

The Role of Mind-Body Health in the Development of an Integrative Health Care System

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Abstract. The foundation of this paper rests upon the latest developments in the fields of mind-body medicine, psycho-neuro-immunology and health promotion. Research strongly suggests the existence of an interactive system which unites the human inner environment (psychological, neurological, immunological, endocrine and bio-chemical) with the external one (psycho-social and physical environment). The data indicates that mind-body interactions are at the root of both health and disease, and that behavioral interventions have at least as much proof of healing effectiveness as many bio-medical treatments. Inquiry into the practical implications for integrating the mind-body model into our current medical, educational and cultural environments will be explored.

Text

A mind-body approach to medical interventions and health promotion programs empowers individuals and organizations to assume greater responsibility for the development of an integrative health care system. Such a health care system would honor not only the bio-physical aspects of health and illness, but also the psycho-emotional undercurrents inherent within human functioning.

An integrated health care system would contain the necessary components to ensure high-quality, cost-effective and easy-access health care. This would encompass a comprehensive network of: medical groups, hospitals, HMO's, in-and-out-patient facilities, rehabilitation and recreation centers.

In addition, an integrated health care system would incorporate a congruent message of personal self-management in health and illness. Any health care system that does not incorporate self-management, education and wellness at its core is sure to rot. The heart of any health care system is in those who access and deliver the care. Self-management authorizes one to be active in their well-being and participatory with their healing.

In a mind-body model of health care, health or disease is the end result of a complex interaction between our inner and outer environments. Factors such as: genetics,

age, sex, physical dexterity, nutrition, personality, environment, bacteria, viruses, carcinogens, medical care, culture, socio-economic factors, and a host of other influences, contribute to the onset of health and disease.

Working with the mind-body model, we must keep sensitive to the various interactions occurring in our inner and outer environments. This is a big step for many people, but not beyond their reach. Education is central to the integration of a health care system that incorporates a wellness paradigm of self-management. Doctors, legislators, practitioners and the general public must be educated in the developments occurring in the mind-body research arena.

Recently, an increase into the investigation and integration of mind-body medicine has evolved. However, the challenge in researching mind-body phenomenon is dealing with "noisy systems" or complex interactive systems. In mind-body research we are forced to pay attention to whole system issues. One cannot make the same measurements of complex noisy systems using the same methodology we have developed in our current scientific world view of specification.

In order to make sense of the complexity, science has re-organized itself and began

integrating separate systems. Psycho-neuro-immunology (PNI) is the first of several research methodologies that have risen and are currently under investigation. PNI has broken the noisy system into three avenues of measurement (psychological, neurological and immunological). PNI has been highly successful in charting the fluidity of mind-body interactions. In its findings PNI has confirmed the age old wisdom that the mind-and-body are one interactive whole. It is through the PNI research that bio-feedback and mind-body health have evolved. PNI has conclusively proven (bio-chemically) that the mind and body are in continual communication and that our perception directly influences our state of health and well-being, as well as assist in the healing of illness.

Furthermore, according to PNI research, we may be on the verge to discovering another human system - the healing system. Other factors merge into this healing system; bio-energy medicine and transpersonal psychology have shown to play fundamental roles in a persons overall well-being and healing potential. Research indicates that patients with a "fighting spirit" (who have hope) have better recovery and longevity rates than their "stoic" (i.e. compliant) counter parts.

When PNI is collated with the research in the effectiveness of health promotion programs, one finds a consistent validation of information. Cancer patients that attend self-management and wellness programs improve significantly compared to those who are passively treated. Moreover, patients who undergo extensive self-awareness and health promotion training continue to stay healthy and active in their lives. Even patients who have died after attending the self-management programs, have been documented as stating that the program helped them heal and be at peace with their disease.

Although health care has always been aware of the complexity of interactions involved in healing, it has not always synergized its healing effort with conviction. Present medical care, focuses on relieving symptoms and resolving the apparent problem. Many

doctors still prefer to sweep the mind-body phenomena under the rug of supposed quackery.

The refusal to change and expand our understanding has been evident throughout human history. A classic example is Gregor Mendel's discovery of the gene in 1865 - a discovery which lay dormant for some thirty-five (35) years before it was rediscovered and brought back into the mainstream. In 1869, Fredrich Miescher had discovered DNA in the cell nucleus and speculation began that it might have some function in heredity. Oswald Avery's discovery in 1944; that DNA was in fact the material responsible for heredity was not recognized until eight to ten years later. The idea was not actually accepted until 1952, when bacterial infection experiment by Alfred Hershey and Martha Chase conclusively showed DNA to be genetic material. Therefore, eighty-seven (87) years later, we "discovered" the hypothesis of Gregory Mendel to be true. Fortunately, this scientific lag-time has allowed us to learn more and filter through the myths of healing.

The time factor and evolutionary understanding that research generates is what has fostered medical advancement to its present day heights. Certainly, more research must be developed and explored with the mind-body model and its integration into our health care system. However, since the origin of our current Western medical system (Hippocrates 400 BC), and from the genesis of the Eastern energetic medical system (2000 BC), mind-body healing was acknowledged and emphasized as crucial and central to healing.

Unfortunately, we face the same difficulties our fellow healers confronted during their era; a capacity to understand the full "magical" inter-connectedness of our mind and body. We are on the verge, however, of discovering some clear biological pathways of mind-body interaction. It is these pathways and bio-chemical understanding that has propelled research in PNI.

In order for us to fully understand the mind-body implications, we need researchers with

the background necessary for proper evaluation of the data accumulated. It won't matter how good any of these data are, if people assigned to evaluate these studies do not have the right background to do so. We need an eclectic research team that includes; medical doctors, psychologists, physiologists, epidemiologists, as well as specific personnel which specialize in the respective fields being researched. Furthermore, the researchers and evaluators of the data being collected must be well versed in the present findings in the mind-body model of health.

Once we develop a team of researchers and publish their results: education of the medical community, the legislative executors and the general public must be undertaken. However, this educational effort must be appropriately given to the respective audience in an objective and opened ended manner. Mind-body medicine may never be conclusive, it will, however, be illusive to the truth that our state-of-being directly and indirectly affects our health, well-being and our disease states.

Dr. Mae-Wan Ho of the Open University in England recently explored the fundamental changes occurring in science and wrote; "A global phase transition is sweeping across many disciplines from mathematics to physics to biology and sociology. It may be characterized as an emphasis on integration over fragmentation, on cooperation rather than competition, on dynamics and process in place of the static and mechanical, on non-linear distributed interrelationships and emergent properties of collective wholes, instead of linear, unidirectional or hierarchical control of incidental parts. Most significant of all is the acknowledgement of a reality in which we as scientists and human beings participate, for this may put an end to centuries of abstractions that have alienated science from humanity and humanity from nature."

We are faced with meeting the edge of our rational and our irrational minds, our bodies and our spirit, our individual ego and our collective unconscious, our relieving of pain and our deliverance in healing. We will

never succeed until we learn to appreciate life, seek to understand its ways and always honor, respect and learn from nature as it manifests within and around us.

There are many obvious triumphs of scientific medicine, yet there is a growing concern about runaway costs in medicine, about unhappy patients being treated in rather un-humanistic ways, as well as an increase in medical malpractice claims. While it has become too easy to engage in medicine bashing, it would seem important to examine some of the issues involved and even more appropriate to seek their respective solutions.

Health care in its present form is managed in an "illness based reality." In other words, our medical system is designed to treat illness once it appears in the body and to diagnose its physical manifestation. Medicine, in its current stage of development, offers little to assist those who have "pain," but no "physical" component to diagnose why the pain is there. Patients are thus left to believe that their pain is psycho-somatic and that they are creating the whole thing in their minds. Since there is no "illness" to label the patients pain, little or no treatment is offered. This emphasis in finding the bio-chemical outcroppings of disease is what prevents us in fully appreciating the power behind our mental ability to both harvest healing and induce illness.

Although it is of utmost importance for medicine to not pursue blindly the mind-body model of health care, it is equally wise to open the boundary of what health and disease are. This major frame of reference and perceptual change is the first and most necessary step in developing an integrative health care system. Once our paradigm of health care is altered, so will our understanding of health and disease changed.

In a mind-body model of health care, we expand our "illness based reality" to include a "wellness based reality." A wellness based reality recognizes the many layers of health and illness. Health is looked upon as the efficiency of the body's ability to utilize energy (physical, emotional, mental and inter-relational). Preventive health care thus

goes beyond simple self-diagnostic procedures of self-breast exam, etc. and into the healing of our selves and how we interact with others.

The high cost of our current health care causes us to integrate a model that emphasizes preventive care. Financial incentives are given to those organizations that can keep people healthy and expense of health care delivery down. Hence, the recent emphasis on HMO's. The mind-body model augments high-quality, cost-effective health care by empowering patients in self-management.

A medical health organization operating within the mind-body model will honor and build upon the natural human tendency to feel life. The center will have courses, workshops and counseling to help clients resolve their relationships with their dysfunctions (even before they show symptoms). Moreover, each health care provider would be trained to acknowledge and act upon the healing of the individual; physically, emotionally, mentally, and spiritually. Recently, this healing/learning environment has been shown to augment healing in cancer and heart disease patients.

Accessing managed care organizations with the mind-body model will take education and research. Once we gather the data and prove the effectiveness of the mind-body model, the health care crisis will understand its resolution. The resolution depends on proactive consumers who are deliberately choosing health and healing. This health-conscious consumer will be encouraged by their health insurers and providers toward continual self-awareness and self-management.

A Final Comment

There is great promise for practical, responsible, clinical and integrative applications of the research conducted in mind-body health, PNI and health promotion. However, more studies that monitor the inner environment during behavioral interventions are needed.

Honoring the integrative processes of a mind-body model in health care and health promotion can enhance the delivery and health status of the individual and society. Programs that recognize the interrelationships and the complexities of the mind-body model include individual health enhancing procedures and society-wide health promotion efforts.

The future of health education is in developing an integrated health care system which enhances the public's health and improves medical interventions. Our role as public health educators is to continue to recognize the multiplicity of the human experience and direct the health care debate towards an integrative model of wellness.

References

Cunningham, Alastair J. *A Group Psycho-educational Program to Help Cancer Patients Cope with and Combat Their Disease*. ADVANCES, Summer 1991, Vol 7, No 3.

Goleman, Daniel. *Policy Considerations*. Institute of Noetic Sciences Bulletin, Winter 1992-93.

Pelletier, Kenneth R. *Mind-Body Health: Research, Clinical and Policy Considerations*. American Journal of Health Promotion, May/June 1992, Vol 6, No 5.

Sobel, David S. *Mind Matters & Money Matters: Is Clinical Behavioral Medicine Cost Effective?* Kaiser Permanente Medical Care Program.

Speigal, David. *A Psychosocial Intervention and Survival Time of Patients with Metastatic Breast Cancer*. ADVANCES, Summer 1991, Vol 7, No 3.

Wechsler, Jill. *Next Four Years: A Potential Bonanza For Managed Care*. Managed Healthcare News, Jan. 1993, Vol 3, No 1.