

**INTEGRATIVE HOLISTIC HEALTH,  
HEALING, AND TRANSFORMATION**



# INTEGRATIVE HOLISTIC HEALTH, HEALING, AND TRANSFORMATION

**A Guide for Practitioners,  
Consultants, and Administrators**

*By*

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## PREFACE

The goal of this book is to begin to present the fundamental body of knowledge which informs current approaches in complimentary and alternative medicine and to explore the role of the new professions of integrative holistic health practitioner, consultant and administrator. This book is designed to compliment, enhance, deepen and broaden the reader's existing expertise through an integrative approach which will improve his/her ability to consult, design programs and work in a variety of settings with various populations including those with medical and psychological conditions as well as those who wish to support their health and well-being.

This book provides the necessary conceptual foundational frameworks for exploring how practitioners in a field of alternative medicine/ holistic health know what they know in support of their work. These core ways of knowing gives them a foundation for evaluating their work, new advances in the field and affords them interrelated frames of knowledge for their continued research, expansion and integrative work in the field. Trained holistic health practitioners who may have applied one or more of these paradigms may now be able to expand their foundational and conceptual base thereby broadening their theory and techniques that are appropriate to their professional arenas.

Section I is designed to explore general ways of knowing and meaning making in holistic health: through for example, mindbody medicine, psychoneuroimmunology, molecular and central nervous system's relationship to emotion and trauma, body posture and movement, nutrition, bioenergy and human energy fields, Eastern, Western and indigenous spiritual traditions and high sense intuition, soul wisdom, and distance intention.

Section I is inclusive of the shifts from the Newtonian Era I medicine to the mindbody Era II, the Einsteinian mind-body-energy paradigm, to Era III medicine with nonlocal consciousness. Various Eastern, Western and indigenous paradigms for experiencing the interconnection among the mind, body, and soul and holistic health are discussed and integrated with the fundamental principles of Western theories of stress, biomolecular research, neurophysiology and the influence of thought and the emotional links to the mind-body experience. Various ways of knowing energy systems such as the

chakras and human energy fields and their relationship to stress, the immune system, spiritual path and holistic health are explored. An understanding of the power of the imagination, the arts, embodied somatic experience, and consciousness in healing, health and well-being is addressed. Practitioners explore the various intuitive ways of assessing and healing, and finally the reader/ practitioner is provided with an integrative body of knowledge from which to view a client or population and make programmatic or client-based interventions.

Section II is designed to offer the reader/practitioner methodology regarding the creation and implementation of holistic health centers, programs and integrated consultation practices. Examples of existing successful programs are offered. The authors discuss the genesis, philosophy and workings of the programs.

Finally, Section III offers examples of integrative holistic health clinicians who combine and synthesize a variety of holistic health approaches and paradigms into their practices as practitioners, healers, therapists and consultants.

PENNY LEWIS



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**INTEGRATIVE HOLISTIC HEALTH,  
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**Section I**

**WAYS OF KNOWING**



## Chapter 1

### WAYS OF KNOWING: PARADIGMS IN HOLISTIC HEALTH

*The multitude of things which we experience as distinct in reality are but manifestations of the absolute undifferentiated reality that there is an underlying unity among the seeming diversity of existence. It is only the individual, subjective mind—the consciousness informed by the senses—that fragments the world.*

(Motoyama, 1978, p. 22)

AT A TIME WHEN CLOSE to half of the population of the United States is engaged in some form of complementary or alternative medicine, it behooves all practitioners in the health and human services to begin to integrate and synthesize the various paradigms that underlie and influence the holistic health approaches being utilized today. Allopathic medicine has its own systems of understanding the body, health and disease. Many individuals are alive today because of the advances that vaccines, antibiotics and surgical procedures have made in the last century. However, I have come to believe that we will look upon the medical procedures and interventions of today, replete with their focus upon pharmaceutical drug remedies and surgical procedures as we now regard the ancient techniques of blood letting.

In 1992, the Office of Alternative Medicine (OAM) was first founded through NIH: The National Institute of Health. OAM was designed to research and promulgate information regarding what much of the

public was already involved. OAM was charged with evaluating the effectiveness of seven areas: (1) diet and nutrition, (2) mind-body interventions, (3) alternative healing systems, (4) bioelectromagnetic applications in medicine, (5) manual healing methods, (6) pharmacological and biological treatments, and (7) herbal medicine.

I recall listening to a spokesperson for the American Medical Association saying that these forms of healing were nothing more than charlatanism with the public being deceived by con artists likened to those selling snake oil and panacea elixirs two centuries ago. Just five years later the University of Maryland survey showed that 70 percent of the doctors that were questioned were interested in learning more about alternative medicine. In 1998, OAM was expanded and renamed the National Center for Complementary and Alternative Medicine (NCCAM). Now over 600 specific forms of CAM therapies are reported. Several medical schools and their associated hospitals have been targeted as OAM centers of

research. These sites include Stanford, Harvard, and Columbia as well as the Universities of Michigan, Arizona and Minnesota. These sites as well as others have been supported in longitudinal randomized clinical trials that seek to substantiate various approaches in alternative medicine in relationship to specific diagnostic populations.

In the fifties, chiropractors were seen as “quacks.” In the sixties, acupuncturists were looked askance because they did not fit into medical model paradigms. Twenty years later, NIH released a statement confirming that acupuncture is an effective treatment for certain procedures and dysfunctions. In the nineties, energy medicine was addressed as an absolute hoax. Now satellite medical schools and hospital consortiums such as Columbia-Presbyterian and Harvard-Beth Israel are undertaking research which substantiate what was once thought to be hypocrisy resulting in huge shifts and expansions of what is considered to be mainstream health practices.

## **TWO SHIFTS IN THE WAY MEDICINE, HEALTH AND HEALING IS VIEWED IN THE WEST**

### *Newton Versus Einstein*

Alternative and complimentary medicine is based on two major shifts in how the body, medicine and healing is viewed. First, there is a slow expansion from the view of the body from a mechanistic Newtonian frame to an  $E=MC^2$  Einsteinian frame. With the industrial era came the view of the body as a machine. If part of the body machinery didn't work it was removed, replaced or something was added. Einstein expanded scientific consciousness to view existence as several interfacing phenomena. The human is seen as a multidimensional organism with a physical realm and an energetic realm. In con-

trast to Newtonian medicine, Einsteinian medicine “attempts to heal illness by manipulating the subtle energy fields” via [clearing, aligning, adjusting and] directing energy into the body “instead of manipulating the cells and organs through drugs or surgery” (Gerber, 1988, p. 69).

### *The Three Eras of Medicine*

Dr. Larry Dossey (1998), one of the leading proponents of alternative medicine, has said that we are moving through several eras of medicine.

*Era 1 medicine* viewed the body mechanistically as described above within the Newtonian frame.

*Era II medicine* began to see how the mind affected the body. This resulted in the beginning awareness and research documenting that stress reduced the immune system, and that techniques such as meditation, yoga, and visualization could have a direct result upon affecting reduction of pain and stress and increasing the body's capacity to heal and stay healthy.

Today there is an increasing body of evidence that substantiates that much of the illnesses extant are influenced by emotions. The new field of psychoneuroimmunology has demonstrated that there is more than just proximity to bacteria, viruses, or carcinogens that will result in an individual contracting an illness.

*Era III medicine* began to understand the concept of the nonlocal mind and its effect on the body of another. Here consciousness is view as separate from the brain and is free from embodied time and space. Thus, individual or group consciousness has the capacity to not only act upon the body of the source of the consciousness, but on distance inanimate objects, life forms, and other individuals. The Harvard Medical School/Beth Israel consortium began to research and substantiate the fact that distant intention, prayer or healing can be sent from the mind of one into the unaware body and psyche of

another who was placed in an electrostatically shielded room. The study proved that the moment the healer sent positive healing intention through distance to an unknowing other, that subject's body began immediately to systemically alter in service to health and healing. Clearly the mind is not solely a physical process. It is possible for the mind to transcend the physical world of time and space and to directly affect the external world.

The underlying paradigms which support these three eras in health and healing run the gamut from Western medical model practices, to research in the mind's effect on the immune system and molecular physiology, to indigenous practices in shamanic healing and herbal remedies, to Ayurvedic and homeopathic philosophies, energy medi-

cine, to body-oriented psychotherapy and meditation and to clairvoyants and medical intuitive to name just a few. Practitioners in the field of holistic health, alternative and complementary medicine tend to be trained in one or two approaches, or in a preexisting integrated system such as John Kabat-Zinn's mindfulness based stress reduction and relaxation program (Zinn, 1990). It behooves the mindbodyspirit practitioner/consultant to begin to grasp, integrate and synthesize an expanding number of paradigms which are influencing this field today. In order to appropriately assess, recommend and/or directly facilitate the client's or diagnostic group's holistic health, the consultant-practitioner needs to see the whole undifferentiated picture (see Figure 1-1, The eras of medicine).

Characteristics	ERA I	ERA II	ERA III
Space-Time	Local	Local	Nonocal
Synonym	Physical medicine	Mindbody medicine	Eternity medicine
Description	Mechanical Cartesian dualism Based upon empirical mechanistic industrial philosophy. If it breaks, remove it, replace it or add something to it.	The mind and the body are an interrelated whole. The mind affects the body and visa versa.	Mind is a factor in healing both within and between persons. Mind transcends time and space and is ultimately part of all Consciousness.
Examples	Surgery Drug therapy Radiation	Psychoneuro- immunology Molecular emotions Stress reduction programs Hypnosis Traditional counseling Somatic therapies Movement therapies Beginning mindfulness meditation practices	Somatic Countertransference Distant intentional healing eg. Prayer Noninvasive energy healing Transpersonal imagery Transpersonal dance and drama therapy Channeling and medi- umship Advanced meditation Mystical numenous satori experiences

Figure 1-1. The eras of medicine. (From Dossey, 1998, p. 9)

This section explores paradigms for experiencing how we make meaning and know what we know about the mindbody soul interconnection in growth, health, healing, and transformation. Various paradigms will initially be discussed in distinct areas followed by an example of a synthesized integrative model in the final chapter of the section. It is hoped that holistic health practitioners: be they yoga instructors, massage therapists, somatic psychotherapists, stress reduction and meditation facilitators, transpersonal therapists, nutritionists, herbalists, energy medicine healers, expressive arts therapists, homeopaths, osteopaths, chiropractors, holistic health physicians, nurses or

those involved with spiritual, mystical, and indigenous practices; may be able to utilize the theoretical and practical knowledge in this book toward expanding and integrating their own frame of reference and work in service to the well-being of others.

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## Chapter 2

# MINDBODY MEDICINE: ADVANCES IN WESTERN MEDICINE AND SCIENCE

*All thought and feelings can affect the immune system on a cellular, molecular and energetic level.*

### INTRODUCTION AND HISTORY

**M**INDBODY MEDICINE IS AN APPROACH that views the mind—its thoughts and feelings—as having a central impact on the body’s capacity to stay healthy and recover from trauma or illness. This construct produced the obvious premise that it is best to treat the whole person not just the physical disease. This is not a new idea. In fact, it was common for all those treating the infirm to uphold this tenant. Unfortunately, the Age of Enlightenment was less than erudite with its analytical reductivist scientific model that brought about the Cartesian split between mind and body. The resurgence of mind-body as an interrelated integrated whole reemerged with the introduction of Asian healing systems into Western medicine in the late twentieth century. The foundational paradigms of these approaches came at odds with the hierarchical, noncommunicative Asclupian scientific medical model. This splitting was reinforced by growing medical specialization and insurance mills that pushed doctors into even greater alienation from their patients.

Along with the realization that the

thoughts, feelings and experience of individuals are considered as well as the disease process itself, it is also vital to not only address clients’ emotional distress while engaged in psychotherapy, but to take into account the somatic ramifications and manifestations of psychological issues. Similarly, therapists had to begin to expand their verbal techniques to include body-oriented forms of assessment and interventions if they were to be truly effective.

For clients, Era II medicine i.e., the inter-influence of the mind and body means that they needed to expand their understanding of what can influence their health and recovery process. For example, by attending to and clearing negative thinking such as a sense of hopelessness or passivity, an individual can affect their physical health by reducing the severity, frequency, or duration of recovery.

This concept paved the way for a whole field of holistic health with a myriad of practitioners who understood that one needs to both address the overall experience of the wellness including thoughts and feelings as well as the physical distress or disease itself. This premise is not to be confused with the view that suggests that individuals are

“responsible” for being ill and that their lack of recovery is “their fault” because of how they think or feel. This destructive supposition often results in individuals’ feeling alienated, shamed and guilty that they’re not getting better. These feelings then exacerbate the very condition that the person is trying to remediate.

## PSYCHONEURO- IMMUNOLOGY

Era II medicine began as early as the sixties and seventies with research on Transcendental Meditation demonstrating that when the mind and body relaxed it affects the autonomic nervous system. Individuals engaged in all forms of meditation, hypnosis as well as biofeedback techniques that were all designed to decrease an overreactive fight/flight sympathetic nervous system response.

The understanding of the relationship between the central nervous system and the immune system began in the seventies with an accidental realization stemming from research with rats. The study inadvertently discovered that a classical conditioning link could occur between an immunosuppressant medication and saccharin. The initial awareness that some aspects of the immune system could be conditioned paved the way for further research and the development of the new field of psychoneuroimmunology.

These key experiments performed in the seventies undertaken by Robert Adler and others (Goleman & Gurin, 1993) have brought about the understanding of the inseparable connection between the immune system and the nervous system. Nerve endings are embedded in the bone marrow and thymus where white cells are manufactured and in the spleen and lymph nodes where they are stored.

The following are the major tenants of this interrelationship:

- The brain monitors and can alter immune

responses.

- The stimulated immune responses can cause the hypothalamus (emotional center in the brain) to activate.
- Stress hormones such as adrenaline suppress immune responses through chemical reactivity.
- Lymphocytes can produce hormones and chemicals that the immune system uses to intercommunicate—bypassing the brain.

**WHITE BLOOD CELLS.** The immune system’s main vehicles are white blood cells. Lymphocytes are the primary fighters. They maraud throughout the body attacking viruses and any cells, including cancer cells, that they do not recognize as belonging to the body. The following are some of the most relevant:

*B-Lymphocytes* produce antibodies that each go after and attack particular viruses and bacteria or (antigens).

*T-cells.* The, now well-known, cancer fighting T-cells do not produce antibodies but directly attack specific rogue cells by attaching to the invading cell and releasing toxic chemicals. These cells may be cancer cells, viral infected cells, or transplanted tissue cells. All can be affected—either suppressed or encouraged—by the level of stress—real or imagined—to which the body is reacting. Other T-cells are the helper T-cells which stimulate the production of antibodies from B-lymphocytes and the suppressor T-cells which curtail production when enough have been manufactured. These cells communicate through the production of interferons and interleukins.

Individuals may have chronically underactive or overactive T-cells:

*Underactive:* Individuals with AIDS and other immunodeficient diseases have too few helper cells.

*Overactive:* People with autoimmune diseases such as rheumatoid arthritis, Multiple Sclerosis, and Lupus have too high an amount of helper cells resulting in patients’ connective tissue or nervous system being attacked. Those that are prone to allergic