Exploring the Relationship between Spirituality and Health

Sadhu Singh Khalsa, MSW, LISW

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INTRODUCTION

PREMISE:

Most people believe that we are human beings seeking a spiritual experience. We are actually spiritual beings having a human experience. What a radical difference between these two statements. The first belief takes one outside of oneself and discounts self. The second belief says that we are already complete and perfect just the way we are. Clinical interventions must not only include a focus on the physical body but on the mental, emotional/feeling and soul level. Every physical symptom has a psychological and spiritual component part to it. We must approach each client or patient with the understanding that they are a child of God. It then becomes our joy to assist them in a discovery process of their true identity and purpose in life. Much disease and dis-ease comes from not living our truth.

After Satwinder Kaur read a rough draft of my paper, she asked if I could define spirituality. One could have a whole conference on this topic alone. I asked God for help with this one. The answer came back, call Gurucharn Singh Khalsa, Ph.D. in Espanola, New Mexico. Dr. Khalsa is the Director of Kundalini Research Institute and most knowledgeable about the science of Kundalini Yoga in the world. The following is a quote from him in a telephone conversation on February 14, 2008.

“Spirituality is (1) to experience the connection between oneself and something greater than oneself. (2) Spirituality is an evolving process that creates balance and integrity (3) Spirituality is a commitment to act with the most refined and universal aspect of being. In this state one is able to command the mind and let go of the deeper emotions to act from compassion. (4) Spirituality is a state of stillness of Shunia where one goes beyond polarities and merger surrendering which is simultaneously a goal and a process of one’s spiritual practices. Shunia is a state of expanded awareness in which all of the polarities of self are held present simultaneously; you are and you are not; you are you and you are not you; you are alive and you are not; you want and you want nothing.”

Kundalini yoga is the yoga of awareness. It has thousands of exercises and meditations specifically designed to increase one’s consciousness and health. By raising the Kundalini energy, it can increase one’s capacity to have spiritual experiences i.e., it can make one more spiritual. Spirituality is not a static trait. It is one way to go direct to the manufacturer.

With this definition it is much easier to differentiate spirituality from religion. Most of the research cited concerning the relationship of spirituality and health uses religion i.e., attendance at church etc rather than referring to the above definition and the implications of the above definition. The author would assert that conducting research that focuses more on spiritual practices, diet, being a non-smoker and non-drinker will more powerfully demonstrate the relationship between spirituality and health. It is also important to remember that people attending places of worship can also have spiritual experiences. As one can see, the relationship between spirituality and religion is itself ripe for research.
Whole medical systems were around for a long time. Then there was a separation between mind and body and now we are seeing the reemergence of this type of medicine once again due to the anomalies that the allopathic model cannot answer at an academic level and human beings who want better health care.

“The concept that the mind is important in the treatment of illness is integral to the healing approaches of traditional Chinese and Ayurvedic medicine, dating back more than 2,000 years. It was also noted by Hippocrates, who recognized the moral and spiritual aspects of healing, and believed that treatment could occur only with consideration of attitude, environmental influences, and natural remedies (ca. 400 B.C.). While this integrated approach was maintained in traditional healing systems in the East, developments in the Western world by the 16th and 17th centuries led to a separation of human spiritual or emotional dimensions from the physical body.

This separation began with the redirection of science, during the Renaissance and Enlightenment eras, to the purpose of enhancing humankind’s control over nature. Technological advances (e.g., microscopy, the stethoscope, the blood pressure cuff, and refined surgical techniques) demonstrated a cellular world that seemed far apart from the world of belief and emotion. The discovery of bacteria and, later, antibiotics further dispelled the notion of belief influencing health. Fixing or curing an illness became a matter of science (i.e., technology) and took precedence over, not a place beside, healing of the soul. As medicine separated the mind and the body, scientists of the mind (neurologists) formulated concepts, such as the unconscious, emotional impulses, and cognitive delusions, that solidified the perception that diseases of the mind were not “real,” that is, not based in physiology and biochemistry.”

“Whole medical systems involve complete systems of theory and practice that have evolved independently from or parallel to allopathic (conventional) medicine. Many are traditional systems of medicine that are practiced by individual cultures throughout the world. Major Eastern whole medical systems include traditional Chinese medicine (TCM), a whole medical system that originated in China. It is based on the concept that disease results from disruption in the flow of qi and imbalance in the forces of yin and yang. Practices such as herbs, meditation, massage, and acupuncture seek to aid healing by restoring the yin-yang balance and the flow of Qi. (TCM) and Ayurvedic medicine, a whole medical system that originated in India aims to integrate the body, mind, and spirit to prevent and treat disease. Therapies used include herbs, massage, and yoga, one of India's traditional systems of medicine.

Major Western whole medical systems include naturopathy, a whole medical system that originated in Europe. Naturopathy aims to support the body's ability to heal itself through the use of dietary and lifestyle changes together with CAM therapies such as herbs, massage, and joint manipulation. Other systems have been developed by Native American, African, Middle Eastern, Tibetan, and Central and South American cultures.”

There are two key points to remember in whole medical systems. One is a belief that the body can heal itself and two that whole medical systems provide for the customization of treatment. Interventions that one chooses are based upon an understanding of the relationship between mind, body, emotions and the soul. With this understanding, one can then draw upon interventions that can correct any imbalance and restore harmony.
The author will present current research on the relationship between health and spirituality. Then he will present some concepts and understandings from the work of Thomas Kuhn who wrote *The Structure of Scientific Revolutions*. Mr. Kuhn was very interested in how scientists switched their allegiance from one paradigm to another. This is particularly relevant to understanding the current conflicts between allopathic and holistic/spiritual/energetic medicine. And lastly, the author will present Total Health Recovery Program (totalhealthrecoveryprogram.com). He is the founder of the first program using quantum physics/vibrational medicine coupled with the use of master healers who are spirit guided, heart centered and extremely competent in their profession. Mr. Khalsa will present the historical development of the concept of this program, the design of the services, and how he worked with the practitioners.

### Research Findings Concerning the Relationship between Spirituality and Health

“Keep in mind that most research has been done on the relationship of religion and health not on spirituality and health. “What does National Center for Complimentary and Alternative Medicine (NCCAM) mean by studies on prayer and spirituality? It is important to start by explaining what CAM is: a group of diverse medical and health care systems, therapies, and products that are not presently considered to be part of conventional medicine as practiced in the United States. Within CAM, prayer is defined by NCCAM as an active process of appealing to a higher spiritual power, specifically for health reasons; it includes individual or group prayer on behalf of oneself or others. Spirituality is broader; it is defined by NCCAM as an individual’s sense of purpose and meaning to life, beyond material values. Spirituality may be practiced in many ways, including through religion.”

This is a new field and more precise definitions of each will follow. Also what has not been researched further is the effect of dietary practices embedded in individual religions that may be a major contributing factor to showing how religion impacts health. As they say in the scientific community these questions have heuristic value for future research. With that in mind, let’s proceed.

Over the past 20 years, mind-body medicine has provided considerable evidence that psychological factors can play a substantive role in the development and progression of coronary artery disease. There is evidence that mind-body interventions can be effective in the treatment of coronary artery disease, enhancing the effect of standard cardiac rehabilitation in reducing all-cause mortality and cardiac event recurrences for up to 2 years.

There is also a growing body of evidence that supports how mind body techniques positively effects immune functioning, physiology of expectancy (placebo response), stress and wound healing, surgical preparation and recovery time.

Patients who are highly religious by multiple indicators, particularly those involved in organized religious activities, remit faster from depression.

They Examined the health and longevity characteristics of persons over age 65 living in Cache County, Utah, the county with the longest life expectancy in the U.S. (the conditional life expectancy of men in this religious county in Utah exceed national norms by almost 10 years). Self-reported health and 10 dimensions of healthy aging were assessed, including religious participation an spirituality.

Results indicated that 80% to 90% of those aged 65 to 75 were healthy according to each measure used. Nearly 60% of those aged 85 and older reported they were in excellent health, and the majority were independent in their activities of daily living. In this highly religious Mormon population, analyses indicated that those who volunteered in a religious organization and those who attend worship/scripture study group were more likely to indicate excellent/good self-rated health, associations that lost statistical significance after adjusting models for both controls and mediators. Similarly, those who volunteered in a religious organization, read scripture/holy writings, attended worship/scripture study group, or had direct experiences of God, had significantly lower mortality rates (RR 0.47-0.79) in uncontrolled analyses. Even after adjusting models for controls and mediating variables, religious volunteers continued to have lower mortality (RR 0.78, 95% CI 0.61-0.99).

Dr. Engstrom, an epidemiologist from UCLA more than 25 years ago did a study of Mormon Bishops and found that they had 30 percent less cancer and heart attack mortality rates than the national average. However, they did not control for the effect that Mormon bishops do not smoke and drink coffee or caffeinated beverages. I believe this is a big factor. It would prove valuable to do a research project comparing the medical utilization rates between different religions, dietary habits (vegetarians vs. non vegetarians), smoking vs non-smoking and spiritual practices. The hypothesis here based upon current research findings would be that the religions that promote more healthy lifestyles, are vegetarians and non drinkers and none smokers would be the healthiest and use the least amount of medical services.

National Institute of Health (NIH) focused on Prayer and Spirituality in Health, in their newsletter, Volume XII, Number1: Winter 2005. It was titled Prayer and Spirituality: Ancient Practices, Modern Science. The National Center for Complimentary and Alternative Medicine, (NCCAM) is a division of the National Institute of Health. They were formed over 20 years ago to study whether or not alternative forms of health care had any benefit on health.

They reported in this article that many Americans are using prayer and other spiritual practices. This was confirmed by findings from the largest and most comprehensive survey to date on Americans' use of complementary and alternative medicine (see Barnes PM et al, in "Sources"). This survey of more than 31,000 adults, released in May 2004 by the National Center for Health Statistics and NCCAM, found that 36 percent had used complementary and alternative medicine (CAM), when prayer was not included in the definition of CAM; when prayer was included in the definition of CAM, 62 percent had used CAM (all figures refer to use in the preceding 12 months). Sixty two percent of Americans is over 180 million people! Among the respondents:

- 45 percent had used prayer for health reasons.
- 43 percent had prayed for their own health.
- Almost 25 percent had had others pray for them.
- Almost 10 percent had participated in a prayer group for their health."
Prayer was the therapy most commonly used among all the CAM therapies included in the survey. The report also addressed the use of other CAM approaches that can have a spiritual component, including meditation, yoga, tai chi, qi gong, and Reiki.

The newsletter goes on to quote Catherine Stoney, Ph.D., a Program Officer in NCCAM's Division of Extramural Research and Training, oversees many grants in NCCAM's mind-body portfolio. She noted: "There is already some preliminary evidence for a connection between prayer and related practices and health outcomes. For example, we've seen some evidence that religious affiliation and religious practices are associated with health and mortality—in other words, with better health and longer life. Such connections may involve immune function, cardiovascular function, and/or other physiological changes."

NCCAM is supporting research that seeks to discover how these alternative mind body techniques that have been around for thousands of years enhance or accelerate the healing process beyond what conventional medicine offers. Can these techniques increase people’s resilience to disease, reduce recovery time both within and outside of the hospital and increase one’s coping with stress and slow down the progression of diseases.

"The growing body of physiological evidence about these approaches is helping to shatter a long-held cultural belief in the West that mind and body are separate," noted Dr. Straus. "Indeed, the potential exists for safe and effective mind-body practices to add to the repertoire of conventional medicine. NCCAM is working to move study in this important field forward.

Margaret A. Chesney, Ph.D., NCCAM's Deputy Director and Director of the Division of Extramural Research and Training, said, "We at NCCAM look forward to finding out more from studies that examine ways that positive psychological states (including those that may occur in prayer) may be associated with positive health outcomes. We are also interested in finding out more about the health-enhancing effects that occur for persons who are able to experience serenity, positive meaning, and personal growth when confronted with challenge—such as daily stress or serious or chronic illness." She added, "The advantage of focusing our research on positive psychological states, such as positive meaning, is that people can be trained to increase these states, and the subsequent effects on well-being and health can be directly measured. By advancing the focus of research from prayer and spirituality to positive meaning and personal growth, NCCAM will be in a far better position to apply scientific rigor to this domain and to make discoveries that will be applicable to the widest range of people." 7

In conclusion of the Mind-Body Medicine: An Overview, they state the following:

“Evidence from randomized controlled trials and, in many cases, systematic reviews of the literature, suggests that:
• Mechanisms may exist by which the brain and central nervous system influence immune, endocrine, and autonomic functioning, which is known to have an impact on health.
• Multicomponent mind-body interventions that include some combination of stress management, coping skills training, cognitive-behavioral interventions, and relaxation therapy may be appropriate adjunctive treatments for coronary artery disease and certain pain-related disorders, such as arthritis.
• Multimodal mind-body approaches, such as cognitive-behavioral therapy, particularly
when combined with an educational/informational component, can be effective adjuncts in the management of a variety of chronic conditions.

- An array of mind-body therapies (e.g., imagery, hypnosis, relaxation), when employed presurgically, may improve recovery time and reduce pain following surgical procedures.
- Neurochemical and anatomical bases may exist for some of the effects of mind-body approaches.

Mind-body approaches have potential benefits and advantages. In particular, the physical and emotional risks of using these interventions are minimal. Moreover, once tested and standardized, most mind-body interventions can be taught easily. Finally, future research focusing on basic mind-body mechanisms and individual differences in responses is likely to yield new insights that may enhance the effectiveness and individual tailoring of mind-body interventions. In the meantime, there is considerable evidence that mind-body interventions, even as they are being studied today, have positive effects on psychological functioning and quality of life, and may be particularly helpful for patients coping with chronic illness and in need of palliative care.”

As we shall see later in the paper, Mind-Body medicine is a new field of medicine that evolved as a response to the crises in the allopathic paradigm. It remains to be seen whether or not it will be incorporated into the allopathic model or whether it will replace the allopathic model. Mind-body medicine focuses on the interactions among the brain, mind, body, and behavior, and on the powerful ways in which emotional, mental, social, spiritual, and behavioral factors can directly affect health. It regards as fundamental an approach that respects and enhances each person’s capacity for self-knowledge and self-care, and it emphasizes techniques that are grounded in this approach.

Most would say that Deepak Chopra is one of the leading proponents of a psychospiritual/holistic paradigm. His concepts of the relationship between spirituality and health are derivative from the theory and practice of Ayurvedic medicine. Ayurvedic, Chinese, Native American, Traditional African medicine and other medicines from Indigenous cultures have a very different understanding of what it is to be human; what one’s identity is; what one’s relationship to the creator is; what the purpose of life is; what the afterlife is and what one’s mission, destiny or job was to be on planet earth.

Kuhn would say that their medical practices where part of their paradigm-world view which took into account their cosmology and their relationship to it. Allopathic medicine is part of a Western paradigm with its understanding of what it is to be human and how to treat humans who have physical illnesses. Let’s look at some current statistics that would lead one to assert that we have a major crisis in our health care system and therefore supports the fact that we have a crisis in the allopathic paradigm and how the psychospiritual paradigm may be the better candidate to direct future research and practice in health care.

Medical care is the third leading cause of death in America according to T. Colin Campbell, Ph.D author of the China Study and Kevin Trudeau, author of the Natural Cures They Don’t Want You to Know About. One hundred Thousand die from the correct use of medications and the other 125,000 die from medication errors, hospital infections and doctor errors.
I would say that we have a crisis in the allopathic model of medicine. It does not seem that it can correct itself. No matter how much money is being spent on health care services and research, deaths due to cancer, heart attacks and diabetes continues to rise. Health care expenditures are now 15% of GNP.

Western medical science emerged with the use of new technologies that “saw” things that could not be seen with the naked eye. The hope and belief was that with the use of more and more advanced technology, we could save more lives and have better health care than ever thought. One thing to keep in mind is science is not better than nature. Science attempts to put nature in a box and study it. It strives through continued research to get a closer fit to actual reality.

Now traditional whole medical systems are emerging as competitors to the allopathic paradigm because they believe that they can better respond to the current anomalies/crises in the allopathic paradigm and that their interventions are more effective in healing patients. For the sake of discussion, the author will use the term psychospiritual or humanological paradigm. Humanology is the science of being human. This word was coined by Yogi Bhajan, Ph.D, Administrative Head of all Sikhs in the Western World.

Thomas Kuhn wrote the first book, *The Structure of Scientific Revolutions*, that tried to explain how natural scientists switch allegiance from one paradigm to another. He was also the first scientist that used the word paradigm that included one’s cosmological view, beliefs, attitudes, cause and effect relationships and ultimately one’s professional identity. It is a more inclusive term than model but most scientists use the term model instead of paradigm. Kuhn was interested in what the processes are that the scientific community goes through to either resolve the conflicts and continue to adhere to the dominant paradigm or switch to a new one that better explains the reality they are looking at and should then guide future research.

The easiest way to understand this is to think about the discussions that took place between those who believed the world was flat and those who believed it was round. Basically one has two different world views or paradigms. They cannot both be true. This is the type of crisis that the author believes the allopathic paradigm is going through today. Which paradigm is going to guide future practice and research?

During the 60’s, radical political economists from the University of Chicago took Kuhn’s concept of paradigm in the natural sciences and posited three societal paradigms-conservative, liberal and radical. They were trying to obtain a better understanding of social/political problems such as poverty. What one chooses as a problem is paradigmatic dependent as well as what you think the cause is as well as how one thinks one should intervene as well as how one would deliver the services as well as how one would evaluate one’s program. Below is a public health program development model to better understand how embracing a paradigm determines one’s response to a problem.

**PUBLIC HEALTH PROGRAM DEVELOPMENT MODEL**

1. INDICES OF DISEQUILIBRIUM 2. ETIOLOGICAL CONCERNS 3. SERVICE UNITS 4. DELIVERY SYSTEM 5. EVALUATION
Indices of disequilibrium refer to the question “Out of the universe of problems which one are you going to choose to address?” Etiological concerns refer to what one thinks are the causes of that problem. Service units refer to one’s interventions. Delivery system refers to how one is going to deliver the services and evaluation is what criteria is one going to use to determine the success of one’s interventions.

For example, if one embraces the conservative paradigm to address poverty in America, one would say that the reasons one is poor is due to some personality defect—the cause. The solution—service units could be prayer meetings, boot camps or strict disciplines, psychoanalysis. The attitude would be to pull one’s self up by one’s boot straps. The cosmological view might be that there are always poor people and there always will be and, in the last analysis, God ordains this condition or it is God’s will. Poverty is a moral issue. Program evaluation methods might focus more on church attendance than whether or not less people were poor.

If one embraces the Liberal paradigm, then one says that the solution to poverty would be to create equal access to education and equal quality of education for all. The cause of poverty is lack of education and lack of opportunity. Schools would be the best vehicle to deliver these services. It could come from mental health agencies who remove the barriers (increase motivation etc) to take advantage of education. The attitude here might be that we are all equal under God and that everyone deserves the good life. Program evaluation efforts might focus more on higher educational scores than the reduction of poverty. Again program evaluation protocols are paradigmatic dependent. If Native Americans are writing US history, one gets a very different view.

And lastly, if one embraces the radical paradigm one would say that one is poor because of the fact that ½ of one percent control 40 percent of the wealth of America. It is this structural/income distribution that is causing so many people to be poor. The service unit or interventions would be a fundamental restructuring of American society. Political rallies, protests, teach-ins, mass media exposure to these facts of structural, institutional policies that prevent a solution to the problem because vested interest groups benefit too much from the way things are. Here program evaluation would focus on how many people rise out of poverty. One would focus on flattening the pyramid of income distribution so that there were not such disparities.

As one can see now, depending upon which paradigm one embraces, one has a very different belief about causes of the problem, why a person is poor, what should be done about it and how a program would be evaluated.

The author believes that when one uses these societal paradigms coupled with two contrasting health paradigms—allopathic and psychospiritual/holistic/humanological, one will have a better framework to understand both the crises in health care and the crisis in the allopathic paradigm and why a psychospiritual paradigm which includes mind body medicine is the paradigm to align one’s self today and tomorrow. The author believes that the psychospiritual/holistic paradigm with its whole medicine service units will demonstrate that it can increase the health and quality of life for all. It can do it cheaper, the results will last longer and it can produce states of being far superior than what the allopathic paradigm has done. The allopathic paradigm is mainly concerned with symptom abatement not optimum health and well being. Allopathic medicine is not whole person focused.

DO WE HAVE A PROBLEM?

The author would like to choose addiction as an index of disequilibrium since he has had a great deal of experience in this field.

It is estimated that 20% of Americans use about 50% of all illegal drugs in the world. This accounts for somewhere between 60 and 80 percent of all crimes committed in the U.S. (1) Almost 80% of inmates in State prisons are there because of substance abuse and dependence. Approximately 65 to 70 percent of inmates that go on parole are sent back to prison within three years. (Bureau of Justice
The Corrections budget in New Mexico, where I worked, was $224 Million for year 2004. The average yearly cost to house an inmate is $30,000 a year. The average length of time an inmate spends in prison once they are returned is 3 years. Each inmate returning then costs the tax payers approximately $90,000 excluding court costs. The Corrections budget for California is close to 4 billion dollars which recently equaled the total New Mexico State Budget! California now has close to 200,000 in their state prisons. Six hundred thousand inmates are released from state and federal prisons and juvenile facilities to their communities every year. (CDC, IDU, KIV Prevention, August, 2001, Page 1). By 2010 it is estimated that close to 2 million men and women will be released nation-wide.

- There are 13 million active addicts and alcoholics in the U.S.
- Addicts have a 600 percent higher suicide rate over the general population.
- One third of all deaths are related to alcohol.
- Ninety percent of family violence is related to alcohol.
- Seventy three percent of motorists stopped by police in 1988 tested positive for drugs.
- One of eight alcoholics will die within 5 years of treatment.
- Fifty percent of people in recovery have a relapse within the first year.
- In thirty eight percent of child abuse cases, the perpetrator drank prior to the offense.
- In 1987, 600,000 were in treatment for alcohol and drugs.
- In sixty one percent of assaults the offenders were drinking before the offense.
- Heavy drinkers have a mortality rate of more than twice the general population.
- Half of all admissions to hospitals are related to drug and alcohol use because their physical systems breakdown. These facts and figures were recorded watching the 12 Step Videos from Ambrose Publishing (Steps I-II). In 1992 the economic cost to the US society of drug and alcohol abuse was estimated to be $245.7 billion. Of this cost, $97.7 billion was due to drug abuse. The cost has increased 50 percent over the cost estimate from 1985 data. If we use the same percentage increase per year 7 percent, then in today’s figures, the total cost would be approximately, $435 billion!
- It is obvious to the most casual observer that whatever we are doing is not working societally or individually. Using medical treatment derivative from the allopathic paradigm has totally failed to effectively treat the chemically dependent. The relapse rates are too high. Epiphanies do happen as the story of Bill W and others attest to. We need to orchestrate the conditions for this to happen for more people on the path of recovery.

From a radical paradigm perspective the problem of addiction which has reached this magnitude can not be reduced by treating the addict. But what we can do as clinicians and health administrators, is to offer super effective treatment. Treating the chemically dependent as a resurrection process is a very different concept and treatment goal for most clinicians. Yet for me this is the heart of the matter. To design and apply an effective treatment model of addictions, we must challenge and change the belief that the majority of the etiology of the problem resides in the individual not in the family, community and society. The individual can rise above the voices and contradictions that arise in the family and society, but only with a profound shift of awareness, a new relationship to their body, and a confident ability to use tools that Total Health Recovery Program offers to take command of their emotional reactions, flow of thoughts and level of energy and consciousness.
What are some of the characteristics of the allopathic and psychospiritual paradigm applied to addiction.

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<tr>
<th>Allopathic Model</th>
<th>Psychospiritual/Humanological Model</th>
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<tr>
<td>1. Alcoholism and addiction are diseases. Alcoholics have a personality defect.</td>
<td>1. Your state of health is determined by your choices.</td>
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<td>2. The best an addict or alcoholic can achieve is temporary sobriety—one day at a time. It is heresy to suggest that one can get recovered.</td>
<td>2. Ecstasy of consciousness is your birthright.</td>
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<td>3. One gets sick because some germ from the outside invades you.</td>
<td>3. You are a spiritual being having a human experience. You are not a human being seeking a spiritual experience.</td>
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<td>4. Doctors know best. They are seen as Gods.</td>
<td>4. Body, mind and spirit are not separate. Your behavior and attitudes are derivative from your state of awareness and consciousness.</td>
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<tr>
<td>5. Individual has little or no responsibility for their illness.</td>
<td>5. Addiction is a spiritual disease.</td>
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<tr>
<td>6. Only the doctor can cure them.</td>
<td>6. You are perfect just the way you are.</td>
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<td>7. Your disease will be eliminated some day when we find the gene that is causing you the problem.</td>
<td>7. You create your own reality. If you do not like the one you have created, you can create another. The television has many channels playing at the same time, change the channel and you tune into a different frequency and you get a different picture.</td>
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<tr>
<td>8. Life style is seen neither as a cause of your problem nor as a solution to it.</td>
<td>8. Every physical symptom has both a psychological and spiritual meaning.</td>
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<td>9. Embraces mind body dualism. Mind is separate from body.</td>
<td>9. We have been conditioned to be more comfortable with pain and suffering than with joy and bliss.</td>
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<tr>
<td>10. Environmental and cultural factors have nothing to do with disease.</td>
<td>10. Changing one’s consciousness is the therapeutic task.</td>
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<td>11. Attempting to discredit and punish alternative therapists are acceptable practices and in the best interest of the public.</td>
<td>11. Alternative therapists have a lower percentage of law suits filed against them compared to doctors.</td>
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A DISCUSSION OF THE PERCEIVED TREATMENT BENEFITS CHOOSING EITHER THE ALLOPATHIC OR PSYCHOSPIRITUAL PARADIGM

Sticking with addiction as the index of disequilibrium, the author can now compare and contrast the two paradigms in terms of policies and treatments for the addict. Remember the choice is paradigmatic dependent. For example, one might choose addiction if one embraced a conservative paradigm as the problem to focus on or I might choose institutional corruption as an index of disequilibrium if I embraced a radical paradigm with respect to this health issue. I would do this because in my world view/paradigm, addiction is a by-product of a corrupt society and I would assert that the cure of addiction is to reduce societal corruption.
If I embrace a conservative paradigm I would say that an individual is an addict because of some personality defect. If he was stronger he could stop or as Nancy Reagan said, “Just say no.” One would suggest services that removed or ameliorated the personality defect and so forth as we pointed out about the cause of poverty earlier.

If one embraced a liberal paradigm, one would say that individuals become addicts due to the effect of the drug itself. That it is a disease and that the cure for addiction is treatment based upon the medical allopathic model. One would increase the amount of treatment programs i.e., throw money at the problem, increase access and perhaps involve the family. Length of sobriety is the measure to judge success.

If one embraces the radical paradigm, one would say the reason why we have addicts, is a due to societal factors such as institutional racism, institutional corruption on the political economic side and mass media conditioning concerning what making it means in society. Interventions that reduced injustices, discrimination, corporate greed etc. would significantly reduce addiction.

Now let’s bring in the two competing medicine paradigms—allopathic and psychospiritual/holistic. These refer now more to how one would treat addiction medically which is paradigmatic dependent. Keep in mind that both of these medical paradigms are embedded within the political economy.

If one embraced the allopathic paradigm with respect to treating addicts, one would now say that it is a disease. The treatment interventions would in all likelihood include anti depression medications, anti anxiety medication and sleep medications. It might also include methadone which is more addictive than heroin. Some of the medications administered are addictive themselves but are justified. Little attention or value is given to interventions that might balance brain chemistry or look at diet as a way to restore balance. In addition to this medical approach, one would be referred to AA/NA. Here one is to believe that once an addict always an addict and that it is heresay to say one can get recovered.

In summary, the allopathic paradigm applied to treating addiction when it faces failure (there is a 70% relapse rate for individuals that go through treatment) asks for more money to open more treatment centers to treat the increasing number of addicts in society; asks for better drugs to control the symptoms and side effects of using drugs; increases outreach efforts to bring more addicts into a system that does not work; and disparages other promising approaches; and looks for the elusive gene that predisposing one to become an addict. The statement is made that relapse is part of recovery.

If one embraced the psychospiritual paradigm with respect to treating addicts, one would agree with the statement of Hippocrates, “I would rather know the person who has the disease than know the disease the person has.” One would start on a journey with the client to discover core issues. Addiction is seen as a portal through which the client walks through for a transformative experience and healing. One would agree whole heartedly that we are spiritual beings having a human experience. The addiction is a symptom of something much deeper and is a spiritual disease. The belief here is that addiction can be cured when one produces the opportunity for changes in one’s awareness and consciousness. And that these changes in awareness and consciousness have a major impact on the biochemistry of the person. This is supported by Bruce Lipton, Ph.D. who wrote the Biology of Belief.

A psychospiritual program chooses different staff. One is looking for spirit guided, heart centered and masters of their technique. The job description for the therapists and counselors may shift from addiction therapists to servants of the soul. The staff identities shift from professional, personal and physical to infinity. Choosing staff that have THAT identity are very different and have a profound impact on the healing process of their clients. The program also invests in team building which allows for the processing of client issues as well as the issues of the staff in treating the clients. Clients are viewed as gifts to the
staff because each client brings with him or her an issue that a staff has which he or she may be unaware. That is the gift. Staff are not seen as greater than or better than or smarter than the clients that come for help. There is an awareness that each client is sent from God not from the local referral agency, and that our work is to create a sacred space for this individual to heal.

The agency might use acupuncture, chiropractic, yoga, prayer, meditation, herbs, supplements, drumming, vision quest work, Native American sweat lodges, soul retrieval sessions, entity removal, mineral hot baths, music, dance and art therapy. Plant based nutrition would be critical in treating the chemically dependent for all of the reasons that T. Colin Campbell enumerates in his book, *The China Study*. In addition to these therapies, one might use state of the art energy medicine devices such as the Scio, (scio.com) that both diagnose and treat the individual along with restoring vibrational harmonies among the body, mind and spirit. The Scio is such an energy medicine devise. The goal of treatment here is transformation. The goal of treatment in the allopathic paradigm is symptom abatement.

The goal here is to move way beyond reducing cravings to experiencing joy and happiness and to embrace life. This type program goes to the core issues and core causes. The belief here is that if you address addiction or health problems at this level, you can get individuals recovered, not just to be in recovery. Traditional approaches that focus only on symptoms may provide some relief but fail to nurture the spirit or feed the soul. There is a better way, a natural way, based on clearing the stress and toxification from the physical body and strengthening the constructive emotions that give hope and courage to change. This process promotes the awakening of consciousness to relate to the soul for clarity and guidance.

“Quantum healing is healing the body-mind from a quantum level. That means from a level which is not manifest at a sensory level. Our bodies ultimately are fields of information, intelligence and energy. Quantum healing involves a shift in the fields of energy information, so as to bring about a correction in an idea that has gone wrong. So quantum healing involves healing one mode of consciousness, mind, to bring about changes in another mode of consciousness, body.” This is a quote from an interview conducted by Daniel Redwood with Deepak Chopra in an article titled Quantum Healing.

In this same interview Dr. Chopra said that he is very unhappy with the mechanical allopathic approach of contemporary medicine which says that there is a magic bullet in the form of a pill for everything we have. And the fact remains that none of our medical interventions either get to the root cause of disease, or make a significant difference in mortality or morbidity. They just alter its expression.

“It's frustrating to see patients again and again, and to keep giving them sleeping pills, tranquilizers and antibiotics, for their hypertension or ulcers, when you know you're not getting rid of the problem or disease. The word "cure" is not even used. You are just treating the patient. "Curing" is a term that all physicians avoid. Our training is not oriented toward that.”

It is time for a radical shift in our understanding and thinking about spirituality and its relationship to health. The proponents and practitioners of the psychospiritual paradigm believe that they have answers to the crises or anomalies found in the allopathic medical paradigm. The caliber of solutions that the psychospiritual practitioners offer cannot come from the traditional medical model because they have a fundamentally different understanding of what it is to be human and how the body, mind
and spirit interact. The proponents of psychospiritual paradigm have different goals and treatment interventions to keep one healthy, vibrant, lucid, relaxed and joyful. These last states of being cannot be treatment goals in the allopathic model since it is based upon symptom abatement and the myopic thinking that physical problems have no psychological and spiritual components.

Deepak Chopra, Dean Ornish, Larry Dossey and Andrew Weil are four of the most sought after medical doctors for seminars, speaking engagements, conferences and workshops. These four have had a major impact on rethinking the diagnosis, assessment and treatment of human beings. To go a step further, they are bringing into question some of the dearest held assumptions, theories and concepts of the etiology of disease, what the nature of disease is and how one should treat or heal human beings.

Dr. Dean Ornish has conducted research studies showing that practicing yoga and eating a vegetarian diet does, in fact, reduce heart disease. Because of these findings he was able to persuade Mutual of Omaha to reimburse patients for going through his program at $3,500 a person. This is a great savings to Mutual of Omaha because they would have had to pay $30 to 40 thousand for heart surgery.

What these four doctors have accomplished is most impressive. It is more noteworthy that Dr. Chopra and Dr. Ornish had spiritual teachers who shared their ancient wisdom with them. Swami Muktananda was Dean Ornish’s Guru and Maharishi Yoga was Dr. Chopra’s Guru. Yogi Bhajan was the spiritual teacher of Mr. Khalsa. Yogi Bhajan was world renown for his teachings and influence in spirituality, healing and business. He was the one responsible for the 3HO Superhealth holistic residential treatment center in Tucson, the only JCAHO accredited residential treatment center for the chemically dependent in America.

The major healing advances of the future will be coming from the ancient cultures and current practitioners of this ancient wisdom. These master practitioners have a spiritual base and have a systematized reservoir of healing technologies that are derivative from that spiritual base which are thousands of years old.

These cultures and their teachers better understood the relationship between body, mind and soul and have found ways to access higher states of consciousness and therefore higher states of health. The Allopathic medical model is not well suited for personal growth, healing and soul development. Health paradigms that are based upon understanding consciousness and its relationship to healing are much better suited for the healing centers of today.

Entering the 21st century, the American consumer is more concerned than ever with fitness and health. Americans, in record numbers, are attempting to quit smoking, lose weight, and most of all, lower cholesterol. At the same time, the evaluation of a decade’s worth of health care data has led the medical community to recognize

“...that helping patient’s change their personal behavior does far more than anything else to prevent the leading causes of death in the U.S.” (Report of the U.S. Preventive Services Task Force). This includes addictive behavior.

I am proposing that we embrace a new model. Symptom abatement cannot be the only goal of treatment. Increasing awareness and consciousness are the goals. With symptom abatement one can only hope to occupy the lower rungs of health. We are conditioned to believe that if we do not have cancer, heart disease, diabetes that we are healthy. With the psychospiritual model of treatment, one can achieve optimum or super health.
Our goal will ultimately be to improve the total health and consciousness of that individual. That is our contract with the client. In a psychospiritual paradigm, states of health is directly related to the dynamic interaction among the body, mind, emotions and soul. We need more comprehensive holistic training. We need to change the parameters of scope of practice and/or we need to make it okay to use these practitioners in the treatment and healing process of our clients.

My goal is to share some of the perspectives, techniques and approaches that I have used and experienced over 35 years. There is a way to provide for self-healing and ultimately for self mastery with application of tools that I have learned. It is possible to move away from the core thought in the addictions field—once an addict always an addict. One’s core identity can shift from addict-slave, to a self realized human being-master. That is the resurrection process.

If I hold a television in one hand and the cord in the other hand and start shouting at the T.V. for not working, how does that look to you? You would say, “Stupid”. What would you tell me to do? Plug it in. I say the same to you. Plug into your source and you will get the picture. All stations are playing at the same time. You have just dialed into a certain frequency and you are getting the picture broadcasting at that frequency. Tune into another frequency and you will get a different picture or reality. Herbert Benson, M.D. is the Director of the Mind/Body Institute at Harvard. One of his chapters in his recent book, Timeless Healing the Power was titled, “Wired for God”. This is a radical statement coming from Harvard. I believe it is true and I believe that we can go direct to the manufacturer—The Source. It is not a question of His Presence. It is a question of access. You dial the right number and you will get an answer. Meditation and yoga have thousands of years of history in achieving and maintaining this connection.

The resurrection process is when you as a human being, a child of God, can reconnect with your higher power, your Source, and have the experience of that reconnection and hold it so that it is not a once in a lifetime event but a common occurrence. You have, in essence raised your frequency, energy, consciousness, whatever you want to call it to the point where you are operating on all eight cylinders instead of 4 or 6. The purpose of treatment for the chemically dependent, for example, is to give each person the experiences and tools for their own transformation and resurrection.

Summary

There is a growing body of research that indicates that spirituality positively impacts on health. Of course nothing is a one-way street. One’s health also impacts on one’s spirituality i.e., the expression of it; the need for it; the denial of it; anger, frustration and grief that serious health challenges present. Mind-Body medicine has emerged as a response to the crises in the allopathic model. The psychospiritual paradigm includes mind-body medicine. The author believes that consciousness research will produce many benefits that could not be gotten from continued research in health issues such as addiction by the allopathic model. Many unexplainable events which could not be explained in the allopathic model, are much more easily explained in the psychospiritual paradigm such as epiphanies, spirit possessions, remote viewing, placebos, and spontaneous healings.

Dr. Kaiser gives us a view of the future from an evolved state of awareness. Dr. Leland Kaiser is a prolific author, prominent educator and nationally-known public speaker. He is a recognized futurist...
and acknowledged authority on the changing healthcare system. Dr. Kaiser is president of Kaiser & Associates, a healthcare consulting firm located in Brighton, Colorado. He also holds an appointment as an associate professor, Graduate Program in Health Administration at the University of Colorado at Denver.

The following is a quote from Dr. Leland R. Kaiser, Ph.D. publisher of “Healing Healthcare Network Newsletter”, Volume 5, No. 3 1994 p. 12.

“The transformational leader is pulling in high energies because she is attuned to overall cosmic purposes, i.e., the healing and restoration of the planet earth. These energies manifest in her life space or work environment as synchronistic, synergetic, and serendipitous effects.

A group of transformational leaders working together blend energies and create vortex effects that can bend space, alter time and change circumstances. In the future, they will form the nucleus of metanoic healthcare organizations that probe the limits of this creation.

Through mind linking, transformational leaders planet-wide will create “virtual Organizations” that amplify and focus mind power on planetary restoration projects.

In healthcare, we will see evidence of the new paradigm with recognition of the hospital’s mind field and its energetic impact on patients, employees, and the community. Healing healthcare requires activation of our higher senses in order that we may perceive and direct transformational energies. All of these energies must pass through the body/mind vehicle of the healer. They must be conducted from one living system to another living system. The two systems must be tuned to one another to permit transfer.” Fifteen years ago, the health care and addiction industry would have thought these physicians were crazy. Now Dr. Kaiser has a major impact on the delivery of health care nationwide. He speaks to over a 100,000 people a year about his concepts. The time has come for us to boldly go where no man has gone before. It is time to show-case to the world a better way to treat human beings. It is our commitment to bring forth this new form of organization and services derivative from a new paradigm.

VI. BACKGROUND OF THE AUTHOR

I graduated from the University of Michigan School of Social Work in 1969. Before I entered graduate school, I had to decide whether to major in the traditional clinical casework or community organization/administration track. I chose the later. I wanted to be a conscious administrator and hire great clinicians. I would be their support for both good clinical work as well as changing the systems that had negative impact on so many people.

It is my own personal story of self-transformation that I believe is the foundation for doing the work I do. What I have to offer comes from my experiences working with the severely handicapped, mentally ill and chemically dependent for over 30 years. I have worked at the Battle Creek Institution for the Retarded, County Mental Health and Retardation Boards, 3HO SuperHealth was the only holistic residential treatment center to ever be accredited by the Joint Commission on Health Care Organizations, and at a State Forensic hospital. Most recently I was the Mental Health Services Bureau Chief for the New Mexico Department of Corrections. In this position, I was in charge of the mental health delivery system in all of the prisons.
I have had extensive experience as an administrator, clinician, program planner and developer, grant writer, educator and yoga teacher. I have worked in the medical model, prison custody model and in holistic treatment model. Effectiveness comes down to consciousness and awareness. Ultimately, the bottom line is not having one technique or even a collection of techniques to use what accelerates profound change. It is who one is as a person. How deeply can one’s character penetrate the defenses and hypnotic shells that defend the real emotions and power in each person. How well can one be present in each moment and each encounter to open possibility and hope, and to show the gap between consciousness and the actions of the addict?

Life Changing Story

In 1986, I was hired as a clinical social worker on a psychiatric unit at Patton State Hospital in southern California. The very first patient I was assigned to was Nancy. She killed her two children by drowning them in the bathtub because she was trying to save them from the Devil. She hardly spoke to anyone on the unit. I had never worked with anyone like that before. I did not have a clue how to approach her let alone work with her. I felt incompetent and impotent. What could I possibly say or do that would help her? So I went directly to the Source. I said, “Okay God; there must be a place in me that has the same pain as she feels. Help me find it. I believe that we are all One and that the Universe is holographic. One point contains everything.”

I was seeing a body worker at that time and I asked God to find the point in my body that stores that kind of pain. She was working on my right shoulder blade and she hit the point. I asked God what was that and how old was I when I felt that. The answer came back that I was five and my posture was I had my arms raised up to protect myself from getting hit from my father and my plea was, “Daddy, daddy don’t hit me, I am okay.” As soon as I raised my arms to that position, the tears came rolling down my face and I had a taste of what she must feel all of the time.

I went back to the Mental Hospital the next day to see Nancy. I shared with her that I did not know what to say to her and that I asked God for help. I told her what happened the day before and I shared my pain with her. She was startled and said that is actually how she felt. I said to her that she gave me a great gift. She roared back, “I do not give gifts, I killed my children.” I said that I was a better person after meeting her than I was before and that was the gift to me. This was the beginning of the therapeutic alliance.

This was a turning point for me both professionally and personally. There was nothing objective about what I did. What is in me is in others and what is in others is in me by the very fact that we are human beings. And in being human beings, we can access each other through the heart and soul—No Man is an Island unto himself. If I would have only objectified her and made judgments even good clinical judgments, I knew that I could not be of service to her. I would have all of the information that would constitute a professional psychosocial history but I would not have been able to reach her so deeply so quickly.

When one combines intuitive/subjective assessments with objective fact based assessment, one can create a depth of treatment alliance that is unreachable by objectivity alone. Opening up and allowing for a spiritual connection made it possible for me to be a conduit of connectivity to a higher source for both me and the patient. (This, by the way, produces a secondary benefit of minimizing burn out).
When I would create a sacred space by intention, burn out was a foreign concept. Preparing for and allowing for guidance from a higher source is the hallmark of a psychospiritual approach. Sooner or later one comes to understand that you are not the one doing but that you are being guided.

Wherever I have worked I have won the trust, respect and love of the chemically addicted. I was not the professional staff who aligned himself with the correctional philosophy that these are bad men and need to be punished. I embraced their light and not their darkness. I helped them shine forth. As Marianne Williams, author of the Course in Miracles said, “Our deepest fear is not that we are inadequate. Our deepest fear is that we powerful beyond measure. It is our Light, not our darkness, that most frightens us. We ask ourselves, who am I to be brilliant, gorgeous, talented and fabulous? Actually, who are you not to be? You are a child of God. Your playing small doesn’t serve the world. There’s nothing enlightened about shrinking so that other people won’t feel insecure around you. We were born to make manifest the Glory of God that is within us. It’s not just in some of us; it’s in everyone. And as we let our own Light shine, we unconsciously give other people permission to do the same. As we are liberated from our own fear, our presence automatically liberates others.” This inspiring quote by Marianne Williamson is from her book, A Return To Love: Reflections on the Principles of A Course in Miracles, Harper Collins, 1992. From Chapter 7, Section 3 (Pg. 190-191).

At the time I was in graduate school, no one talked about how to reach the patient or client this way. It was all about the mind and how it functioned or didn’t function. Carl Jung was one of the few psychoanalyst that dealt with metaphysics, spirituality etc. But the Social Work School did not teach students in his theories or practices. We have objective science that deals with what can be seen, felt, tasted, and heard but nothing about love, joy, compassion, kindness, truth—the things that provide meaning in ones life.

IDEAL PROGRAM-TOTAL HEALTH RECOVERY PROGRAM

Total Health Recovery Program (THRP) evolved out of the 3HO Super Health Program in Tucson, Arizona which existed from 1976 to 1991. It was inspired by Yogi Bhajan, Ph.D., the Administrative Head of all Sikhs outside of India. Yogi Bhajan was a master of Kundalini yoga at the age of 16. He was the first to teach this yoga in the United Sates. Yoga Bhajan launched several very successful businesses. The first one was Yogi Tea company. The second one was Akal Security. He was a spiritual teacher to many throughout the world and was directly responsible for establishing Sikh spiritual communities all over the world. The 3HO Super Health program in Tucson was the only natural healing yogic based residential substance abuse treatment center located in an ashram—spiritual community ever to be accredited by JCAHO in 1978. Later it received an accommodation from JCAHO as being in the top five percent of residential treatment centers in America. The author was their program director for five years.

Every guest that came to the 3HO program met the criteria for substance dependence. But what they received as treatment came from a totally different paradigm. This program was managed and staffed by yogic therapists for the most part. The most transformative element of the program was not the degrees or licenses that the staff had but their ability to engage in a spiritual alliance with the addict and teaching Kundalini yoga—the yoga of awareness.
The total focus of this program was bringing the guest out of unconsciousness into a higher state of awareness. What we saw that their cravings and psychological attachments to their drugs lessen and that those who finished the program had transformed themselves. By the time they left (six month program), they were drug free and living a very healthy lifestyle.

3HO Super Health included three Kundalini yoga classes a day, ayurvedic, homeopathic, Bach Flower remedies, Chiropractic, juice fasting, massage, sound therapy, hiking, vision quest work, meditation and using food as medicine. This was quite remarkable achievement for Sikhs wearing turbans to be accredited. There was no other program like this in America and there still isn’t.

Now, twenty-six years later after my 3HO Super health experience and having explored multiple healing techniques, health products and equipment and world-class healers, what would I design now? I would keep intact all of 3HO SuperHealth program and I would add to it in certain ways. The following list represents treatment and assessment options. Depending upon client needs some or all of these would be offered.

1. Cellular detoxification program using plant based nutrition that is tailored to one’s metabolic and super supplements that is determined by testing one’s bio-field.

2. Assessment Process: The assessment and diagnostic process would, in itself, be a healing experience. This is where you start establishing a therapeutic alliance.
   a. I would use quantum physics/energy medicine devices such as the SCIO machine for the diagnostic and treatment purposes. This provides a very comprehensive assessment of all mental, emotional and physical systems of the body. This FDA biofeedback machine was developed by Bill Nelson a NASA doctor who was responsible for assessing the health status of the astronauts on the ground as well as when they were orbiting earth. It can do subspace diagnostics as well as treatment.
   b. Live cell blood analysis where the guest would see their own blood on a monitor and the clinician would be explaining the condition of their blood and how it relates to their health. Something verypowerfully happens when you look at your own live blood. This really gets a person’s attention and brings them out of denial of what they have to do to get better. This is a very powerful motivator that helps one take the first steps in making a commitment to change and following through.
   c. Brain State Conditioning maps the brain and assists in balancing and harmonizing brain frequencies. Very good for trauma work and addictions.
   d. Next, I would use Rayid Interpretations. This system allows both the guest and the clinician to identify one’s gifts and challenges in one’s life. It accurately pin points the emotional, psychological and transgenerational issues that are in the DNA and then provides the guest with exactly the right therapies to achieve balance and integration in their life.
   e. Soul Retrieval work as outlined by Sandra Ingerman.
   f. Behavior Kinesiology as used by Dr. David Hawkins is a diagnostic system that lets one find out what the core issues are in about 15 minutes. See his book, The Eye of the I, David Hawkins, M.D., Veritas Publishing, 2001, Sedona, Arizona
   g. Network Chiropractic
   h. Acupuncture
To my knowledge no center or human being has used and combined all of these services to both develop a treatment plan and treat the client. Much treatment is provided and experienced during the diagnostic and assessment process. By the end of this process, the guest knows that you know them at the heart and soul level. This is where you build an incredible therapeutic alliance in a very short period of time. This then allows one to get treatment compliance. You know in this system that once the person starts the program they are going to feel better which leads them to take on more disciplines and the more intense therapies. They are embarking on an upward spiral which directly counteracts their life experience of a downward spiral.

A treatment plan would be developed with a multi-disciplinary team of individual clinicians presenting their findings with the guest present. This profound in depth assessment process almost guarantees treatment compliance. There is much less resistance to treatment when one is reached at this level. This process of assessment not only identifies the correct treatment but the correct sequence of administering that treatment. Few other providers have that sophistication. If the person needs massage, what kind is needed? Rolfing, Swedish, etc. How many massages do they need? What should be the sequence and frequency of these massages? All of the answers to these questions come from the above diagnostic procedures and the intuitiveness of the staff. There is no guess work here and therefore, this is the best risk management program in the world.

In essence one’s treatment of each guest is extraordinarily customized to their exact needs in the moment. And, one is able to detect on an ongoing basis, changes in health that would require treatment plan updates. If herbal supplements are indicated for a particular guest, how many to take, how many times a day and for how long are readily evidenced. This level of assessment and treatment cannot be done by the average licensed professional.

SUMMARY

A psychospiritual holistic approach holds much promise in increasing the treatment effectiveness with the chemically dependent. Both the 3HO Super Health program and Total Health Recovery Program have demonstrated that there is a very positive relationship between spirituality, health and recovery.

References


