

## **Holistic Must Mean Whole: Spirituality as Central in Holistic Medicine and “Hology”**

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## Abstract

Holistic medicine is the art and science of healing that addresses the whole person – body, mind, and spirit. It is a broad discipline containing a vast range of practices that aim at the global health of the patient. Holistic medicine more consistently takes into account spirituality (although not always) and often utilizes group therapy led by trained therapists. One problem is that the words ‘holistic’ and ‘medicine’ are not specific, adding to the general confusion on what holistic medicine is. The aim of this review is to describe, as integrative medicine (i.e. both conventional and alternative), what holistic medicine is in everyday life. In light of the current literature, as we found heterogeneous definitions and practices, we will present arguments for the need of a proper terminology, in order to create a system for fully evaluating the patient as a whole – holology.

## Introduction

According to the Medical Subject Heading® (MeSH), holistic health is “health as viewed from the perspective that humans and other organisms function as complete, integrated units rather than as aggregates of separate parts”. The American Holistic Health Association (AHHA) defines holistic medicine as “the art and science of healing that addresses the whole person – body, mind, and spirit.” They add that its practice “integrates conventional and alternative therapies to prevent and treat disease, and most importantly, to promote optimal health.”

Although the AHHA definition is a more user-friendly definition, the MeSH definition is closer to the etymology of the word *holistic* and its application to medicine. Indeed *holistic* comes from the Greek word *holos* which means whole, and holistic medicine could be nothing more than medicine applied to humans as whole units instead of the sum of their organs. The aim of this review is to describe, as integrative medicine (i.e. both conventional and alternative), what holistic medicine is meant to focus on: body, mind, and spirit. In light of the current literature, as we found heterogeneous definitions and practices, we will also present arguments for the need of a proper terminology.

## History

Hippocrates is the founder of clinical and rational medicine (1), in opposition to his peers who were treating their patients with preconceived ideas such as magic and superstitions. He decided with much compassion and care, as expressed in his oath, to treat patients as whole persons and to help nature in the healing process. In *Epidemics* he described how a doctor should collect information such as his habits, life style, environment, dreams, thoughts, along with the typical signs and symptoms that are well integrated into our daily medical practice (1). As under his impulse and others' influence, modern medicine developed with more rationality and less superstitions. Signs and symptoms became a science (semiology and nosology); technology, data and knowledge accumulated, rendering the discipline impossible to be mastered by one man. At the beginning of the

past century, medicine was divided into specialties, mostly concerning organs, and each gaining much specificity and technology (in both diagnosis and treatment). Simultaneously, society was developing at the greatest rate ever, with improved technology and sophisticated tools. Freedom was the key result: more time, more travel, easier communication, and the sharing of knowledge. Emancipation from church yoke and family shackles made people more independent and less naïve. Free of mystical beliefs they put all their trust in a Cartesian medicine supposed to answer all their questions.

René Descartes played an unprecedented (and maybe involuntarily) role in this mechanistic view of the human body by describing in his *Traité de l'homme*, the human body as a machine in which God put a soul (2). For him, because each organ has a function that can be rationally explained and all of them are well integrated, the human body was merely an envelope, although a beautiful and complex one. From there we were able to precisely see how each organ works and relates to one another down to the molecular level, but unable to find the soul, we were left only with a machine.

Today several medical specialties can be divided into sub-specialties, where a doctor can excel in his art as the field of knowledge is continuously growing. No medical doctor can pretend to treat every disease by himself. However this very narrowed focus has led to a neglect of the humanity of the patient. The desire to treat and be treated as a whole person regains strength, as the increase in literature on integrative and holistic medicine can testify.

This desire to go back to the source, to a medical practice similar to our Greek ancestor, dates back to the 1920s where it was more about unity or a better patient-doctor relationship; where the origin of the word holism is rooted, engendered at that time by Jan Smuts (3). Medical holism faded during the 1950s along with the generation who promoted it (3), but it returned again in the 1980s unto its current form (4).

## Integrative medicine or holistic medicine?

The MeSH® thesaurus introduced integrative medicine in 2009 as the “discipline concerned with using the combination of conventional allopathic medicine and alternative medicine to address the biological, psychological, social, and spiritual aspects of health and illness”. According to Maizes et al., this discipline emphasizes the importance of therapeutic relationship, focuses on the whole person and their lifestyle, and underlines the importance of healing using all appropriate therapeutic approaches (both conventional and alternative) (5). It tries to build a bridge between the two worlds of conventional and alternative medical systems. Here are a few examples.

The combination of Chinese drugs with hypotensive drugs for hypertension treatment is an example of integrative medicine, (6) as well as more complex care combining lifestyle modification (exercise and diet), external naturopathic applications, homeopathic treatment (7) or forest therapy, horticultural therapy, yoga meditation, and support group therapy (8).

Thus integrative medicine is an emerging and wide discipline, containing a vast range of practices that aim at the global health of the patient with promising results. How, then, is holistic medicine different from integrative medicine?

Holistic medicine is not fundamentally different from integrative medicine according to AHHA definition (that is the art and science of healing that addresses the whole person – body, mind, and spirit). Especially if we consider that its practice “integrates conventional and alternative therapies to prevent and treat disease (...)”. And in fact numerous studies claim to do holistic medicine when they actually do only relaxation or imagery (9, 10). When looking at what investigators have in mind when they do holistic medicine, it seems that they more consistently take into account spirituality, although not always (11-13). It also often uses group therapy led by a trained therapist (often a paramedical care worker), although not always (14-16). It mixes in some elements of Buddhism, self-love techniques, resilience and positivism (17, 18). There is not only one manner to do holistic medicine, and as it is, it could hardly be taught as a discipline.

Heterogeneous practices of holistic medicine is not the only problem in understanding what holistic medicine is. Because it addresses the whole person, it can be defined as more than the three usual body-mind-spirit components (19). The whole person is: physical (body), psychological (mind), spiritual, sexual, behavioral, social and financial, adding in quality of life into the mix (19). Nevertheless the trichotomist (body, mind, spirit) view is the most common and the easiest to address. It includes the above components of sex and behavior for the body, the social component for the mind, and the components of quality of life and financial could be considered as part of the body and the mind. Being holistic is in itself complex and wide, adding to the complexity of the matter.

One more problem is that neither 'holistic' nor 'medicine' are specific words, and 'medicine' for example can relate to different things such as care (nursing or medical), drugs or therapies, or medical discipline. So holistic medicine can relate to different things. The following examples illustrate the variance for the use of the term 'holistic':

*Holistic nursing* is defined by McEvoy et al. as being aware of nurses' own wholeness and then empowering patients to utilize their inner resources to heal and improve their quality of life (20). This concept is expended in the nurse specialty *parish nursing*, defined (by MeSH®) as the care aiming to bring wholeness and healing to a particular faith community through addressing the health needs of body, mind, and spirit (21).

*Holistic care* is defined by the WONCA Europe (World family doctors. Caring for people association) as "caring for the whole person in the context of his values, family beliefs, family system, culture and socio-ecological situation within the larger community, and considering a range of therapies based on the evidence of their benefits and cost" (22), i.e. taking all the complexities of the patient into account.

*Holistic needs* are self-assessed needs regarding emotional, practical, financial and clinical concerns (23).

These difficulties set aside, definitions of holistic medicine have existed for a long time and several authors tried to remind people how reductionist and oxymoronic it is to call any alternative therapy 'holistic medicine' (24, 25). For Holt et al., holistic care is a cooperation between patient and doctor to achieve optimal health (and well-being) of the whole person in his/her environment regardless of the means (26). For Pietroni, holistic medicine studies the relationship between parts and whole (25). Defending complementary and alternative medicine against 'Western medicine', Janet McKee summarized holistic health as a system taking account of the 'whole', including the physical, mental, spiritual, social and environmental factors related to health (27).

Thus holistic medicine is a reemerging concept containing a large and vague range of practices that all aim at the global and whole health of the patient, making the evidence-based medicine of it very difficult to establish, and the lasting effect of it hard to prove. And because holistic health is more of a concept (or a philosophy to paraphrase Holt (26)) than a science, there is no clear rule defining when body-mind-spirit approaches are holistic and when they are not. This adds to the confusion, not so much for clinicians, but for the researchers. If there is not clear understanding of how holistic medicine is done, researchers will not be able to compare their work and expand evidence-based medicine for this area.

## Research in holistic medicine

Is there any benefit in treating patients as a whole instead of "standard of care"? What benefit do we measure? How do we measure it? What benefit is meaningful and significant for clinical practice, and mainly for patients' everyday life?

The following examples illustrate the difficulties of research in holistic medicine. Numerous trials addressed chronic diseases such as depression and cancer (especially breast cancer): quality of life and/or wellbeing is the most frequent outcome measured (17, 28-33); pain improvement or any symptom improvement is the common outcome measure for painful chronic diseases such as fibromyalgia (28). Because clinical trials in holistic medicine study subjective symptoms, quantified by

scales, the quality of the studies heavily depends on the choice of the scale and its reliability (across items and over time) and validity (does it measure what I want it to measure?), as underlined by Mytko or Koenig (34, 35). Thus, some often-used scales might not measure spirituality rightly (35). Furthermore because results are subjective they might appear less important than cure rate or mortality reduction. However in holistic medicine it is precisely the patient perception that counts (reduction of pain, increase in well-being, etc.). So if the patient feels better and is highly satisfied does it matter that the effect size of holistic medicine is not that large? (36) To avoid the waste of care workers' and patients' time, research efforts should focus on finding the responsive patients (i.e. patients for whom holistic approach will work the best) and the best patient-method match (i.e. what complementary and alternative methods will better fit the patient's needs).

Responsive patients might be patients suffering with chronic diseases for which allopathic medicine failed to help them, looking for alternative medicine, believing in complementary medicine, trusting the care providers, etc. (37, 38) All these factors need to be addressed in clinical studies to identify the best indications for integrative medicine. Similarly it would be naïve to assume that any complementary and alternative technique would be equivalent for a given disease, and comparative studies of different techniques for the same indication are deeply needed.

Lack of precise definition of holistic medicine is a limitation in clinical practice and also in research. However there is one more problem: how to address spirituality? Indeed from the beginning we spoke about integrating spirituality in care, but we didn't say what it was referring to and, as we will see now, it would be a blunder to assume that we know what it is.

### Body, mind and spirit theory

Throughout all history, humans believed in invisible and/or supernatural beings, and health was indivisible from religion. In this history of medicine the location of the will and emotion was a mystery for a long time (1). René Descartes, in the 17<sup>th</sup> century, clearly divided human beings into two parts: the mind, where thoughts are located which one cannot doubt of (*cogito, ergo sum*), and

the body, the physical part which can be doubted of (1). Defenders of a more unified vision, called monism, like Spinoza and others, were arguing against this dualism claiming that mind and body either were derived from the substance (neutralism) or were simply the same substance (mentalism or physicalism, where mentalism states that the body is an illusion and physicalism states that the mind is matter with a special organization). Eventually monism lost ground to dualism. Consequently we witness until today in our daily practice of medicine the inheritance of the “Cartesian split” (dualism) as perfectly stated by Damasio in Descartes’ error (39): *“The Cartesian split pervades both research and practice. As a result, the psychological consequences of diseases of the body proper, the so-called real diseases, are usually disregarded and only considered on second thought. Even more neglected are the reverse, the body-proper effects of psychological conflict.(...) The Cartesian-based neglect of the mind in Western biology and medicine has had two major negative consequences. The first is in the realm of science. The effort to understand the mind in general biological terms has been retarded by several decades (...)The second (...) has to do with the effective diagnosis and treatment of human disease. (...) A distorted view of the human organism, combined with the overwhelming growth of knowledge and the need for subspecialization, conspires to increase the inadequacy of medicine rather than reduce it. (...) I even suspect that the success of some "alternative" forms of medicine, especially those rooted in nonwestern traditions of medicine, is probably a compensatory response to the problem. (...) [This success] is a symptom of public dissatisfaction with traditional medicine's inability to consider humans as a whole, then this dissatisfaction is likely to grow in the years ahead, as the spiritual crisis of Western society deepens”*.

After Descartes, in the early 19<sup>th</sup> century psychiatry and psychology took care of diseases of the psyche, while priest, pastors, counselors, spiritual advisors, etc., kept doing what they always did: taking care of spiritual well-being or more accurately of our spiritual crisis.

Aware of this ostracism of the spirit, several attempts to reintroduce spirituality in healthcare have been tried, not always successfully. The World Health Organization published a traditional medicine

strategy starting in 2002, and renewed since to promote the development of complementary and alternative medicine (CAM) (40). However they did not specifically promote spiritual care or body-mind-spirit approaches; it is just part of a global strategy to increase health. Luskin describes integral practices as combination methods that work with body, mind and spirit both sequentially and simultaneously (41). However most of the techniques used, although efficient, did not permeate our Western culture and medical practice even today.

Body and mind components are easily and intuitively included in holistic care, however inclusion of a spiritual part is less natural, as published by Harbinson et al. By questioning 287 students and 54 staff members they found that >90% agreed that whole person medicine included physical, psychological and social components but only 60% agreed with adding the spiritual component.

Are we spiritual beings? Do we have a spiritual component? If so, what does science say about it? And why is it not more acknowledged?

Spirituality is defined by Merriam-Webster® dictionary (adopted by MeSH®) as the sensitivity or attachment to religious values, or to things of the spirit as opposed to material or worldly interests. Ventegodt *et al.*, defined spiritual well-being as the experience of being an integrated and happy part of the world, excluding the immaterial part of it, whereas Mitko *et al.* defined it more as a search for the sacred or divine through any life experience or route (34). The PDQ Supportive and Palliative Care Editorial Board summarized the definition of spirituality into the following feelings: a sense of meaning, peace, faith and connectedness to others or to God (42). This renders spirituality as being accessible to anybody, even atheists. These disparate definitions illustrate the difficulty of defining spirituality and foremost, the evolution of the perception of spirituality from the traditional religious view to a more tautological modern view (35). In addition, the Guidelines for Spiritual and Religious Care in the NHS in Scotland provides, if not a clear definition of spirituality, a clear understanding of what spiritual care should be (43). Given in a one-to-one relationship, “it is completely person-

centered and makes no assumptions about personal conviction or life orientation". They suggested that spiritual care is not always religious whereas religious care should always be spiritual.

When asked about their need of spiritual support during care, cancer patients had mixed feelings: some were enthusiastic while other found it useless because they already had the support they needed (44). Furthermore some patients might be hesitant to raise spiritual concerns with their medical doctors and conversely health care providers might be ambivalent and even uncomfortable in addressing this subject (42, 45).

It is needless to say that as long as there will be religious people on Earth, holistic medicine should consider, at least for them, taking care of the spiritual needs and well-being of these patients.

Something that is already done in palliative care (43, 46) where even prayer in most cases is welcome (47).

### Role of spirituality in holistic health

There are numerous studies evaluating spirituality-related interventions (meditation, family support, self-forgiveness...) (42, 48-50) mostly in cancer patient settings. The fact that increased spiritual well-being in cancer patients is beneficial does not need to be proven anymore (41, 42). Indeed high levels of spiritual well-being in this setting are positively correlated with physical and mental health, with stress coping and inversely correlated with depression (42). Data in non-cancer patients are less abundant. And several studies did not find any benefit in spiritual intervention depending on outcomes, interventions and patient diseases (51-54).

### Holology

As one sees the value of addressing the body, mind, and spirit, how do we diagnose, treat and evaluate them holistically in outpatient consultation? In the current state of the art it is either impossible to perform standardized research on the matter or to see outpatients in consultation. As

we saw the definitions are too vast, the care provided is too dissimilar and the time allowed for a patient in the outpatient settings is currently too short.

Our solution for the above is the creation of a systematic approach to treat this triune unit in the outpatient setting: holology (from the Greek words *holos* (whole) and *logos* (study)). This medical systematic approach is dedicated to the study and treatment of the whole 'body-mind-spirit' unit and their interactions, complexities and complementarities, where the spirit is the invisible part of human beings of which its purpose is to connect with immaterial worlds.

Holology has the advantages to clarify the who, when, where but not the how. Who does practice holology? Any medical doctor can practice holology if he or she desires to practice integrative medicine; is aware of the interactions of body, mind and spirit; and is willing to help the patient find balance (i.e. health) (Figure 1). Also any patient desiring to be treated as an indivisible unit may request a consult for holology. When and where do these medical doctors practice holology? During an outpatient consultation, wherever that takes place; it might also be done with inpatient consultation where time is not an issue but the patient's health might prevent some of the complementary approaches. Regarding the how, because of the setting of the consultation, one aspect of "how does a medical doctor do holology?" is that it is done in a one-to-one relationship allowing more personalization of the care and better adaptation to the needs. Any discomfort in addressing spiritual well-being is automatically removed by the context of the consultation, because both the patient and the doctor know that this aspect of the person must and will be addressed, as simple as it is to address gynecological problems during a gynecology consultation. This definition also allows for a more straightforward and consensual approach in research. It will allow reproducible and comparable standardized studies.

In our experience, holology is a systematic approach of body, mind and spirit during a single consultation in regard of diagnosis and treatment (see Table 1). As usual the medical doctor will evaluate any physical symptom for differential diagnoses [body], he will also carefully retrieve

potential emotional wounds causing hatred, broken relationships, personal strengths and vulnerabilities [mind] and finally, he will evaluate the beliefs, religious commitment and spiritual well-being of the patient, and past spiritual experiences good or bad [spirit]. To treat the patient's body the doctor will use his knowledge in allopathic medicine to rapidly relieve physical symptoms and add complementary medicine (naturopathy, homeopathy, therapeutic touch, music therapy, etc.) to perfect his art. To ease the patient's mind he will use his empathy accompanied with gratefulness and forgiveness approaches, (41, 55, 56) but also meditation, breathing and relaxation exercises. To address the patient's spiritual needs the practitioner might use counseling, prayer, spiritual meditation, chant, etc. depending on his skills, preferences and own beliefs as well as the patient's ones. As any medical doctor, the hologist "will not be ashamed to say 'I know not' nor will (he) fail to call in (his) colleagues when the skills of another are needed for a patient's recovery" as he swore by the Hippocratic Oath. And help he will need: from other specialists, psychiatrists or spiritual guides (or chaplains, pastors, priest, etc.).

The hologist believes that any wound to any part of the "human unit" affects any or all parts of this unit and causes a loss of balance (manifested as a disease, a symptom or an uneasiness) as suggested by Waldfogel et al. (57) (Figure 1). Similarly any improvement of any part will improve the whole unit (and restore a part or all of the balance). Thus he will offer choices to the patient, empowered by their preferences, beliefs, and life style, from a panel of allopathic, complementary medicines and spiritual care. As above mentioned, although a lot of research still needs to be done to know exactly in what circumstances which treatment is better appropriate, a lot can already be done.

Finally one must evaluate his own work to improve patient care both in research and in daily practice. First of all, harmlessness and patient satisfaction are probably the most important (36). Then improvement in the initial symptoms are mandatory, so adapted and validated scales when they exist should be used (pain, mood, mobility, fatigue ...). Finally improvement in the general and spiritual well-being should be evaluated, with the precautions already cited.

Hology is not holistic per say in the philosophical sense of it, and one would probably say that it is reductionist and he would probably be right. Hology does not have the pretention to cover all the social, environmental, historical aspects of the patient and even less to change it, but it tries to address in a consultation the whole patient without omitting mind and soul in the midst. It tries to empower him/her to change his/her environment... It also allows for a comparable method of doing body-mind-soul medicine and hopefully standardized methods for researchers in holistic care.

## Conclusion

In conclusion, we reviewed a disparate literature on holistic medicine showing, once again, the need for a more consensual definition. However we provided a new approach for holistic care in medical practice, with clear objectives, settings and approaches: hology. As a new and simple definition, it allows for a more systematic, a more personal and a more candid approach. More systematic because one person only addresses and apprehends patient's wholeness and has the full picture of his body, mind and spirit. More personal because it is in a one-to-one consultation and allows for more privacy. And more candid because everybody in the room knows that spiritual matters will be addressed. A lot of clinical and research work has yet to be done in this area.

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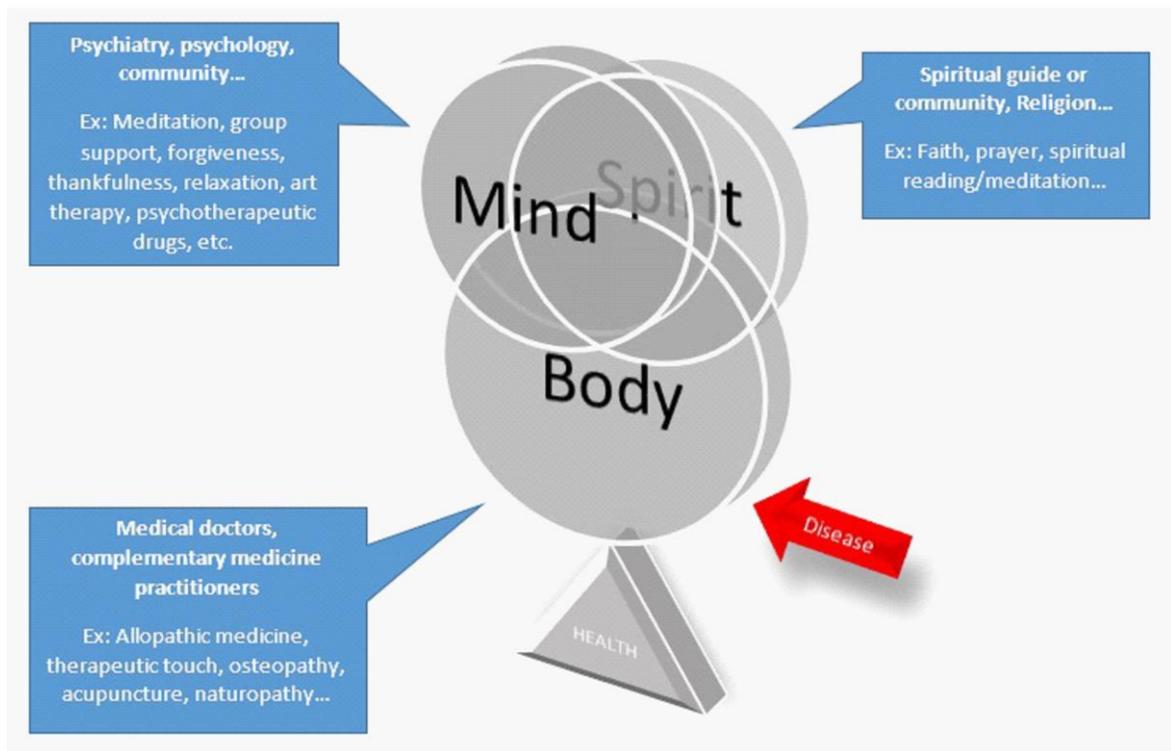
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Figure 1: Illustration of holistic health



Legend: Figure 1 illustrates how the body-mind-spirit unit is in perfect balance to provide health. It also shows (arrow) how this equilibrium is disturbed by disease(s) (here in the body, but that could occur in any part) and how different groups (callout boxes) work to restore this disrupted balance. Holology regroups all of these actions in one setting.

Table 1: How to Structure a Hology Consultation

Consultation Focus	Hology Component		
	Body	Mind	Spirit
Look for wounds	History of the actual symptoms	Unforgiveness, bitterness, ...	Current beliefs  Past or current spiritual experiences (how the patient qualifies them: good or bad)
Look for symptoms/pain	Do symptoms form known syndrome(s)?  Do syndromes form known diseases?  Are they confirmed by biological or radiological exams?	Anxiety, social difficulties, loneliness,  depression, ...	'Disconnectedness' (with the world, with God, ...), failure, incompleteness, dissatisfaction with life, ...
Seek help	Organ specialists, peers' advice, ...	Psychiatrist, psychologist, patient's family and friends	Spiritual guides (chaplains, pastors, priest, imam, etc.)

Offer help/relieve  
symptoms

Allopathic and complementary  
medicines adapted to patient's disease  
or symptoms

Empathy, attentiveness,  
gratefulness /forgiveness  
approaches, breathing exercises, ...

Counseling, prayer, spiritual meditation,  
chant, ... adapted to patient's own beliefs

Allopathic and complementary  
medicines adapted

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