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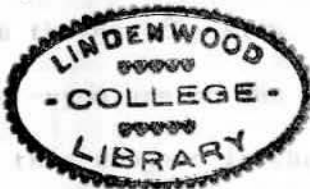
The Holistic Approach to Stress
Related Illness and Implications
for Health Care

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My main thesis for this paper is that health and illness can
be pictured more accurately as a process. People move in and out of
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Introduction

The basic starting premise for a holistic view of health is that the individual is an integrated whole with each dimension (physical, emotional, intellectual, social, spiritual) inextricably bound up with the whole. One may temporarily focus attention on one area of concern, physical well-being, for example; allowing this to become the prominent figure (in the gestalt sense) in one's awareness. Yet the figure cannot be separated from the background which gives it definition. At any moment the figure and ground can reverse themselves so that the physical concern becomes less prominent as emotional or spiritual concerns demand increased attention. The essential key is the underlying connectedness and indivisibility of the whole person. The physical, emotional, social, spiritual, and intellectual processes that are usually distinguished separately, can be holistically seen as different manifestations of the "whole" person at a given moment.

Health and illness have often been pictured as a static state. You're either healthy or you're sick. Like choosing sides in a sandlot baseball game--you are either on one side or the other. If you are sick, you need to take something or do something to get rid of the symptoms and get back on the healthy side. If you are healthy, there is nothing to worry about--you are on the winning team already.

My main thesis for this project is that health and illness can be pictured more accurately as a process. People move in and out of sickness and health all the time. Real healing is not accomplished by a snap of the fingers or a quick visit to the doctor and a prescription. The act of assisting someone back to health is a process

involving the whole person, reflection on the meaning of the illness, and some change in the manner of living. Health and illness are relative terms, defined by self and society. People are never totally sick or totally healthy. Rather individuals choose to make judgments about themselves utilizing their perceptual frameworks, deciding, "Now I am healthy--Now I am sick." Health and illness are not the opposite extremes of a simple continuum, but rather complex factors. Each is more than the absence of the other. Both involve every aspect of the whole person (not merely the physical). The "cause" for both is external as well as internal. Health and illness are a result of a person's total ecological setting.

Illness signals a state of not being whole. When the "wholeness" of a person is disrupted whether by an outside "bug", by a repressive environment, or by "sick" values and patterns of living, the person becomes ill. Any dimension of life (emotional, physical, intellectual, social, spiritual) may manifest "dis-ease". Physical illness, psychological maladjustment, decision-making difficulties, purposelessness are all manifestations of disunity.

From a holistic viewpoint, sickness may be viewed as a decision to stop some aspects of actual living. Stopping the process of life and becoming static is part of every illness. Each sickness can be viewed as having a particular meaning in life: this symptom, at this time, creates this kind of disorder in the total context of life. Exploration of the meaning of illness for persons is crucial to the return of health and prevention of illness in the future.

Health is a process of adapting to change which leads to adjustment and wholeness. It involves a series of growth enhancing

being new energy and the ability to be in the process and to change

transactions between people and their environments. The degree of health may be influenced by the strength and appropriateness of persons' coping mechanisms. Stress, for example, is a part of the normal rhythm of life. Stress accompanies natural development as well as sudden crisis. Creative stress management is essential to healthy functioning and integration.

Health is not the opposite of sickness. Health is the ability to deal creatively with the problems of life, to confront them, to withstand them, to cope with them, to grow from them. Maximum health involves people being able to take care of themselves in the flux of life-being "response-able" beings. People need to be treated as individuals experiencing "dis-ease" rather than just treating diseases. When people are sick they are not able to utilize fully their personal resources. The resources within the individual need to be mobilized and released. Healing calls for a renewed activation of strength within the individual. For their own health, the healing process needs to help individuals take responsibility for their own actions, feeling, and thoughts.

The goal of holistic healing is not a return to the status quo, but the attainment of a more complete, higher form of health and wholeness. Physical disease and other apparent calamities of life (pain, suffering, aging, death) can be seen as "valuable" and meaningful events in life if wholeness can be attained through them. Through the process of healing, people can become healthier; more resourceful; more creative; better able to manage life; cope with change; and make their own decisions, than they were before the "illness". Thus, healing is a process of "re-creation". It can bring new energy and the ability to be in the process and to change

without conflict. The process of healing does not only "solve a problem"; it is a process of education that teaches people how to solve problems and supplies them with the skills for acquiring and maintaining wholeness in the face of future problems.

There are other factors affecting the healing process. The process of healing demands attention to the immediate problem. Some relief from symptoms, which bring people for help, must be accomplished. It is helpful to locate the stressors (from any dimension of life) in order to plan and choose "energizers" that may reverse the "disease" process. Treatment is needed in the first stages of illness (when people are only a little bit sick) as the foundation of prevention. If people can be persuaded to change their patterns of living when the symptoms are small, the likelihood of more serious disease is decreased.

The process of healing demands attention to the spiritual-depth dimension of life. Dealing with the need to change, accepting loss, and taking hold of something new is a major part of the healing process. The return to wellness demands that the old way of life be challenged and new behaviors for expending energy and gaining rewards be adopted. The spiritual process of death and resurrection is always a part of the healing process.

Faith (commitment to something beyond self) acts as an energizer, vitalizer, and mobilizer of personal resources. Meaning in life is a powerful motivator for health. Personal will, hope, and faith are powerful resources for health. The hope for a desired future, the faith that it will be possible to obtain that future, and the will to move toward that future are sources of human motivation to grow toward wholeness. The potential for relationship with the creator

is a health-giving potential. The process of being in touch with the spiritual ground of being is itself health producing. This process encourages times of reflection, values clarification, meditation, commitment, and surrender.

Traditionally, the human spirit dimension has involved ritual, tradition, the rites of passage which provide continuity in life, unification of differing world views, and mobilization of community support. Rituals are a coming together process. Ritual and tradition also have the potential for providing security in the midst of change.

People experience the need to organize their lives around some meaningful principle(s). Values are always in the process of development. They are internalized from an early age but must be continually re-examined and denied or affirmed. People continue to absorb and choose and synthesize and affirm and defend and discard and act on values throughout life. The beliefs, values, faith, commitments, and meanings that people hold give order and continuity to separate aspects of life. Values help people deal with the mysteries of life and death, give purpose and meaning, and serve as motivators. Values and beliefs also help people come to grips with personal limitations. The life style that people choose is determined in large part by the values to which they commit themselves.

The healing process most often occurs within a significant relationship. As people become supported in a relationship with another, their self-respect (internal unity) increases. As people increasingly feel accepting of themselves, they are able to enter into deeper union with others. Through caring relationships, the development of self-awareness, integration of the self, and self-affirmation occur.

Method

A number of sources from different disciplines which discussed the etiology and treatment of stress related disorders were reviewed. Similarities and differences were noted and consistent themes will be discussed on the following pages.

Psychosomatic Illness

The connection between mind and body was described by Hippocrates in ancient Greece. The Hippocratic medical treatise On the Sacred Disease is of great interest. Not only does it assert with great emphasis that the brain "tells the limbs how to act", but also that the brain "is the messenger to consciousness (sunesis) and tells it what is happening". The brain is also described as the interpreter (hermeneuos) of consciousness. The word "sunesis", can also be translated as "intelligence" or "sagacity" or "understanding". The author of the treatise explains the influence of the brain by the fact that "it is the air that gives it intelligence", and the air can be interpreted as soul. Moreover, one finds as early as in fifth century Pythagoreanism a doctrine of the incorporeality of the soul; and several concepts (for example psyche) in several authors sometimes corresponding very closely to the modern concept of mind. As Guthrie (1962) points out, "psyche" meant for a Greek thinker of the fifth century B.C. "not only a soul; that is, the world was permeated by a kind of soul-stuff which is better indicated by the omission of the article". Soul was regarded as air (and the soul as a portion of air) because air is the finest and lightest of the known forms of matter.

Hippocrates stated that "when a man draws breath into himself, the first air reaches the brain". (It may be worth mentioning that Aristotle, who was greatly influenced by the medical tradition, yet gave up the connection between air and soul, retained the connection between air and the brain, and regarded the brain as a mechanism for cooling by means of air as a kind of air-cooled radiator.) Also the English concept of "mind" has often been translated into German as "Seele", which is also the translation of "soul", a symptom of the

fact that "mind" and "soul" are not so different.

When the idea of psychosomatic illness was first discussed and postulated by physicians, psychiatrists, and psychologists it was not easily accepted. The term "psychosomatic" was not coined until 1818 and then not by a physician, but by the poet, Coleridge. At that time, the idea that some of the major diseases could stem (at least in part) from emotional conflict or everyday situations was too difficult for many persons (especially physicians) to accept, reared as they had been in the "germ theory of disease". After all, it had taken scientists many years to convince others that disease was caused by germs, bacilla, and viruses; now, other scientists were saying that this was not the whole story. They were saying that the germ theory of disease was not an adequate explanation for why people get sick.

It must be remembered that the germ theory of disease was a giant step forward in terms of the understanding of the etiology of disease. Before that time, disease was thought to be revenge from the gods, the work of evil spirits, or punishment for sins. The Old Testament's attitude toward disease was that it was sent by God as a punishment for the wrongdoing of an individual or a whole nation. Another biblical explanation for disease was that it tested a person's faith; such is the message of the book of Job. The people of the Middle Ages frequently ascribed disease to the work of the devil, or from persons who consorted with the devil.

It was not until the fifteenth century that a few scientists began to suspect that disease was caused not by evil spirits but by tiny, invisible particles of life now called germs. These early researchers called these germs "living seeds of disease" and even believed that these

germs could develop out of nothing, a kind of spontaneous generation in the blood streams of humans and animals.

The idea of contagion, that disease could be transmitted from one person to another, did not occur until the fourteenth century when great waves of bubonic plague swept over Europe. In the seventeenth century bacteria and other minute life forms first were seen under the microscope. But the germs theory of disease was still not fully accepted until the late nineteenth century and this acceptance helped to disprove the idea that disease was caused by "evil spirits" or, rather, that these evil spirits turned out to be living organisms.

It is an axiom in science that for a theory to be valid it ought to be sufficient to cover all the necessary conditions, to account for all the facts. When this test is applied to the germ theory, it seems to hold for most facts of disease, but it cannot account for some exceptions to the rule. How is it, for example, that if a group of people are all in contact with a disease some may get it but not all of them? Why, for example, if there are flu viruses in an area, doesn't everyone contract the disease? To say that some people are "immune" is not to explain the exceptions but only to explain them away.

Futhermore, as science began to uncover more of the facts of our biological environment, scientists came to acknowledge that the world is full of germs and microorganisms of all kinds. Indeed, the interior of our bodies is now known to be a virtual "hothouse" for bacteria. In fact, if our digestive tract did not teem with the helpful bacteria, one would have a difficult time digesting the food they eat and eliminating what they do not need.

It was when scientists began to pay attention to these kinds of exceptions that researchers began to look for a larger explanation for disease, one which could include the facts of germs and also the exceptions to those facts.

One of the earliest hints that what is termed disease may have a psychological component happened as far back as the mid-nineteenth century. A French physician, J. M. Charcot, was demonstrating the uses of hypnosis to medical students, among whom was a young man by the name of Sigmund Freud. Charcot was demonstrating that persons who were "crippled" or who stuttered could be "healed" instantly by a hypnotic suggestion but only as long as they were in a hypnotic state. Other early pioneers in this area were people who had "cured" other people through "mesmerism" (named for Anton Mesmer) and who seemed to restore a person to health by what he called "magnetic powers". An American woman, Mary Baker Eddy, convinced that she had been cured of illness by acquiring the proper mental attitude, began a new religious sect, Christian Science, based on a positive mental health approach to perfect physical health.

But these phenomena, as interesting as they are, were not examined under the harsh "light" of scientific inquiry as were Charcot's hypnotized patients. One explanation for all of these cures is that the patient was being treated for an hysterical symptom or hysterical conversion. Conversion reactions make up a considerable portion of the large number of patients who come to a physician's office with physical symptoms but without objective evidence of organic etiology. The old term was conversion hysteria, coined by Freud and still occasionally used. However, more recently there has been a differentiation of

conversion reaction from hysteria. Hysteria refers to a particular type of personality. Conversion reaction is a particular symptomatic response to a conflict that is often found in hysterical personalities, but may be found in many other personality types as well.

In conversion reaction there is a conflict between a wish and a prohibition. The wish can neither be consciously recognized nor carried through to action and is therefore converted into "body language". This maintains repression of the wish, excluding it from consciousness and blocking it from action. When Freud discussed the hysterical conversion symptom, he postulated two patterns of behavior: suppression and repression. Suppression means being aware that one wants to do something, but not doing it, in other words, suppressing the act. Repression, on the other hand, means that the desire to do something might produce so much guilt that the person not only suppresses the action, but also the desire and impulse to do it are denied, "forgotten", repressed. It is also possible to confuse the word "hysteria" as used by clinicians with the popular usage of the word, in which a person who is called "hysterical" screams, laughs, and displays a generally "overwrought state". In the psychological diagnosis of hysteria, the person seems to behave exactly the opposite, calm, resigned, even tranquil, since all anxiety has been converted to the hysteria symptom.

Conversion is a psychological illness not an organic disease. Therefore, the pathway for the expression of conversion symptoms will not be the pathophysiological, but rather will be determined by the mind's representation of that part of the body. An hysterical conversion refers to that condition in which the person with severe, free-floating anxiety converts the anxiety to a localized physical problem

such as paralysis, blindness, or deafness. Freud described an hysterical condition known as "glove anesthesia" in which the person was unable to feel anything from the wrist down, a complete numbness of the hand. The neurological "wiring" of an individual's hand is such that the nerves run lengthwise from the end of the fingers up the arm to the spinal cord so that a condition in which the person can have sensation to the wrist but not beyond is a neurological impossibility. Therefore, it is said to be "psychological" or "hysterical" numbness or anesthesia. As O'Connell (1974) states, "Even amnesia can be said to be an hysterical conversion if there is no physiological reason for the amnesia".

As suggested previously, one of the primary characteristics of conversion is the absence of actual organic change. There is no organic change because this is not a physical illness--it is a psychological illness expressed symbolically in physical terms. This is not a "pure" psychosomatic disease, however, because psychosomatic diseases refer to a group of physical illnesses in which there are actual organic changes, and in which psychological factors play a major role in the onset and severity.

Psychosomatic conditions were studied by Sandor Ferenczi, Felix Deutsch, and other early psychoanalysts who conceived of them in terms of unconsciously displaced expressions of conflict, related to conversion reactions. It was not until the 1930's and the work of Flanders Dunbar that the psychological components of these diseases were systematically described. Dunbar found both common personalities and common conflictual constellations among patients suffering from the same psychosomatic illnesses. She termed this the "personality profile". In her view there are characteristics of personality style in each

psychosomatic illness which distinguish it from other psychosomatic illnesses.

In the 1940's Franz Alexander systematically separated the psychosomatic diseases from the conversion reactions on the basis of involvement of the autonomic or sensory-motor nervous systems respectively, and also on the basis of involvement of smooth muscle or skeletal muscle, respectively. Skeletal muscle and the sensory system were supposedly affected by conversion reactions, whereas smooth muscle was affected by the psychosomatic diseases via autonomic nervous system. He further divided the psychosomatic diseases themselves into the disorders of the parasympathetic autonomic nervous system and the sympathetic autonomic nervous system (Simons and Pardes, 1977).

Alexander's concepts may be understood in terms of the fact that the human being is virtually the only animal which develops psychosomatic diseases under ordinary life situations. Although some other animals do develop some other psychosomatic diseases, these are usually under conditions of extraordinary stress produced by man-made experiments. Franz Alexander said, "To what avail does the human organism develop such massive endocrine reaction and such violent increases in cardiac rate and blood pressure: to mobilize for action in response to the slight stimuli which are imposed upon us". (Simon and Pardes, 1977). Civilized man is equipped with the same neural-hormonal physiology that his prehistoric ancestors needed to respond to physical emergencies. However, with civilization, threats to security occur predominantly in the mental and emotional spheres where such primitive defense arousal mechanisms can be inappropriate. Moreover, because threats associated with chronic anxiety are usually internal, undefined, and

conflictual, they are not readily dispelled. They may persist indefinitely with the result that various organ systems remain chronically and inappropriately mobilized, thereby leading to a psychosomatic illness.

Alexander formulated the hypothesis that issues involving dependency needs and wishes to be cared for are a function of the parasympathetic nervous system. If such wishes are blocked by conflict, hyperactivity and inadequate discharge of the parasympathetic nervous system may result and may lead to the development of specific psychosomatic illnesses, namely ulcerative colitis, bronchial asthma, or peptic ulcer. Similarly, the sympathetic nervous system, which controls the body's "flight-fight" patterns, may be blocked in its discharge because of conflicts around hostility. Such a blockage may result in hyperactivity of the sympathetic neuroendocrinological systems, leading to such psychosomatic illnesses as hyperthyroidism, essential hypertension, and migraine headaches. Levy (1977) relates that although this view is somewhat reductionistic and oversimplified, it served as an important model for psychosomatic diseases for many years and still has considerable value.

In addition, Alexander expanded and refined the work of Flanders Dunbar by further describing the particular personality types and the specific conflictual situations seen in the various psychosomatic diseases. He helped popularize the concept of psychosomatic specificity in which specific character types, life situations, and central psychological conflicts are seen as playing an etiological role in the genesis of each psychosomatic illness.

Following Alexander, Harold Wolff postulated that various bodily

defenses are mobilized when the aspirations and needs of the individual are threatened. Depending upon the nature and integrity of the physical structures participating in this protective reaction, these bodily defenses are either adaptive or maladaptive. If maladaptive, actual physical damage to organ systems can result. Later Schur (1955) conceptualized the psychosomatic diseases as being the result of a failure of the executive functions of the ego with a regression to earlier, preverbal methods of handling life stresses and a resomatization of anxiety.

Mirsky (1961) hypothesized that certain diseases have their genesis either at birth or shortly thereafter as the result of some inborn, constitution, organ vulnerability. Such vulnerability may affect the growth and development of the child, making him or her more susceptible to conflicts involving this organ system. Later in life, psychological conflicts involving this organ can result in an activation of this original organ vulnerability leading to the emergence of an actual organic lesion. This concept has been termed the somatopsychic-psychosomatic process.

The Response to Stress

The somatopsychic-psychosomatic process is a theoretical concept which attempts to explain the genesis of the psychophysiological or psychosomatic diseases, which are synonymous terms. The process starts with a pathological vulnerability involving an organ or organ system either present at birth or appearing shortly thereafter as mentioned above. Although there may be no visible signs of any physical disease, this vulnerability of the organ may lead to psychological stresses surrounding the use of the affected organ system. These stresses may eventually result in the development of specific character

traits and in the giving of special meaning to conflicts associated with the affected organ system.

In his work, Alexander (1950) had hypothesized that conflicts surrounding dependency could produce a hyperactivity of the parasympathetic nervous system that might eventually lead to a group of diseases including peptic ulcer. By reviewing much clinical data, Alexander and his group came to the conclusion that strong infantile wishes to be loved and cared for were present in people with ulcers, that these wishes tended to be repudiated in the form of a veneer of pseudoindependence, and that at times of failure in coping with these needs, these people had an exacerbation of their ulcer symptoms. In Alexander's views, the frustrated desire to be cared for and to be nourished, leads to a continued state of preparation for eating and helps produce the ulcer. This formulation is one example of the specificity hypothesis previously mentioned.

Working with the hypothesis that people who are prone to or actually have peptic ulcer have distinctive personality characteristics, Weiner (1957) and his colleagues studied 2,073 U. S. Army draftees. The subjects were young, basically asymptomatic, healthy young men who were all exposed to the same stress, that of basic training. The draftees were given tests of the level of pepsinogen secreted into their stomachs (there is considerable evidence showing that blood and urine pepsinogen levels measure the secretory function of the stomach) and were also psychologically tested. Two groups were separated out: 63 of the highest pepsinogen secretors and 57 of the lowest pepsinogen secretors. These two groups constituted the subjects for further study, and the rest were not investigated further. X-ray examination of these 120

position, the ability to manage the stress of war. Some of the high secretors revealed that four had evidence of ulcers, one of which was active. All four ulcers were among the group of 63 high secretors of pepsinogen. The X-ray studies were repeated at eight and sixteen weeks after basic training was completed, and an additional five were found to have developed an ulcer. Again these five were among the group of high secretors.

Working with the hypothesis that people who are prone to or actually have peptic ulcer have distinctive personality characteristics, Weiner and his colleagues studied these 120 subjects, attempting to differentiate high from low secretors without interviewing them, but using the findings from the psychological tests alone. Two psychiatrists and a psychologist looked for evidence on these psychological tests of increased oral dependency wishes, or tendencies to placate people in an immature manner of difficulties with oral impulses. They successfully differentiated high from low secretors well within statistical significance. They also identified 10 subjects who they predicted would develop an ulcer as a result of the stress of basic training based upon personality traits evident only on the psychological tests. Seven of these 10 did develop peptic ulcers, and all of the seven were high secretors. This classic study tends to confirm the validity of a specific personality type for peptic ulcer and the association between this personality type and high pepsinogen levels.

A more recent advance in psychosomatic theory is the concept of a life setting conducive to physical illness. Walter B. Cannon, one of the early and great workers in psychosomatic research, stated that the body has to maintain a state of homeostasis in order to survive. Homeostasis is from the Greek homoios, meaning similar, and statis, meaning

position, the ability to stay the same, or static. Homeostasis might roughly be translated as "staying power". In order to maintain a healthy life, nothing within the person must be allowed to deviate far from the norm. If there is too much deviation, the person becomes sick and might die. The body, according to Cannon, has a kind of "inner wisdom" which produces various bodily responses. One of these responses is the "flight-or-fight" syndrome, which is precisely the opposite of the homeostatic state; it is an emergency state in which the body goes through many physiological changes in order to fight the threat in the environment or flee from it.

Suppose, for example, a cat scents a dog in the environment. It immediately freezes and its body responds with the flight-or-fight syndrome. Rate of respiration, heart rate, and sugar production increase markedly, and thus, more energy becomes available so the animal can prepare itself to stand and fight the "enemy" or to take flight if that is more appropriate. The pupils of the eyes also dilate (improving vision), and the blood tends to withdraw from the body surface, thereby protecting the animal against bruising and bleeding of the skin and increasing the supply of blood to the vital organs. Blood clotting capacity also increases, as does also the tension in the strained muscles, providing for more rapid behavior response when needed.

These same physiological changes are also produced in the human being when one experiences a threat or emergency in their environment. At these times, we may react with superhuman strength. Newspapers often carry stories of persons who have reacted with just this kind of strength in times of crisis. In such situations the body reacts to the emergency stress with a kind of total psychophysiological response

clearly beyond one's usual capacities. Homeostasis keeps an individual healthy and bouncing back from the strains, pressures and stresses of life to a point. If an individual is continuously reacting to stress, then homeostatic balances gradually shift, for they are not permanently fixed, and the undesirable result in their body may be termed psychosomatic disease. If such a disease does develop, then homeostasis actively maintains it until the individual does something about it.

How the body and mind were interrelated was explained further by the formulation of the General Adaptation Syndrome, described by Hans Selye, a physician researcher in the area of psychosomatic research. In laboratory studies, Hans Selye traced the physiological patterns following events that elicited a mobilizing response which is adaptive for the animal when the appropriate response is either to fight for its life or to run for its life. Since neither response is at times possible, particularly for a laboratory animal, this physiological preparation can be maladaptive. Selye's concept of the stress response starts with a stressor or agent, for example, an electric shock to a laboratory animal who can neither run nor fight. Selye and others found that, depending on the meditating factors which might increase or decrease the impact of the stressor, an adaptation syndrome or a set of non-specific chemical changes takes place.

The General Adaptation Syndrome is the term Selye used to describe what happens when animals experience a dangerous amount of stress.

Insert Figure 1 about here

The beginning of the stress syndrome always seemed to involve a primary period he called the alarm reaction. With further stress, the

stage of resistance appeared. If stress at this level continued, the animal's abilities to cope diminished, and the final stage, the stage of exhaustion, would appear, and ultimately death would occur.

1. The alarm reaction. When an experimental animal first is subjected to a physical or psychological stress (electric shock, extreme cold, poison, etc.), the animal's body reacts by increasing the rate of production of certain hormones and the levels of certain sugars and salts. All of these secretions strengthen the body's defense systems against on-coming stressors. Such a response is the body's normal method of meeting an emergency, since these increased levels of body chemicals (hormones, salts, sugars) increase one's strength and endurance. There is a certain similarity between Selye's alarm reaction and Cannon's flight-or-flight syndrome, but there is also this important difference. Cannon studied dramatic emergency situations. Selye studied less dramatic stressful situations that continue over time, or prolonged stress. In the alarm reaction the animal continues to secrete sugars, salts, and hormones (to defend itself against the emergency stressor) for so long that the animal's body functions begin to break down, as Selye's research showed (1956), in the form of a withered thymus, diseased adrenal glands, bleeding ulcers, and the like.

2. Stage of resistance. If the stressor (physical or emotional) is not too severe and the animal does not die, the animal seems to be able to recover from the first-stage alarm reaction pattern. Its adrenal glands return to normal size, although they continue to function at abnormally high levels of secretion. The ulcerative condition also disappears, and the thymus returns to a normal state. In the stage of resistance, the animal's body thus seems to be adapting to the stressful condition

by maintaining certain physiological defenses--for example, an increased production of white blood cells to defend against noxious germs and viruses. On the surface, everything appears to have returned to normal. Indeed, it was sometimes hard for Selye to tell the experimental animals (the animals under stress) from the control animals (the animals not subjected to the stressor).

3. Stage of exhaustion. The apparent adaptation of Selye's experimental animals did not last for more than a few weeks. After that the animals got progressively weaker, their internal organs became dangerously diseased again, and the animals began to die within a month. In other words, the organism can sustain the super-charged defense rate for only so long. Its defense or resistances then collapse and life ceases. The stage of exhaustion is similar to the initial alarm reaction in that the same set of responses are present and the same syndrome can be seen.

In the stage of resistance, the body's defenses are marshaled only against the original stressor; for example, extreme cold. If the animal survives the alarm reaction stage and manages to achieve defenses in the stage of resistance, it is a defense against only that one stressor condition. If the experimenters now add another stressor at the same time (say, electrical shock, which is considered an emotional stressor), the animal collapses immediately. Selye thereby demonstrated that as the number of stressful conditions in the environment increases the organism is correspondingly less able to cope (or even survive).

Selye emphasized that stress is an essential element of all one's actions, simply part of the natural "wear and tear" of life; it is the "common feature of biological activities". Stress cannot be avoided, he said, for even excitement and enjoyable recreation produce wear

and tear on one's body. We cannot escape natural stress, but an excess of stress or prolonged stress of any kind can do more than the normal wear and tear, it can break down body tissue.

As this thesis previously stated, a fully developed General Adaptation Syndrome consists of three stages: the alarm reaction, the stage of resistance, and the stage of exhaustion. There is stress at any moment during these stages, although its manifestations change as time goes on. Furthermore, Selye stated that it is not necessary for all three stages to develop before a General Adaptation Syndrome can be referred to. Only the most severe stress leads rapidly to the stage of exhaustion and death. Most of the physical or mental exertion, infections, and other stressors, which act upon an individual during a limited period, produce changes corresponding only to the first and second stages; at first they may upset and alarm the individual, but he or she will get used to them.

In the course of a normal human life, everybody goes through the first two stages many times. Otherwise people could never become adapted to perform all the activities and face all the demands that they have to. Even exhaustion does not always need to be irreversible and complete, as long as it affects only parts of the body. For instance, running produces a stress situation, mainly in one's muscles and cardiovascular system. To cope with this, an individual will first have to limber up and get these organs ready for the task at hand; then for a while they will be at the height of efficiency in running, but eventually exhaustion will set in. But such an exhaustion is reversible; after a good rest the individual will be back to normal again.

Psychosocial Factors in Psychosomatic Disorders

The concept of stress, originally conceived in purely physiological terms, was followed by a number of seminal investigations of stress in humans in addition to what Selye and others had contributed. Lennart Levi (1972) and his colleagues in the Laboratory for Clinical Stress Research in Stockholm have demonstrated experimentally that catecholamine output increases in situations which are novel to the human subject. (Catecholamines are a group of amines including epinephrine, norepinephrine, and dopamine which act as neurotransmitters and which are important in coping with stress.) These studies, in occupational settings, experimentally induced demands for change or set up what were expected to be stress-producing routines. Analysis of urine and blood samples taken before and after the experimental situations suggest physiological changes analogous to those which Selye had outlined following stressful situations in the animal laboratory. Out of the same group of investigators, Tore Theorell (1972) and others studied a panel of 21 rehabilitated survivors of myocardial infarction who participated in repeated weekly observations over several months. Among the most commonly reported events entered in their diaries at each observation were: "conflicts in family", "changes in work hours and conditions", and "been home from work because of disease". Comparison between weekly diary entries and analysis of urine collected each week led the investigators to report that observation weeks without reported life changes had catecholamine levels significantly below the average of the individual subject. Observation weeks with reported life changes had elevated urine epinephrine and norepinephrine levels.

Two researchers, T. H. Holms, and R. H. Rahe, working as clinicians, developed a "life change units scale", which measures how much change an individual has been subjected to over a period of time--a given period

of time. Holmes and Rahe developed a list of 43 events which they believed might trigger stress because, whether desired or not, they could demand adjustment. People were asked to rate each event on a scale to indicate

Insert Figure 2 about here

the degree of readjustment each might demand, i.e., "If marriage had an adjustment scale of 500, how must adjustment--and what score would you assign to a change of jobs"? The results of their studies and later replications suggest that "fired at work" and "retirement" are presently viewed as among the top 10 of the potentially most stressful events. Scaling the items in descending order of the magnitude of change and adjustment, "death of a spouse" received the highest score. Of the 42 remaining events, two work items, "fired at work" and "retirement" each were assigned higher scores than "sexual difficulties", "gain of new family member", "death of a close friend", "foreclosures of mortgage or loan", and 28 other events.

One of the more significant things about their research findings is that even agreeable changes in one's situation (marriage, birth of a baby, promotion, vacation) are considered emotionally stressful. In addition, while major family events are increasingly being associated with stress in the minds of physicians, the potential major impact of work changes may still tend to be overlooked. Any set of circumstances which demands or signifies a change in the individual's on-going life pattern can reasonably be considered as a possible precipitator of stress. Stressors seem to have the properties of being both additive and non-specific in their outcomes, and they are implicated in a wide range of illness conditions studied to date.

Holmes and Rahe began to see that persons with many life changes (those with high life crises units (LCU) scores) were more likely to suffer from ill health than those with lower LCU scores. Moreover, there seemed to be a definite additive aspect to the scale: the higher the LCU score, the more likely the person was to come down with an abrupt and serious illness. Within eighteen months of registering such a score, persons came down with major diseases such as mononucleosis, tuberculosis, leukemia, and cancer. Further research revealed that even short-term periods (two or three days) of high LCU scores resulted in minor aches, pains, colds, and other discomforts.

Since the development of the Holmes and Rahe Readjustment Rating Scale, a large body of literature reports correlations between high score on the scale and visits to a physician for a wide range of physical, as well as psychological problems. Richard Rahe, Jack Mahan, Ramon Arthur, and Eric Gunderson (1970) followed 2,463 Navy enlisted men, 125 Navy officers, and 96 Marine enlisted personnel aboard three cruisers. In addition to all sick bay calls the investigators collected three research questionnaires from each member of their "captive" sample: a personal history, a health opinion survey, and a military version of the Holmes and Rahe schedule of recent experiences. This uniquely controlled study allowed the researchers to chart the percentage of total illness for each week of the three cruises. Each ship's operation schedule was plotted against sick bay episodes. In addition, when men were categorized as high or low risk on the basis of their scores on the initial questionnaire about recent life events, the "high life change" individuals experienced 50% more illnesses than did the individuals who had low scores on the life change scale.

There are at least three explanations for the consistency of these findings that suggest that recent life changes are associated with illness. First, the investigators previously cited of Theorell, Levi, Rahe, and Holmes, provide evidence that argues for a causal chain from event, to perception of threat, to physiological stress response in a vulnerable person, to additive effect, and to illness. There are some people that thrive on stress and that are really creative while experiencing it. There are others who cannot tolerate even the most minimal amount of stress. The way in which an individual perceives the world--their environment gets converted into a physiological process and can determine whether or not they become ill. The perception of one's circumstances will determine the state of their physiological and psychological system.

Second, other investigators, for example, Bruce and Barbara Dohrenwend and Paul Sheatsley (1969), suggest that some part of the relationship between event and illness may be contributed by the appearance of transient symptoms in response to stress. The sleeplessness and appetite loss, often associated with recent bereavement are examples. The change may, in this sense, not trigger an illness, but may produce passing symptoms in response to the event itself.

Third, taking still another approach, David Mechanic and Irving Zola (1973) are among the investigators who add that correlations between life event and illness onset may also be the result of events triggering a search for help from physicians. An existing illness or symptom may have been there all along but not brought to the attention of medicine until some "last straw" event caused the individual to seek help. The fact that most of the diseases associated with high stress scores seem

to be chronic ones--high blood pressure and diseases of the heart and kidneys--argues for the importance of stress as a trigger in the search for help with an existing but previously untreated medical problem.

In this line of reasoning, the subsequent contact with a physician means that the illness may then be first diagnosed; thus, the correlation between event and illness. For some patients the event may have caused neither the illness, nor the symptom, but made the condition seem less tolerable and ultimately more likely to be caught up in statistics.

Whatever the causal relationship, the correlations between life events and visits to physicians are reported in many contexts. But it should be noted that there appears to be a wide variation in individual susceptibility to symptoms, to illness, and to the need to visit a physician, even in the presence of an accumulation of what would seem to be a burden of stressful events. This variation leads some investigators to suggest the need to identify the source of what presently just seems a remarkable resilience. The apparent vulnerability of people who are isolated with no supporting kin suggests that social situations may be powerful mediating factors. Perhaps people exposed to sufficient, but not too much, change and stress that was successfully handled early in life respond differently to major change than those either previously underexposed to change or overexposed and unable to surmount early crisis successfully.

The concept of a life setting which is conducive to illness was further developed by Arthur H. Schmale and George L. Engel (1972). Schmale and Engel integrated this concept, which unifies folklore with lay and medical observations, into what they called the "giving-up-given-up complex". This theory expands the scope of "psychosomatic" to include

all organic illnesses and attempts to unify medicine with psychiatry. It attempts to answer the question, "Why do people become ill or die at the time that they do?" Folklore, poetry, and world literature reflect the interest of people throughout history in this question of why people fall ill at certain times.

This complex is not necessarily for the formation of all physical illness. It does not, for example, set aside the germ theory of infectious disease. But it does explain one aspect of the relationship between physical illness and psychological state. The giving-up-given-up complex usually arises in response to a loss which may be real, fantasied, or threatened, and which results in depressive affects seen in association with this complex are (1) helplessness and (2) hopelessness. As defined by Schmale, helplessness refers to a feeling of impotence, failure, or frustration in getting the environment to help the individual, whereas hopelessness is a feeling that the individual himself can no longer cope with his or her problems. Other characteristics of the giving-up-given-up complex are (3) a self-image which is no longer one of competence or of being in control, (4) a loss of gratification from one's interpersonal relationships, and (5) a sense of disruption and discontinuity between past, present, and future. In this situation patients are reminded of other occasions in the past when they felt helpless and hopeless and which they could not resolve or master. This new situation now has a cumulative, "last-straw" effect resulting in a feeling of giving up.

The "giving-up-given-up complex", often transient and intermittent, occurs in everybody's life. It is usually short-lived and in the ordinary course of life some solution eventually comes along. However, there are times when prompt resolution is impossible. It is during these times that

the individual is particularly prone to physical illness. In such instances the total biological economy is altered, and the ability to ward off and to deal with latent, potentially pathogenic or incipient physical problems is severely compromised.

A related approach has focused on the possible relationship between an individual's attitudes toward stressful situations and the coping pattern he or she develops. Graham (1972) found the following attitudes and coping patterns to be fairly typical.

Ulcers- feels deprived of what is due him or her, and wants to get what is owed or promised and to get even.

Migraine- feels something has to be achieved, drives self to reach a goal, and then feels let down.

Asthma- feels unloved, rejected, left out in the cold, and wants to shut the person or situation out.

Hypertension- feels endangered, threatened with harm, has to be ready for anything, to be on guard.

Araujo, van Arsdel, Holmes, and Dudley (1973), studying a sizable number of asthmatic patients, found a lack of essential competencies and psychological assets resulting in limited coping ability. They found that many psychosomatic disorders are largely the result of faulty learning, failure to learn needed competencies and the learning of maladaptive behavior instead.

Many individuals suffering from psychosomatic disorders also appear unable to express their emotions adequately by verbal means, nor have they learned to use various ego defense mechanisms such as rationalization, fantasy, and intellectualization to alleviate their emotional tension. As a consequence, they rely primarily on repression, which does screen

their feelings from conscious awareness. However, the physiological components of the emotion continues and finally lead to structural damage.

When individuals are subjected experimentally to frustrating experiences and then give an opportunity to express physical or verbal aggression against the frustrator, there is a rapid return to normal blood pressure and heart rate. Hokanson and Burgess (1962) found that those who are permitted only fantasy aggression or no aggression at all, however, return much more slowly to normal physical functioning. Thus in addition to the individual's ability to cope with the stress itself, it seems necessary to consider their ability to deal adequately with the emotional tensions elicited by the stress.

Destructive interpersonal patterns may result from stressful situations and influence physiological functioning. For example, in a study of widowers, Parkes, Benjamin, and Fitzgerald (1969), reported that during the six-month period following the death of their wives, the widowers' death rate was 40% above the expected rate. In fact, the incidence of cardiac deaths among them was so high that the investigators referred to these findings as "the broken-heart syndrome".

Other studies have focused on the role of pathogenic family patterns. For example, studies of asthmatic clients/patients have found that the members of such patients have in many cases felt ambivalent toward them, while at the same time being overprotective and unduly restrictive of the children's activities (Lipton, Steinschneider, and Richmond, 1966; Olds, 1970). Since individuals coming out of such family backgrounds tend to be overdependent and insecure, it would hardly be surprising if they should react with chronic emotional mobilization to

problems that do not seem threatening to most people. At the same time, one may wonder why some individuals develop psychosomatic disorders rather than another form of psychopathology--and indeed, why others achieve adequate adjustment. As Coleman (1976) states with respect to the above: "We again appear to be faced with an interaction of factors in which the parent-child relationship, the family, and other interpersonal patterns may play roles of varying importance, depending on the case."

While Pavlov and other investigators demonstrated that autonomic responses can be conditioned--as in the case of salivation--it has long been assumed that one could not learn to control such responses voluntarily. More recent evidence indicated that this assumption is not valid. Not only can autonomic activity (reactivity) be conditioned involuntarily via the classical Pavlovian model, but operant learning in the autonomic nervous system can also take place (Turnbull, 1962). For example, Turnbull (1962) demonstrated that by reinforcing certain breathing behavior an experimenter can induce respiratory patterns that are progressively closer approximations of asthmatic breathing.

Thus the hypothesis developed that psychosomatic disorders may arise through accidental conditioning and reinforcement of such patterns. "A child who is repeatedly allowed to stay home from school when he has an upset stomach may be learning the visceral responses of chronic indigestion" (Lang, 1970). Similarly, an infant may get little or no attention from crying, but the gasping or wheezing reactions that often follow crying spells may obtain immediate attention and concern for him. If this pattern is repeated over an extended period of time, the infant and subsequently young person, might learn an asthmalike response as a means of obtaining parental attention and alleviating distress. By virtue

of its anxiety-reducing quality, it would continually be reinforced, and hence, tend to persist and generalize to any stressful situation.

It would also seem possible for some psychosomatic reactions to be elicited and maintained by secondary gains. A little boy or girl who has learned the above response and does not like to be left alone at home with the baby-sitter may develop an acute attack when his or her parents are planning to go out to some social event. A wife who feels neglected by her husband may find her symptoms provide a convenient means of obtaining sympathy and attention as well as some measures of control over his activities. In short, it would appear that some psychosomatic disorders may be acquired and maintained in much the same way as other behavior patterns. It would also appear that any marked increase in the stressfulness of living may lead to an increase in psychosomatic disorders as well as other physical and mental problems.

Stress-related illness tends to come on gradually as the effects of an unhealthy life-style slowly take their toll. Usually stress-related disease begins with symptoms that are barely noticeable; if the cause remains untreated, the symptoms become more painful and less easy to ignore.

A person who is hospitalized with a stomach ulcer partially caused by stress and pressure first noticed other symptoms such as heartburn, increased stomach gas and probably ignored them until the disease was fully developed and could no longer be ignored. Warning signs that indicate that a person is "just a little bit sick" usually generate into more serious symptoms unless the early signs are noted and treated appropriately.

Stress-related illness (often called psychosomatic or functional illness) is a real physical sickness brought on or magnified by other life pressures and life-styles. Tubesing (1979) related that family physicians tell us that 50-75% of the patients they see in their office have some form of stress-related illness. Some physicians say it's closer to 80-90%. This means that most people who are a "little bit sick" with colds, backaches, headaches, insomnia, can choose to ignore the symptoms until they get worse, or can choose to change something in their life-styles and behavior patterns before they get sicker. Tubesing (1979) says that this means that people can do something to stop the progressive nature of the stress-related disease if they choose to.

The development of stress-related illness can be pictured as a dramatic production. This does not mean that the illness is an act or fake. Instead, when a sick person's life is viewed over a two or three year period, it often becomes obvious that the illness has been a long time in coming. There have probably been signs of trouble for quite some time and the illness is not a chance occurrence--it has been "earned". It's almost as if illness unfolds like the plot of a dramatic production.

The analogy of a three-act play can also be used to describe the development of stress-related illness. The illness, as it grows and becomes more serious, looks like a wedge that starts small and gets bigger and bigger. The growth of this illness can be divided into three acts: Act I, "A Little Bit Sick"; Act II, "Sicker"; and Act III, "Really Sick".

Insert Figure 3 about here

Before Act I, an individual is cruising along through life, working hard, attending daily to the stream of obligations and joys with which he has surrounded himself, until he becomes aware of a nagging sense that everything is not right and that he suddenly doesn't feel so well. He feels tense, has headaches, has added a few extra pounds, is sleeping restlessly, and maybe feels a sore throat coming on. The individual is now "a little bit sick".

The individual begins to try to figure out what is going on in his life. He may act as his own doctor, listen to the symptoms, and make a diagnosis. He may decide that the cause of his problem is that he has been burning the candle at both ends and not getting enough sleep. His fatigue and headaches are the first signs that he's not getting away with this pace unscathed. So he decides on a treatment. He will go to bed every night for the next five nights, at 10 o'clock and see what happens. He treats himself. If his diagnosis is accurate, based on his knowledge of himself, and if he does follow his treatment plan, then he will probably get well again.

Most of us do this all of the time. We go in and out of Act I continually--constantly adjusting our schedule, pace, and ways of taking care of ourselves in light of the feedback our own systems provide. We figure out some home remedies, adjust our schedule, or purchase some of the billions of dollars worth of self-medication sold over the counter.

The body sends distress signals that tell more than just that something is wrong. They often indicate what is wrong if one is willing to listen. If an individual has a headache or backache, they might ask themselves the following questions: who or what is giving them the headaches? If it is a backache, who or what is on their back? Is it a

difficult task they have taken on? Is it one of their kids or a relative whose behaviors are causing continual upheaval in the family? Is it their spouse?

An individual's body language and body signals will be singularly their own and they will be the best interpreter of them. O'Connell (1980) offers these "clues" to body language:

Lump in your throat? What situation would you like to cry about, or scream about, or is it something you just cannot "swallow"?

Knot in your stomach? What situation has caused you to get so tensed up you cannot relax? Or what piece of news can you not digest?

Abdominal cramps? Is there something going on in your life that is "cramping your style"? Are you in the middle of a situation or between two persons?

Sensitive areas in the shoulders? This is a signal that is telling you that you have taken too much responsibility and that you are beginning to feel the "weight of the world" on your shoulders.

Constipated? What are you holding on to "for dear life"? It could be that you are simply too busy to take time out for the calls of nature. On the other hand, you may be so tense and "tight" that you are unable to let the bowels function easily.

Cold or swelling of the mucous membranes (hay fever, sinus, etc.)? Has there been something in the last day or so that was particularly hurtful, something about which you did not cry, perhaps even denied that it made a difference to you but looking back now, you realize that it hurt more than you thought?

Returning to the first act ("A Little Bit Sick") in the "Three Act Development of Illness" suggested by Tubesing (1979): If an individual

doesn't listen to their "self" diagnosis and their body's feedback and just keeps pressing on, they may get sicker. All of us go in and out of Act I over and over again. In Act I people don't define themselves as "sick" and wouldn't bother the doctor. Tubesing (1979) suggests that probably about 60% of the sick people at any given moment are in this stage of illness, or are "just a little bit sick".

Let us say that the individual does not listen to himself or herself (their illness clues). They might discover that they are in Act II, "Sicker". They might say to themselves, "I'm sick", and come to the realization that they need to do something about it right away. They will probably call their family physician and see him or her as soon as possible.

Let us say that the individual's physician is particularly sensitive and listens to the individual's description of the way their symptoms have been building up over a period of time. It is very possible that the physician would examine the individual, and when they sit down to talk, would tell him or her that their problem is related to the stress they are under. The next step would be for the individual (and their doctor) to decide how they could help them make changes in the way they were living.

The general adaptation syndrome suggests that one can build up defenses against profound stress and thereby cope and function for a period of time. That level of adaptation, however, turns out to be a kind of supercharged bodily defense mechanism which cannot be maintained indefinitely. Running a machine at 100% power eventually results in the machine "burning up". Selye's research showed that much the same kind of thing happens with the human organism: if one demands that they

function at peak levels for more than a short period of time, their defense system eventually collapses and the body falls prey to disease. This effect is cumulative--as the numbers of stressors increase, the greater the likelihood is that one's body will "break down".

Everyone has his own physical symptoms that signal the "stage of alarm", that their body is beginning to show signs of stress. There are many people who tend to ignore their symptoms. Instead of calling in "sick" for a day or so, the individual may "pop" a pill and gird themselves up for what they have to do even if they really don't want to do it. Later that day, an individual might discover that his symptoms have gone away or are such that he can manage his responsibilities and the symptoms of stress, too. And they probably can; but, if the pressure of work, studies, or family conflicts continues to pile up, their symptoms (which have gone away) may suddenly erupt again in something more serious.

If the individual in Act II of the "Three Act Development of Illness" listens to his doctor, and the two of them decide on ways to lessen the strain on them, then he will probably move back out of Act II, through Act I, and get well again. Many people go through a large portion of life seldom getting sicker than this, and the average person only gets sicker than this once or twice in his/her life. Tubesing (1979) suggests that probably about 30% of the sick people in our country at any given moment are in this second stage of illness.

A small percentage of people get sicker than Act II and move into Act III. An individual's family physician may not be able to handle his/her problem any longer because of not knowing what to do next. The individual then enters the domain of the specialist and the teaching

and research hospital. The teaching and research hospital is often connected with a medical school, or at least a residency program, so there is the possibility that the individual will also see subspecialists in addition to the specialist. The individual probably won't understand much of what they talk about, but he/she can hope that they will put their collective heads together and do some remarkable work with his/her disease and then send them back to their family doctor, and then to their friends and family, and then they will finally get well again. Tubesing (1979) suggests that only about 10% of the sick population at any given moment is sick enough to need the care of specialists, subspecialists, and the technology of a teaching and research hospital. At the far end of Act III is Act IV, "The Final Curtain". It is the realm of undertakers (funeral directors) and ministers. Most individuals spend their lives trying to stay out of this Act.

Holism and The Spiritual

Westberg (1979) states that at least 50% of the patients who enter a doctor's office for medical care have problems whose causes lie more in the realm of the spirit than the body. Certainly all physical illnesses produce resultant life stress, anxiety, and most probably emotional or spiritual upheaval. Most life stress problems, if serious enough, eventually affect one's physical health. The stresses and strains of living (working, raising a family, making friends, growing up, growing older, suffering loss, etc.) are powerful factors that influence a person's total health and quality of life. Most people have a sense that spiritual factors (the meaning of life/the meaning they find in life, their feelings of love, joy, hope, etc.) profoundly affect not only their outlook on life, but also their physical energy and health.

There are several definitions of "spirit", the word coming originally from the Latin word for breath, or to breathe. Some say the spirit is the part of the human organism that does not die. Some relate the "God Consciousness" of humankind as the meaning of human spirit. All definitions tell something of the human spirit. The following will relate the spiritual to the whole functioning of the human being.

Intuition is defined by World Book Dictionary as "the direct or immediate perception of truths, facts, etc, without reasoning"; also, "an act of immediate perception". "But you have an anointing from the Holy One, and you all know. And as for you, the anointing which you received from Him abides in you, and you have no need for anyone to teach you; but, as His anointing teaches you about all things, and is true and is not a lie, and just as it has taught you, you abide in Him". (1 John 2:20-27.)

Intuition is developed in many different ways depending upon the culture. The American Indian encouraged such development by the use of vision pits and extended periods alone accompanied many times by steam baths and fasting (Lame Deer and Erdoes, 1976). There were extended periods of "listening" which were seen and are seen in religions like Quakerism and prayer time in the "mainline" denominational Christian churches. Many Eastern religions encourage "stilling" of the mind to move toward communications with Oneness.

Intuition then could be called the receptor for communication in the spiritual dimension. The spirit knows, the mind understands. A "believer" knows the things of God by the intuition of His spirit. Maslow (1976) said:

A peak experience is what you perhaps know when you gain authentic elevation as a human being. It is a coming into the realization of what "ought to be" IS, in a way that requires no longing, suggests no straining to make it so. It tells human beings something about themselves and about the world that is the same truth, and that becomes the pivot of value and an ordering principle for the hierarchy of meaning. It is the merging of subject and object involving no loss of subjectivity, but is rather what seems its infinite extension. It is individuality freed from isolation.

Another function of the spirit is that of communication. Webster's dictionary defines communion as a sharing or communication. Communion is experienced in a symbolic way in many cultures. For example, the Sioux Indians according to history and folklore were mysteriously delivered the peace pipe by a beautiful Indian woman dressed in white and appearing out of nowhere. The pipe itself was a handcarved red stone (blood) bowl with a wooden stem (body). The directions the woman gave for its care and use were very specific: as smoke was inhaled the individual was to visualize the breath or spirit being taken into the body and circulated throughout the body and becoming one with the Great Spirit (Boyd, 1974, p.71).

In the Eastern culture one finds a similar symbolic expression of communion. The belief is that prana, or Life Force, is taken into the body through the breathing. The logic is that the human being can live for days without food or water but only a few minutes without air. In Yoga exercise and meditation the prana is inhaled deeply and visually perceived to be flowing throughout the entire organism.

Christianity also places a great emphasis on Communion. Symbolic or spiritual elements are present, consumed, and again visually perceived to be circulating through the body bringing oneness with the Creator.

Hiltner (1972) states that despite the way in which people are split off from one another and from their Lord, the sacrament of Communion always reopens the fellowship door. It means reconciliation with their Lord and with one another. To be sure, whatever grudge, insult or guilt feeling that put them out of communion is still present. But the sacrament acknowledges this fact, touches it sympathetically, and is hopeful about change rather than condemnatory. The sacrament understood as communion does not condemn one for their isolation. The sacrament lures one to move beyond their grievances, their alienation into genuine fellowship.

Dr. Carl C. Jung dealt with religious experience as a central fact in his psychology, not as something to be reduced to infantile motivation. He was asked by a BBC interviewer if he believed in God and his response was, "I could not say I believe. I know! I have had the experience of being gripped by something that is stronger than myself, something that people call God". Jung (1953) said:

The divine Mediator stands outside as an image, while man remains fragmentary and untouched in the deepest parts of him. It may easily happen, therefore, that a Christian who believes in all sacred figures is still undeveloped and unchanged in his inmost soul because he has "all God outside" and does not experience Him in the spirit. . . Christian civilization has proved hollow to a terrifying degree; it is veneer, but the inner man has remained untouched and therefore unchanged. Too few people experience the divine image as the innermost possession of their own spirit.

Only as one finds such inner reality for the outer symbols can they produce the fruits of the spirit. That inner reality is found via the symbolic life of the person. Symbols of religious significance are a vital and intrinsic part of the human spirit. Through a dynamic relationship to them a person may discover

ever-renewed meaning for their life (Carl Gustav Jung, Psychology and Alchemy, quoted in "Meet Carl Jung", an article in Faith/At/Work Magazine, p.16, April 1976).

Besides the functions of intuition and communion, the spirit performs still another task--that of correcting and reprimanding so as to render one uneasy when they fall short of what they know to be right.

This function is called conscience. Nee (1968) stated:

What should we do when we do wrong? Just as we were taught as children, we should cease doing the incorrect thing, admit we have made a mistake, make amends as best we can for what damage has been done, ask forgiveness and then dismiss the mistake and try not to make the same one again.

But many people do not follow these rules when they get to be adults. Immediately after the reproof of their inner voice, they lay plans to quench its protest. Two methods may be used. One is to argue with the conscience and try to justify their actions. The other is to ease conscience with other good works. To solve the dilemma of refusing to obey their inner voice of accusation on the one hand but continuing to be afraid of its condemnation on the other, believers resort to many good works. They replace what they should have done, with laudable deeds.

From the above it would seem that the extent of spiritually is measured by the sensitivity to one's conscience. This has importance in many areas of treatment, such as Tournier's method of retracing the steps one has taken to the point where difficulty was experienced, and then working through the situation so that an individual can progress without the anxiety of that experience. Also in the field of criminal correction this is the basis for much of the theory of rehabilitation. An incarcerated individual is taken back to the point in their life where he made the first mistake and that mistake is corrected, and then the person is helped to find better solutions for comparable problems.

It is important in dealing with an illness (a psychosomatic/stress related illness) in an individual to realize what is wrong in the normal functioning of the individual. It is necessary for the therapist and the physician to understand how the body-mind-spirit functions in a state of health in order to be able to recognize when there is a malfunction. If a person's normal temperature is 98.60 Fahrenheit, a temperature of 103 Fahrenheit would indicate a problem. If a person is normally meek and kind and then one day they suddenly kill their spouse, there is obviously a problem. To properly treat both situations, it is important to understand the healthy or whole functioning if we are to identify the moment of departure and the cause.

The research suggests that there are "laws of the spirit" in which healthy or whole functioning operate. Sickness (lack of wholeness) in spirit, mind, or body, often is the direct result of violation of spiritual laws. Ernest Gruen, a minister and psychotherapist in Kansas City, Kansas, presented the following major spiritual laws as part of a two day program on "Medicine and Religion" at the University of Kansas Medical Center in October of 1980. It was his feeling that these laws are the seven major causes of sickness when broken.

1. The law of forgiveness. Non-attachment, letting go.

This is perhaps one of the most frequently seen problems and must be experienced on all levels. If an individual has offended or wronged someone, they must ask forgiveness of the person, must forgive themselves, and must feel God or spiritual influence has forgiven them also. Rev. Gruen told of several situations in which people coming to the doctor for abdominal pain, colitis, or gastrointestinal difficulties, would admit they were having real problems forgiving some particular person.

2. The law of self-worth--self-affirmation.

As part of the fulfillment of my practicum hours for this degree (Masters in Counseling Psychology) I am working in a Community Mental Health Center in Benton, Kentucky. We see many clients coming for help for various reasons. One of the primary presenting problems is a lack of self-worth. Satir (1972) found after working with troubled families for 45 years that one of the persistent problems in troubled families is the problem of self-worth; when it is low, there is an unhealthy situation. An individual must be able to accept all aspects of himself/herself.

The philosophical assumption that each person is unique, valuable, and deserving of respect is deeply rooted in the Christian view that the value of a human life is ultimately grounded in the value which God places on it. The worth of a human life is not dependent on the worth any human being may attribute to it. The idea that a person must earn their worth is deeply rooted in Western culture and the values which grow out of a capitalistic economy. Many stress-related illnesses are a product of the idea that one's worth is earned, often in competition with others.

Two clients in one week came into the center at which I am working complaining of unexplained vomiting. Thorough medical work-up was recommended and was completed and revealed no particular problem. After being in therapy at the center for a short time both of these people related that they had never been able to show anger and had turned all hostility inward. It would appear that they were venting anger through vomiting.

3. Law of believing prayer-Receptivity, meditation.

So many people are anxious and worry a great deal about things they can do nothing about, or about things that never happen except in their own minds. Selye (1975) points out that this worry and anxiety is as hard on the body as if the problem were really happening. The subconscious believes what it is told by the mind and acts accordingly, so people keep their physical motors on "alert", meeting all kinds of emergencies that never

happen. Releasing these concerns after one has done all they can, and filling their mind through meditation or prayer with positive, happy thoughts, tunes our human motors and gets all systems working together smoothly.

4. Law of Mouth-Confession-Right Speech (third step in the Noble Eightfold Path in Buddhism.)

The Buddhist concept here is non-indulgence in loose or hurtful talk. The Christian concept is very similar. The tongue is very small and can do great harm, defile the entire body if it is not controlled. The tongue usually speaks what is in the heart, and this is a good indication of spiritual condition.

5. The law of Thanksgiving-Gratitude.

The concept of, in everything give thanks, is one of the greatest therapeutic antidotes to depression, discouragement and despair, as it places things in a whole new perspective, a positive position, and moves it out of the negative realm. Hiltner (1972) stated that the possibility of genuine gratitude is present only when what has been done for us is truly important to us and when the other person was not under compulsion to do what they did. But people who have the ability to do something for us have, thereby, a kind of power in relation to us. What results is what is known as reactive gratitude. What happens in reactive gratitude is that, for a time, an individual forgets the power and enjoys the gift. But when the gifts has been around a while and seems less strange, then the individual begins to react (perhaps unconsciously) against the power that another person has over them, even though it has been used benevolently by the other person. Even with a good and needed gift, the power of the other to give it reminds one of their dependency. In psychiatric terms, this situation reactivates one's infantile sense of helplessness and their resentment over it. So what began as reactive and genuine thanks and concentration on the gift, tends to be short lived. What will happen later depends on many factors associated with the individual's personality, the situation, and the giver. Reactive gratitude always has

some chance of moving from the negative to the positive, becoming genuine if the issue of power and resentment can be dealt with honestly and worked through. If they cannot, stress related problems may result.

6. The law of Purity-Innocence (childlikeness).

This law is rather self-explanatory. Rev. Gruen was of the opinion that when this law was broken by some immoral act, the stress created not only in the individual but in other persons, involved leads to brokenness in heart and spirit and eventually leads to illness. One of the principle metaphors used for sin is isolation or alienation or estrangement, or, generally speaking, being cut off. If estrangement was only something forced upon an individual by conditions of society, and they were in no way an accomplice in their own alienated condition, then this metaphor could not be about human sin. Instead, isolation could be dealt with in the same way disease microbes are--as threats from the outside against which specific remedies are devised. Alienation or estrangement is a metaphor for sin because even though many of the conditions that produce it lie beyond an individual, they always have some complicity in the resulting condition.

7. The law of one God-Non-dualism.

Idols in any form represent division and crumble when too much weight (reliance) is put on them. An individual may make their work their god and give everything to that in the way of thought, energy, and resources only to have the rest of their life fall apart and their work destroyed by a new discovery. One marriage partner may idolize the other and worship the other in a way that puts too much pressure on their spouse and on the marriage, and both may collapse. Division leads to anxiety and health becomes the sacrificial lamb. Westberg (1979) states that each person is given a mandate to be responsible for himself/herself, for other persons, and for the world which they inhabit. The careful review of one's total life, especially in relation to value choices, will reveal that symptoms of their illness (their "dis-ease") are

related to stressors which they have introduced into their life through choices of their own making. One of the primary goals of holistic health is to enable the individual to realize they can become responsible for achieving and maintaining their own health. This is not to say that people are responsible for all the illnesses that beset them, but it is a recognition of the fact that all people engage in self-destructive behavior and something can be done about it.

Westberg (1979) stated that responsibility for one's own health is a sign of dignity which God has bestowed upon persons. The way in which people abuse their bodies through what they eat and drink, through the stressors they subject themselves to, through their failure to get the proper amount of exercise and sleep, are signs of irresponsibility as caretakers of the good gifts of creation. Thus, illness and "disease" are reminders of corporate repentance as well as healing.

The Future Of The Holistic Approach to Health

An underlying assumption of holistic health care is that health care should be focused as much as possible on the promotion of health in its broadest sense, rather than exclusively on the curing or management of physical illness. There is the belief that the process of healing demands attention to the immediate problem. Some relief from symptoms which bring people for help must be accomplished. It is helpful to locate the stressors (from any dimension of life) in order to plan how to reverse the "dis-ease"/illness process.

Part of the preventive function of holistic health care is to "legitimize" entry points into the health care system other than or in addition to, physical, so that people do not have to endanger their bodies in order to feel free to ask for assistance in coping with life stress. Knowledge of the stress in each dimension can help the individual

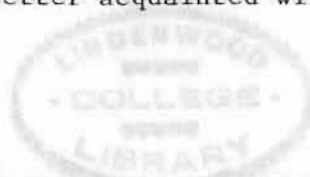
mobilize his/her resources to cope with stress before it affects all dimensions.

Stress-related illness tends to come on gradually as the effects of an unhealthy life-style slowly take their toll. Usually stress-related illness begins with symptoms which are barely noticable and if the underlying stress remains untreated, the symptoms become more painful and less easy to ignore.

The holistic approach to health care emphasizes that more attention needs to be paid to the life-style pressures and the signs of stress exhibited in the non-physical aspects of living: emotions, social relationships, faith, etc. Treatment is needed in the first stages of illness (when people are only "a little bit sick") as the foundation for management and prevention of progressive stress. If people can be persuaded to change their patterns of living when the symptoms are small, the likelihood of more serious illness is decreased.

There is in medicine a renewed interest in prevention and a desire to move back into earlier stages of illness. Many physicians are seeing the need to become involved in earlier stages of illness and prevention instead of focusing on cure after the fact. Specialists have tended not to see people until the third act of illness. As Tubesing (1979) stated, "It's like going to a theater and getting there when Act I and Act II are over and they are just starting Act III and you wonder what could have happened in Acts I and II to make them say what they are saying now in Act III" (p.67). Many physicians and specialists would like to see people earlier, in Act I or II instead of Act III.

Holistic health care stresses that the medical professional graduating in the future (and the ones in practice now) be better acquainted with

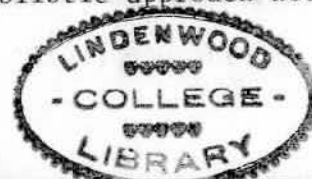


and better equipped to deal with the myriad of psychological, environmental, and stress-related forms of illness that are manifested early on. It also seeks to establish and maintain utilization and coordination of efforts with persons in non-medical health care professions. This will bring the proportion of providers in Act I more in line with the proportion of sick people who are in the first act of illness. The utilization of non-medical providers will also offer renewed attention

Insert Figure 4 about here

to social, emotional, and spiritual factors that are central in the development of life-style and stress-related illness. The clergy and the local school teachers as well as many others get to know whole families, and they maintain the relationship over a period of time. They (I) know the stresses and strains people are under. They know when grandpa died, when the youngest child left home, when dad lost his job. "We" are in touch with the stresses of life pressing on people that contribute greatly to the onset of illness in its earliest stages.

Westberg (1979) speaks of the future of holistic health when he stages, "There is widespread interest, arising from felt needs, among both provider and consumer groups in developing alternative models and styles for the delivery of preventive health care that takes the whole person into account. All of us, providers and consumers, will in the future focus research on stress, its causes, and ways of coping. We will take responsibility for our own health. We will consider health from a wider viewpoint that includes attention to the whole person. We will focus on education and prevention, not on curing only after a crisis". (p.209) There is also the recognition that the holistic approach needs



to concern itself with retaining the benefits of life-saving technology on the one hand, and refocusing attention on the body's ability to heal itself on the other. Much of the impact that this "person-oriented, humanistic movement" will make will be dependent upon the prevailing patterns of thought about health and illness (disease), the ways people get sick, and the ways they will get sick again.

Discussion

Enough verifiable data has appeared about the ability of the human mind to play a major role in overcoming illness. From the holistic movement has come the undeniable evidence that the human mind can be trained to play an important part both in preventing disease and in overcoming it when it occurs. Illness is always an interaction between mind and body. It can begin in the mind and affect the body, or it can begin in the body and affect the mind. Attempts to treat most mental diseases as though they were completely free of physical causes and attempts to treat most bodily diseases as though the mind were in no way involved must be considered archaic in the light of the new evidence about the way the human body functions.

William James said that the human being tends to live too far within self-imposed limits. It is possible that these limits will recede when we respect more fully the natural drive of the human mind and body toward perfect ability and regeneration. Even under the most urbanized conditions the individual retains the genetic constitution of one's Stone Age ancestors, and therefore can never be completely adapted, biologically, to the environment in which they live. Wherever one is and whatever one does, one cannot avoid being exposed to a multiplicity of physio-chemical and biological agents of disease. One can survive

only because they are endowed with biological and psychological mechanisms that enable them to respond adaptively to an immense diversity of challenges. This adaptive response may be so effective that most challenges do not result in disease. If disease occurs, the adaptive response commonly brings about spontaneous recovery without the need of medical intervention. Ancient physicians were so familiar with this natural power of the organism to control disease that they invented an expression for it--*vis medicatrix naturae*--"the healing power of nature".

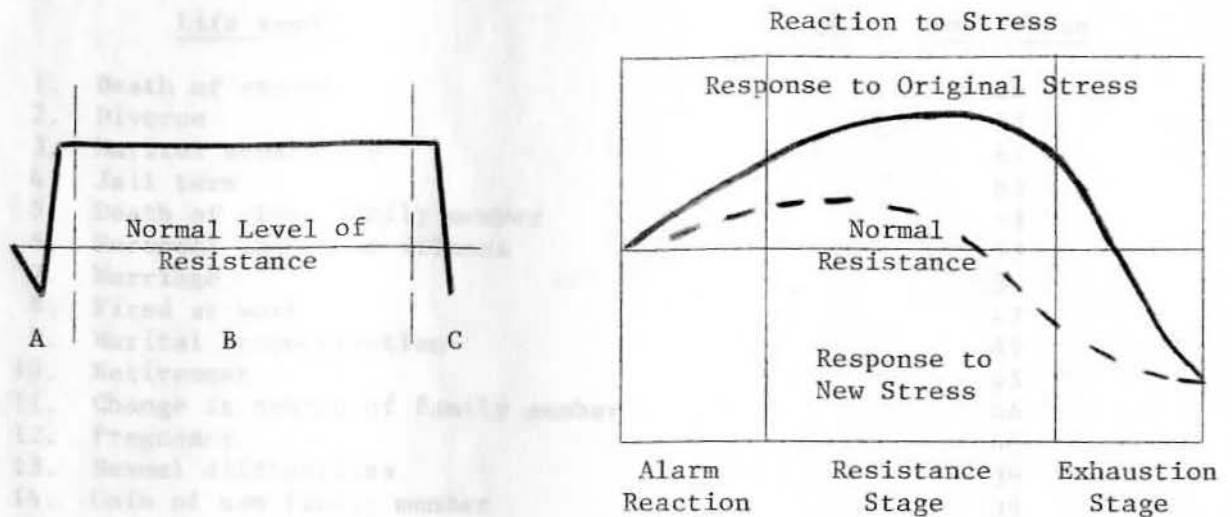
Walter B. Cannon referred to homeostasis as the natural process that enables the organism to return to the normal state in which it was before being disturbed by a noxious influence. In reality, the response of the organism to disturbances is but rarely homeostatic. Its outcome is more likely to be a lasting change that makes the organism better adapted to future challenges. Persons who have lost a limb or have become blind tend to develop compensatory skills that become part of their new personality. Instead of being simply homeostatic, the response of the organism corresponds rather to creative adaptation that is achieved by a permanent change in the body or the mind.

Whether resulting in homeostasis or in creative adaptation, the mechanisms of *vis medicatrix naturae* set in motion, accompanied by psychological influences, "self-healing". Recovery from an illness depends significantly upon the mobilization of an individual's own mechanisms of resistance to it. Herein lies the possible explanation for the fact that all ancient and primitive societies have had successful healers, even though medicine had little to offer in the way of really effective therapy until a few decades ago. The witch doctor succeeds for the same reason that other medical and therapeutic

professionals succeed. Each individual carries their own doctor/therapist inside them. They come to the professional not knowing that truth. The professional is at their best when they give the doctor/therapist who resides within each individual a chance to work.

The holistic health movement can discover its greatest effectiveness by seeking a balance between "self-healing" and medical healing via the scientific method. It would not be in the interest of the movement to regard anyone as "the enemy". Talk of enemies does not sit well in a movement in which spiritual factors are no less vital than practical ones. Holism means healing--not just of the body and mind but of relationships. The movement can accomplish much by bringing the public and physician/public and mental health professional/public and nursing profession/public and clergy together in mutual respect for the ability of the human body and mind to be fully potentiated in maintaining health and in overcoming illness.

Figure 1- The Three Phases of The General Adaptation Syndrom (G.A.S.)

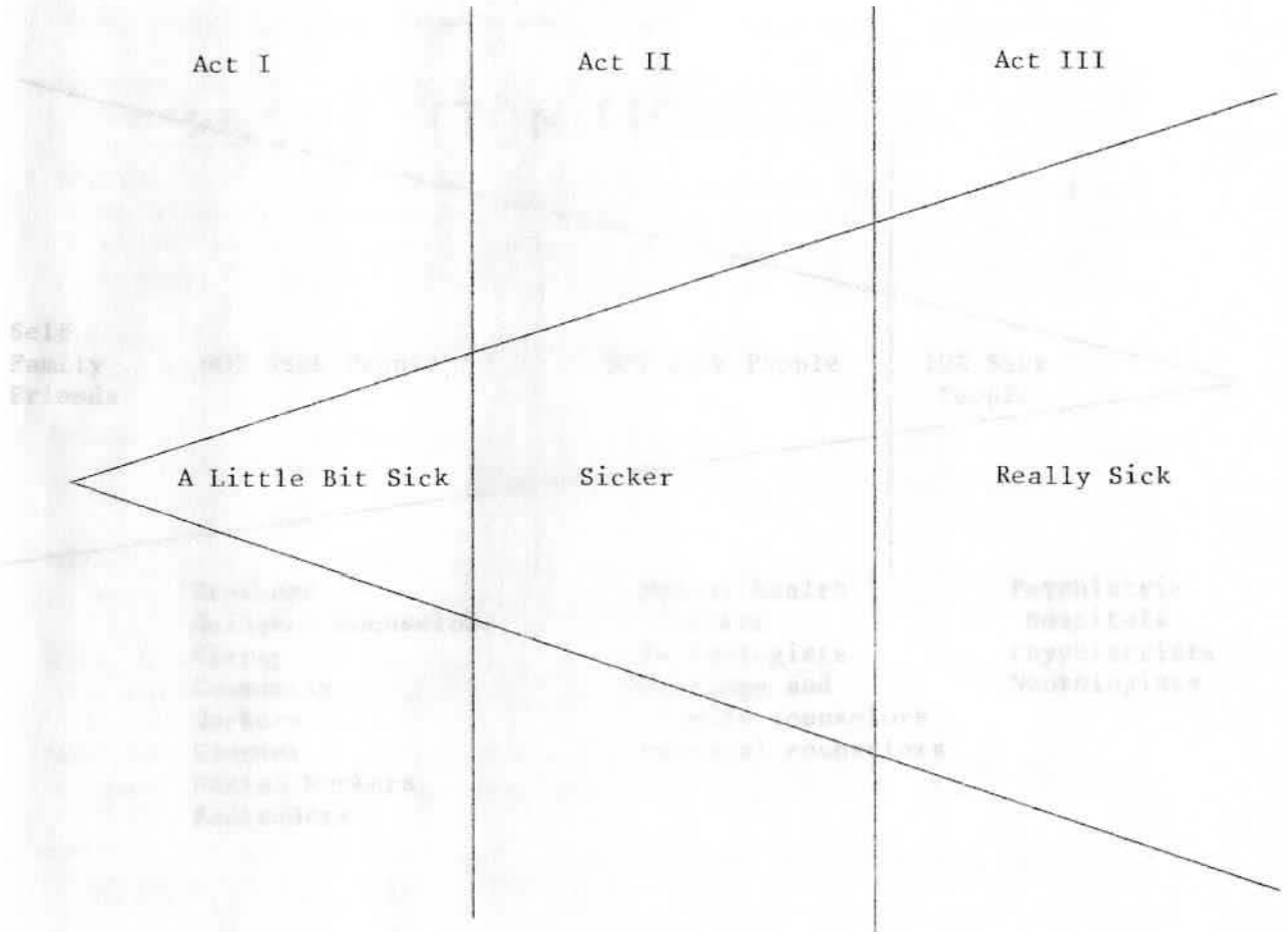


- A. Alarm reaction/stage- The body shows the changes characteristic of the first exposure to a stressor. At the same time, its resistance is diminished. The first reaction to stress is similar to that observed during emotional states. Changes occur in heart rate, respiration, skin resistance, and endocrine activity. In general, during intense stress the sympathetic nervous system is activated, whereas the parasympathetic nervous system is inhibited.
- B. Stage of resistance- Resistance ensues if continued exposure to the stressor is compatible with adaptation. Bodily processes return to normal and the individual endures the stress. Considerable strain has been placed on the individual, and if the stress continues, or if other stresses occur, the person may enter the third stage of the reaction.
- C. Stage of exhaustion- Long continued exposure to the same stressor to which the body had become adjusted results in the exhaustion of adaptive energy. During this stage the signs of the alarm reaction, may reappear, but they are not irreversible and the individual may weaken to the extent that they die.

Figure (table) 2- The Holmes-Rahe Social Readjustment Rating Scale

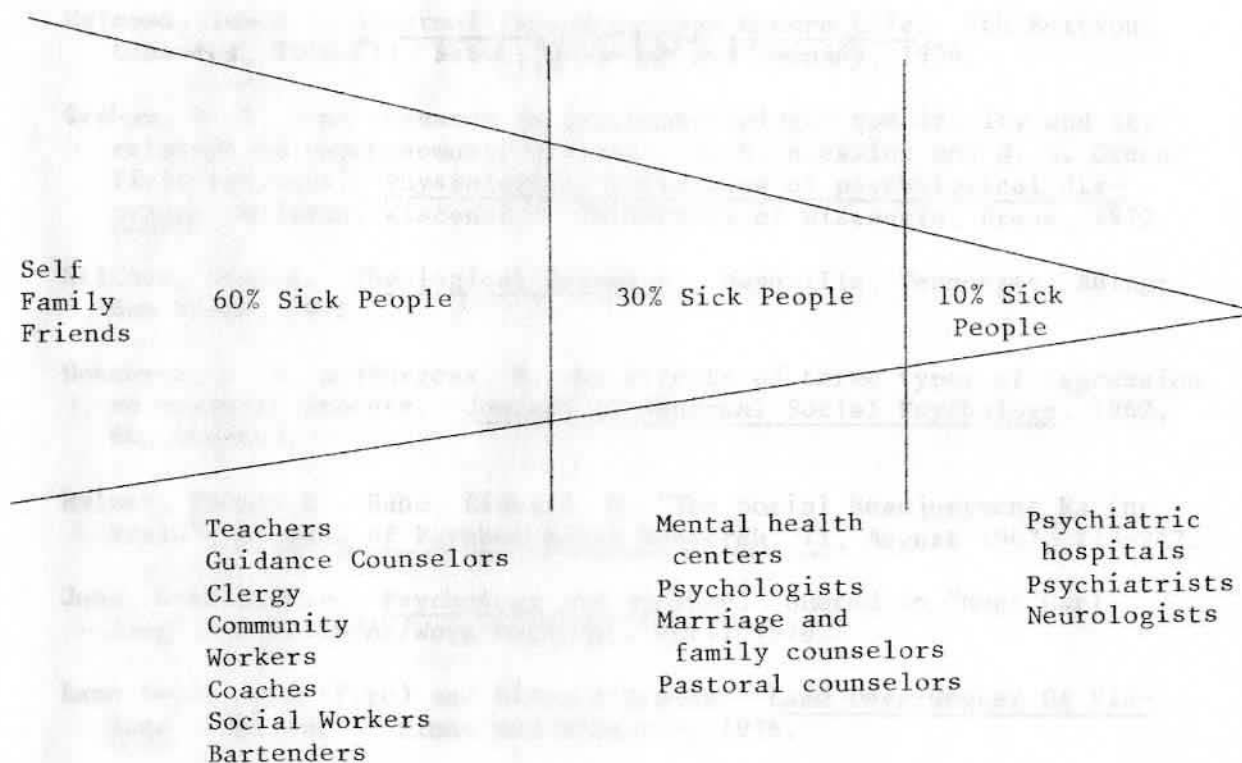
<u>Life event</u>	<u>Mean Value</u>
1. Death of spouse	100
2. Divorce	73
3. Marital separation	65
4. Jail term	63
5. Death of close family member	63
6. Personal injury or illness	53
7. Marriage	50
8. Fired at work	47
9. Marital reconciliation	45
10. Retirement	45
11. Change in health of family member	44
12. Pregnancy	40
13. Sexual difficulties	39
14. Gain of new family member	39
15. Business readjustment	39
16. Change in financial state	38
17. Death of a close friend	37
18. Change to different line of work	36
19. Change in number of arguments with spouse	35
20. Mortgage over \$10,000.00	31
21. Foreclosure of mortgage or loan	30
22. Change in responsibilities at work	29
23. Son or daughter leaving home	29
24. Trouble with in-laws	29
25. Outstanding personal achievement	28
26. Wife begins or stops work	26
27. Begin or end school	26
28. Change in living conditions	25
29. Revision of personal habits	24
30. Trouble with boss	23
31. Change in work hours or conditions	20
32. Change in residence	20
33. Change in schools	20
34. Change in recreation	19
35. Change in church activities	19
36. Change in social activities	18
37. Mortgage or loan less than \$10,000.00	17
38. Change in sleeping habits	16
39. Change in number of family get-togethers	15
40. Change in eating habits	13
41. Vacation	13
42. Christmas	12
43. Minor violations of the law	11

Figure 3



The Three Acts of Illness

Figure 4- The Distribution of Non-medical Health Care Resources
in This Nation



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