The HANDBOOK of HUMANISTIC PSYCHOLOGY

Theory, Research, and Practice

Second Edition

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SAGE

2015

Los Angeles | London | New Delhi
Singapore | Washington DC

CHAPTER 42

Humanistic Psychology, Mind–Body Medicine, and Whole-Person Health Care

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Mind–body medicine is as old as human existence. Archaeological evidence shows shamanic methods in use at least 20,000 years ago (Achterberg, 1985), but one might imagine that the use of mind–body practices to alter oneself and one's environment is much older. It is a natural human tendency, as can be seen in the early developmental stages of childhood. Jean Piaget, the Swiss psychologist, observed that in the preoperational stage of cognitive development the child engages in magical thinking and pretend play. For example, during this stage the child might engage in imaginal actions to try to heal a beloved pet. Folk healing methods have persisted over time throughout the world. Alternatively, contemporary mind–body medicine is as recent as the past 40 years. Psychological methods have been combined with modern medicine to form mind–body medicine and whole-person health care (WPH). Because humanistic psychology has been dedicated to the development of the person's potential—mind, body, and spirit—it has played a key role in the formation of contemporary mind–body medicine and WPH. This chapter examines the nature of mind–body medicine; the history of mind-body medicine; the principles of mind–body medicine; humanistic psychology and mind–body medicine; approaches to mind–body medicine; the contributors to mind–body psychology and mind–body medicine; applications of mind–body medicine and WPH; and the future of mind–body medicine and WPH.

THE NATURE OF MIND–BODY MEDICINE

Mind–body medicine refers to approaches to healing that include mental and physical practices. *Healing* means to return to wholeness, from an Old English word meaning to "make whole or sound." Mind–body medicine combines a variety of mental and physical disciplines

or approaches. These disciplines draw from clinical practices from different traditions and contemporary research to yield blended medical protocols. Some of the combinations occur as part of an informal treatment team in society. For example, clients engage with practitioners in a variety of disciplines—psychotherapy, medicine, yoga, chiropractic, folk healing, and so forth. At other times, clients experience a variety of therapies and techniques in a clinical or hospital setting. The medical setting combines practices appropriate for the particular presenting complaints, and they are all conducted on-site. For example, a patient in a pain program will receive biofeedback training, physical therapy, medical treatment, psychosocial therapy, recreational therapy, body mechanics training, and stress management classes, which also will include a variety of disciplines (e.g., relaxation techniques, visualization, meditation training, stress assessment and management, and yoga). Contemporary mind–body medicine engages the conscious and unconscious mind to mobilize the body's healing capacities. The different approaches have basic principles in common.

THE HISTORY OF MIND–BODY MEDICINE

Mind–body medicine is quite ancient. Shamanistic approaches to healing have existed throughout the nearly 250,000 years of human existence. Shamanistic and other folk approaches exist to this day throughout the world. "Shamanism, an ancient method of healing, is based on the belief that all illness is a result of disharmony between the spirit world and the material world" (Allison, 1999, p. 65). The contemporary use of mind–body techniques frequently was inspired by approaches to healing found in ancient and contemporary cultures throughout the world.

> While the ancient Greek medical practices were originally holistic, ways of viewing the body began to change with the influence of the philosophic pragmatism of Aristotle (c. 384 to c. 332 BCE) and his desire to know and categorize all aspects of the material world. (Allison, 1999, p. 65)

This began the separation of mind and body, which was reinforced later by the medieval Christian church. Descartes (1637/1972) wrote about the mind/body split during the 1600s. He was not the only one of his era to speak of this divide, but he is the one credited with having done so. Descartes believed that the soul entered the body through the pineal gland, a small brain structure. This meant that the mind and body were separate; the body was not sacred. The split between the mind and body enabled us to study the body as a nonsacred object. Medical advances were fostered by this consideration of the body. Over the nearly 400 years since, Western culture has considered the mind as separate from the body. This separation allowed psychology to develop and explore its realm and permitted medicine to explore its realm. The separation of mind and body was characteristic of Western culture, but it was not characteristic of the rest of the world. For example, Native Americans and Eastern cultures held a more unified conception of the human.

The discovery of the unconscious by Freud, Jung, and others during the 1800s demonstrated the impact of the mind on the body. Research in anthropology helped us understand folk healing traditions throughout the world. This research was followed by other evidence of the mind's effect on the body, such as the work of Selye (1974) on the effects of stress on the body. Selye defined stress as "the nonspecific response to any demand" (p. 55). The nonspecific response led to a specific syndrome of physiological changes, for example, "evidence of adrenal stimulation, shrinkage of lymphatic

organs, gastrointestinal ulcers, and loss of body weight" (p. 55). Selye's research led to numerous studies on the effects of stress on health and the teaching of the principles of stress management to millions of people throughout the world.

Psychophysiology, especially applied psychophysiology, is an important contributor to the development of mind–body medicine. Psychophysiology is an approach to understanding the mind–body functioning of the person through changing psychological states and measuring the resulting physiological changes. Applied psychophysiology uses this information and approach clinically. What is unique about applied psychophysiology is the emphasis on bringing the mind and body together in a clinical or educational setting. Applied psychophysiology is a research-based field and illustrates wonderfully how research can inform the development of the practices. For example, psychophysiological studies of meditation greatly enhanced its acceptance by the general public.

During the late 1960s, the field of biofeedback was born. This domain began with the work of Neal Miller, Joe Kamiya, and others, who demonstrated that humans could control physiological functions with information provided about physiological states. Other studies demonstrated the effects of mental practices on physiology, such as the studies done to look at the impact of meditation on psychophysiology. Menninger Foundation biofeedback pioneers Elmer and Alyce Green demonstrated that advanced yoga practitioners could voluntarily change physiological functions—brain waves, cardiac function, and temperature. Biofeedback research rapidly expanded, and biofeedback soon began to be used clinically to treat a wide variety of presenting complaints.

Humanistic psychology and the human potential movement helped popularize biofeedback training, yoga and meditation, psychic or spiritual healing, parapsychology, consciousness research, and other aspects of mind–body medicine because of their emphasis on the actualization of full human potential.

The field of psychoneuroimmunology emerged during the 1980s. Numerous studies have demonstrated the connection among psychological states, neurology, and immune system function (Locke & Horning-Rohan, 1983). The fluctuation in immune system function that accompanies psychological states is measurable either by correlational studies or by actual measures of blood chemistry.

Sparked by research findings showing that millions of people are choosing to spend their own "out-of-pocket" money to use what was originally called alternative medicine (now called complementary medicine because of the partnership that has been developing between the alternative approaches and mainstream medicine), mind–body medical programs are emerging in many hospitals and clinics throughout the world. For example, the work of Kabat-Zinn (1990), who teaches mindfulness meditation to patients, has enabled a wealth of mind–body programs to enter into many medical settings.

PRINCIPLES OF MIND–BODY MEDICINE

There are both dualistic and nondualistic approaches to mind–body medicine. The dualistic approach conveys that there is a mind and a body and that the mind can be used to influence the healing tendencies of the body, and vice versa. This approach sometimes facilitates a return to a greater sense of wholeness or mind–body integration. The nondualistic approach begins with the understanding that we are already whole and that there is a return to or remembrance of wholeness inherent in mind–body practice. In nondualistic mind–body medicine, the causes of

diseases inevitably entail mental, physical, emotional, and environmental factors.

What are the basic principles of mind–body medicine? First, mind–body practitioners and clients/patients believe that there is a connection between the mind and the body.

Second, they hold that the mind influences the body and the body influences mental states. Third, they contend that changes in mental states can be used to change physical states, and vice versa. The mental states and therapies can be either conscious or subconscious. For example, conscious approaches can include cognitive strategies for changing attitudes that have an effect on body states. Biofeedback training is another conscious approach to changing physiology toward homeostasis and healthier functioning. Subconscious approaches include hypnosis or guided visualizations to alter physiology.

Mind–body approaches and WPH emphasize the client taking personal responsibility for the healing process. This responsibility begins with the client's informed choice regarding the approach to healing. An understanding of healing processes is important because one can mobilize the healing potential of the client more readily when the client is personally informed and motivated. The relationship between the client and practitioner/educator is important. Rapport between the two is essential. The practitioner needs to relate to the client as a person of worth and dignity at the center of the process. The practitioner helps the client access his or her inner resources toward healing and health. The contributions of the mind, body, and spirit are honored in the healing process. These principles are inspired by humanistic psychology.

The many approaches to mind–body medicine also include the spiritual dimension. *Spiritual* may be distinguished from *religious* (see Chapter 44, "Beyond Religion: Toward a Humanistic Spirituality," by Elkins, this volume). Herbert Benson's group at the Mind/Body Institute of Harvard Medical School report that when they engage in mind–body experiences, they frequently experience the spiritual dimension. This has been observed often by biofeedback trainers and somatics practitioners. The transpersonal dimension, seen by some humanistic psychologists as the farther reaches of human nature (Maslow, 1971), embraces this aspect of human existence.

HUMANISTIC PSYCHOLOGY AND MIND–BODY MEDICINE

Humanistic psychology is concerned with the development of the whole person—body, mind, and spirit. The field of mind–body theory, practice, and research has been aided greatly by humanistic psychology. This support came from the value that humanistic psychology placed on the whole person, and the actualization of potential—which includes the embodied person—was integral to that value. Jourard (1976) contributed to this early appreciation, as did Hanna (1970) and others.

The Association for Humanistic Psychology (AHP) was founded during the early 1960s to provide a meeting ground for psychologists and others who believed that they were not represented in the prevailing preoccupation with psychoanalysis and behaviorism. AHP members included psychologists, educators, philosophers, other professionals, and educated laypersons. Somatics, the integrated mind–body disciplines, was one of the early developments of humanistic psychology. Some AHP members went on to become professionals in the field of somatics. The philosophical stance of the organization was to recognize the worth and dignity of the person and to explore concerns such as love and creativity, which were left out of mainstream psychology. Some of the founding voices in

the AHP who were very concerned with the actualization of human potential included Carl Rogers, Abraham Maslow, Rollo May, and Sidney Jourard.

From the humanistic psychology movement came the realization that it would be valuable to apply humanistic principles to other human endeavors. During the 1970s, the humanistic medicine initiatives emerged. These initiatives had a particular impact on nursing—for example, self-care nursing, which draws heavily on humanistic philosophy and practices. Later, the holistic health movement arose. Humanistic psychology was holistic before it became popular; humanistic psychology had a larger perspective very early. Currently, approaches from this lineage include mind–body medicine and integrative medicine.

The AHP was a spawning ground for somatics. During the early 1970s, the AHP was the first American organization of its kind to embrace the mind–body disciplines. Historically, the AHP's conventions provided a place to demonstrate some of the mind–body techniques. For example, early convention presenters included Moshe Feldenkrais, Ida Rolf, Illana Rubenfeld, and Thomas Hanna. It was the original safe haven for holistic health, humanistic medicine, and alternative/complementary medicine. Many innovations in psychology and related fields began under the AHP umbrella and moved out to form specialized organizations.

Somatics is a term coined by Hanna (1976). He used the term to describe the developing field of mind–body integration disciplines. He used the term *soma*, the Greek word for the living body, to characterize this mind–body combination. He defined the soma as the body experienced from within. It was his brilliant solution for the mind–body problem. Historically, somatology was the name for the field that later was differentiated into anatomy and physiology. This differentiation served to separate the study of the structure of the body from the study of its functions. From the perspective of Hanna's definition of the soma, there is no mind/body split. The soma is process, that is, function rather than structure. It is the result of the original creation of the universe and the evolution over time to our current expression of that organic foundation (Hanna, 1980). The AHP's Somatics Community helped carry forward the message.

Somatics practitioners and educators come from different traditions and disciplines. They have common principles and practices. Their concepts have multicultural and multidisciplinary origins. As they pioneer the somatics realm, they discover a language or a vocabulary that is purely somatic. They share a perspective that is very much a sense of a body–mind. The body perceives and responds. It has needs, intentions, and wisdom. Somatics practitioners explore the body wisdom within their own somas and in their interactions with others.

> Since the 1970s, the field of somatics (the mind/body integration disciplines) was born and has exploded. It now includes Eastern and Western traditions. Any practice that includes mind/body integration as a focus is somatic. Examples of Eastern traditions include martial arts disciplines such as aikido, judo, and karate (Murphy, 1992), yoga (Criswell, 1989), zen, t'ai chi chuan, Tibetan Buddhist practices (Criswell, 1989; Murphy, 1992), and many others. Western traditions include the Alexander Technique (Alexander, 1932), Feldenkrais's Functional Integration® (Rywerant, 1983) and Awareness Through Movement® (Feldenkrais, 1972), Somatic Exercises™ (Hanna, 1988) and Hanna Somatic Education®, Ida Rolf's Structural Integration and related methods (Rolf, 1977), Charlotte Selver's Sensory Awareness (Brooks, 1986), somatically oriented dance and athletics (Murphy,

> 1992), massage therapy (Knaster, 1996), body-oriented psychotherapy (Kepner, 1987), biofeedback training (Criswell, 1995), and many other disciplines. Medicine, chiropractic, physical therapy, and other disciplines may be considered somatic when they integrate mind and body. (Criswell-Hanna, 1999, p. 47)

APPROACHES TO MIND–BODY MEDICINE

The Western approaches to mind–body medicine have much in common with Eastern disciplines. This commonality is created by the borrowing of techniques between cultures and by working with the natural tendencies of the body. For example, "traditional shamanic practices include trance states and mental focusing techniques similar to those used by hypnotherapy and guided imagery today" (Allison, 1999, p. 65). Mind–body medicine disciplines vary as to the emphasis on the mind or body. It is possible to influence the body by way of the mind or to influence the mind by way of the body. The following approaches illustrate some of the key mind–body medicine approaches: hypnosis, biofeedback, yoga and meditation, visualization, and spiritual approaches.

Hypnosis is the grandparent of all the mind–body medicine approaches. Although hypnosis has probably existed throughout the ages, Anton Mesmer, a German physician, introduced it during the 1700s to Western Europe under the name of "animal magnetism." He passed magnets over the body while he talked to the patient. Mesmer also used conscious and subconscious suggestions. Later, his technique was called hypnosis because it resembled a sleep state. Named after the Greek god of sleep, Hypnosis, we now know that hypnosis is not a sleep state. The brain waves are not characteristic of sleep. Defined as an enhanced state of suggestibility, it may be induced by another person or situation or by oneself. The first step toward a hypnotic state is usually bodily relaxation, although hypnosis can also be induced during a crisis, for example, in a hospital emergency room. The second step is concentration on a narrow set of stimuli, a restricted focus of attention. When a sufficient trance level is reached, one or more suggestions are made. These suggestions concern changes in the attitude, emotion, physiology, or behavior of the patient during the posthypnotic period. Medical hypnosis has been used for relief of a variety of symptoms. There is a rich hypnosis research literature that is full of useful insights for mind–body medicine.

Biofeedback is the feeding back of a biological signal to the person or producer of the signal. "The biological signals are recorded by electronic devices. Through the information provided, you become able to change your physiological state in a desired direction. The information fed back is significant with regard to a predetermined goal" (Criswell, 1995, p. xv). The voluntary control of internal states or self-regulation is the outcome. The field of biofeedback is very solidly research based. A number of presenting complaints have been successfully treated with biofeedback. Because of the nature of biofeedback, humanistic principles are very significant, and their presence is apparent.

The mind–body interface was explored extensively within the field of biofeedback and applied psychophysiology. The field of biofeedback was founded by Joe Kamiya and others. Kamiya was a social scientist who segued into psychophysiology through dream research electroencephalography. Others joined to explore other psychophysiologies such as electromyograph, skin temperature, and electrodermal activity. This research was supported and encouraged by members of the AHP, the Esalen

Institute, and other growth centers at their conventions and conferences. Many humanistic psychologists developed expertise in this area. Biofeedback was developed separately from humanistic psychology, but it also was greatly encouraged by the acceptance by the AHP and institutions such as the Esalen Institute. This contributed to public acceptance. In turn, this acceptance encouraged professionals from different disciplines, as well as a variety of clientele, to spawn the field of biofeedback.

Yoga derives from a Sanskrit word, *yuj*, meaning "yoke" or "union." It refers to

> the unification or reunification of the self with the universal Self. (This unification seems necessary because we perceive ourselves to be separate.) It means the reunification of the person—mentally, physically, and emotionally. In its ultimate sense, it refers to the reunification of humankind with the universe or cosmic consciousness or the Absolute. (Criswell, 1989, p. 3)

The dualistic approaches to yoga in India fostered the development of the psychotechnology of yoga, that is, the discipline and training of the human's embodiment such that it is capable of *samadhi*, or "union." There is also a nondualistic approach to yoga, called *advaita* yoga. There are, in fact, many approaches—*hatha, raja, jnana, karma*, and *bhakti*—that emphasize different practices toward achieving union. Indian yoga therapy is a forerunner of contemporary mind–body medicine. Western versions of yoga therapy have been developing recently. Hatha yoga (the yoga of physical practices) and raja yoga (the yoga of consciousness and meditation) frequently are part of mind–body medical programs. Currently, there are 20 million people practicing yoga in the United States. The International Association of Yoga Therapists is devoted to bridging yoga and therapy.

Meditation is a valuable part of mind–body medicine. Many cultures have highly developed meditation traditions, for example, Zen Buddhism, other Buddhist traditions, yoga, and many other religious and nonreligious traditions.

> Meditation generally includes clearing the mind, quieting the body, concentrating on a central focus, and maintaining that mind/body state for a length of time. It usually includes repetition of a stimulus input. The central focus of concentration can be internal or external. (Criswell, 1995, p. 135)

According to meditation research, one of the benefits of meditation is a shift toward parasympathetic nervous system dominance. The parasympathetic nervous system is the rest, maintenance, and repair system of the body that is so necessary for healing (Criswell, 1995, p. 92).

Visualization, or the use of the mind to create an image separate from input from the environment, may be verbal (as in visualizing a word) or nonverbal (as in visualizing an image, picture, design, symbol, or scene). Visualization in mind–body medicine can be used in a variety of ways to influence brain function and, therefore, body function. Visualization can be used to listen to the body for information about particular situations. The former approach creates relaxation for healing, whereas the latter approach involves becoming aware of the body's wisdom. Creative visualization is the use of the visualization process to bring new experiences into one's life, for example, anticipating a return to wellness.

The spiritual dimension allows one to experience oneself as related to the larger whole, that is, to experience a sense of connectedness with the all of existence or God. There are different spiritual traditions that foster this experience. It can be engaged outside a spiritual tradition as well. It is a natural process. In this sense of connectedness, there

is a healing process that transcends what the individual is able to do on his or her own. Distant healing is a force that is fostered by the intention of others in the direction of the healing recipient. Dossey (1999) looked at how we influence one another from a distance or nonlocally. The role of the spirit in healing has been appreciated by the religions of the world and has a long history of involvement with mind–body medicine.

CONTRIBUTORS TO MIND–BODY MEDICINE

Some of the contributors to the development of contemporary mind–body medicine include the following.

The late Jeanne Achterberg, author of *Imagery in Healing: Shamanism and Modern Medicine* (Achterberg, 1985), was an associate professor and director of research in rehabilitation science at the University of Texas Health Science Center and codirector of the Professional School of Biofeedback, Dallas, Texas. She was also on the faculty of Saybrook University. She and her husband, G. Frank Lawlis, gathered together the research and practices in the ancient and modern use of imagery. In addition, they have researched and practiced imagery in healing.

Herbert Benson, a physician specializing in mind–body medicine, began his career in mind–body medicine with a study of the psychophysiology of transcendental meditation during the 1960s (Benson, 1975). The research sparked his awareness of what he later called "the relaxation response." The relaxation response is a shift toward parasympathetic nervous system dominance. The parasympathetic nervous system is the rest, maintenance, and repair system of the body, as compared with the sympathetic nervous system, which is the fight or flight system. He is currently Director Emeritus of the Benson-Henry Institute for Mind Body Medicine and Professor of Medicine, Harvard Medical School.

Joan Borysenko cofounded a mind–body clinic with Dr. Benson and Dr. Kutz in the early 1980s. She expanded on Benson's findings to include psychological well-being, meditation, relaxation, and stress reduction as part of a healing regimen. Her original book *Minding the Body, Mending the Mind* (Borysenko, 1988) was a best seller and was republished in 2007. She is the founding partner of Mind/Body Health Sciences, LLC and the director of The Claritas Institute of Interspiritual Mentor Training Program.

Larry Dossey, an authority on spiritual healing, pioneered the return of prayer to healing through research on "the effects of prayer and spirituality" on healing (Dossey, 1999). His endeavors are concerned with the nonlocal mind and its therapeutic effects. His books include *Beyond Illness: Discovering the Experience of Health* (1984) and *Space, Time, and Medicine* (Dossey, 1982). His book *Reinventing Medicine: Beyond the Mind-Body to a New Era of Healing* (Dossey, 1999) explored the nonlocal, transpersonal dimension of the self.

Dean Ornish, president and director of the nonprofit Preventive Medicine Research Institute, Sausalito, California and clinical professor of medicine at the University of California, San Francisco, pioneered a combination of stretches (yoga), a vegetarian diet, progressive relaxation, breathing techniques, directed and receptive imagery, meditation, and group process (communication skills and group support) with cardiac patients (Ornish, 1990). He calls his regimen the Opening Your Heart Program, and it is an adjunct to conventional medical therapy. Participants in the program are able to demonstrate an improvement in cardiac function by following its procedures and making lifestyle changes. The program also emphasizes opening the heart through expansion

of loving feelings and a sense of spiritual connection. Ornish's approach was recently accepted for Medicare Reimbursement.

Candace Pert contributed to the discovery of opiate receptors or neuron receptor sites receptive to opiate molecules. She went on to explore the role of peptides and receptor sites throughout the body that communicate messages from our emotional responses. In her book *Molecules of Emotion* (1997) Pert chronicled the development of her discoveries and their applications. Her work has had a widespread effect on mind–body medicine.

Rachel Naomi Remen counseled chronically ill and terminal patients for more than 20 years. She is the cofounder and medical director of the Commonweal Cancer Help Program, Bolinas, California, and a clinical professor of family and community medicine in the School of Medicine, University of California, San Francisco. Commonweal at Point Reyes National Seashore, California, is a 37-year-old nonprofit foundation specializing in health and environmental research. Remen is director of the Institute for the Study of Health and Illness. From her work with patients and her own experiences, she has gained much invaluable wisdom. Her book *Kitchen Table Wisdom: Stories That Heal* (Remen, 1999) passes that wisdom on to others. Despite not being a psychologist, Ramen brought a client-centered, individualistic approach to her healing work.

Ilene Serlin, founder-director of the Union Health Associates and the Arts Medicine Program at The California Pacific Medical Center, pioneered an approach to arts medicine. She brings dance/movement therapy together with other expressive arts and kinesthetic imaging to move toward creating a sense of wholeness among members of breast cancer survivor groups (Serlin, 1996, 1999). Her approach is also being used with other special populations. She is the editor of *Whole Person Healthcare* (2007), a three-volume series.

David Spiegal is the medical director of Center for Integral Medicine, Stanford School of Medicine; a professor of psychiatry and behavioral science; and psychosocial mentor at Stanford Cancer Institute. He has worked in the Stanford University area providing group therapy experiences for breast cancer survivors and noted that the survival rate was higher for those who participated in group therapy combined with their other medical treatments (Spiegal, 1993). One of his areas of expertise is professional hypnosis.

There are many more contributors to the development of mind–body medicine—researchers, medical personnel, practitioners of the mind–body disciplines, and courageous patients/clients. The research, practice, and publications of these contributors help bring mind–body medicine into increasing societal acceptance and availability.

APPLICATIONS OF MIND–BODY MEDICINE

The mind–body medical disciplines have been helpful for

> people suffering from migraine headaches, insomnia, hypertension, asthma and other respiratory conditions, ulcers and other gastrointestinal disorders, incontinence, cardiac and vascular irregularities, muscular problems caused by strokes or accidents, arthritis, anxiety, attention and learning disorders, depression, chemical and emotional addictions, and phobias and other stress-related disorders. (Allison, 1999, p. 67)

Achterberg (1985) reported that she and Lawlis have used their body–mind imagery techniques with patients with "chronic pain, rheumatoid arthritis, cancer, diabetes, severe orthopedic trauma, burn injury, alcoholism, and stress-related disorders such as migraine headaches and hypertension, and during childbirth" (p. 101). Biofeedback has been

used effectively with asthma, essential and labile hypertension, insomnia, migraine headaches, Raynaud's disease, cardiac arrhythmias, muscle contraction headaches, addictive behaviors, anxiety disorders, attention-deficit disorder with and without hyperactivity, obsessive-compulsive disorder, phobic behaviors, paralysis and stroke rehabilitation, chronic pain, Bell's palsy, and a host of other presenting complaints. The other mind–body medicine approaches have an equally impressive list of applications.

WHOLE-PERSON HEALTH CARE

WPH "integrates the best of medical and psychological practices into a biopsychosocialspiritual mode" (Serlin, 2007, p. xviii). These practices relate to "the whole person in his or her setting, rather than in terms of isolated disease entities or body parts" (Serlin, 2007, p. xvii). The whole-person approach considers patients/clients as part of the world in which they live. WPH encourages patients/clients to seek to understand the meaning of their symptoms as well as their physical and psychological causes. "Whole person healthcare embraces diversity of technique and approaches that include nonverbal and multimodal modalities such as the expressive therapies and mindfulness meditation" (Kabat-Zinn, 1994, pp. xi–xvii). While mind–body medicine set the stage for, and shares critical elements with, WPH, it is also distinct from WPH. Generally, mind–body refers to the interaction of mind on body and body on mind. WPH, on the other hand, adds a psychological dimension—for psychologists, WPH brings in mind–body practices like mindfulness or imagery into the complex clinical situation of each moment in a therapeutic relationship. It adds the centrality of the healing relationship and a process, open approach to therapy—priorities gained during psychotherapy training and experience. WPH also adds the treatment of the whole person—mind, body, medicine, and community—using a person-centered approach. It helps practitioners integrate mind–body–spirit practices into their therapeutic work with clinical sensitivity and sophistication.

WPH is based on an understanding of the nature of the human being as body, mind, and spirit. It follows the philosophy that treatment needs to be approached individualistically and holistically. This is true regardless of where the person is on the wellness continuum. This attitude/approach needs to be followed by every member of the health care team. WPH includes the best from allopathic medicine and complementary/alternative medicine. Evidence-based medicine is used where possible, bringing together peer-reviewed research findings (qualitative and quantitative research) with good clinical judgment.

From this understanding, being healthy includes the absence of disease plus growth and development of the person throughout life. It takes into consideration the nature of the patient/client, life course, family, community, and environment. To practice WPH requires that one address the different aspects of the person—body, mind, and spirit. Balance is a key factor.

Humanistic psychology values the worth and dignity of the individual and his or her societal contexts, the actualization of the positive potential of the person (mind, body, and spirit) and self-actualization, person-centered education and other person-centered endeavors, and self-direction and self-regulation. When humanistic principles are brought into health care, it becomes obvious that a multidisciplinary, interdisciplinary approach alone is not adequate. One must actually work from a person-centered model of health care. The humanistic principles enable the person to fully utilize the

psychological, social, physical, community, and environmental resources that are available. It is an educational and self-directed process. Furthermore, "whole person healthcare goals include achieving a gender and culture balance of emotional empathy, self-awareness, assertiveness, instrumental problem solving, and expressiveness" (Levant, 2001).

The WPH team needs to be as comprehensive and integrated as possible. Mutual respect and cooperation among team members is essential. The care providers also need to be as personally healthy as possible for their own sakes and because of the effect that the states of their minds, bodies, and spirits have on patients/clients. The care providers operate from humanistic principles in every aspect of their work. The therapeutic relationship is key.

Humanistic principles foster a greater attention to the needs of the person. WPH becomes person or patient/client centered. Because it is person centered, first-person centered, you are more likely to truly address the whole person. The person is the center of the process. It is the person who will be responding to the treatment, adhering to (complying with) the recommendations, and becoming self-directed in continuing self-care. It is the person who does the healing—body, mind, and spirit. Treatment can only make healing more likely. Rapport between the care provider(s) and the patient/client is very important. From the perspective of the work of Rogers and WPH, therapists need to practice accurate empathy, unconditional positive regard, and congruence.

The whole-person approach to healing follows the following principles:

1. WPH practitioners believe that healing comes from within, that everyone has a healing potential and the modalities used help mobilize the healing response.
2. The healing process is individualistic.
3. The relationship heals. Psychotherapy research shows that it is the personality of the therapist ("nonspecific" variables, placebo approach, etc.) that makes the difference. It is the person, not the technique, that heals (Rogers, Gendlin, Kiesler, & Louax, 1967; Wright, 2010, pp. 154–161).
4. WPH is process oriented. Practitioners may have a tool kit, but they follow the emerging process—themes and images as they unfold. They don't impose "fixes" from preconceived ideas of what they think things mean.

True integrative medicine requires that there is integration of the person's experiences. The therapies need to be as integrated as possible, but finally, true integration occurs within the patient/client. This is true whether we are talking about assessment or treatment. Integrative medicine as it is currently being practiced is a step in the right direction, but integration needs to happen on many levels.

WPH includes prevention, health maintenance, disease management, successful aging, and end-of-life considerations. When we look at the following elements of WPH, we can see how these elements come together within the person. The health condition is considered from the perspective of the person/patient. The person is considered in his or her uniqueness. Each person has a story or sense of life. Each has an opportunity to change the course of his or her development in a self-regulated way with the tools that are learned. The person is at the center of his or her health care and is empowered by that. Diagnosis or assessment is done through a whole-person perspective. The client/patient's understanding of the situation and information is very important. WPH encourages the patient to be as self-caring, self-directing, and self-regulating as possible. The person is empowered in the healing process. WPH gives clients the knowledge, skills, and tools to be able as much as possible to be their own health care providers, their

own health advocates. Outcomes of WPH include enhanced health and self-care, the ability to help others—family, friends, community members—and so forth. A healthy lifestyle is the goal. There is a big emphasis on self-responsibility of the person. Diversity is appreciated and embraced in humanistic psychology and WPH; for example, diversity awareness allows the WPH practitioner to draw from a variety of perspectives to benefit the patient/client.

WPH is now occurring in a variety of settings: WPH is concerned with healing environments; holistic health care in hospitals, the community, and the world; holistic health care in rehabilitation settings; working with marginalized populations; and holistic health care and education for children. Many of these programs involve integrative psychology; the use of imagery; finding meaning in illness; exploring the role of spirituality in health and mental health; using meditation, prayer, and intention from a distance; doing yoga and yoga therapy; practicing qigong, tai chi, and other Eastern disciplines; exploring spiritual disciplines from different cultures; using rituals; exploring creativity and the arts; and learning stress management techniques (Serlin, 2007).

THE FUTURE OF MIND–BODY MEDICINE AND WPH

The cover story in a recent issue of the American Psychological Association's *Monitor on Psychology* announced that "today's psychologists are increasingly integrating complementary and alternative [mind/body] medicine techniques into their work with clients" (Barnett & Shale, 2013, pp. 48–56). Although mind–body medicine is ancient, the contemporary field is still young. Continued research, appropriate clinical applications, and motivated medical consumers will help the field make tremendous progress. The recognition of the role of humanistic psychology in mind–body medicine and WPH can greatly enhance the fields. We need to listen to the whole person—body, mind, and spirit. Health is fostered by healthy mind–body–spirit interactions. The future of medicine requires greater autonomy on the part of the patient. Medical costs and demands for medical care are taxing our medical systems. For the sake of patients, patients' families, and the community, it is increasingly important that patients be in charge of their health care. This means that patients need to practice preventive health measures that include many of the mind–body medicine disciplines as part of their general lifestyle. When accidents or illnesses occur, patients need to be as knowledgeable as possible (Internet medical resources will play a key role) about their conditions and treatment/training options. They also need to participate fully in the development of treatment plans that include the appropriate blend of mind–body medicine. Mind–body medicine and WPH will be used at every step of the way throughout life. Through these means, patients will learn and grow with their improved health conditions and healthier lifestyles toward the fullest possible actualization of their potentials.

A growing number of psychologists are bringing complementary and alternative medicine techniques into the practice of psychology in private practice, in clinical settings, and in the community. There is an evolution in health care taking place, encouraged by technology, economic constraints, and consumer needs and motivations. For example, the Internet is enabling patients to become more informed about their health conditions. The Internet has made possible closer communication between patients/clients and care providers. In the coming years, the rapidly expanding findings from neuroscience will contribute greatly to humanistic psychology, mind–body medicine, and WPH.

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