

Building the Future, Revisiting the Origins: A Truly Integrative Approach to Health

A review of



Whole Person Healthcare

by Ilene A. Serlin (Ed.)

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Volume 1. Humanizing Healthcare

by Marie A. DiCowden (Ed.)

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Volume 2. Psychology, Spirituality, and Health

by Kirwan Rockefeller and Stephen S. Brown (Eds.)

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Volume 3. The Arts and Health

by Jill Sonke-Henderson, Rusti Brandman, Ilene A. Serlin, and

John Graham-Pole (Eds.)

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Reviewed by

[Luis Montesinos](#)

Whole Person Healthcare is a three-volume effort to bring the whole person into the health care system. The system's conceptual and practical aspects and its main actors (regrettably no patient's voice is heard directly) are introduced. Discussions about the health care system, the disciplines involved, and its stakeholders are presented throughout the different volumes. In addition to covering the social, biomedical, and behavioral sciences, the collection makes a strong case for the inclusion of the arts in the effort to provide a comprehensive approach to healing. The authors should be commended for the inclusion of experiences and findings from countries other than the United States since, at this stage, it seems obvious that health problems can be understood and tackled more effectively by a globalized approach. An integrative approach also requires recognizing the impact on the individual's health by the inextricably interrelated living conditions of people around the world.

The basic thread that unites the three volumes is the notion that in order for one to understand and provide appropriate help to individuals in need of health care, the whole person, including his or her physical environment, biology, culture, history, and behavioral and spiritual spheres, must be considered. In this effort all healing practices must be explored and subjected to empirical testing in order to use evidence-based treatments. Interventions should focus more on health than on illness, and treatment should combine Western and alternative or complementary approaches. Moreover, the various chapter authors emphasize the need to utilize both quantitative and qualitative methods of research. Consequently, evidence supporting the assertions made by the different authors will come from either or both of these knowledge-building practices.

Volume 1, *Humanizing Healthcare*, presents the conceptual and historical basis of health care, describes some initiatives to improve the U.S. health care system, and suggests some ways to move the system toward integrative care. One of the central tenets of this volume is that an integrative approach is best suited to deal

with the pressing issues, such as health disparities (e.g., those individuals who have good insurance have access to a highly sophisticated system, while those who do not have insurance may die or have to live with disabilities) and lack of access (it is estimated that 18,000 adults die each year due to lack of health insurance). These data present major challenges for all health care providers in the United States.

The obstacles that prevent implementation of this model are economic (e.g., there is a need to demonstrate that such an approach will not result in greater costs and hopefully will reduce them) and also ideological. Throughout the chapters the authors call for a shift in the way we understand health care, moving from a business orientation to a service orientation, from disease to health, from cure to disease prevention and health promotion, and from illness care to health care. If there is going to be systemic change, the system's philosophy needs to be transformed to one that sees health as a right of every citizen and a core element of a more egalitarian society. This means a greater emphasis on wellness, a greater utilization of the biopsychosocial approach, and more attention paid to the micro- and macroenvironmental factors that affect people's health.

Most of the authors are optimistic that this approach is growing in acceptance and that we are at a "tipping point," after which this approach will become the dominant model of the future. Others, however, caution that this paradigm shift is only in its early stages. Although some institutions and practitioners have incorporated non-Western approaches and the arts into their interventions, the truth is that an impact of the integrative movement has yet to be felt in a health care system that remains, for the most part, medically oriented. Positive changes include the fact that Medicare now accepts charges for behaviorally based interventions to treat some physical conditions. This makes sense since seven of the major causes of death are associated with specific unhealthy behaviors.

Another sign of change is that some corporations have noted

the impact of behavior in health and have instituted wellness programs for their employees. In addition, even though at the national level the movement toward full appreciation for the complex behavioral aspects of health has been slow, there have been interesting improvements in Washington State, Oregon, South Carolina, and Iowa. The challenge is how to influence politicians' decision making so that they view health care as a social responsibility and not simply as a commodity. There are clear signs for optimism, discussed in this volume and throughout the whole collection.

Well-documented effects of social support as well as other more controversial interventions such as noncontact therapies are discussed. Since the evidence for some of these interventions is scant, the authors state that it is necessary to subject them to further scrutiny in order to prove their effectiveness.

Volume 1 contains an important discussion of the health effects of the physical environment, a topic that has not received the attention it deserves in both research and application in the health care system. The use of sounds, smells, and light has been shown to be therapeutic for many patients across multiple settings. Hospitals have been built on the basis of this notion, and this approach has been shown to be beneficial for the treatment of conditions such as autism and Alzheimer's. Interesting applications, such as inserting an aquarium in the ceiling of a critical care unit or designing a birthing room based on the physiology and psychology of the birthing process, are described. The importance of clean air in buildings, the design of healing gardens and labyrinths, and the application of feng shui are all part of this renewed emphasis on the impact of the environment in the healing process. The first volume presents several examples of the way different physical arrangements affect the healing process, but we still have not learned to shape our environment optimally in order to influence the health and well-being of future generations.

Rehabilitation and behavioral medicine are discussed as examples of transdisciplinary fields in which the collaboration of

multiple disciplines permits the emergence of points of view that transcend the limits of the original disciplines. The challenge is precisely how to translate the philosophies of the different disciplines into interventions that will help patients. The integrative approach assumes that the different professionals will be cognizant of the other disciplines and that primary roles will be shifted among those involved, according to the needs of the patient.

Due to the existing inequalities in health care, it makes sense to include a chapter on marginalized populations. Factors such as gender, ethnicity, disability, and socioeconomic status are all important in trying to explain these disparities. In addition, the finding that the adoption of industrialized lifestyles negatively affects the health of immigrants seems germane to understanding these disadvantages. This same trend has been observed in developing nations that adopt the unhealthy behaviors that come with modernization, perhaps one of the most negative side effects of globalization.

Following the tradition of school-based services, Volume 1 proposes that integrative health care be provided in schools so that all services needed by the child would be accessible in one location. The authors do not address the critical issue of cost–benefit ratios for these school-based services, and case studies are more common than data.

In Volume 2, *Psychology, Spirituality, and Health*, the growing acceptance of nonmedical methods is discussed. Spirituality in health care has always been present in one form or another; in fact, it was an essential part of ancestral attempts to deal with illness. Therefore, including it in the integrative approach seems not only timely but also indispensable. The volume's topics range from the scientific discipline of psychology to more traditional practices such as yoga, prayer, and rituals.

Probably among the most important changes that have occurred within psychology in the last few years has been the amendment by the American Psychological Association of its bylaws to position psychology as a health profession and not just a mental

health profession (American Psychological Association, 2001). Psychologists are increasingly appreciated and utilized in medical settings, most likely because of their ability to offer new approaches to healing and the evidence that providing appropriate psychological services helps to constrain health care costs.

The impact of spirituality and religion in health and illness has always been difficult to assess; the studies that do address this topic have used widely different definitions, and the findings have been inconsistent. Although there seems to be a relationship between spirituality/religion and physical health, this relationship is far more complex than originally thought. However, there are ample data documenting that those individuals who practice their religious beliefs have fewer physical problems than those who do not. This has been explained in part by the health-protective behaviors that those individuals engage in and the social support, sense of coherence, and meaning of life derived from religion.

The issue of religion raises interesting questions for psychologists. Specifically, should therapists promote or encourage religious practice? This issue is complicated by the notion that some religions might be more beneficial than others.

Perhaps the most controversial question is that of intercessory prayer—the notion that the intention of one person (or a group of persons) can influence the medical condition of someone who is physically distant. It is interesting to note that trying to help someone from a distance through prayer is the most commonly used spiritual/religious practice outside conventional medicine. Benson et al. (2006) conducted a study of prayer with patients undergoing coronary artery bypass graft surgery; the study was designed to provide a definitive answer to this question. However, Benson and his colleagues found no differences between the group that was prayed for and the one that was not. Moreover, those individuals who knew they were being prayed for suffered more complications than those who were uncertain. At this point, the few studies that have reported positive results have multiple methodological problems and, most important, have not been replicated.

Death and dying are essential parts of living, and Feinstein's chapter uses an interactive approach to get readers involved in the process by asking them to answer questions and write in a journal. Near-death experiences are presented as transformative experiences, similar in some ways to the experience of patients who learn they have a terminal illness. After these experiences, people change their priorities, values, and behavior, and health care professionals can facilitate this process.

The third volume, devoted to the arts, deals with subjective, albeit essential, aspects of health care, and specifically those that can be studied from a qualitative perspective. Throughout human history, the power of art to inform, inspire, and transform has been recognized. From the earliest history of humans, art has reflected the times, challenged the establishment with new ideas, and suggested new ways to overcome problems. Art is the embodiment of the biopsychosocial model, and it is holistic by definition. It is a credit to the editors and chapter authors that they devote an entire volume to the arts; most writing in health care addresses only biomedical, social, and behavioral sciences (Singer & Ryff, 2001).

Dance, drama, music, narrative, and poetry all influence professional practice and health care, and there are professional organizations devoted to the promulgation of each of these art forms as a way of healing. The artist is an accepted health care worker in many countries.

A myriad of creative alternatives are explored in the third volume. Art, according to the authors of Volume 3, balances the physical, environmental, mental, emotional, social, and spiritual aspects of human experience and thus is holistic by nature. When patients engage in a creative experience, their natural healing powers emerge, and participating in the arts can affect a person's self-expression, awareness, and level of self-efficacy. The arts strengthen the immune system and other physical systems; this fact may explain the positive benefits of social support and relaxation.

The use of music has been shown to have positive effects in almost all stages of life—from the newborn, for whom it has been

found to speed growth and development, to the dying patient, for whom it soothes and relieves pain and anxiety. Likewise, journaling has been reported to result in psychological and physical benefits for those who engage in this practice (Pennebaker, 1997). Poetry permits patients to explore inner feelings and reframe their realities. Simply viewing a performance or installed art is presumed to have positive effects on those exposed, most likely via laughter or relaxation. Dance can improve a range of motion, even in those cases in which physical therapy has failed. In addition, as the client moves, feels, and expresses emotions, both mind and body are affected. The integration of dance and writing is proposed, and the authors of this chapter make a clear case for its efficacy. Drama therapy is said to promote relaxation, spontaneity, and catharsis by affecting the somatic, cognitive, affective, social, and spiritual domains.

A final chapter suggests how to incorporate the arts into clinical psychology training. It is important to remember that the healing power of the arts derives from their ability to facilitate coherence between physiology, emotion, cognition, and behavior.

Perhaps one of the most attractive aspects of the arts is their universality. However, questions about cost should be addressed. Will public hospitals, crowded, underbudgeted, and understaffed, be able to create the kinds of environments called for by the authors? Can developing countries be expected to include the arts in their health care systems?

The present collection should interest all health professionals concerned with the research and practice of integrative approaches, patients seeking to empower themselves, and health care policy makers. Students from diverse disciplines will certainly benefit from learning more about holistic health, and many of the different chapters in this book would be appropriate reading for university courses and seminars.


Some of the disciplines and practices explored throughout the collection have been subjected to meticulous scientific inquiry; others need a more rigorous assessment. Whatever the status of

any of these disciplines, the practitioner will benefit from learning about them. Readers can use this book to acquire new skills; even more important, the book will prompt practitioners to pay attention to the whole person, which in turn should result in better care.

Ilene Serlin should be commended for her colossal achievement in bringing together in one collection all these disciplines and for sowing the field with ideas for the future. This is a truly interdisciplinary effort including doctors, lawyers, psychologists, public health officials, and others. However, it must be pointed out that her statement about Spiegel's study with breast cancer patients (Spiegel, Bloom, Kraemer, & Gottheil, 1989) might be misleading. The findings of this study have never been replicated, and thus the statement that psychosocial support groups have increased the life span of cancer patients should be reviewed and updated in future editions. Goodwin and her colleagues (2001), in a replication of Spiegel's study, found no effect in survival for women with metastatic breast cancer. Likewise, more recent studies with patients with cancer of the neck did not find any increase in survival after psychosocial interventions (Coyne, Stefanek, & Palmer, 2007).

In summary, this is a collection that almost all readers will find fascinating. They are likely to reread many of its chapters; there is a wealth of information and ideas that enable practitioners to progress and deepen their understanding of specific disciplines. In general, the authors are optimistic that we are in the presence of a paradigmatic shift. Although I am not as enthusiastic as they are, I must admit that their passion is contagious. After finishing the third volume, I felt even more committed than before to the advancement of an integrative approach, not only to health care but also to the understanding of human behavior and what it means to be human.

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