

The Holistic Hodgepodge: A Critical Analysis of Holistic Medicine and Health in America Today

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Contrary to a rather common assumption, no single "holistic health movement" exists, and many of the theories and therapies now called holistic are not new to American medicine. The holistic movement actually represents four different approaches to medicine and health, each with its own theoretical perspective, historical background, and set of therapeutic options. The term *holistic* confuses the differences among these approaches, fails to capture their merits and defects, and as an all-purpose term is confusing rather than useful.

For nearly a decade, holistic health care has been discussed in articles, books, talk shows, and conferences, and by patients and health professionals. In spite of its popularity, the meanings and connotations of holistic care remain imprecise and confusing.

This "movement" is being advanced by persons who assume that they hold certain theories, purposes, and practices in common.¹⁻⁵ In spite of a few general similarities, the proponents of this movement often do not agree with each other.⁶ No uniform set of holistic theories and therapies can be identified, and no common institutions are found among its advocates. In fact, so much diversity exists among the proponents of holism that it can scarcely be considered a single movement.

Furthermore, it is thought that holism is a new, reformist movement within American medicine⁷

that is expanding rapidly. Actually, few data exist on its growth, and many of the theories and therapies that are now often called holistic are not new to American medicine.⁸

This essay will critically analyze contemporary holistic medicine and health. It will show that the genera and species that are being called holistic have evolved from different origins, have taken on different character traits, and inhabit different cultural niches in American society. Even though some species resemble one another, holism actually involves a heterogeneous mixture of theories and therapies.

This study has several practical ramifications: to identify various groups that use the term *holistic* and to assess valuable and worrisome features in each, to give background information for decisions regarding licensure or accreditation, to provide a helpful bibliography, and to determine the usefulness of the widely used term *holistic*.

A Common Creed Masks Actual Diversity

One of the reasons holistic health and healing has been widely viewed as a uniform movement is

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because a standard rhetoric is shared. Because it is standardized and used frequently, this rhetoric functions as a creed that disguises diversity. Those who espouse this holistic creed contend that holistic medicine represents a more complete understanding of the causes of disease and the factors that sustain health than what is held by most scientific medical practitioners,¹⁻⁵ is concerned with the complete human being (hence the borrowing of the Greek term *holos*, meaning whole or complete⁵), and takes into account all aspects of human life that relate to sickness and health. The proponents of holistic medicine regard these factors as integrated and interdependent, while they regard traditional scientific medicine as overly specialized, reductionistic, impersonal, and oriented toward curing disease rather than promoting health.^{1-5,7,9-12}

Although this creed contains attractive ideals, the creed's imprecise and simplistic rhetoric disguises the real diversity and character of holistic medicine and health in America today. Holistic means different things to the different persons and groups who espouse it. On examination, four traditions of thought and practice that utilize the term *holistic* can be identified. Each is described in terms of its theoretical point of view, its respective advocates and social institutions, its probable historical lineage, and its characteristic forms of therapy.

Biopsychosocial Diagnosis and Therapy

A number of persons—many of whom have received conventional medical training—use the term *holistic* to refer to an inclusive and integrated approach to scientific diagnosis and therapy.^{13,14} In their view, holistic diagnosis and therapy are based upon all the factors that cause disease, as well as an appreciation of the interdependence of these factors.

This view of diagnosis and therapy is often contrasted with an overly specialized, reductionist approach to human disease.^{3,7,13,14} Contemporary medicine is criticized, not because it is too scientifically oriented, but because it is not scientific enough. Exclusively biomedical procedures are said to be less scientific because they propose to diagnose and treat illness without fully understanding and factoring in social, psychological, and environmental causes.

This use of the term *holistic medicine* is parallel to what René Dubos called for in the development of an "organismic and environmental medicine."¹⁵ It is also parallel to the biopsychosocial model of medical care called for by George L. Engel¹⁶ (although Engel avoided using the term *holistic* because of its association with unscientific, occult, and dogmatic practices). Engel recommended that medical curing systematically utilize data from the disciplines of psychology, sociology, and anthropology in diagnosing and treating sick persons. He contrasted this biopsychosocial model of disease and health with the dominant "biomedical model" of the past, which he identified as the "dominant folk model of the Western world."¹⁶

Historical Perspective

The biopsychosocial approach has developed as a consequence of the dramatic changes in disease etiology over the last 80 years. With the rise of scientific bacteriology in the 19th century, germ theory became the dominant explanation for disease. In the 20th century, however, new data and separate disciplines emerged (the science of nutrition in the 1930s, psychosomatic medicine in the 1940s, genetics in the 1960s, and environmental medicine, including social and cultural influences, in the 1970s) demonstrating that a variety of factors were responsible for disease and health.¹⁷

This overview indicates that a multicausal (or holistic) understanding of disease is hardly new to Western medicine. In his classic essay in 1927, for example, Francis Weld Peabody¹⁸ spoke about the necessity of understanding the psychological and social aspects of human illness. Peabody also said that a humanistic concern for patients was needed to effect better cures. Furthermore, in the 1940s, 1950s, and 1960s, a number of comprehensive care programs were set up to integrate biomedical data with an understanding of the patient's psychological and social background.¹⁹ Many physicians as well tried to relate biomedical data to psychological and social causes. These physicians tried to assess the interplay among these factors by a shrewd, intuitive reading of the patient's words and actions and by expert interviewing techniques.²⁰

Thus, the history of American medicine offers two legacies: one of greater and greater specialization, and one aimed toward a comprehensive and integrated approach, as evident in family med-

icine programs at the present time. It is false and presumptuous to claim that an inclusive and integrated approach to disease arose in the last ten years with the advent of the "holistic health movement."

Critique

In view of this older tradition of comprehensive care, does contemporary biopsychosocial medicine nevertheless introduce new features of diagnosis and therapy? In several respects it does.

First, several writers are trying to develop more systematic, nonintuitive methods to identify the causes of disease and to determine how they are interrelated. For example, some utilize systems theory to explore the dynamics of each system (cell, tissue, organ, and so on) and to ascertain how they are interconnected with other, more complex systems (the nervous system, the individual person, the family group, and so on).²¹

Second, data-gathering and medical charting are being redesigned to be more comprehensive and integrative.²²

Third, team approaches in medical care are being given greater attention, so that a comprehensive and interconnected picture of a patient's disease can be created.

Fourth, certain innovative therapies have been developed to deal more effectively with psychosocial factors. Biofeedback enables patients to observe and influence autonomic physiological functions, such as skin temperature and heart rate; and autogenic training and other relaxation or meditative techniques focus on the control of autonomic functions to alleviate undue stress and improve physiological functioning.²³ These newer therapies are designed to complement standard forms of care. They are useful in correcting stress-related problems which cannot be treated adequately with drugs alone. Only time will tell whether these therapies will create yet another group of specialists, or whether they will be used effectively by primary care physicians.

Although these biopsychosocial approaches are valuable, they are not devoid of problems. Are they actually effective? Do their results merit the amount of time they consume? Do they cost more than they are worth? Furthermore, even though highly refined subspecialties are not scientific enough if they fail to consider psychological, social, and environmental factors, little is gained if

these added factors cannot be assessed accurately. In spite of important gains, the goal of achieving both specificity and comprehensiveness is yet to be realized.

From a moral standpoint, biopsychosocial curing leads to questions of influence and manipulation that are often overlooked. For example, one proponent of inclusive and integrated record-keeping has stated that medical records should list patients' memberships in secret societies and oaths of allegiance.²² Others categorize patients' personalities because certain longitudinal studies indicate that correlations are likely to exist between personality profiles and hypertension, or even malignant neoplasms. The patient is then said to have a pathogenic or premorbid personality. This approach is presumably for the patient's benefit.²⁴ Such procedures can stereotype patients, produce new anxieties, and possibly create self-fulfilling prophecies. Inclusive forms of medical care thus give rise to ethical dilemmas, even as do highly specialized ones.

Whole-Person Medical Care

Holistic is invested with a different set of meanings by others who may also subscribe to the importance of biopsychosocial medical care, but want to accent additional concerns. This diverse group sometimes uses the term holistic^{25,26} and, sometimes, prefers the spelling *wholistic*.²⁷⁻²⁹ Holistic or wholistic are used, not as symbols for biopsychosocial medicine, but as a way to emphasize that medical curing is neither maximally effective, nor morally responsible, without special humanistic dimensions: interpersonal sharing, moral respect, and an active caring for each patient as a person, that is, as a uniquely moral, self-conscious, private, believing self.^{25,27,30} Patients must be dealt with in terms of their complete (holos, or whole) self-identity. They are to be known and related to, respected as moral agents, and understood in terms of their inner feelings, perceptions, and beliefs.

The phrase "whole-person medical care" captures these themes. It overlaps with biopsychosocial diagnosis and therapy that includes personal and humanistic dimensions of patient care.¹⁸ Nevertheless, there are important theoretical, institutional, and therapeutic distinctions between these two orientations.

Advocates of whole-person medical care criticize contemporary medicine, not because it is not scientific enough (as with biopsychosocial advocates), but because it is not as personal and moral as it should be. Some have established smaller, more personalized institutions that are designed to redress certain problems in university and teaching hospitals: interactions with patients that are too brief, too much reliance upon complex technological equipment and batteries of medical tests, and constantly rotated medical personnel.^{29,31} Medical curing is regarded as limited and reductionistic if it does not steadfastly consider patients as persons who happen to have diseases and impairments.

The connotations of the term *person* imply the dimensions of care and therapy considered necessary by this type of holism. Biological dimensions are dealt with through scientific diagnosis and therapy; psychological dimensions by knowledge of the individual, as well as personalized attention, empathetic relationships, and effective communication; and the social or communal dimensions, by making the patient part of a new, caring community. Moral dimensions are looked after by just and respectful care that preserves the privacy and autonomy of each patient; and the philosophical and theological dimensions, by considering each patient's beliefs, values, and hopes. These concerns are taken seriously by both secular philosophers³² and religious thinkers, who ground human worth in a person's relationship to God.^{27,28,30,33}

A social profile of the individuals and institutions that advocate whole-person care includes chaplains and pastoral-care training programs, a number of community programs and clinics, including hospices for terminally and chronically ill persons,³¹ and such institutions as the Wholistic Health Care Centers, founded under the inspiration of the Lutheran minister, Granger Westberg.²⁷⁻²⁹

Historical Perspective

Like biopsychosocial diagnosis and therapy, the emphasis on whole-person medical care did not begin in the last decade. In fact, its ideals reflect a complex, diverse, and ongoing dialogue between medical science and Western culture.

After the hospital became the center of scientific medicine in the early decades of the 20th

century, several notable physicians demonstrated their awareness of the emotional, moral, philosophical, and religious dimensions of human illness.^{18,34} Social workers and chaplains were brought into university and municipal hospitals to supplement care by the physician.³⁴ Hospitals founded by denominations took the psychological, religious, and social needs of patients to be important. The ancient Greek and Christian historical roots for these concerns are found in the words *hugies* (to restore or make whole) and *sozo* (to heal or make sound), rather than the frequently mentioned word *holos* (all or entire).^{35,36}

By the middle decades of the 20th century, psychiatrists, theologians, and religious educators were engaged in discussing the many dimensions of medical care. For example, the internist-psychiatrist Paul Tournier asserted in numerous books and articles that patients must be known as persons by their medical attendants if they are to be completely cured.³⁷ Tournier detailed many instances in which illness was caused or complicated by unresolved or unexpressed guilt, or fear, or a crisis involving religious faith. Westberg's Wholistic Health Care Centers represent the crystallization of this point of view in local, community settings.

Critique

The virtues of this diverse movement are quickly perceived. Care designed for patients, as whole persons, includes scientific competence, personalized and empathetic communication, a respect for the autonomy of patients, and a consideration of each patient's social needs and personal beliefs. For patients with religious backgrounds and needs, pastoral counselors bring an added dimension. With special training and expertise in the interplay among physiological, emotional, and religious factors, pastoral counselors seek to enable patients to cope better with suffering, anxiety, stress, and regression. Styles of pastoral counseling have shifted from paternalistic styles of counseling, to listening to, and understanding patients in terms of their own faith traditions.³⁸

To achieve these ends, institutions such as Westberg's Wholistic Health Care Centers utilize teams of professionals to bridge the distance among physicians, nurses, social workers, and

chaplains. Most hospices are designed to provide personalized care for chronically or terminally ill patients, to enable them to talk about their experiences, and to manifest their religious beliefs.

From a pragmatic standpoint, the many-sided dimensions of whole-person care raise certain dilemmas. For one thing, such care calls for more time-consuming, less cost-efficient interventions. For another, it obliges medical professionals to develop interpersonal and counseling skills, to acquire an ability to work in interdisciplinary teams, and to sustain relationships with patients. All these factors are difficult to achieve in academic centers where personnel are routinely rotated among a number of hospital services.

A further dilemma posed by whole-person care relates to a definition of the ideal morality of physicians. Is the physician morally obligated to display a high degree of personal sharing and religious concern for each patient? If these qualities are an essential part of the healing role, physicians ought either to display these concerns, or to see that they are provided. Unless psychological and spiritual counseling are manifestly related to the patient's illness, however, such counseling may be intrusive, coercive, or possibly harmful.³⁹ Many physicians feel they lack the expertise, or they realize rightly that such counseling is peripheral to their area of specialization. Diagnostic and therapeutic roles are oftentimes correctly separated from roles as counselors or spiritual advisors. Of course, clear lines of demarcation are difficult to draw.

Personalized care also engenders the risk of paternalism—making decisions for patients without their consent. Personalized care can lead to paternalistic care, because usually the more one knows others as persons, the more one feels capable of making decisions for them. As health care professionals begin to know and understand their patients as persons, they may be tempted to make decisions for these patients. A strong distinction must, therefore, be made between medical personalism and medical paternalism, so that personalized care will not undermine the individual worth and privacy of patients. Institutions that seek to combine medical care with religious counseling should be particularly sensitive to the possibility of persuasive, or possibly coercive, proselytizing.³⁹

Finally, it is exceedingly important to remember that the concerns of whole-person care are longstanding and commonly shared (even if not put into practice), and have long been regarded as significant. The new term *holism* seems to trivialize these concerns, rather than to capture or highlight them.

High-Level Healthiness

Holistic is used by other proponents as a symbol for ideal levels of human health and well-being. They focus on health rather than medicine, and use the term *holistic* to emphasize that human health and well-being are dependent on an integration of all physical, psychological, social, environmental, and ideological factors.^{9,40-42} Of course, comprehensive preventive medicine and human healthiness is emphasized by many institutions and persons, so this discussion will focus only on those programs and institutions that expressly use the term *holistic* to describe their approach to comprehensive health.

These advocates of holistic health emphasize high-level healthiness (often called, somewhat awkwardly, "high-level wellness") in a conscious effort to redefine the meaning of health as it is most often defined—either as freedom from disease (a negative definition), or as a state in which the body is in balance with itself and nature. These traditional views of health are regarded as only average by advocates of high-level healthiness, who believe that almost everyone can go beyond normal good health to levels of dynamic fulfillment, activity, and pleasure.

Many advocates of high-level healthiness appreciate contemporary scientific medicine, but believe that its priorities are misplaced because it gives insufficient attention to the poor health habits of Americans. They view most medical institutions as caretakers of disease that do little to promote high levels of functioning and well-being.^{9,40,43} Through centers, organizations, and journals, they offer varied programs. Some accent growth and self-awareness and offer no traditional medical services—such as the Meadowlark Center in Helmet, California. Others combine traditional medical care with programs in high-level healthiness. The Mandala Holistic Health Society conducts annual conferences and has produced several volumes of the *Journal of Holistic Health*,

which serves as the voice of nearly every person or movement offering some version of holistic medicine or health.^{41,44}

Both sensible and questionable therapies have been developed in order to enhance self-actualization, a major emphasis among many health advocates, and a notion that bears almost as many meanings as the term *holistic*. These therapies constitute a supermarket of growth programs and treatment modalities: transcendental meditation (TM), transactional analysis (TA), primal therapy, bioenergetics, and arica are among a list of more than 100.^{5,10-12}

Responsibility of the individual for his or her own health is also a common emphasis and is viewed as underemphasized in traditional medicine. This responsibility includes a matching of one's personal needs with some approach to self-fulfillment, which some say can be done without the aid of physicians. One should simply do enlightened shopping among available programs and techniques.¹⁰⁻¹² Others recommend that judgments of physicians and local psychological societies be utilized—as long as they know about new approaches to psychological fulfillment.⁵

Historical Perspective

The roots of high-level health advocacy lie in Greek notions of balance with nature and in 19th century health reformism, but this advocacy is especially indebted to scientific investigations regarding stress reduction, exercise, and nutrition, to humanistic psychology, to evolutionary optimism, and to Eastern philosophy. Humanistic psychologists, such as Abraham Maslow, became convinced in the 1950s that an understanding of psychotic and neurotic sickness could not account for the dynamics of mental healthiness. Maslow believed that psychological research proved the existence of a universal, inner self that could be developed and actualized beyond traditional expectations.⁴⁵

Drawing upon the work of Maslow and others, Halbert L. Dunn coined the phrase "high-level wellness" in the late 1950s.^{9,46} He was also influenced by the brilliant Jesuit priest and paleontologist, Pierre Teilhard de Chardin, who believed that a vibrant energy resonates through all living and nonliving matter and that this energy expands self-awareness and presses inexorably toward evolu-

tionary change and transformation.^{47,48} Many advocates of this school of holism seek to harmonize evolutionary optimism with Eastern religious traditions of enlightenment and meditation.⁵

Critique

Some self-actualization therapies are helpful; some are at least not harmful; and others deserve skeptical scrutiny. Transcendental meditation (TM) is widely advocated and is the subject of controversy. According to its practitioners, TM enables people to achieve a new, dynamic level of consciousness that transcends and puts into perspective ordinary levels of rational thought, sleeping, and dreaming. In trance-like states, those who practice TM are to experience the true, eternal "reality" that permeates and lies beyond ordinary experience. The self that is discoverable is not regarded as seething with animal urges, as described by Freud, but as a form of consciousness that fuses and resonates with the unchanging energy and perfection of the cosmos. This experience of boundless awareness is regarded as a path toward greater personal autonomy, freedom, and integrated power.⁴⁹

Critics and skeptics of this process claim that it represents either regression, or illusion, or both: regression, because this "oceanic experience" (Freud's term) is said to be similar to intrauterine, or early infancy experiences, when the self was not formed; or illusion, because life's problems are experienced as no problem at all when fantasies of union and reunion are stimulated.⁵⁰ Defenders say that its effects are extremely positive and well-documented and that (in any event) such experiences should not be written off until they are investigated and understood.⁵¹

Primal therapy, as devised by Arthur Janov, is available in the offices of many practitioners. It purports to enable people to discover their true, inner selves and, therefore, to achieve integration and authenticity. Thus, it is sometimes listed as an optional path toward high-level wellness.⁵ Primal therapists believe that human potential is curtailed and neuroses are developed because the psychic pains and traumas of childhood are dammed up to form a "primal pool" of anguish and hurt. Through several weeks of lengthy, intense, one-on-one therapy, followed by several weeks of group experience, patients are supposed to release

this flood of memories by literally screaming, crying, and kicking out their repressions.⁵²

Undoubtedly, great emotional power is generated by this treatment, but critics question whether the process leads to greater health, or to further neurosis, or even to psychosis. They propose, for example, that suggestible persons sometimes create their own painful childhood fantasies or generate a false sense of peace, unconnected with their actual psychological problems. These problems may be rooted in complex social relationships that are not dealt with extensively in this form of therapy.^{52,53}

A critique of high-level healthiness also includes a number of philosophical and moral issues. Among them are the ambiguities within this broad spectrum of health advocacy. The thinking of each advocate must be analyzed to determine what holistic, high level, and self-actualization mean. Furthermore, much of the literature on this subject is colored with perfectionism and utopianism. Bloomfield and Kory,⁵ for instance, regard high-level wellness as including not only physical fitness, healthy dieting, and self-actualization, but also exceptional creativity, glossy hair, sparkling eyes, personal assertiveness, unpretentious humility, and an enjoyment of frequent peak experiences. Others see health-related programs as doing away with the need for much sophisticated diagnostic equipment and most acute care facilities,⁵⁴ while still others view tragedy, evil, and suffering as virtually nonexistent.⁴

Finally, from an ethical viewpoint, highly positive consequences will result from giving more attention to human healthiness, from adopting better health habits, and from becoming more responsible for one's own health, but utopian health-promotion schemes can give rise to illusions and naive wishes that are fertile ground for exploitation by charlatans and faddists.

Unconventional and Esoteric Diagnosis and Healing

More analogous to a genus than a species, these practices represent a miscellaneous group of diagnostic and healing modalities that share certain common characteristics. On the surface they identify themselves with, and use the term *holistic*, and they mingle with one another socially.¹⁰⁻¹² They

also share more fundamental features: an advocacy of some form of diagnosis or healing that is unconventional, or esoteric in comparison with the canons of Western medical science, and a belief that contemporary scientific medicine is incomplete in failing to recognize and utilize the method advocated. Each diagnosis or therapy advocated is said to be holistic because it completes or complements existing forms of diagnosis and therapy. The identification of many of these groups with holism, however, appears to be based primarily on a wish for greater social respectability.

The diagnostic and healing modalities of these groups vary greatly in sophistication and credibility. Examples include acupuncture, reflexology (healing by massaging reflex points in hands and feet), iridology (diagnosis of diseases and disorders by analyzing the iris), rolfing (realignment of the body by vigorous massage), homeopathy and a host of herbal remedies,⁵⁵ and paraelectricity, which is said to be verified by Kirlian photography, a holistic form of diagnosis.⁴⁴ These and numerous other unconventional approaches are each advocated by identifiable social groups, journals, books, and training centers; each has an historical lineage and theoretical point of view that will not be explored here.¹⁰⁻¹²

Critique

For the sake of greater specificity, three of the diagnostic and healing modalities just mentioned will be analyzed. Acupuncture is a complex system of medical therapy based upon traditional Chinese concepts of health and disease, which are correlated with classical Chinese metaphysics. The vital energy of the universe was believed to follow specific pathways, or meridians, upon which the acupuncture points lie. Although used in China to treat a great variety of medical problems, acupuncture is used in America primarily for pain relief, especially for chronic pain. Neurophysiological research on the effectiveness of acupuncture has increased in recent years with respect to its relationship to the immune system, to peripheral nerve stimulation, and to psychosomatic factors.^{56,57}

Other unconventional therapies and approaches to diagnosis have generated little research and seem patently outlandish. Iridology purports to diagnose acute and chronic diseases and disorders

throughout the body by analyzing the color, texture, and brightness of the iris. Problems of the vagina are supposedly discoverable on the outside edge of the five o'clock position of the right eye; but if the iridologist confuses this with the six o'clock position, the vagina will be mistaken for a foot. On the other hand, if the eight o'clock position of the left eye is confused with the nine o'clock position, lower back problems will be mistaken for those in the esophagus. All of this is spelled out in splendid detail by iridology charts.⁵⁸

Rolfing is no more convincing as a therapeutic modality than iridology is as a diagnostic tool. Founded by the late Ida R. Rolf, who worked for a decade as a biochemist for the Rockefeller Institute, rolfing is predicated on the notion that the energy that radiates through the body produces trauma and morbidity if the body is not aligned vertically with the earth's gravity. Spreading the notion that "gravity is the therapist" and that "verticality" is virtuous, the rolfer vigorously remodels, or realigns, the poorly postured anatomies of those who are sick or out of joint.⁵⁹ Articles such as "Gravity is a Drag," and pictures illustrating the heightened health of post-rolfed patients, fill volumes of the *Bulletin of Structural Integration*.^{60,61}

Such therapies as these present a variety of problems. From a scientific standpoint, some merit serious exploration, but others seem more entertaining than enlightening. Upon conceptual analysis, most are anything but holistic, if holism is taken to be comprehensive and integrative (as its root meaning requires), for they seek to explain disease and to effect cures from a reductionist, rather than an inclusive perspective. From a moral standpoint, they are easily used to exploit the unwary. The subtle body energies, identified by several, lend themselves to lengthy, costly, and far-from-subtle therapeutic regimens.

Conclusions

The four varieties of holistic medicine and health just discussed clearly do not constitute a new, progressive, and uniform movement. Rather, they represent several different approaches to medicine and health. Several of these approaches are informative and important for contemporary health professionals. Others, even if they are intriguing to think about, represent interventions

that are either superfluous, or possibly more harmful than efficacious.

Because it is identified with all of these traditions, the term *holistic* now carries a hodgepodge of meanings and connotations. In spite of its popularity, the term is shallow, more confusing than enlightening and useful. Ardent commitments to holistic medicine and health represent everything from a desire to harvest the finest accomplishments of contemporary scientific medicine to an honoring of certain fundamental humanistic values within medicine, to a comprehensive or idealistic type of health promotion, to some untested sectarian treatment scheme, or to a combination of most of the above. Furthermore, the term *holistic* trivializes certain important and complex traditions within medicine by making it appear that they have recently been discovered, while it captures little of the richness and complexity of these traditions.

It makes sense, therefore, that the term *holistic* should be abandoned for several more descriptive categories like those suggested here. Each category represents a more or less diverse tradition of thought and practice that has been associated in this essay with identifiable advocates, bodies of literature, and institutions.

Medicine in America today is endowed with depth, resourcefulness, and diversity. Several of the traditions discussed here can support better and more humane patient care, more responsible health promotion, and the development of new diagnostic and treatment modalities. Others call for an alertness to harmful and ineffective treatments that continue, as have their counterparts throughout history, to parade under the guises of medicine and health.

References

1. Pelletier KR: *Holistic Medicine: From Stress to Optimum Health*. New York, Delacorte Press, 1979
2. Yahn G: The impact of holistic medicine, medical groups and health concepts. *JAMA* 1979; 242:2202-2205
3. Sobel DS: *Ways of Health: Holistic Approaches to Ancient and Contemporary Medicine*. New York, Harcourt, Brace, Jovanovich, 1979
4. Goldwag EM: *Inner Balance: The Power of Holistic Healing*. Englewood Cliffs, NJ, Prentice-Hall, 1979

5. Bloomfield HH, Kory RB: *The Holistic Way to Health and Happiness*. New York, Simon & Schuster, 1978
6. Kopelman L, Moskop J: The holistic health movement: A survey and critique. *J Med Philos* 1981; 6:209-235
7. Cousins N: The holistic health explosion. *The Saturday Review*, March 31, 1979, pp 17-23
8. Relman AS: Holistic medicine. *N Engl J Med* 1979; 300:312-313
9. Ardell DB: *High Level Wellness: An Alternative to Doctors, Drugs, and Disease*. Emmaus, Penna, Rodale Press, 1977
10. Berkeley Holistic Health Center: *The Holistic Health Handbook*. Berkeley, Calif, And/Or Press, 1978
11. Kaslof LJ: *Wholistic Dimensions in Healing: A Resource Guide*. Garden City, NY, Doubleday, 1978
12. Hastings AC, Fadiman J, Gordon JS: *Health for the Whole Person: The Complete Guide to Holistic Medicine*. Boulder, Col, Westview Press, 1980
13. Hirsch LL: The family physician. In Taylor RB (ed): *Family Medicine: Principles and Practice*. New York, Springer-Verlag, 1978, pp 3-12
14. Duhl LJ: Holistic health and medicine: A challenge. *West J Med* 1979; 131:473-474
15. Dubos R: Medicine evolving. In Sobel DS (ed): *Ways of Health: Holistic Approaches to Ancient and Contemporary Medicine*. New York, Harcourt, Brace, Jovanovich, 1979, pp 21-44
16. Engel GL: The clinical application of the biopsychosocial model. *Am J Psychiatry* 1980; 137:535-544
17. Vanderpool HY: Changing concepts of disease and the shaping of contemporary preventive medicine. In *Preventive Medicine and Community Health*, ed 2. Chapel Hill, NC, Health Sciences Consortium Press, 1983, pp 7-34
18. Peabody FW: The care of the patient. *JAMA* 1927; 88:877-882
19. Snoke PS, Weinerman ER: Comprehensive care programs in university medical centers. *J Med Educ* 1965; 40:625-657
20. Harrington ED: A major pitfall: Inadequate assessment of the patient's needs resulting in inappropriate treatment. *Pediatr Clin North Am* 1965; 12:141-173
21. Brody H, Sobel DS: A systems view of health and disease. In Sobel DS (ed): *Ways of Health: Holistic Approaches to Ancient and Contemporary Medicine*. New York, Harcourt, Brace, Jovanovich, 1979, pp 87-104
22. Paltrow KG: Review of areas: Updated method of patient evaluation. *Postgrad Med* 1980; 67:211-215
23. Benson H: The relaxation response: Techniques and clinical applications. In Sobel DS (ed): *Ways of Health: Holistic Approaches to Ancient and Contemporary Medicine*. New York, Harcourt, Brace, Jovanovich, 1979, pp 331-352
24. Pelletier KR: Holistic medicine: From pathology to prevention. *West J Med* 1979; 131:481-483
25. Svihus RH: On healing the whole person: A perspective. *West J Med* 1979; 131:478-481
26. Todd MC: Interface: Holistic health and traditional medicine. *West J Med* 1979; 131:464-465
27. Tubesing NL: *Whole Person Health Care: Philosophical Assumptions*. Chicago, Ill, Wholistic Health Centers, 1977
28. Tubesing DA: *Whole Person Health Care: An Idea in Evolution*. Chicago, Ill, Wholistic Health Centers, 1976
29. Holinger PC, Tubesing DA: Models of health and wholeness. *J Religion and Health* 1979; 18:203-212
30. Farnsworth DL, Braceland FJ (eds): *The Psychiatry, the Clergy, and Pastoral Counseling*. Collegeville, Minn, St. John's University Press, 1969
31. Stoddard S: *The Hospice Movement: A Better Way of Caring for the Dying*. Briarcliff Manor, New York, Stein & Day, 1978
32. van Melsen AGM: Person. In Reich WT (ed): *Encyclopedia of Bioethics*. New York, The Free Press, 1978, vol III: 1206-1210
33. Ramsey P: *The Patient as Person: Exploration in Medical Ethics*. New Haven, Yale University Press, 1970
34. Burns CR: Richard Clarke Cabot (1868-1939) and reformation in American medical ethics. *Bull Hist Med* 1977; 51:353-368
35. Harrison RK: Healing, health. In *The Interpreter's Dictionary of the Bible*. New York, Abingdon Press, 1962, vol II, pp 541-548
36. Abbot-Smith G: *Manual Greek Lexicon of the New Testament*. New York, Charles Scribner's Sons, 1956
37. Tournier P: *The Meaning of Persons*. New York, Harper & Row, 1957
38. Faber H: *Pastoral Care in the Modern Hospital*. Philadelphia, Penna, The Westminster Press, 1971
39. Foster DW: Religion and medicine: The physician's perspective. In Marty ME, Vaux KL (eds): *Health/Medicine and the Faith Traditions*. Philadelphia, Fortress Press, 1982, pp 245-270
40. Ardell DB: The nature and implications of high level wellness: Or why "normal health" is a rather sorry state of existence. *Health Values: Achieving High Level Wellness* 1979; 3:17-24
41. Travis JW: Wellness education and holistic health—How they're related. *J Holistic Health* 1978; 3:25-32
42. Dunn HL: What high-level wellness means. *Health Values: Achieving High Level Wellness* 1977; 1:9-16
43. Goldbeck WB: A commitment to health? *Am J Health Planning* 1978; 3:23-29
44. Worrall O: Experiencing the role of spiritual faith healing in holistic health. *J Holistic Health* 1978; 3:37-41
45. Maslow AH: *Toward a Psychology of Being*, ed 2. Princeton, NJ, D. Van Nostrand, 1968
46. Dunn HL: *High-level Wellness*. Arlington, Va, RW Beatty, 1961
47. Santmire HP: Pierre Tielhard de Chardin: The christianization of evolution. In Johnson RA, Wallwork E, et al (eds): *Critical Issues in Modern Religion*. Englewood Cliffs, NJ, Prentice-Hall, 1973, pp 114-142
48. Ferguson M: *The Aquarian Conspiracy: Personal and Social Transformation in the 1980s*. Los Angeles, Calif, JP Tarcher, 1980
49. Yogi MM: *Transcendental Meditation: Serenity Without Drugs*. New York, Signet Books, 1968
50. Gross ML: *The Psychological Society: A Critical Analysis of Psychiatry, Psychotherapy, Psychoanalysis, and the Psychological Revolution*. New York, Simon & Schuster, 1978
51. Walsh R: The consciousness disciplines and the behavioral sciences: Questions of comparison and assessment. *Am J Psychiatry* 1980; 137:663-673
52. Kovel J: *A Complete Guide to Therapy*. New York, Pantheon Books, 1976
53. Rosen RD: *Psychobabble: Fast Talk and Quick Cure in the Era of Feeling*. New York, Atheneum, 1977
54. Kuperberg JR, Vogt EM: Health planning scenario: 2000 AD. *Am J Health Planning* 1978; 3:28-33
55. Coulter HL: Homeopathy. In Kaslof LJ (ed): *Wholistic Dimensions in Healing: A Resource Guide*. Garden City, NY, Doubleday, 1978
56. Bresler DE, Kroening RJ, Volen MP: Acupuncture in America. In Kaslof LJ (ed): *Wholistic Dimensions in Healing: A Resource Guide*. Garden City, NY, Doubleday, 1978, pp 132-138
57. Bresler D: Chinese medicine and holistic health. In Hastings AC, Fadiman J, Gordon JS (eds): *Health for the Whole Person: The Complete Guide to Holistic Medicine*. Boulder, Col, Westview Press, 1980, pp 407-426
58. Jensen B: Iridology: Its origins, development, and meaning. In Kaslof LJ (ed): *Wholistic Dimensions in Healing: A Resource Guide*. Garden City, NY, Doubleday, 1978, pp 165-167
59. Rolf IP: Rolfing. In Kaslof LJ (ed): *Wholistic Dimensions in Healing: A Resource Guide*. Garden City, NY, Doubleday, 1978, pp 225-227
60. Norton D: Gravity is a drag. *Bull Structural Integration* 1980; 7(1):8-11
61. Powers N, Hutchins E, Melchior P: A rolfing case history. *Bull Structural Integration* 1980; 7(1):27-30