in the second instance can be accomplished through the insertion of very fine needles into the acupoints. These needles are then twirled in a specific manner. The purpose of the twirling is to mechanically simulate the action of *ch'i*.

Twirling, which has traditionally been done by the rapid manipulation of the needle between the fingers, has more recently been supplanted or assisted by stimulation through electricity, ultrasound, and laser beam.

All acupoints except those around the eyes, ears, and large blood vessels may be treated by acupuncture. In these exceptional cases, however, a type of massage called *acupressure* is preferred. In general, acupressure uses a deep-pressure massage at the sites of the acupoints, the treatment being done with these of the index finger, the middle finger, or the positioning of the middle finger on the index finger to add forcefully to the pressure.¹¹ In acupressure therapy all of the acupoints are used as needed. A synthesis of oriental and occidental techniques, called *G-Jo*, has developed for self-help, particularly in the case of first aid. This finger-pressure technique has been particularly oriented toward paramedical use.¹²

Aikido

Aikido means pathway or road (*do*) to identification or union (*ai*) with the life energy (*ki*) that flows throughout the universe. It is a dyadic interaction in which the basic principle is one of nonresistance. Extreme sensitivity to one's opponent allows one to be constantly aware of the intended movements of the opponent. The underlying thrust of the teaching is to learn to be in a position that allows one to use the opponent's momentum against the opponent.

Aikido movements are the microcosm of the universe's macrocosmic movements. The teaching of *Aikido* stresses the importance of allowing one's self to move with change, openly and with a sense of the order which governs the microcosm as it does the macrocosm. To do this one must learn to find one's center and thereby quiet the mind, balance the body, and seek out one's spiritual relationship to the universe and all life in it.¹³

The major center of the body is the solar plexus *cakra*, called *hara* in Japanese. As noted in Chapter 4, the *cakras* are nonphysiologic centers for energy input. Through their controlled use the student learns to uncover universal laws and to live naturally and harmoniously with them in everyday life, for the essence of *Aikido* is to experience and thereby know that there is a direct correspondence between *hara*, the body's center, and the center of the universe. Their active cultivation gives one immovable power and integration of body, mind, and spirit.

Aikido was originally taught as a martial art to adults and was also adopted as a form of therapy in which a person confronts his or her own aggression. However, one of the best uses I have ever seen it put

to was in the treatment of hyperkinetic children. Through the use of *Aikido* these children learned for the first time that they need not automatically respond to the uncontrolled movements of their body, but that through the use of mental alertness, intentionality, and balance they could ground their bodies and move them as they willed.

Chiropractic

Chiropractic was founded by D. D. Palmer in the closing days of the nineteenth century. The basic principles of chiropractic are concerned with the maintenance of the structural and functional integrity of the nervous system. The methods used in its practice are primarily those of manipulation and adjustment of joints and the underlying tissues, and are based on the natural curative abilities of the body itself. Because of this, chiropractic also supports programs of natural nutrition and recognizes the detrimental role of everyday stress in modern life-styles. The major mode of treatment is directed toward the neuromechanic and kinesiologic features which cause spinal and pelvic misalignments, problems of radiating pain due to interference with spinal nerve conduction, general muscular ailments, and visceral dysfunctions due to compression or mechanical irritation of nerves.¹⁴ A major breakthrough in chiropractics occurred with the teaching of applied kinesiology by Goodheart (see above) through which weakened muscles and nerves can be readily diagnosed.

Homeopathy

Homeopathy was founded by Samuel Hahneman in the early nineteenth century. Its basic tenet is the Principle of Similars, which states that (1) the normally healthy body is dependent on an ability to maintain balance of its energies; (2) the body's basic pattern of health is the determinant of recovery from illness; (3) most symptoms of illness are holistic, encompassing the physical, emotional, and mental aspects of the individual; and (4) when medication is given to a healthy person systematically, his or her symptoms will be specific. Based upon the latter assumption, patients are given extensive examinations so that their particular and individual symptoms are elicited. The individualized symptomatology is then closely matched to the prescribed remedy from a *materia medica* of more than one thousand medications, and the medication is given in the minimum effective dose. Perhaps this is the reason homeopathy has an acknowledged safety record with persons who are allergic or who have had severe drug reactions, and with children and persons in very weakened conditions.

Naturopathic Medicine

Naturopathy uses "nature's agencies, forces, processes, and products" in an attempt to maintain the natural physiology and normal biochemistry of the body. Its approach is multidisciplinary, in which botanical medicine, homeotherapeutics, physiotherapy, minor surgery, manipulation, and preventive medicine, as well as methods of prepared or natural childbirth, are used for the well-being of the patient. Therapies are eclectic and may include colon irrigations, supervised fasting, herbs, chelation, deep nerve massage, chiropractic manipulations, physiotherapy, hyperbaric oxygen treatment, and acupuncture. Naturopathic physicians treat all conditions of illness, ranging through the realm of the general allopathic physician. These include such diversity as cardiovascular, neurologic, orthopedic, musculoskeletal, gastrointestinal, genitourinary, pulmonary, and dermatologic problems in any age range.

Polarity Therapy

Polarity therapy in its present form was developed by Randolph Stone as a synthesis of Eastern and Western medicine and philosophy. It includes manipulation practices, contact with both hands on pressure-sensitive points throughout the body, a polarity yoga consisting of various stretching exercises, a diet that includes herbs, and studies of the flow and balance of energy in daily life.

Polarity therapy aims at the repatterning of energy flow in the individual by using that individual's own energy field. Essentially this occurs through the attraction of opposites, that is, positive and negative charges. Certain parts of the body are positive or negative to other parts of the body. The hands and fingers also have positive and negative charges. To balance energy, the practitioner places a finger or a whole hand on parts of the patient's body of opposite charge and thereby facilitates energy balancing where it is needed.¹⁵

Psychic Healing

Psychic healing is a very ancient mode of helping or healing ill people that goes back in recorded history to practice in Egyptian temples of healing. The term *psychic healing* is frequently used synonymously with *faith healing* and *spiritual healing*, largely because one aspect of psychic healing, the laying-on of hands, usually takes place within a religious context. Healing at a distance, another form of psychic healing, is done during meditation or prayer. Psychic healing is assumed to occur

through the transference of a healing energy from the healer to the healee, the healer acting as a channel for this transference.¹⁶

Reflexology

The practice of reflexology is based on the assumption that over 72,000 nerves in the body terminate in the feet. It is further said that there are ten zones in the body and each zone has a corresponding area reflected on the soles of the feet. When there is a problem or disease in the body, the area on the feet that correlates with the zone of the body in which the problem manifests itself will become crystallized with deposits of calcium and acids. Therefore, treatment is directed toward breaking up these deposits. Once the condition is relieved, incipient imbalances of energy can then be treated before problems arise. Reflexology is also known as *zone therapy*.¹⁷

Therapeutic Touch

Therapeutic Touch will be described later in this chapter and in Part 3 of this book.

Relationship of Body Structure to Environmental Forces

The Alexander Technique

The Alexander Technique was developed by F. M. Alexander out of his own personal experience. Alexander was a Shakespearean actor in the late nineteenth century. He frequently lost the use of his voice, for which he sought several avenues of help, none of which were successful. Finally, aided by the positioning of several mirrors, he studied his body as he spoke. He realized that part of his problem was caused by the way he habitually held his body as he spoke. As he further studied his body he recognized that his body acted as a whole, that the problem with his voice was not one of isolated movement, but rather that the movement occurred as a result of the integration of several facets of his body, his personality, and his thought.

After many years Alexander returned to the theater, and those who had not seen him in some time were very impressed by the way he was able to use his breath. He began to teach other actors what he had learned from his own experiences. Central to his teaching was that learning the technique could not be an intellectual appreciation only; in order for the learning to be significant, there had to be a kinesthetic

experience in which the concept was personally worked through.¹⁸ To understand the proper use of self in relation to the environment, the student is encouraged in the practice of psychophysical ecology, the intelligent awareness of the interdependence of all facets of self in daily acts of living, and the synergistic effects of those acts on one's habitual life-style.¹⁹

Dance Therapy

Although dancing in groups is one of the most ancient of art forms, dance as a adjunct of psychotherapy is a new dance form, one of the few forms of psychotherapy that is American in origin. Its basic concepts are concerned with the use of rhythm to bind people together into a cohesive whole. In the freedom, sometimes abandon, of rhythmic sound and movement, the acting out of new roles and new interpretations of self is supported.

Dance as a healing art form came to popular attention through the work of Marion Chace, who was able to reach even grossly dissociated psychiatric patients through dance. By using dance to help patients to express their often inarticulate conflicts, pain, and body language, Chace was able to create an objective base for their self-awareness, a means for freely expressing this recognition, and a learning of how to integrate their behaviors in a permissive environment.²⁰ The dance therapist today is a clinician who has an integrated knowledge of the psychotherapeutic effects of group and individual movement.²¹

Feldenkrais Method

Moshe Feldenkrais, Ph.D., has a unique background as a physicist and as a black-belt expert in judo. His analytical mind plus his experience with body movement led him to the understanding that if the individual is intelligently taught about body functioning, that individual can give knowledgeable guidance to his or her body in daily life. By giving the individual gentle manipulations so that the awareness of the body increases, that person can make more informed choices about how to manipulate the body in space. Coupled with this is a philosophical base in which exploration of self is encouraged and responsibility for self is supported in the direction of constructive alteration of self-image and awareness of other.²²

Lomi Body Work

Lomi body work is a method of psychophysical therapy that was developed by R. K. Hall, a physician, and R. K. Heckler, Ph.D. Introduced in 1971, the basic theory underlying this method is that an

individual's character is expressed physically through the state of his or her awareness, vitality and vigor, breathing patterns, and structural balance. By directing attention to current muscular tension, an individual learns to restructure postural alignment so that there can be a free flow of body energies, and to integrate both emotional as well as physical energies in natural ways according to universal laws governing human energy flow.²³

Rolfing

The founder and major developer of the Rolf System of Structural Integration was Ida P. Rolf, Ph.D. The practice, known as rolfing, is based on a theory that the body is not a unit, but rather an aggregate of large segments (*i.e.*, the head, the thorax, the pelvis, the legs). The body is seen as a plastic, movable medium of collagen structures that can alter its characteristics in direct relation to its energy level. In physiologic terms, this change runs the spectrum from the more compact or solid gel state to the looser or more fluid sol state.

The purpose of rolfing is to help the rolfee establish deep structural relationships within the body that express themselves through symmetrical and balanced functioning when the body is in an upright position. To provide visual feedback to the healees, both measurements and photographs of their bodies are taken for baseline reference and again during the course of the learning of structural integration. In structural integration the forces of the gravitation field are deliberately used so that the energy level of the body is enhanced. Emotional trauma may also be locked up in the body's habitual stance. Therefore, it is thought that the biochemical changes in the myofascia, which occur as a result of the manipulation of muscles as the body is aligned as an integrated and balanced energy system, serve to release emotion as well.²⁴

Stress Reduction

Techniques of stress reduction will be discussed in Part 3 of this book

Therapeutic Massage

Although literature on massage indicates that the use of massage goes back to the year 3000 B.C. among the Chinese, the word itself comes from the Greek *masso*, meaning I shape or knead (with the hands). In massage, in addition to kneading, there is (1) stimulation of muscle groups by a variety of methods such as stroking, pinching, vibration, shaking, and striking in a controlled manner, (2) *shiatsu*, a finger-pressure method of massage of acupoints, or (3) *ammo*, an oriental

method of stimulating nerves which produce organic dysfunction.²⁵ The importance of therapeutic massage is to help make the client aware of the body's daily interaction with the environment and the areas of tension that build up inobtrusively.²⁶

Awareness of Self

Art Therapy

Art therapy is an expressive modality characterized by the use of symbolic communication presented in any of the art media. The goal is to invoke spontaneous artistic creativity which will help the individual to break out of the self-made barriers of psychologic defense structures. With the help of the therapist, the client interprets his or her art creations from a symbolic perspective. This may lead to increased self-awareness, recognition of the roots of conflict and frustration, and the acknowledgment of repressed emotions.

Art therapy is very effective with persons who are unable to verbalize their problems, such as patients who are brain damaged, deeply depressed, hysteric, and so on. Art therapy can relate to all psychologic frames of reference. In the humanistic approach developed by Garai, the therapeutic goal is oriented toward reinforcing the will to live and toward supporting endeavors to find meaning and identity in as fully a creative life-style as is possible. Acceptance of inevitable change is fostered, and, in this context, clients' identity crises are redirected into creative-expressive life-styles where further experiences of change are expected and accepted. A spiritual framework in which to seek meaning for life is accepted and self-transcendent goals are supported.²⁷

Drama Therapy

As art therapy uses spontaneous art for projective purposes, drama therapy uses spontaneous enactment through improvisation, role-playing, dramatic games, and creative drama, or specific clinical techniques.

Although the idea of drama therapy arose among various writers of the nineteenth century, in this country it is through psychodrama and sociodrama as conceived by Moreno that drama therapy is best known.²⁸ All modes of self-expression are used, but all are expressed through modes of improvisation. Drama therapy is used with physically and psychologically disabled people, the retarded, the aged, and the deprived.²⁹

Gestalt Therapy

The person who developed gestalt therapy to its most definitive form is Fritz Perls. The attempt in gestalt therapy is to perceive experience within the context of the whole, but from where one is existentially. The configuration of life experience is so integrated into the time and space of the individual—through memories in reference to events of the past and through anticipation concerning events yet to be perceived—that the therapeutic thrust is toward whatever is presently available to the client and the therapist and can be shared at the present moment. Therefore, this existential frame of reference allows both therapist and client to use whatever resources are accessible to either or both of them. Because any appropriate modalities to which the therapist has access may be used within the gestalt framework, the therapeutic relationship is made into a continuing innovative experience. Thus all of the therapies discussed in this chapter may be integrated into the therapeutic sessions, the type of modality used being dependent only on the therapeutic style of the gestalt therapist.³⁰

Humanistic Psychology

Humanistic psychology has several sources; however, the seminal concept of self-actualization was the brainchild of Kurt Goldstein, a physician. Working with brain-injured patients, Goldstein was surprised and impressed by his patients' drive toward growth despite their devastating disabilities. The intensity of this drive was such that it enabled the patients to achieve a state of well-being far beyond what would have been predictable on the basis of medical evidence alone. This demanded a reinterpretation of the scope of human potentialities and laid the foundation for what was to become known as humanistic psychology.

Further work under Abraham Maslow added exploratory findings to the known range of human capacity.³¹ Concomitantly, studies in the alternative therapies of biofeedback and self-control and healing and meditation, as well as the rise of the concept of responsibility for self, have filled the literature with specific instances of the power of self-actualization in the service of the ego.

Jungian Psychology

The core of humanistic psychology is holistic, and its thrust is toward the respect and support of the entire spectrum of being.³² This interpretation of the psychological nature of man rests on the work of Carl Gustav Jung. Jung realized the potency of expression of one's spiritual nature and recognized that the full articulation of this aspect of human life is cloaked in symbols. Underlying the fundamental symbolic expressions of one's life, which are merely glimpsed in dreams, fantasy,

myth, and art, is a realm of unconscious energies that have not as yet been bound in thought. The binding of these energies awaits the catalyst provided by awareness to make them accessible to consciousness. Therefore, an important aspect of Jungian psychology is concerned with the clarification of symbolic imagery and the release of unconscious content.³³

Psychosynthesis

Roberto Assagioli, an Italian psychiatrist, was the founder of the practice of psychosynthesis. Psychosynthesis is concerned with a conscious synthesis and unification of all facets of the self, the whole person. It is not only concerned with freedom from personal trauma and sorrow but also with experiencing the higher, transpersonal consciousness, in order to release through that self the unifying energies of universal Love, Joy, Beauty, Courage, and Wisdom. This transpersonal experience is marred by identification with subpersonalities, such as the Victim or Martyr within, or the Fearful Child, the Visionary Seeker, the Compulsive Helper, the Critical Judge, and so on. The overriding aim of psychosynthesis is to bring the subpersonalities to conscious awareness so that the individual is not passively controlled by them. Various methods are used to do this: guided imagery, movement, gestalt therapy, dream work, creative imagery, meditation, journal keeping, symbolic art work, the development of the intuition, and so on.³⁴

Transpersonal Psychology

Beyond the domains of psychoanalysis, behaviorism, and humanistic psychology lies a "fourth force in psychology": the realm of transpersonal psychology. Transpersonal psychology is a synthesis of Eastern wisdom and Western scientific findings on human consciousness. Present studies in transpersonal psychology include investigations of transpersonal experiences (*i.e.*, experiences which go beyond the ordinary ego boundaries and the usual limitations of space and time), meditation, biofeedback, psychic phenomena, various states of consciousness, healing, energy transformation, and body disciplines. Applications to education and to psychotherapy have been reported. The purpose of these studies is directed toward enlarging the current conceptions of health and wholeness and learning how to live within that larger vision.³⁵

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