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BOOK REVIEW

Serlin, I. A., & DiCowden, M. A. (Eds.). (2007). *Whole person healthcare: Humanizing healthcare* (Vol. 1). Westport, CT: Praeger.

Serlin, I. A., Rockefeller, K., & Brown, S. S. (Eds.). (2007). *Whole person healthcare: Psychology, spirituality, & health* (Vol. 2). Westport, CT: Praeger.

Serlin, I. A., Sonke-Henderson, J., Brandman, R., & Graham-Pole, J. (Eds.). (2007). *Whole person healthcare: The arts & health* (Vol. 3). Westport, CT: Praeger. Three Volumes, 1128 pages, $300.00 (hardcover).

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This book review critically evaluates the *Whole Person Healthcare* (WPH) series. These 3 volumes advance a *biopsychosocialspiritual* model of the person and a holistic, integrative, multidisciplinary, multicultural, evidence-based approach to healthcare that addresses the complex interaction of these dimensions of health and illness. What is the place of WPH in the new medical continuum? Moving us away from the Cartesian dualism of scientific materialism towards a more humanistic paradigm, WPH focuses on issues of existential meaning in illness, as well as the psychological, emotional, imaginal, metaphorical, and symbolic element of being human through the expressive and creative arts. The constructs *horizontal integration* and *practice as taught* are introduced as an answer to our current crisis in clinical practice and public policy towards humanizing healthcare in the emerging model of collaborative care.

Whole person healthcare, as advanced by this series, is an approach that addresses the complex interaction of mental, physical, and spiritual

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dimensions of health and illness through mind–body therapies that deal with the person in his or her setting, rather than in terms of isolated disease entities or body parts. This approach integrates behavior, cognition, and consciousness,[1] takes into account the impact of lifestyle on health issues, educates patients to be informed consumers who practice prevention and self-care, relies on experiential and theoretical learning, and utilizes symbolic and nonverbal, as well as linear and verbal, modes of expression, data gathering, and verification in research and clinical practice. Considering the person within the context of his or her worldview, this approach seeks to understand the *meaning* of a patient's symptoms, as well as their biological and behavioral causes, and empower the person to reduce stress, and enhance wellness, personal effectiveness, and quality of life (pp. xvii–xxiii).

This 3-volume series advances a *biopsychosocialspiritual* model of the person and a holistic, integrative, multidisciplinary, multicultural, evidence-based approach to healthcare. Although many "integrative" approaches today focus mainly on the body; helping the person to palliate physical symptoms, manage emotional distress, and improve functional status, they do not address the person's thoughts, beliefs, and existential meanings that are inextricably linked to deeper underlying issues that touch the mind, heart, and spirit. The whole person paradigm adds the spiritual, transcendent, or vertical dimension of personality[2] to the *biopsychosocial* model currently being advanced at the levels of clinical practice and public policy (Levant & Heldring, 2007; Paige, 2006; Serlin, 2001; Serlin et al., 2001).

What makes these books worthy of a review and a read, by both clinicians and consumers of healthcare services, is that they present a wide range of historical, theoretical, and practical examples from hospital-based,

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[1]William James linked the "sense of self" with our experience of the stream of consciousness. James (1890, 1902, 1904) defined consciousness as a field with a focus and a margin, a plurality of waking and subliminal states, and pure experience embodied in feeling and sensation.

[2]The spiritual, transcendent, or vertical dimension of personality refers to the expansion and contraction of consciousness; or embodied feelings and sensations in pure experience. We live not only along the lifespan horizontally, but in an ever-expanding and contracting experience of states along a vertical plane in the immediate moment (Gordon, 2007). In vertical moments in which one's sense of self is unscreened and undivided by the symbols and definitions of thought, the person may experience expansiveness, a deeper quality of being, and transcendent actualization or self-realization through peak or mystical states (Maslow, 1971). This subjective, qualitative experience depends on inward change in the intensity of the moment. The essence of the spiritual or the divine is often revealed through the experiences of creativity, intuition, and timelessness in existential time (Berdyaev, 1944). Existential moments are a dynamic fusion of experience within us, resulting from a dialectical process involving a tension producing conflict, out of which the sense of self emerges (May, 1975).

complementary and alternative (CAM)[3] mind–body therapies, and define a role for humanistic psychology and the expressive and creative arts[4] in transforming the way healthcare is practiced. The preface by David Spiegel, MD, medical director of the Center for Integrative Medicine at Stanford University Medical Center and the foreword by Dean Ornish, MD, founder and president of the Preventive Medicine Research Institute speak to the timeliness of this work. The series' general editor, Ilene Serlin, PhD, ADTR, volume editors: Marie DiCowden, PhD, Kirwan Rockefeller, PhD, Stephen S. Brown, Jill Sonke-Henderson, Rusti Brandman, PhD, John Graham-Pole, MD, as well as contributing authors, advocate collaboration between conventional, traditional, and complementary practices among healthcare professionals and some the therapeutic use of the arts to help patients access the embodied, self-actualizing dimension of their personality in the healing process.[5]

What is the place of whole person healthcare in the new medical continuum? As a psychologist schooled in existential phenomenology, the history and philosophy of psychology, and the person-centered approach to science, I believe that scientific materialism, reductionism, and evidence-based practice are a subset of holism and a complement to the intersubjective laboratory of the lived world. Quantitative analysis of single variables presents a fragmented and unrealistic view of the person. A lack of statistical evidence does not imply a lack of clinical evidence. Although evidence-based study is didactic, it is also myopic. It gives one a point of reference, however limited in its application to living systems.

Second, as the research director of a naturopathic medical clinic for the past 15 years, I introduce the construct *horizontal integration* as an answer to our current healthcare crisis. A healthcare model that is vertically

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[3]The National Center for Complementary and Alternative Medicine (NCCAM) defines CAM as:

> A group of diverse medical and health care systems, practices, and products that are not presently considered to be part of "conventional medicine." Conventional medicine is medicine as practiced by holders of M.D. [medical doctor] or D.O. [doctor of osteopathy] degrees and by their allied health professionals, such as physical therapists, psychologists, and registered nurses. (Retrieved 2/9/08 from http://nccam.nih.gov/health/whatis cam/)

[4]Expressive and creative arts therapies include art, music, dance, poetry, drama, and psychodrama. Each discipline has its own professional association(s) and practices.

[5]Embodiment is our kinesthetic awareness of the body as the vehicle through which we experience the lived world. Physical and mental states, as reciprocal fields of interacting events (Sperry, 1992), form the person's immediate experience.

integrated is a top-down system where conventional medical practitioners[6] determine the necessity and efficacy of integrating CAM therapies into clinical practice that they may not have formally studied; whereas in a horizontally integrated model, conventional and traditional or whole medical systems providers,[7] who have formal education in these disciplines, work together as equal collaborators. This construct, central to my review of Volume 1, was, I believe, the implied next step that the White House Commission on CAM Policy (WHCCAMP, 2002), under the direction of James Gordon, MD, and others envisioned in their commitment to the responsible and safe stewardship of collaborative medicine in the *Final Report.*[8] Volumes 2 and 3 discuss the rationale and efficacy of integrating the whole person paradigm into clinical practice and public policy.

VOLUME ONE: HUMANIZING HEALTHCARE

In *Humanizing Healthcare*, Marie DiCowden, PhD, lays a foundation of definitions and practices of integrative care. She argues that instead of the profit-driven medical care delivery system in which unregulated fees for service, reimbursement through managed care, and costly defensive medicines complicate the burden to healthcare consumers, developing a *whole person* system will reduce the cost of healthcare and optimize the person's level

[6]Conventional refers to allopathic, osteopathic, dental, nursing, pharmacy, and allied health professionals.

[7]CAM practices have been grouped into four domains: (a) biologically based practices, (b) energy therapies, (c) manipulative and body-based methods, and (d) mind–body medicine. A once-fifth domain, "alternative medical systems," now classified as "whole medical systems," is built upon complete systems of theory and practice. They include: (a) homeopathic medicine, (b) naturopathic medicine, (c) traditional Chinese medicine (TCM), and (d) Ayurvedic medicine. The terms "Traditional" and "Whole medical" are synonymous (U.S. Department of Health and Human Services, FDA, 2006).

[8]The White House Commission on Complementary and Alternative Medical Policy (WHCCAMP, 2002) and the Federation of State Medical Boards have attempted to develop uniform national guidelines for the education and training of conventional practitioners in CAM (i.e., American Board of Holistic Medicine's certification exam). Challenges have included: "lack of educational standardization within professions, absence of a clearly delineated scope of practice, funding, and resistance from CAM and conventional professions and organizations" (WHCCAMP, 2002, p. 64). In its parting statement, the WHCCAMP voiced the concern that education and training of conventional practitioners in CAM through continuing education with content appropriate for all practitioners who provide CAM services and products are *not sufficient to enhance and protect the public's health and safety*. Thus, this report may best be best appreciated as a first attempt to organize CAM within a hospital-based environment to provide a stepping stone toward implementing a horizontally integrated healthcare system.

of functioning. In chapter 1, "Healthcare for the twenty-first century," DiCowden, the executive director and CEO of the Biscayne Institutes of Health and Living, gives the example of her community-based model combining integrative primary care, rehabilitation, and wellness: "While patients receive Western traditional [conventional][9] services of physical, occupational, and speech therapy... they can avail themselves of biofeedback, acupuncture, and herbs integrated with their allopathic physicians' treatment" (pp. 13–14). Services are provided by "two allopathic internists, one of whom is also board certified as a cardiologist, a licensed Chinese medicine practitioner[10] who also holds a degree in naturopathy, and a psychologist with a specialty in behavioral medicine and rehabilitation" (pp. 17). Yoga, tai chi, meditation, and religious–spiritual practices may also be integrated into treatment protocols. Although DiCowden views health as a shared social responsibility, her clinic is an example of vertically integrated care.

The strength of volume 1 is found in chapter 2, "Defining healthcare: Paradigm shifting without a clutch." Among the many arguments advanced by William Benda, MD, and Jeannette Gallagher, ND, they make the salient points that the crisis and political upheaval in our healthcare system is historically due to there being *no* standard of training in integrative medicine;[11] second, although the scientific method has utility, many interventions cannot be studied this way because there are myriad confounding factors and interactions that cannot be taken into account. For example, although synthetic drugs are designed to have a single active ingredient, natural pharmaceuticals are composed of many active ingredients. Much of prescribed pharmacy today operates via unknown mechanisms with difficult-to-anticipate side effects and long-term issues. Instead of trying to repair the current system, Benda and Gallagher suggest a redefinition of its ideology to promote equitable universal access with focus on disease prevention, treatment, and cure. They advocate that decisions regarding the provision of healthcare services not originate in the medical and reimbursement sectors, but become social contracts between individuals, providers, hospitals, academic institutions, corporations, communities, and governmental agencies. They envision a healthcare system in which providers offer prevention and treatment; academic institutions develop programs that promote synergistic

[9]Allopathic medicine is "conventional." Naturopathic medicine is "traditional."

[10]A license to practice acupuncture (Lac, not OMD) and a license to practice naturopathic medicine (ND) are needed to legally practice these disciplines in the State of Florida.

[11]William Benda, who is a board member of the American Association of Naturopathic Physicians (AANP), advocates the emerging status of naturopathic physicians nationally be included in the modern integrative center to responsibly steward this collaboration.

training in all aspects of medicine, nursing, pharmacy, and patient care; and licensing bodies regulate the practice of medicine. To this I add the caveat—*as taught*, implying that physicians practice within the scope of their formal training as equals within a horizontally integrated system.

In chapter 3, "Integrative health and loving care: The promise and the limit," Mark Pilisuk, PhD, discusses why social support is critical to health. He envisions a system in which the role and perspective of the healthcare professional and the patient shift to one in which the relationship of the professional is to a client who is no longer an ailing individual, but an imperfectly functioning set of relationships and resources. Likewise, in chapter 4, "Healing environments for integrative healthcare," Susan Frey[12] discusses the value of architectural designs (i.e., healing gardens) to enhance the therapeutic experience in institutional facilities such as group homes, critical care units, and birthing centers.

In chapter 5, "Integrative healthcare in hospitals," Wayne Ruga, PhD, and Annette Ridneour introduce four vertically integrated collaborative models: Vidarkliniken in Jarna, Sweden, Planetree in Derby, Connecticut, Scripps Center for Integrative Medicine in San Diego, California, and North Hawaii Community Hospital in Kamuela. In addition to high-tech allopathic care, these facilities offer combinations of movement therapies, meditation and mindfulness-based stress reduction, healing gardens, social support networks, spirituality, healing touch, architectural designs, nutrition, exercise, pain management, vegetarian cooking classes, acupuncture, biofeedback, hypnosis, music therapy, massage, community prayer, and family birthing rooms. North Hawaii Community Hospital offers vertically integrated care in naturopathic medicine, chiropractic, and clinical psychology.

In chapter 6, "Integrative healthcare in rehabilitation," Barry Nierenberg, PhD; Robert Glueckauf, PhD; and Scott Miller, MA, discuss the history of rehabilitative therapy, the International Classification of Functioning (World Health Organization [WHO], 2001), the use of transdisciplinary knowledge, and the value of tai chi, deep breathing, nutrition, and spirituality and prayer in rehabilitation.

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[12]Susan Frey lists the credentials PhD, ND, and RN. Frey is a graduate of Clayton College of Natural Health, which is an unaccredited correspondence school with no clinical residential training. The state of Massachusetts has a pending law for the practice of naturopathic medicine; however there is a state society. Frey also claims a certification in massage therapy, which is a licensed profession in the state of Massachusetts.

In chapter 7, "Integrative protocols: Integrating philosophy and practice in the real world," Marie DiCowden, PhD; Frank Maye;[13] Diane Batshaw Eisman, MD; and Eugene Eisman, MD, present their views on the integration of allopathic, CAM, and behavioral models. The Eismans discuss the need for funding evidence-based research, for physician being open to the religious beliefs of their patients, and the fear of the integrative practitioner that complementary medicine will be used in place of conventional care.

In the sections following, Maye includes a discussion of the histories of TCM, naturopathy, and homeopathy. Having formally studied naturopathic medicine, I find Maye's explanation of the electromagnetic functioning of the meridians and Five Element theory lacking, and his discourse on naturopathy fraught with inconsistencies; especially when he states, "many naturopathic physicians employ sophisticated electrically amplified voltage (EAV) and bioresonance equipment to aid in discovering the cause of conditions" (p. 129). Maye also misses the salient point that naturopathic medicine is not an alternative, but a traditional or whole medical system, with formal education that is different from a "naturopath" and a conventional physician practicing natural medicine. This same comment applies to Maye's discourse on homeopathy. A useful comment would have addressed homeopathic potencies with respect to their physical, emotional, spiritual, constitutional, acute, and chronic properties. A discussion of the role of integrative medicine from the viewpoint of behavioral or mind–body medicine, which followed, focused on the use of guided imagery, relaxation, and meditation to help patients reframe their beliefs concerning expectations of efficacy regarding drugs or medical procedures.

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[13]Frank Maye, director of alternative medicine at the Biscayne Institutes of Health and Living, lists the credentials DOM (Dr. of Oriental Medicine) and ND (naturopathic doctor). Maye has a Masters in Chinese philosophy and Oriental medicine from the Community School for Traditional Chinese Healthcare, Miami, FL, and is a graduate of the American Naturopathic Medical Institute, a correspondence school with no clinical residential training. In reviewing the statutes related to the use of the titles DOM or OMD, I found that this requires certification by National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM; accredited programs in the U.S. are found only at Bastyr University, Oregon College of Oriental Medicine, and Pacific College of Oriental Medicine). Maye did not graduate from a 4-year OMD program, and is neither board certified nor a member of a state or national professional group such as the Florida State Oriental Medical Association (FSOMA), NCCAOM, or American Association of Oriental Medicine. In reviewing the Florida state statutes relating to the use of the titles ND, NMD, naturopath, naturopathic doctor, and naturopathic physician, I found that they were protected terms to be used only by those licensed to practice in the state. As naturopathic medicine is a licensed and regulated profession in Florida, only licensed individuals may use these titles legally. Maye is not a member of the naturopathic physician's organization, the AANP.

In chapter 8, "Integrative healthcare and marginalized populations," Martha Banks, PhD; Lydia Buki, PhD; Miguel Gallardo, PsyD; and Barbara Yee, PhD, discuss racial biases in health practices and the need to assure a standard of living adequate for the health and well-being of marginalized ethnic groups. Likewise, in chapter 9, "Integrative healthcare and education for children: A healthcare community perspective," Marie DiCowden, PhD; Mark De Santis, PsyD; and Tristan Haddad DiCowden, MS, discuss the Biscayne Institutes model for treating six 21-year-olds with traumatic brain and spinal cord injuries, cerebral palsy, developmental disorders, and learning disabilities, using a family-centered approach that emphasizes treatment in the context of the person's community and school network.

In chapter 10, "Integrative training of professional and transdisciplinary public knowledge," Alan Pearson, OD, PhD, and James Ferguson, PA-C make the salient point that integrative healthcare is not about building boundaries, but about cross-disciplinary collaboration, leading to a melding of disciplines and knowledge and a widening of the scope of health and humanness, which present unique challenges in training and practice. Taking this to the next level, in chapter 11, "The international classification of functioning: Facilitating integrative healthcare," Gerry Hendershot, PhD, and Don Lollar, EdD, discuss the efficacy of the International classification of functioning, disability, and health (ICF) system in creating a multicultural, multidisciplinary, and across-the-life-cycle language for communicating about function, comparing this to the International Classification of Disease (WHO, 1992–1994) now in its 10th revision. Using ICF code d930, "Religion and Spirituality," to evaluate self-fulfillment, finding meaning, and religious or spiritual values is reflective of the whole person approach.

In chapter 12, "Risk prevention and patient protection in integrative healthcare," Steven Stark, JD, LHCRM; Mark DiCowden, JD; and Alan Goldberg, PhD, JD, discuss regulatory oversight, scope of practice, liability insurance, and standards of practice in healthcare delivery for integrative and whole medical systems. Although their focus on standards of education, training, examination, and accreditation is comprehensive, just because there are no statutory limitations on the scope of practice of allopathic physicians, we should not tacitly assume that they have been sufficiently trained to provide or oversee CAM and whole systems interventions.

In chapter 13, "Dollars and sense: Making it happen (Part I)," Marie DiCowden, PhD; Russ Newman, PhD, JD; and Bree Johnston, MD, MPH, stress the need for a system of universal healthcare and a fundamental shift reorienting us from acute medical interventions to improved quality of life, which is antithetical to the current philosophies of healthcare funding.

In chapter 14, "The politics of healthcare: Making it happen (Part II)," Marie DiCowden, PhD, emphasizes that the greatest contributor to the spiraling costs of healthcare is the fragmentation of our system. She suggests that healthcare professionals band together to shift the delivery paradigm and champion a larger definition of care within their practices and professional organizations and patients to lead a grass roots effort.

Although Volume 1 provides a good review of issues and perspectives on current CAM practices and public policy, with the emerging status of naturopathic medicine nationally, it needs to be horizontally integrated into the modern integrative centers to insure responsible stewardship of the new medical continuum. Second, the preface and foreword for these volumes should have better informed the reader of the expertise of contributing authors; although many had interesting opinions, some were not expert. It will be important for future editions to address these inconsistencies. This volume speaks to the importance of the whole person paradigm as it lays a foundation for understanding its place in the emerging model of collaborative healthcare.

VOLUME TWO: PSYCHOLOGY, SPIRITUALLY, AND HEALTH

What is the place of whole person healthcare in the new medical continuum? Volume 2 leads us away from the Cartesian dualism of scientific materialism toward a more humanistic paradigm in which mind and body affect each other through consciousness—integrating the physical and mental aspects of experience through intentionality, belief, and existential choice. Volume 2 focuses on issues of meaning in illness explaining the shift in our conventional Western medical paradigm and the psychological, emotional, imaginal, metaphorical, and symbolic element of being human (p. xxvi).

In Chapter 1, "Clinical health psychology: From hospital practice into the community," Ronald Rozensky, PhD, ABPP; Lauren Vazquez, MS; and Samuel Sears, PhD, discuss clinical examples from medical and surgical hospitals raising the issues of practitioner competency in the biopsychosocial dimensions of the person, "problem-oriented" versus "process-oriented" approaches in evidence-based medicine, the efficacy of mind–body interventions, and the need for prevention and quality of life.

In chapter 2, "Healthcare in the new millennium: The convergence of the medical spa, and hospitality industries," Janice Gronvold, MS, discusses the history of spas in medical care delivery; particularly how naturopathic medical treatments—including hydrotherapy, exercise and movement therapies, nutrition, phytotherapy, massage, spinal manipulation, and exposure to sunlight—are foundational to the modern-day healing centers in the clinic,

health resort, and medical spa partnered with hospitals, hotels, resorts, and research centers. She cites Tai Sophia in Maryland, Bastyr University in Washington, and Southwest College of Naturopathic Medicine in Arizona, as being positioned to participate with conventional medical schools as the demand for a patient-centered model becomes more widespread.

In chapter 3, "Emotion and disease: Interfacing psychology and health using a biopsychosocial model," Antonio Puente, PhD, and Griffin Pollock, BA, explain the neuropsychology of the immune system, its relationship to the hypothalamic–pituitary–adrenal circuitry, and developmental theories on the interface between positive/negative emotions and disease.

In chapter 4, "Multimodal imagery and healthcare," Kirwan Rockefeller, PhD; Ilene Serlin, PhD, ADTR; and John Fox, CPT, discuss how the techniques of guided, kinaesthetic (felt-sense) and verbal *imagery* have been shown to affect physiological systems of the body, allowing one to access the domains of meaning and intentionality through metaphoric, symbolic, archetypal, and spiritual means, and have been shown to be helpful in the management of pain, during difficult transitions, and in life threatening illness.

In chapter 5, "Meaning and illness," Tamara McClintock Greenberg, PsyD, MS, discusses how the meaning ascribed to illness presents a framework for understanding the subjective nature of this experience; specifically as it applies to our understanding of the construct *meaning* related to trauma and coping, its psychological antecedents, its impact on psychosocial variables, religious beliefs, and the sense of self. She makes the salient point that, as diagnoses such as "depression and anxiety" do not capture the emotional experience of adapting to an illness, helping the patient to develop a sense of meaning is crucial to increasing ones sense of control.

In chapter 6, "Spirituality, health, and mental health: A holistic model," Betty Ervin-Cox, PhD; Louis Hoffman, PhD; Christopher Grimes, PsyD; and Stephen Fehl, MA, present a review of literature on the constructs *religion*, *spirituality*, and *well-being* and propose a model showing how spirituality and religiosity have direct positive effects on health and well-being.

In chapter 7, "The role of clergy and chaplains in healthcare," Bruce Feldstein, MD; Matthew Cowden, MDiv, MFA; and Jennifer Block, MA, discuss how Jewish, Christian, and Buddhist chaplains provide the existential and spiritual dimension of caring that involve the domains of meaning, comfort, coping, relationship, love, hope, dignity, peace, justice, and community, as well as the mystery of confronting our mortality.

In chapter 8, "The art and science of meditation," Shauna Shapiro, PhD, and Roger Walsh, MD, PhD, provide a review of literature on the use of meditation as a self-regulation strategy, an intervention for the management of stress and symptoms, and for transpersonal growth and

self-actualization. Their review focuses on the relationship of meditation to cognition and creativity, attention and concentration, interpersonal relationships, self-concept, empathy, and the interconnection of the mind and body through the prefrontal cortical activation of neural pathways. Their discussion of the transpersonal proceeds from the ontological maps of Piaget, Lovinger, Cook-Greuter, Wilbur, Walsh, Grof, and Washburn.

In chapter 9, "Prayer and intention in distant healing: Assessing the evidence," Marilyn Schlitz, PhD, and Dean Radin, PhD, question our scientific worldview, arguing for the role of intersubjectivity in the healing process in their assessment of research on prayer and compassionate intention on the physiological state of a patient at a distance. Although studies have revealed inconsistent findings, patients did report reduced complications and need for medication, as well as the ability to sense the intentions of someone praying for them even when they did not experience a physical change. Whether these practices are efficacious beyond a psychological coping strategy is questionable.

In chapter 10, "Yoga and mind–body medicine," Eleanor Criswell, EdD, presents a discussion of yoga; its history, science, psychophysiology, approaches, research, education, goals, outcomes, benefits, psychospiritual dimensions, indications, contraindications, and future direction in fostering the person's actualization of potential.

In chapter 11, "Qigong for health and wellness," Beverly Rubik, PhD, discusses the history, benefits, practical considerations, precautions, and clinical research on qigong and her Biofield hypothesis.

In chapter 12, "The psychological and spiritual challenges inherent in dying well," David Feinstein, PhD, presents a multicultural discussion of the process of death. He makes the salient point that awareness of the inevitability of death helps us to embrace living more fully in the moment. He stresses the need for professional training in compassionate listening, emotional self-regulation, and meaningful rituals that may assist patients in delving into their personal philosophy about death, helping them to transform fears stemming from our Western cultural view of death as a failure of the medical system and a defeat in our quest to dominate nature. He also stresses that our experiences of fear, anger, depression, and grief have constructive purposes within the psyche; as do the experiences of psychic unity, perceptual intensity, ineffable illumination, and self-transcendence. As we shift consciousness and perspective through mindfulness, we learn that what ultimately dies is our sense of being a separate self.

In chapter 13, "The role of rituals in psychotherapy," Jeanne Achterberg, PhD; Christian Dombrowe, PhD; and Stanley Krippner, PhD, discuss healing practices that help to resolve interpersonal and intrapersonal conflicts. They stress that ritual, "a prescribed, stylized goal-directed performance

of a mythological theme" (p. 264), is important for psychotherapists working in multicultural contexts with those who rely on traditional forms of healing (i.e., a shaman, religious functionary, or community elder). They believe that ritual helps to structure experience, focus emotion, and allow symbolic and mythic elements to provide a cognitive map that enables one to integrate new insights, cope, understand the meaning of illness, and empower self-efficacy.

Volume 2 discusses the psychospiritual dimensions of health and illness, specifically the psychological, emotional, imaginal, metaphorical, and symbolic elements. This volume explores the methodological and conceptual limitations of reductionism and the shift towards holism in humanizing healthcare. Volume 3 speaks to the self-actualizing dimension of personality and argues for the inclusion of the arts in integrative healthcare.

VOLUME THREE: THE ARTS AND HEALTH

How does art heal? In chapter 1, "Applications of art to health," John Graham-Pole, MD, discuses how the field of art-for-health and art therapies, which encompass the visual arts, music, dance, drama, narrative, and poetry, are finding their place in Western medicine. Ilene Serlin, PhD, ADTR, introduces expressive arts therapies as an aspect of mind–body medicine. Jill Sonke-Henderson, BA, provides a review of the history and scientific rationale for these disciplines. Rusti Brandman, PhD, discusses world trends related to research, clinical, and educational aspects of the arts. Although NCCAM and other funding agencies have supported the investigation of spirituality-based practices to better understand whether they have health benefits, these authors make the salient points that quantitative (evidence-based data and interpretation), and qualitative (subjective research into art), do not lend themselves to the randomized clinical trial. Art, spirituality, and mind–body therapies have been inextricably linked over the past 2 decades, through the holistic perspective of health as a "dynamic state of being fully alive, ideally creating a condition of well-being, regardless of the presence of absence of physical disease" (p. 5).

In chapter 2, "History of the arts and health across cultures," Jill Sonke-Henderson, BA, discusses how music, dance, drama, and the visual and written forms of art connect spirituality and healing through rituals originating in shamanic lore, which seek to reestablish the balance between the human and spirit world. With the training of physicians in the university and hospitals in the 16th century, artists were essential to scientific discovery and the teaching of medicine. With the developments in surgery, chemistry, and pharmaceuticals in the 18th century,

hospitals became the place for Western medicine, curing became the goal, as opposed to the broader concept of healing, and reductionist ideas pervaded medicine marking the separation of mind, body, and spirit. Although art therapies were primarily derived from psychotherapies and psychiatric hospitals, the arts in healthcare developed in medicine and hospitals with the worldwide, cultural awareness of the importance of the arts to well being.

In chapter 3, "The development of the contemporary international arts in healthcare field," Rusti Brandman, PhD, offers a brief discussion of the role of hormones and neurotransmitters on the somatic affects of mental imagery, noting that practitioners in artist-in-residence programs are now engaged by more than 2,500 hospitals in the United States as well as internationally. Evidence-based studies have shown that art therapies decrease stress, pain, depression, the need for medication, and visits to primary care physicians, while they increase well-being, mood, and recovery time.

In chapter 4, "The hospital artist in residence programs: Narratives of healing," Jill Sonke-Henderson, BA, and Rusti Brandman, PhD, discuss the role of the artist in hospitals as an adept facilitator of a healing, "creative state" of consciousness for the patient that is akin to meditation, prayer, the flow experience, and *kairos* (Greek: participatory time) wherein one is so totally absorbed in (or at one with) the moment that there is no perception of time passing. This is the state previously referred to as the vertical dimension of personality. It is important to note that artists do not function as shamans, healers, or therapists in hospitals; they work as facilitators by referral from the hospital staff.

In chapter 5, "The science of creativity and health," Jeffrey Evans, PhD, discusses the relationship between the mind and the brain and the elements of creative engagement using arguments from the behavioral and biological sciences regarding the structure–function of the anterior–posterior cerebrum, cortical–subcortical, right and left hemispheres, and the hippocampus. He also shares research exploring how creativity promotes health and well being (relaxation response, Benson, 1975; flow state, Csikszentmihalyi, 1990; self-expression and self-actualization, Richards, 2007).

In chapter 6, "Theory and practices of art therapies: Whole person integrative approaches to healthcare," Ilene Serlin, PhD, ADTR, introduces creative and expressive arts therapies from an existential perspective, providing a bridge that enables the person to integrate conscious and unconscious elements though the imagination. She explains that "the need to create, communicate, create coherence, and symbolize" is a basic human need and that the creative act can be "a courageous affirmation of life in the face of the void or death" (p. 107). Using a psychodynamic model combining psychoanalytic theory, developmental psychology, and object relations

theory, inner states may be externalized through the arts providing a tool for psychotherapy and mind–body medicine (Serlin, 2007).

In chapter 7, "Dance/movement therapy [DMT] for the whole person," Sherry Goodill, PhD, ADTR, NCC, LPC; and Diane Dulicai, PhD, ADTR, discuss "the psychotherapeutic use of movement as a process which furthers the emotional, social, cognitive, and physical integration of the individual" (p. 136). They explain how kinesthetic translating to/from the nondiscursive and discursive through the use of metaphor, image, and sound may allow buried memories, often too difficult to discuss verbally, into consciousness. Through witnessing or empathic, kinetic mirroring (Galese, 2001), symbolizing experience in nonverbal bodily expression can enhance self-awareness, self-care, and well being, which supports the psychotherapeutic relationship and may reduce the need for psychoactive medication.

In chapter 8, "Drama therapy: Past, present, and future," Robert J. Landy, PhD, RDT-BCT, LCAT, discusses how drama therapy facilitates relaxation, spontaneity, and insight through catharsis. Role playing using dramatic narratives and fairy tales may be especially helpful in the treatment of children, the physically and developmentally disabled, and individuals with Axis I and II disorders.

In chapter 9,"Poetry therapy: Reclamation of deep language," John Fox, CPT, explains how individuals may integrate the disparate and fragmented parts of their lives through the sound, metaphor, image, feeling, and rhythm of poetry (derived from *poeisis*; Greek: to make). Through poetry, the discursive intellectualizing mind drops into the intuitive, feeling heart. In this sense, poems become a vessel for discovery, a safe object that acts as a catalyst for self-disclosure, and a place where empathy and insight can be shared.

In chapter 10, "Spirituality, hope, and music therapy in palliative care," David Aldridge, PhD, links the promotion of hope in the chronically ill to working creatively with music as a way to transcend the existential crises within our daily lives. Spirituality and religion, as mediating factors for coping with the impending loss of life, are positive factors for maintaining well being, particularly in older patients. Music therapy's potential for bringing form out of chaos offers hope and a means of self-transcendence.

In chapter 11, "Expressive dance, writing, trauma, and health: When words have a body," Anne Krantz, PhD, ADTR, and James Pennebaker, PhD, discuss how coping with traumatic experience relies on the individual's emotional resilience and capacity for self-reflection, suggesting that expressive therapies are useful in helping to process overwhelming affects that impact psychosomatic, emotional, cognitive, and behavioral functioning. The ability to transform an emotional upheaval into visceral experience and language, has demonstrated improvements on social, psychological, behavioral, and biological measures (Pennebaker & Chung, 2006).

In chapter 12, "Art therapy and the soul," Shaun McNiff, PhD, ATR, discusses Jung's process of active imagination, which anticipated today's expressive arts therapies (Chodorow, 1997). As McNiff notes, to 19th-century artists such as William Blake, Jean-Paul Richter, and Friedrich Nietzsche, creative imagination was viewed as a primary intelligence with the ability to heal. McNiff believes that healing is about accepting and transforming our lives through personal symbolic expression in art, which reflects the interplay of our inner and outer lives.

In chapter 13, "Using the arts to work with stress and trauma in the Israeli context," Vivien Marcow Speiser, PhD, ADTR, LMHC, and Phillip Speiser, PhD, RDT, LHHC, present examples of the therapeutic use of the expressive arts with victims of trauma and torture. Harnessing the courage to create in the face of these horrors, one may discover existential meaning, a sense of purpose, the ability to surrender to life, to live more fully in the present, and the capacities for self-actualization and self-transcendence (Frankl, 1959/1963; May, 1975).

Finally, in chapter 14, "More than words: Bringing the arts into clinical psychology training," Paul M. Camic, PhD, develops a theoretical framework for including the arts in assessment and psychotherapy, while questioning where else in the doctoral curriculum the arts should be added. He agrees that the "evidence" of evidence-based practice is often limited to a few specific symptoms that do not address the complexity of issues and problem that people bring into the clinic. He suggests that psychologists examine the emotional and cognitive impact of the art-making process on individuals who make art and the cognitive-affective working-through process that involves a client creating an aesthetically influenced solution to a problem.

Volume 3 introduces the reader to the history and practice of the arts in healthcare as a way to access the spiritual, transcendent, self-actualizing dimension of personality and allow it to heal and transform our lives.

In summary, I highly recommend this series to psychologists and laypeople who are both interested in the future of humanistic psychology and the politics of 21st-century healthcare. The strength of this work is found in the inclusiveness and diversity of opinions representing a paradigm that leads us beyond the fragmented, mechanistic worldview of scientific reductionism to one that is holistic, psychodynamic, and person-centered. The weakness of these volumes was that although the reader is presented with a large amount of cutting-edge information by authors who the editors and the foreword represent as experts, some present areas that seem speculative, or advance opinions lacking the perspective of formal training. A truly collaborative healthcare model needs to embrace a system of ethical horizontal integration of providers who are practicing their discipline as

taught, to insure the safety of the people that the system is designed to serve. Whole person healthcare is a step in this direction.

AUTHOR NOTE

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REFERENCES

Benson, H. (1975). *The relaxation response.* New York: William Morrow.

Berdyaev, N. (1944). *Slavery and freedom.* New York: Scribner's.

Chodorow, J. (1997). *C. G. Jung on active imagination.* London: Routledge.

Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience.* New York: HarperCollins.

Frankl, V. E. (1963). *Man's search for meaning: An introduction to logotherapy* (I. Lasch, Trans.). Boston: Beacon Press. (Original work published 1959)

Gallese, V. (2001). The "shared manifold" hypothesis: From mirror neurons to empathy. *Journal of Consciousness Studies, 8*(5–7), 33–50.

Gordon, S. (2007). Psychoneurointracrinology: The embodiment of myth, intentionality, and the spiritual sense of well-being in women at midlife. *Dissertation Abstracts International,* B68/09. (UMI No. 3285857).

Gordon, S. (in press). Psycho-Neuro-Intracrinology: The mind–body continuum. In P. Snider, J. Zeff, J. Sensenig, & J. E. Pizzorno (Eds.), *The healing power of nature: The foundations of naturopathic medicine and the ecology of healing: Primary care for the twenty first century.* Philadelphia: Elsevier.

James, W. (1890). *The principle of psychology* (2 Vols.). New York: Henry Holt.

James, W. (1902). *The variety of religious experience: A study in human nature.* New York: Longmans, Green, and Company.

James, W. (1904). Does 'consciousness' exits?. *Journal of Philosophy, Psychology and Scientific Methods, 1,* 477–491.

Levant, R. F., & Heldring, M. (2007). Commentary: Health care for the whole person. *Professional Psychology: Research and Practice, 38,* 276–277.

Maslow, A. (1971). *The farther reaches of human nature.* New York: Penguin.

May, R. (1975). *The courage to create.* New York: W. W. Norton.

National Center for Complimentary and Alternative Medicine. (n.d.). *CAM Basics: What is CAM?* Retrieved February 9, 2008. from http://nccam.nih.gov/health/what is cam/

Paige, R. (2006). Proceedings of the American Psychological Association for Legislative Year 2005. *American Psychologist, 61*, 411–512. Retreived February 10, 2007, from http://www.apa.org/practice/hcwp_statement.html.

Pennebaker, J. W., & Chung, C. K. (2006). Expressive writing, emotional upheavals, and health. In H. Friedman & R. Silver (Eds.), *Handbook of health psychology* (pp. 263–284). New York: Oxford University Press.

Richards, R. (Ed.). (2007). *Everyday creativity and new views on human nature.* Washington, DC: American Psychological Association.

Serlin, I. A. (2001). Year of the whole person. *Somatics*, 4–7.

Serlin, I. A. (2007). Expressive therapies. In M. Micozzi (Ed.), *Complementary and integrative medicine in cancer and prevention: Foundations and evidence-based interventions* (pp. 81–123). New York: Springer.

Serlin, I. A., Levant, R., Kaslow, N., Patterson, T., Criswell, E., & Schmitt, R. (2001, August). *Healthy families: A dialogue between holistic and systemic–contextual approaches.* Paper presented of the American Psychological Association, San Francisco, CA.

Sperry, R. W. (1992). Turnabout on consciousness: A mentalist view (pp. 1–33). Retrieved April 25, 2007 from: http://www.people.uncw.edu/puente/sperry/sperrypapers/80s-90s/273-1992.pdf. (Original work published in the *Journal of Mind and Behavior, 13*, 259–280)

U.S. Department of Health and Human Services, Food and Drug Administration. (2006). *Guidance for Industry on Complementary and Alternative Medicine Products and Their Regulation by the Food and Drug Administration II. What is Complementary and Alternative Medicine (CAM)?* Washington, DC: Author.

White House Commission on Complementary and Alternative Medicine. (March 2002). *White House Commission on Complementary and Alternative Medicine Policy: Final Report. National Guidelines for CAM Educational and Training.* Washington, DC: Author.

World Health Organization. (1992). *International statistical classification of diseases and related health problems* (10th Rev. Ed., Vols. 1–3). Geneva, Switzerland: Author.

World Health Organization. (2001). *International classification of functioning, disability, and health (ICF).* Geneva, Switzerland: Author.