The Mind, Body, and Spirit Connection in Psychotherapy

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Abstract

The concept of mind, body and spirit were investigated to understand the connection between the three in creating inner peace and wellness. Talk therapy engages an individual’s cognitive processing which can also trigger defense mechanisms. Defense mechanisms can make it difficult for individuals to experience inner peace and well being. Psychological implications of addressing mental health goals through mind, body, and spirit interventions were determined by the examination of peer reviewed literature. Results suggested that with some risk factors, addressing the mind, body, and spirit through alternative techniques, including movement and art therapy, along with talk therapy proves to be useful. The research suggests that by bringing connection and balance to the mind, body, and spirit, an individual may create inner peace and wellness.
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# Table of Contents

Introduction 5

Mind, Body and Spirit 6

- Mind and Mental Health 6
- Body and Physical Health 7
- Spirit 8
- The Interconnection of Mind, Body and Spirit 9

Historical Views of Mind, Body and Spirit through Different Cultural Perspectives 11

- Eastern Perspective 11
- Native Perspective 12
- Modern Western Perspective 13

Disconnection of Mind, Body, and Spirit 13

- Disconnection of Body and Mind 13
- Defense Mechanisms 14
- Organ Dialect-Orga Inferiority 15

Passing the Defense System to Bring Connection to Mind, Body and Spirit 24

- Getting Past the Defenses into the Subconscious 24
- Mandala Drawing 25
- Movement Therapy 26
- Applying Theory that Enhances Mind, Body and Spirit Connection 26

Conclusion 38
The Mind, Body, and Spirit Connection in Psychotherapy

An individual can experience inner peace and wellness by bringing connection and balance to mind, body and spirit. (Chan, et al., 2006; Hears, 2009; Krieger, 2009; Sperry, 2009). Wellness comes from the ability to live congruently with one's values, desires and beliefs (Pisarik & Larson, 2011). This means that the individual is able to be connected with the psychological, physical, and spiritual parts of him or herself. To have interconnectedness, the individual must be connected with these parts and understand how they impact one another to maintain balance between them.

Eastern modalities of individual care have evolved by taking into consideration the interconnectedness of the individual’s mind, body and spirit. Western culture is slowly warming to the concepts of interconnectedness, but because mind, body and spirit connection is a fairly new concept in western society, clients may be resistant to consider this type of therapy as they have become accustomed to traditional talk therapy. While talk therapy does benefit the client, it often engages the defense mechanisms that keep one from finding and understanding an individual’s core issues (Driver, 2005; Hears, 2009; Sidoli, 1993). Fear of the unknown is a common factor in engaging a person’s defense system (Driver, 2005; Leseho & Maxwell, 2010).

Individuals and therapists coming to mind/body therapeutic work may encounter the problem of the therapist trying to be the client's spiritual leader (Post & Wade, 2009). While mind/body therapies have their risks, the risks do not appear to outweigh the benefits of what research is showing to be a gentler, easier, and quicker way of reaching inner peace and wellness. Therapies that assist clients in finding inner peace and wellness assist the client in having the ability to tap into that wellspring of inner peace and wellness even in the midst of great tribulation.
Despite the hurdles this therapy has before it in modern Western therapy, the effort to bring inner peace and wellness through connecting and balancing the mind, body and spirit using different forms of therapy appears to be worth the endeavor (Chan et al., 2006; Fosarelli, 2002, Leung, et al., 2009). The holistic perspective of health dates back prior to written language (Portman & Garrett, 2006). It is also found in indigenous cultures in India, Asia, Africa, Latin America, North America and the Middle East (Chan et al., 2006; Moodley & Sutherland, 2010; Olson et al., 2011; Pan, 2003). To understand the interconnectedness of the body, mind and spirit we must explore them individually and then determine how they interconnect.

**Mind, Body and Spirit**

**Mind/Mental Health**

The mind is the perceived inner world responsible for processing and communicating interaction with the outer world (Driver, 2005; Sperry, 1999). The outer world includes places of interaction with society; work family (Driver, 2005; Sperry, 1999). This, in relation to the inner world, is how a person thinks and processes his or her interactions with the outside world. Researchers are suggesting that how a person perceives his or her surroundings is based on the conclusions he or she draws in with their mind about his or her surroundings. Perception is based on mental conclusions. This implies that the mind is not only what a person thinks, it also includes interaction with an individual’s surroundings.

The mind appears to be the center of a person’s being. The actions of a person represent their mind at work. Mental health is concerned with the cognitive and emotional well-being of a person (Leseho & Maxwell, 2010; Pan, 2003; Satori et al., 2012). Well-being is the ability to utilize the emotional and cognitive functions in society to meet the demands of ordinary life and feel well about it (Satori et al., 2012). The cognitive mind is the faculty of understanding which
includes, but is not limited to, memory, processing speed, and attention (Sartori et al., 2012). Memory, processing speed and attention being vital components of the mind implies that the mind's health is also conditioned by physical health.

**Body/Physical Health**

Physical health is the overall condition of the internal and external body. The internal systems, such as neuroendocrine and central nervous system as well as the organs, function without conscious awareness (Sperry, 1999). For example, one does not have to think about breathing to breathe, or will the immune system to release white blood cells to kill off sickness. Research suggests that although we do not have to consciously make the body work, we should have body awareness (Canales, 2004). Body awareness has a strong correlation to inner awareness or intuition which assists in appropriate health care decisions (Canales, 2004; Chan et al., 2006). This suggests that although the body need not be consciously willed to activate its immune system, conscious awareness of how it is functioning may contribute to lasting overall health.

Chan et al. (2006) suggests that when the body has been exposed to trauma, it is in need of nurturing to advance toward wellbeing. The authors go on to explain how those who have experienced trauma can restore personal control to their lives through physical training. Physical training includes areas of exercise, healthy food intake, and sleep (Chan et al., 2006; Krieger, 2009). If the body’s physical training can, in fact, restore a person’s sense of personal control then this suggests that physical health and mental health may have an effect on each other.
Spirit

Spirituality, in the physical and mental health areas can be defined as, “the propensity to make meaning through a sense of relatedness to dimensions that transcend the self in such a way that empowers and does not devalue the individual” seeking health (Tuck, 2004). Due to a client’s perceived or real risk of religious and spiritual values being imposed by the therapist, spirituality does not often find its way into the clinical setting (Post & Wade, 2009). However, given the growing diversity of cultural groups, it is not a question of whether spirituality should be addressed, but of how it should be addressed (Chan et al., 2006; Post & Wade, 2009). Every culture has woven into it a spiritual belief system, whether individuals are aware of it or not. When faced with physical or emotional sickness, questioning why it is happening or what it means in the life of the individual is often necessary for healing, which indicates an importance to addressing the topic of spirit in therapy.

Chan et al., (2006) suggests that by discussing spirituality with clients and patients, a level of trust can emerge, allowing a comfort level to grow in the process of exploring difficult subjects. When a client is able to talk about his or her spiritual beliefs without having their thoughts on the topic criticized or challenged, it can help the client to feel confident. The trust that can grow from this exchange between the therapist and client lays the groundwork for many other conversations the client would otherwise not feel safe to engage in. A belief in the healing process gains momentum from exploring interaction with the self, the natural environment and a power greater than the self. This in turn aids the healing process.

Spirituality is not necessarily connected to religious affiliation. It is concerned with the interaction between rational understandings of external factors (Bartocci, 2004). In other words, spirituality is about the meaning a person puts on what happens in his or her outer world. This
topic becomes crucial for many when dealing with the topic of suffering, be it emotional or physical, and relates to relationship with family, friends, peer groups and community involvement (Chan et al., 2006; Sperry, 1999). This suggests that spirituality in relation to physical and mental health is more about allowing the client to clarify a personal meaning of life and find personal power or strength. It also indicates that the impact goes beyond the one seeking help, reaching all people in relation to the client or patient.

The Interconnection of the Mind, Body and Spirit

The body and the mind mirror one another (Leseho & Maxwell; Sidoli, 1993; Sperry, 1999). Sickness in the body is somatic (Ansbacher & Ansbacher, 1964; Sarno, 2007). The term “psychosomatic” describes when emotional pain is expressed through physical symptoms (Sarno, 2007). Alfred Adler, having studied medicine before psychology, acknowledged that the psyche was able to bring on physical expression of emotions (Ansbacher & Ansbacher, 1964; Sarno, 2007). He called this interaction organ jargon (Sperry, 1999). This suggests a strong interconnectedness between the body and the mind.

Driver (2005) stated that an individual who is able to understand and honor the needs of the self, and different modes of self-care, can bring harmony to the body and mind connection. However, if an individual does not practice self-care, the body may express emotions through sickness, with the subconscious aim of receiving the physical nurturing that the psyche needs and desires (Sidoli, 1993). When physical and mental sickness is experienced simultaneously, the individual becomes trapped in a powerful field of disease (Driver, 2005). As an example, a person who has irritable bowel syndrome and schizophrenia can become trapped in the symptoms of the sicknesses. In this place, the individual risks submitting to the role of victim.
Overall health is strongly contingent upon how one thinks about and cares for oneself; this points to a connection between the mind and body.

Although physical and mental health professionals are trained to separate mind and spirit, in doing so it becomes difficult to know what one believes. According to Fosarelli (2002), Carl Jung and Victor Frankel believed that we cannot dismiss a person’s spiritual beliefs in the therapeutic setting. Both believed that some spiritual practices have a place in therapy as well. For example, the act of confession, common to some Christian traditions, played a vital role in therapy. When a client is able to confess what is being held secret, the act of unconditional regard is the essence of the spiritual practice of grace. From a psycho-spiritual perspective, acknowledging failures can be an opportunity to regain self-confidence, gain insight, and establish future goals (Krieger, 2009). This insight brings forth the possibility for reframing a situation in the therapeutic setting. When the perspective of a circumstance is changed, growth in both the mental and spiritual health is possible.

Clinicians have often found that religious and spiritual affiliations are intertwined with the psychological and relational framework (Pan, 2003). If there is an entanglement of the psychological and relational this would mean that emotional problems that occur within the relational dimension also appear in the spiritual dimension. Meditation is a practice often used in cognitive behavior therapy, bringing a connection between spiritual peace, personal power and acceptance of a situation (Chan et al., 2006). This synergy shows us that bringing the mind, body and spirit together using multiple alternative forms other than talk therapy can help clients to regain their sense of personal power and wholeness.

It would be difficult to articulate how the spirit and body connect without looking at different religious expressions which seem to connect body and spirit. For example, denial of the
body by fasting from food or Native American dance ceremonies that incorporate body movement, (Chan et al., 2006; Portman & Garrett, 2006) are forms of symbolic expressions said to bypass the mind to connect directly to the inner spirit (Leseho & Maxwell, 2010; Chan et al., 2006; Portman & Garrett, 2006). The continual use of these symbolic expressions in their different forms suggests that an individual’s body is able to make connections with the spirit while bypassing the mind. One could argue that a strong belief in symbolic physical expression could be a vehicle for spiritual expression.

Some studies explored the effect spirituality has on physical health without the awareness of the patient (Fosarelli, 2002). One study set up a group of people scheduled to have surgery that were being prayed for and another group that was not being prayed for. Neither group knew whether or not they were being prayed for. The results found that the group being prayed for had fewer negative side effects resulting from the surgery. This suggests that a strong belief or awareness of another person’s belief system is not necessary in order to experience physical change from that person's spiritual belief. It can also be inferred that there can be a body-spirit connection with no cognitive awareness in the patient.

**Historical Views of Mind, Body, Spirit through Different Cultural Perspectives**

**Eastern Perspective**

Eastern medicine has a holistic approach: it focuses attention on mind, body and spiritual health when working with a person (Chan et al., 2006; Deguang, 2009; Pan, 2003). It is said in their teachings that to have and keep good health, physical, emotional and spiritual health must be tended to (Krieger, 2009). There is much focus on “qi,” which is equated with energy and breath (Henderson, 2005). The qi is explained by its yin or yang. Yin and Yang are a law of harmony or balance. If the qi is experiencing blockages, the body will not be in balance. When
the body is not in balance it is expressed as having too much yin or yang (Chan et al., 2006). In eastern medicine the individual is taught to do several things to bring balance to the body, ranging from a change in diet, special exercises to move and balance qi, and types of meditation (Chan et al., 2006; Leung et al., 2009; Krieger, 2009).

Eastern medicine teaches that the elements of the earth: air, earth, fire, metal and water are connected to different parts of our bodies. These different parts of our bodies are attributed to different emotions a person may experience (Krieger, 2009). Chinese medicine is interconnected with eastern philosophy which incorporates the importance of not only internal balance, but also a balance with the person's environment (Pan, 2003).

**Native Perspective**

Much like the Eastern perspective, wellness from the Native American viewpoint is that mind, body, and spirit are in harmony with one another and with all surroundings (Portman & Garret, 2006). Spirituality consists of the relationship with the spirit world, the natural world, family, community, and oneself. This connection with healing practices and spirituality is common to all indigenous people. However, the healing practices and views of spirituality differ from tribe to tribe.

Native American women were traditionally considered an important part of the family. The women took care of themselves, for the family and community, because it was considered their part in keeping the balance (Canales, 2004). Canales found that part Native American women not brought up in their respective traditions that entered a program to learn the traditional teachings of their tribes reported higher levels of self esteem and satisfaction in their native traditions. This included practices such as eating natural foods, utilizing natural remedies before going to a doctor, caring for the body through exercise, and going to the doctor when needed.
The positive results imply that the balance the mind, body, and spirit brought the women a sense of balance which contributed to their wellbeing. However, the research does leave room for speculation. Having a place of belonging could also be a large factor for the reported findings.

**Modern Western Perspective**

Modern Western perspective tends to view the person in a compartmentalized fashion. Medical doctors work with the biophysical problem, therapists work with the psychological, and pastors or priests address the spiritual component (Tuck, 2004). This perspective has begun to make changes toward a more holistic mode of treating patients. We have now accepted that there is a correlation between mental and physical health regarding brain chemicals (Chan et al., 2006).

Our goal in American medicine is to call attention to the problem the client or patient is facing, then prescribe medication and teach different skills to deal with the situation. One researcher described the psychological care model as one that pinpoints maladaptive behavior and attempts to alter the pattern of thinking and reasoning to change the behavior (Chan et al., 2006). The traditional pattern in American medicine is to address the part of the problem that is obvious while ignoring the other parts of the human makeup. This suggests that western medicine is lacking in its approach to the care of the whole person.

**Disconnection of Mind, Body, and Spirit**

**Disconnection of Body and Mind**

The disconnection of the mind, body, and spirit is caused by several factors in a person’s life. If left unaddressed these factors later interact in such a way that brings about illness (Sperry, 1999). The disconnection of mind, body, and spirit takes place in infancy (Driver, 2005). Driver’s theory is that when a person is an infant it must rely on its mother. The mother that is
not able to pay attention and respond to the infant’s needs sufficiently leaves the child with no sense of self. This suggests that self identity is formed through the experience of being cared for and responded to by the surrounding environment.

Nash & Nash (2010) suggest that mistaken beliefs, developed in the first several years of life, trigger feelings of inferiority. It could be explained that mistaken beliefs are how a child interprets experiences of emotional wounding or trauma. The feelings of inferiority, if not interpreted, must therefore be processed in another way. Some researchers suggest that the emotional wounding or trauma is lessened when the body takes on part of the wounding energetically, in a sense storing the trauma in a static form of energy (Driver, 2005; Henderson, 2005). If such an emotional trauma goes untreated, it remains an active wound and will eventually mirror itself in a manifestation of physical illness. When another event triggers this active wound, the body will react through somatic response. The mind will disassociate from the past event and fixate on the present situation that triggered the physical response. The energetic pattern of the body will recreate the emotional pattern that formed from the trauma in the past and the person will transfer the reaction from the initial trauma onto the current situation (Driver, 2005; Henderson, 2005, Sarno, 2007). The disharmony results in a lack of a sense of place in the life (Portman & Garrett, 2006).

**Defense Mechanisms**

Defense mechanisms are automatic expressions that function to protect the individual from allowing past wounds from becoming cognitively present (Olson, et al., 2011; Sidoli, 1993). Defenses begin in the earliest ages of infancy and function for the sole purpose of survival. Sidoli describes the body as acting as the tool to take the place of the parent that is not processing the event for the infant, who does not have the ability to verbalize emotions. The
memories from these experiences become lost in the cell memory of the body and the developed personality of the child at this point becomes split off from the consciousness of the person as a whole (Leseho & Maxwell, 2010; Sidoli, 1993).

When we pay attention to the images used in describing a physical state, we can find clues to ascertain the mental state as well (Driver, 2005; Sidoli, 1993). Some researchers suggest that the client must be willing to experience the emotional conflict, or to emotionally express the toxins that manifest in the body causing the sickness (Driver, 2005; Sidoli, 1993; Sperry, 1999). Often, defense mechanisms coexist with irrational reasoning for maladaptive behavior (Olsen et al., 2011). When a person behaves in a manner that does not suit his or her best interest, he or she will make excuses for the destructive behavior. Such resistance can come in the form of mental or physical behavior. This interferes with the progress of therapy, but it happens often as the subconscious tries to prevent anxiety brought on by approaching past traumas.

Chan et al. (2006) stated that consistent exposure to highly emotional situations can cause apathy or detachment. Apathy and detachment are defense mechanisms. Sometimes the mind can become verbally stuck by rehashing the same information over and over again (Leseho & Maxwell, 2010). This is another form of defense often taking the shape of a victim mentality. A victim mentality is a defense mechanism in which personal power in a situation is not embraced. Without personal power, those with a victim mentality overcompensate by drawing others in to fix problems as they arise, as the client projects his or feeling of being a victim.

**Organ Dialect/Organ Inferiority**

Only a small number of well known psychologists believed that the body communicated a person’s unconscious through a non-verbal physical expression. It is a theory that was followed by Franz Alexander, Allen Walter, and Alfred Adler (Sarno, 2007). If the body is able
to communicate the conflicts of the unconscious through physical expression, then it would make sense that some physical problems could be treated through the process of psychotherapy.

Emotional expression through the body as a theory was held by Alfred Adler, an Austrian medical doctor and psychoanalyst. Through his work as a medical doctor Adler became aware of how one organ would compensate for the weakness or dysfunction of another organ. Adler explained that within every person is an organ, if not several, that are weaker than the rest (Sperry, 1999). He called this phenomenon “organ inferiority.” Adler understood that when an organ was not working properly, the rest of the body compensated for that part. Sometimes the body will compensate in a way that is beneficial. Other times the compensation is destructive. When the compensation is destructive, the individual is expressing a negative self-image, or perhaps dealing with shame and embarrassment (Henderson, 2005). This provides further evidence that the body and the mind are interconnected and speak for one another.

Adler believed that individuals could articulate their lifestyles through terminology regarding the body, expressing what was happening in their psyches (Sperry, 1999). Adler called this “organ jargon or organ dialect” (Nash & Nash, 2010; Sperry, 1999). Adler believed that if you listened to how the client explained the problem then he or she would unconsciously talk of the organ that was overcompensating for the unconscious. For example, a client with a heart problem may say, “my daughter broke my heart when she…” or “when my husband took off with that other woman my heart stopped”.

Adler believed that the child experiences the support of the organ system without having cognitive understanding of the support being experienced; “the child experiences the validity of his bodily organs” (Ansbacher & Ansbacher, 1964). Adler said that when a child is in his or her earliest stages of development the support system is the body. The child’s organs are the child’s
constant strength. Before the child is born he or she is supported by the mother’s organs. After birth the child begins to be supported by his or her own organs. Adler believed that all people where born with at least one inferior organ.

At the time of birth the child has cognitive understanding (Ansbacher & Ansbacher, 1964). This is the first experience of support the child knows but cannot later verbalize because the child has not developed language. The experience of the child’s life remains alive in the pre-verbal unconscious of his or her own psyche. When a child has no words to express what he or she is experiencing then he or she must find a different means of expressing his or her experience. The body becomes the means by which the child is able to express how he or she perceives the experience. For example, a child whose parents consistently argue may develop chronic ear infections. The ear infections could be community that what the child is hearing is affecting the child in a painful way emotionally as well as physically.

When inferiority feelings are present in the early life of the child, the child must find a way to cope. The coping mechanism that the child finds is through the experience of trial and error (Ansbacher & Ansbacher, 1964). Through the method of trial and error (with or without influences) the child develops a “line of direction” that assists the child to achieve his or her goal. For example, a child drops the bottle out of his or her mouth while in the crib. The child begins to cry and mother comes and puts the bottle into the child’s mouth. The child has now learned that through the mode of crying his or her need will be met. This is the line of direction. Once this happens, the goal and mode in which the child gets to the goal is imprinted on the mind. This system becomes a fixed component of the child’s psyche. This line of direction commencing with a child’s cry begins to dominate the child’s every move. Whenever the child feels a need, he or she cries.
The first several years of a child’s life are when the child is in its most creative developmental period (Ansbacher & Ansbacher, 1964; Sarno, 2007). It is during this time that the child is finding ways to compensate for areas of inferiority in order to survive. Adler suggested that physical symptoms were a means of staying safe from having to confront what the person fears most. This is the foundation of an adult’s inferiority complex. The symptoms that appear to be keeping the client from moving are unconscious and are real. They also act in such a way that keeps the person safe. For example, the client develops migraines whenever his or her life presents a situation in which the client feels helpless. The migraines cause the client to have to sleep, which in turn dismisses the client from the situations which are causing the feelings of inferiority.

Before the child has a language to express experiences it is clear that the body does (Ansbacher & Ansbacher, 1964). At this point, without vocabulary, the child has already begun to learn how he or she will survive dangers in the surroundings in which the child is being raised. Also, the child is quite aware of his or her inferiority on a physical level. Adler stated that a person’s psyche speaks more clearly through his or her organs than it does through his or her words. The example of the child with chronic ear aches would be a way that the organ speaks more clearly than the child is capable of communicating with words.

An inferior organ holds less resistance to expression so it becomes the means by which a person expresses his or her unconscious emotions. Ansbacher & Ansbacher said, “Physical expressions tell us how the mind is acting and reacting in a situation which it interprets as favorable or unfavorable” (1956). This can be seen through the child’s facial expression and bodily positions. If a child is in pain you will see the pain through expressions in his or her face or by the fact that he or she holds the area of the body that hurts. If a child is nervous about
something, before he or she has learned what it means to physically feel nervous, the verbal
expression is often “I have a tummy ache.” The child describes the physical feeling of the
emotion. Another example of how emotions create a physical response is when a person turns red
when embarrassed or has a racing heart when frightened.

Adler believed that the child is wonderful at observing and experiencing an event, but is
not able to accurately understand what is happening. The mother's response to the child's basic
needs makes an imprint within the child regarding how a child will react to the inferiority
complex. “The child can be directed the wrong way when proper educational methods do not
provide a balance,” meaning parents who do not provide the love and nurturing that the child
needs in order to overcome the inferiority (Ansbacher & Ansbacher, 1964). This imprint is stored
in the child's unconscious and it is based on the child's perception of what is being
communicated. This unconscious imprint will be the system of movement that will dominate the
child's life. This imprint is the cognitive framework which the child will use to translate or make
sense of every other experience he or she has in life.

This cognitive framework is what Adler called a person's lifestyle. The child uses his or
her creative capacities to overcompensate for areas of weakness and inferiority. Adler said that
people’s unconscious feelings of inferiority are the force behind striving to meet the three
mistaken goals of safety, significance and belonging. He explained that it is neither good nor
bad; it just is (Sarno, 2007). A child that is caught stealing is overcompensating for an inferiority
or weakness. In talking with the child the therapist may find that the stealing was done to make
friends. This would be acting on a belief that the child must do something to fit in with the other
children. This is an example of feeling inferior to his or her peers.
Watts & Carlson called the person's lifestyle a “psychological superstructure” (1999). They explained that a person's lifestyle is the “blueprint” to which a person will turn in order to meet every task or challenge of one’s lifetime (Watts & Carlson, 1999). The lifestyle is the cognitive framework in which the person processes an understanding of the self other existence, as well as the interactions between the self and that which is not self. Each person is always in search of evidence to prove that the blueprint of his or her lifestyle is accurate. Each person is looking to validate his or her own perceptions of experience.

This suggests that a person's lifestyle is the blueprint by which a person constructs all parts of their whole: mind (emotional/cognitive), physical and spiritual aspects of the person. If this is the case, one can draw the conclusion that if one makes a change in either the blueprint or lifestyle, he or she will find the change mirrored in the person as a whole: mind, body and spirit. This is not to say that an adjustment of the lifestyle will cause a huge change to the areas of mind, body or spirit; but it could instigate a small change that could have a large impact. For example, a person feels that he or she must do things perfectly. For this person to change this belief to “no one is perfect and nor should I be,” could make a big difference in this person’s life. This simple cognitive shift could impact not only how this person interacts with the self, but it could change the interaction in social settings. Perhaps accepting the self could bring forth more acceptances of others on the spiritual, a physical, and an emotional level. This small change in the lifestyle could incite a large shift in a person as a whole.

John Sarno stated that people are divided into two parts; conscious and unconscious. He suggests that the job of the body is to distract the person from the unconscious to keep the person safe from the harmful or threatening feelings and thoughts that lie in the unconscious (Sarno, 2007). As noted before, the body creates the line of direction in childhood to assist in achieving
the goal. This is an unconscious movement. The child takes in and perceives the natural surrounding environment and responds according to an established line of direction.

The unconscious is cause for the physical response. Because the child has discovered survival skills at an age when he or she has no vocabulary, he or she is not conscious of the line of direction created to reach his or her unique goal. The child is also not aware of the goal in his or her mind, it is unconscious.

Adler taught that children have three basic goals that he or she strives for; security, significance, and belonging (Ansbacher & Ansbacher, 1964). If a child perceives a lack in one or more of these areas he or she will overcompensate to attempt to meet that need. For example, a child desiring to feel significant may act out in a way that is displeasing to the parents or he or she may over achieve in order to gain the attention needed to meet the goal of feeling significant. In most cases children are not aware of their basic goal unless asked directly. If a child is asked if they were acting out in order to get his or her mother to react, he or she will often respond honestly if that was the goal. In childhood a person is learning through experience with his or her mother and father about the ways in which he or she must act in order to have their goal met.

The perceptions learned in childhood do not disappear in adulthood. They develop and become more complete. These skills often work until they are insufficient for dealing with an adult world with adult relationships and responsibilities. For example, a child feels anxiety when there is a disagreement in the home. The child learns through trial and error that the anxiety is lessened when the child dissociates. This mistaken goal is now perfected and cemented into their cognitive framework as “the best way to deal with anxiety.” The defense mechanism of dissociating may work in adulthood until it backfires. This is because when an adult dissociates it can cause conflict in professional and personal relationships, damaging both. If the conflict
continues without resolution, the unconscious could, at this point, begin to speak through the physical body (Sarno, 2007).

Sarno believes that when the unconscious begins to surface, physical symptoms begin to create a sideshow distracting the individual and causing the person to focus on the symptom rather than allowing them to become aware of the unconscious (Sarno, 2007). Adler also viewed the physical symptoms as sidetracking the patient from the main point of inferiority; but he went further, suggesting that the role of the body is to assist the unconscious in verbalizing inferiority feelings in order to make them conscious. The physical symptoms become a distraction, but perhaps only because the conscious mind does not know the language of the body; there is a lack of direct communication between the conscious and unconscious. For example, a woman who unconsciously believes she must fight for security and love may develop an immunity problem. Her body may be telling her that she is too weak to fight anymore, that it is time to find a new way to survive. Often, however, the person who has unresolved emotional sickness may become stuck in the energy of sickness when a serious sickness arises.

Adler did not believe that organ inferiority was necessarily a bad thing because it could be the driving force behind someone contributing to the good of society based on their own experience (Ansbacher & Ansbacher, 1964). One person may look at their weakness as a negative experience and give into the weakness, but another person could view his or her weakness as a challenge to overcome. For example, one person who was born blind could view life as being unfair and act in such a way that others must care for him or her. However, another person born blind may design a method of transportation that allows them to live more independently; or, knowing what it is like to be born with a disability, become a public speaker, traveling the world informing leaders and others of the possibilities of living a normal life with a
disability. This force can work for the betterment of the person and instigate the person’s interest to affect that of the common good (Sarno, 2007). Sarno says that people who are experiencing and giving their psychosomatic symptoms lack imagination and creativity (Sarno, 2007).

Another way to look at this is that people act according to the lifestyle they developed in the womb and first several years of life; the time in which a child is learning to survive in his or her surroundings.

Adler believed that an individual’s psychological health could be seen in how he or she interacted with the society in which he or she lived (Ansbacher & Ansbacher, 1964). He believed being that neurotic occurs when a person's interest is focused on the self with no regard to how the interest of the self will impact the social network that surrounds the person, and that a healthy person was interested in the betterment of the society as a whole (Sarno, 2007). He called this having “social interest.” Ansbacher & Ansbacher described social interest as having empathy; the ability to understand how another may be feeling, experiencing, seeing and hearing (1957).

Social interest is a trait that is developed in the child's first several years of life. However, the child's ability to develop this trait is based on the parent's ability to connect and socialize the child with the outside world. Not only does the parent provide the stimuli, the parent also models the skills needed to interact with the social world for the child. If the child is raised in a home where the family does not interact with people outside the family, the child will typically not learn how to interact with people that he or she does not know.

Adler talked of the mother as being an integral part of the child's development. He believed that the socializing must begin taking place in the early years of infancy (Ansbacher & Ansbacher, 1964, p.189). If the mother is the physical extension of the child, then the mother must have healthy socialization with the child. This consists of having the ability to hand her
child off to others so the child can learn socialization. If the mother only keeps the child to herself it creates a limited experience for the child. The child then becomes deprived of the stimuli needed to learn to interact with the social world. When this is the case, the child is forced to focus his or her attention on the self to feel safe in a social environment.

Therapy picks up where the parents left off in the socialization of the child. In using different therapeutic techniques, the therapist is able to help him or her become aware of the subconscious and learn new tools to care for the self in a helpful way. He or she can learn to perceive society more accurately and react in a way that allows him or her to connect in a healthy way and to get his or her needs met. The therapist models what healthy communication looks like and gives the client permission to make mistakes as he or she is learning. Techniques will be discussed further on in this paper.

**Passing the Defense System to Bring Connectedness to Mind, Body, and Spirit**

**Getting Past the Defenses into the Subconscious**

If we accept that the mind, body, and spirit interconnectedness creates a whole image of well-being and mirrors the wellness of the individual, we can understand that one can initiate work with the whole system and begin healing. The process of healing comes through reconnection and wellness.

Talk-therapy can be employed, carefully exploring defense mechanisms with the client as they arise. This approach could be through the use of movement or exercising the body to engage the spirit and release endorphins which sharpen the mind and bring clarity of thought (Chan et al., 2006). Or a form of art therapy can be applied to bypass the mind and expose core issues that are keeping the client trapped in a feeling of powerlessness (Clarkson, 2009).
Two therapeutic techniques, mandala drawing and movement therapy, can be used along in talk therapy in assisting the client in the process of connecting the mind, body, and spirit. These techniques are considered useful because they bypass the defenses in the mind and provide ways for finding inner power, which is associated with claiming one’s voice (Chan et al., 2006).

**Mandala Drawing**

In childhood, we think in terms of imagery, which is apparent in most children’s vivid imaginations (Hearns, 2009). When the child grows into an adult, the imagination is replaced with the monotony of daily living and the demand for more structured thought; thus the imagery of childhood becomes lost in adult emotions and moods. The use of mandala drawings gives one an image to begin to process and understand blocked emotions.

A mandala is any art form that is created within a circle. This art represents an individual’s view of the self (Clarkson, 2009, p. 25). Carl Jung explained that when an art piece was completed, the mandala represented all aspects of the psyche. The mandala focused on the relationship between humans and the surrounding environment. This suggests that the mandala is able to expose a person in a fashion that is not intimidating to the parts of the psyche that lie in the subconscious.

Hearns (2009) described how the mandala was used in a group therapy setting in which women were working through abuse from their pasts. The women in the study drew in the mandala to the accompaniment of music to express topics such as a “word that means strength” and “personal power.” One of the participants explained that the mandala assisted her in connecting with things of which she had been unaware. Individuals possessing self knowledge and self identity were better able to meet in the need for safety, belonging and significance in school (Pisarik & Larson, 2011). The process of drawing the mandalas provides a safe way for
clients to connect with the unconscious which promotes their inner strength and provides a way to attach meaning to experiences. The mandala drawing technique can bring interconnection to mind, body, and spirit and promote balance and harmony. The mandala study suggests that engaging a client’s creative ability can also assist the client in finding wellness through balance and harmony.

**Movement Therapy**

The human body is made up of energy. When the energy is not able to flow freely through the body, physical and emotional troubles can arise. Likewise, if an individual is experiencing physical or emotional disturbances, something must take place to restore the body’s ability to move the energy freely (Leseho & Maxwell, 2010). Chan et al. (2006) states that the body has the ability to open energy flow and heal it if balance and harmony are created within the body through movement. Movement through certain forms of dance, tai-chi and qi-gong, assist in restoring harmony to the body, mind and spirit.

Clients participating in a study experienced how dance assisted them in learning self-reliance (Leseho & Maxwell, 2010). Considering that talk therapy is most often directed toward assisting a client in finding his or her personal power and self-reliance, dance would be a helpful therapeutic tool (Leseho & Maxwell, 2010).

Qi gong is a type of movement that is based on balancing qi, which helps to strengthen mind, body and spirit (Deguang, 2005) In balancing mind, body and spirit confidence is strengthened, which can also assist in fighting disease. In China, this type of movement therapy is used to treat over 400 different diseases; and in some cases is the primary mode of treatment. This enormous frequency suggests that working with the body through movement to balance and bring harmony may assist in the healing process more than we realize in our western culture.
Applying Theory that Enhances Mind, Body, and Spirit Connection

In the history of individual therapy, the focus has been on the brokenness of the individual (Sundlie, 2009). Adler said to see how healthy a person is, one must look at the social setting in which the person lives (Sundlie, 2009). When an Adlerian therapist takes the client’s history he or she asks for a full history of a person’s family and upbringing. This history allows the therapist to understand the client in the context of his or her social network.

The client’s lifestyle exposes how one is taught to achieve what Adler called the tasks of life: love, family, work, self, and spirituality, while maintaining the three basic needs of human nature: security, significance and belonging. The lifestyle helps the therapist to understand how the client learned to get his or her three basic needs met in the setting of the five tasks of life. For a person to have wellness he or she must experience inner balance and balance within the world in which he or she lives, while addressing the five tasks of life and meeting their basic needs in a way that contributes to his or her social surroundings.

Sundlie stated that it is important for people to be able to envision themselves as singular beings surrounded by unique circumstances, and yet the circumstances do not take away from wholeness (2009, p.20). This can be very instrumental for those clients feeling or experiencing fragmentation. When thinking of the individual in a holistic fashion, including the mind, body and spirit of the person, one must also look at the person as part of the whole in society.

In indigenous cultures from around the world, lifestyles can be depicted by the medicine wheel. The medicine wheel is a tool used in several different indigenous tribes to assist people in finding balance in his or her individual and social life. The medicine wheel is a sacred symbol among tribes that is used for teaching, celebrating, and ceremony. The wheel addresses the holistic idea of mind, body and spirit (Twigg & Hengen, 2009). The mind is divided into two
parts: cognitive emotional. The wheel represents the idea that we live in a continuous circle of life and that all have a place in the world, suggesting a connectedness rather than a fragmented relationship.

Using the medicine wheel in therapy could help clients to break down his or her life into domains and then identify the type of “needs” for each one. It acts as a visual tool to assist the client in seeing where the imbalance is. It can also help the client to recognize where he or she is within the framework of the wheel. Since the wheel represents a cycle that goes on continuously, one can have a visual image of how he or she has gone through each cycle through different experiences in life. The cycle consists of birth, development, sustaining, and the end of a cycle.

Bringing to mind the tasks of life suggested by Adler, and using the framework of the medicine wheel, I created a Chart of Life tool (Roberts et al., 1998; Sundlie, 2009; Twigg & Hengen, 2009) that I call Balancing the Cycles of Life. This tool is used to assist clients with balancing the cycles of their lives. The tool includes the important lessons of the different cultures and theories without using the religious expressions that could trigger resistance from clients. It can also be useful in helping them see their lives in phases that continuously cycle around like a wheel from the time they are born until the day they die. This tool includes the phases of “emotional mind phase”, “body phase”, “cognitive mind phase” and “spirit phase.”

*Emotional mind phase*—The emotional mind phase in the *Balancing the Cycles of Life* chart is the time of spring, the age of childhood, and the task of love. Springtime is the time of new beginnings in the wellness wheel (Sundlie, 2009). According to some tribal customs, new beginnings take place in the East. The east is where the sun comes up each day to symbolize the birth of a new day. This is a good reminder to clients that each day is a new day to begin by putting their difficulties in the past and their hopes in the future.
Balancing the Cycles of Life

Childhood is the time of new beginnings. The task to master in this stage is the task of love. When one comes to this stage as a child, the task of love is directed toward the parents and siblings. When the person becomes an adult, the task of love is about engaging in an intimate relationship with a partner. In this stage, the child learns the importance of relationship through connections with family members, and the adult learns through relationship with a partner. The
The therapist would assess how often he or she participates in activities that include the people within the family or the partner, and how satisfied he or she is in this area of life at this time.

The beginning stage of childhood is a stage of complete dependency on the parental figure or figures. It is a time in which the child is bonding emotionally with the parent; healthy or not. The child is learning the first lessons of interacting with his or her social environment. Being completely dependent, the child is learning about power and authority in the people that the child is dependent upon. In this stage the child has complete innocence. In his or her innocence the child is learning how to deal with the feelings of the self. For example, is there a need to suppress emotions, change the emotion that is not acceptable or have a strong emotional reaction in order to get the needs of the self met? In an ideal setting, the parent will teach the child through example to protect the self’s feelings from harm. At this stage the child must find a balance between fulfilling his or her own needs and complying with the parent or person that the child depends upon.

There are several therapeutic interventions that can be used to assist clients in reconnecting with their childhoods. One intervention that has been effective for Adlerian therapists is to take recollections from the client’s earliest memories, and as the client tells the short story (which is like a snapshot of what the client experienced in childhood), the therapist writes the story on a sheet of paper, word for word. The way the client tells the story is how the therapist is able to get an idea of what the client determined was true about himself or herself, the surrounding world, and about the way the client should interact with that world. This is called the client’s lifestyle. These early recollections are useful for the therapist to assist the client in identifying memories and feelings hidden in the unconscious that may have initiated the client’s visit to the therapist’s office.
The therapist can also use the lifestyle assessment to get a more exhaustive depiction of the client’s lifestyle. A complete history is taken of the client’s childhood years, including detailed information about the client’s family history: siblings, parents, attributes of each person within the client’s family of origin, and conclusions about what the client determined was true about life. The lifestyle also includes information about the client’s sexual development, childhood fears, hopes and dreams, wishes, and strengths. Once this information is gathered, the therapist creates a list of possible ideas that the client may have determined about him or herself, the encompassing world, and what the client’s role is in the world. The therapist will share these ideas with the client by asking if any of the ideas are true. The client will easily be able to pick out the ideas best fitting their belief system. This task assists the client in not only identifying the unconscious beliefs, but also offering the client an understanding of how these conclusions were reached. In this phase the task to be looked at is the task of love. The therapist will talk with their client about what kind of family activities the client participated in with the family of origin and how the client maintained relations with family of origin through the transition into adulthood.

*Body phase-* The body phase in the *Balancing the Cycles of Life* is the time of summer, the age of adolescence, and the task of friendship. Summertime is the place of warmth. In nature growth takes place in the heat of the sun. Summer is also the phase of the adolescence stage. Adolescence is the time when a person shoots from child to adult. The child's body is growing very quickly in height and strength; hormones are developing, as are cognitive and emotional faculties. Nutrition and a healthy diet are very important and will impact physical growth and mental function, as the adolescent learns about coordination and areas of natural gifting.
This season in the cycle is also the time of life when the child is learning impulse control. The main task in this stage is the task of friendship. It is often said that adolescence is the hardest time in a person’s life. This is because the adolescent is going through so many changes in such a rapid period of time. He or she is gaining an identity and trying to discover how to interact with peers and make friends. How successful or unsuccessful an adolescent is in making friends and interacting with peers can impact a person throughout his or her life in the area of friendships. This is also the time when people may start experimenting with drugs and alcohol. It is common for the adolescent to experience chronic or acute stress and experience developmental struggle.

For balance in each part of life, physical health must be a focus. In the adolescent phase it is important for the therapist to talk with the client about what kind of exercise the client participates in. Physical health is based on how well the client attends to the areas of exercise, relaxation, and nutrition. For a person’s mind and spirit to be healthy, physical health must also be addressed. This is a good time to educate the client about receiving regular physicals, establishing healthy eating habits, and engaging in physical exercise.

When working with clients in this stage, it can be very helpful to use techniques such as mindfulness exercises to help them focus on their physical bodies. Talking with clients about their physical health and going through their families’ physical health history can assist clients in becoming aware of how the history could impact them. Prompting clients to have complete physicals can help the therapist know if physical could be part of the presenting problem. In some cases, prompting clients to talk to his or her doctor about nutrition can be very effective. Knowing the effects that food choices can have on the body is important at a time when there are
so many different foods available. This awareness and can enhance clients’ ability to make better decisions when feeding their bodies.

Prompting the client to take a class in Qi gong, Yoga, Pilates, Taekwondo, or any other type of movement therapy can assist in engaging body, mind and spirit all at once. It can also assist the client in becoming familiar with what it feels like to find harmony in all areas of health. As noted earlier, these forms of exercise have proven to help clients find inner strength and physical vitality. Some of these classes, such as Qi gong and Taekwondo, also teach balance and self-defense. These self-defense techniques can help in taking the first steps toward feeling the strength to care for one self. For clients who struggle with consistent feelings of victimhood this can be especially helpful.

Another area of therapy that has proven helpful for some is energy healing. This type of healing focuses on helping the body's energy to heal in areas where past traumatic events—whether physical or emotional—may still reside in the body. The most common techniques include, but are not limited to, Reiki, Cranial Sacral Therapy, Acupuncture, Network Chiropractic, and Massage. These therapies can assist clients in getting in touch with their physical self. People who are highly emotional can be stuck in their emotions and dissociate from their physical health without awareness that they have done so. Prompting clients to participate in even one of the body-focused therapies can assist them in feeling safer in their own bodies and in experiencing a feeling of safety from within. Feeling safe inside one's own body is a crucial part of having strong mental health.

*Cognitive mind phase*- The cognitive mind phase in the *Balancing the Cycles of Life* chart is the time of autumn, the age of adulthood which includes the task of education and work. Autumn is the time of harvest. The skies become gray, the rain is plentiful, and all that breathe
are preparing for the next season of winter. In the fall, animals are hunting and gathering, looking for the food they will store for the winter. They stay close to their communities if they are pack animals.

Humans are pack animals. They too are thinking about the time of winter during this stage of life. By this stage the person has gone around the wheel over half way, gathering much information and is able to use critical thinking skills. The adult is a self directed learner and now begins to learn about things that interest him or her. This is also a time of emotional bonding. When people have reached adulthood many begin families of their own.

The work put into education and learning is now paying off, perhaps in work or in understanding how to raise children. The adult has determined the role that he or she plays in the social network. This is the area in which how a person participates in sharing; in order to play his or her part in community is assessed. This is the time of moral development and contribution to the community. Adulthood is also a time of introspection beginning to look back on life and look internally to understand the self. The person begins to become aware of what matters most to them as far as values and morals.

Without being aware of it, a person in his or her 50’s and 60’s prefaces statements with phrases such as “well if there is one thing that I have learned in life” or “all my life.” This is a time in life when people can turn to blaming, denying, projecting, avoiding, rationalizing and thinking that can cause the emotions to run high. Stress or crisis in life can bring confusion and make it difficult to concentrate. Unhealed past wounds can be reopened from daily interactions. These wounds can cause a person to turn inward, thus taking the focus off of the community experience and focusing on self-preservation and safety.
The tasks in the cognitive mind phase are the task of education and work, in addition to all the previous tasks of life. People are gathering their finances and ideally working in careers that they have created. The task of work and education would include a parent caring for her children and home, or a person getting mandatory education or higher education. ¹

Using the early recollections and lifestyle that were taken in the earlier stage of therapy can help in the cognitive phase of therapy to educate the client on how those thinking and emotional patterns came to be within the person's psyche. This can assist the client in moving away from the emotional mind and begin thinking about the causes of the emotional dysfunction in a cognitive way. When a person is able to step away from the emotional mind and begin to look at past events through a logical mind, the person is in a position to learn what steps are necessary to change a situation and bring about a more desirable outcome.

For example, a child witnessing the divorce of two parents could determine that fathers leave the family. With no awareness of the root cause, once in adulthood, he or she may fear relationships. Going through a lifestyle assessment could assist the adult in understanding where the fear of relationships began. After the person begins to see where the problem began he or she can start the process of reorienting the mind to accept that the fear is not necessary in order to

¹ When we are working with children we can still utilize the Balancing the Cycles of Life tool as the child's task in this area is to go to school. A child is able to understand that one day he or she will be an adult and it is an opportunity to talk about the tasks that the child will be addressing when they reach adulthood. In tribal communities children are included in the teachings and ceremonies as it is a preparation for adulthood. Using the Balancing the Cycles of Life tool can help youth to have a visual aid for how the cycles of life will continue to repeat themselves throughout life.
remain safe. The client can then begin identifying what constitutes a healthy relationship, and what qualities relationships require in order to maintain health.

_Spirit_-The Spirit phase in the _Balancing the Cycles of Life_ is the time of winter, the age of the elder, and the task of spirituality. Winter is known to all who experience it as a time of freezing and cold. The cold is a form of purification of life; all who survive the cold go to places that keep them warm. Anything that is exposed to the elements of winter is covered with the colors of white snow and crystallized ice. The winter kills many insects and germs that could threaten human life if not limited or destroyed in the winter. This phase is preparation for death. Awareness of one’s mortality can often trigger growth in the spiritual dimension.

In discussing spirit, one is not talking about religion, although religion can be part of a person’s spirituality. When discussing spirit we are acknowledging that what a person holds as ultimate is a key to their spirituality. Spirit values are what direct a person’s life. It is a connection to the core self. The spirit is sometimes referred to as the soul of a person. Some indigenous tribes define the soul as the spirit the person was before that person came into human form, when he or she was still one with the Creator.

This elder phase of life triggers a time of mental maturity. The person having lived a long life is able to look over a long period of time to glean from many of their life’s lessons. Much of what is not needed in life has been stripped away from the elder. Elders have developed the highest level of moral development and have gone through the cycles of life many times over. Elders are coming to the end of their lives and have developed their personal morals, values, religious beliefs, and achieved or not achieved their personal goals. These people now have much to teach. In this stage they have given as much as they were able to give of themselves throughout their lives. They are now becoming prepared to return to the original form
from which they came. It is the elders’ duty to pass on the traditions, lessons, and teachings that have come from the lives they have lived. Ideally, at this point they have developed a mental maturity and can see who is open to receiving their life lessons. All elders may not have participated in formal education nor had paying employment; however, having survived the school of life, every elder has something to teach younger men and women.

Spiritual development is a task that is revisited several times before reaching eldership. This is a topic that is often avoided in therapy. This task must be addressed in therapy if the client is going to be willing to discuss it. To address the task of spirituality in therapy one effective tool is Motivational Interviewing. Spirituality is not about the therapist telling the client what his or her beliefs are as much as it is about helping the client to know what kinds of beliefs he or she has developed. For example, some clients have been raised in settings where they are taught that they are bad people that must continuously be asking for forgiveness for things that they have done wrong. Awareness of this core belief cannot be uncovered when the client is resistant to participating in spiritual exploration. If clients are resistant to talking about spirituality the topic should not be pursued by the therapist. Often in addressing the other phases of the wheel the topic of spirituality might eventually be addressed.

In talking with a client who feels threatened by direct discussion about spirituality, the therapist can assess the client's spirituality by discussing topics such as dreaming, time spent in nature, how much the client experiences laughter and activities that bring a connection to the client’s cultural history. To find the center of a person is to come in contact with his or her spirit, and these activities often connect people with their own spirits by bringing calm and assisting in centering a person.
The Self- Very closely connected to the spirit is the self. The self can be found in the center of the Balance the Cycles of Life. To identify how effectively the client is caring for the self one can look at how the client is balancing all the tasks of life. It is helpful to ask the client how fulfilled the client feels. We are looking at the whole chart to gauge how well the client is caring for him or herself. For example, if the client is not connecting much with family or a group of people who are a surrogate family, but is over functioning in the area of work; the therapist is able to see the imbalance the client has within himself or herself. When one becomes healthy he or she becomes aware of the purpose of his or her behavior. Also one has the ability to forgo taking care of other people if the self is in need of special care.

When there is an imbalance in the self, a person will be under-functioning in the area of care for self. The client will both be very dependent and expect others to care for him or her; or the balance can swing in the opposite direction in which the client is caring for the people around him or her rather than caring for the him or herself. When the person is not caring for him or herself frustration arises. Exhaustion creates a perpetuating a vicious cycle between expecting others to care for him or her to over-caring for others. These people cannot find balance in the self.

Conclusion

Inner peace and wellness can be conveyed by bringing connection and balance to mind, body and spirit. Approaching wellness in a holistic manner has the advantage of multiple kinds of therapies, different methods according to the individual needs or fears of each client, and circumventing roadblocks typical in more compartmentalized and limited western medical therapies. Without treating clients as complex beings of integrated body, mind, and spirit, we are
denying them complete healing. This often requires them to take more time or a more difficult road to that healing (Chan et al., 2006; Canales, 2004; Satori, 2012; Sperry; 1999).

As our western culture begins to incorporate more aspects of a holistic viewpoint, it would be wise to explore the ethics involved in these new therapies. While certain physical interventions may not seem in questionable, including spirituality will require the therapist to allow for the client's own beliefs and spiritual orientation. Perhaps interpreting mandala and other art therapy forms will become such a common practice that new instruction will have to be added to basic counselor preparation. It may become a necessity for professionals to see the person as a whole, rather than compartments residing side-by-side, and as such the need will arise for training in identifying the most effective avenues for each client.

Working together with professionals that are trained in areas that address concerns such as nutritional health and physical health can assist that therapist in getting a comprehensive picture of what is happening with their client from a holistic perspective. One way to work with other professionals is to get a release of information from clients in order to speak with other professionals. This will allow the other involved professional’s to work together as a team. Working as a team could not only improve the therapist’s awareness as to what is happening with the client, it can also improve the other professional’s understanding of what the client may struggle with. In a practical sense, doctors can benefit from mental health professionals’ objective views on what could be causing emotional distress and doctors can assist therapists in understanding if there are physical causes underlying what may seem purely emotional.

A more effective way to treat clients in a holistic fashion could be to network with different providers that are able to assist the therapist in understanding the body’s part in emotional health. For example, it would be helpful for a therapist to have connections with
someone that tests clients for allergies, as undetected allergies can be a cause of symptoms such as depression, anger, and mood swings. Someone that provides acupuncture and is trained in Eastern Medicine can help the therapist to understand where there may be organ dysfunction. Creating an integrated practice that includes many different modes of therapy under one roof can be quite beneficial for the client and providers alike.

As the holistic way of treating patients grows, communities have been offering more classes that teach about the body’s abilities to heal and the forms of healing that are becoming more common. These classes can be inexpensive and educational on layman’s terms. It can benefit a therapist to take these classes to enhance the toolbox of effective methods of treatment. This knowledge can be invaluable when building a practice and requesting other professionals to join the therapist’s practice. More and more communities are seeing practices that include a chiropractor, massage therapist, homeopathic healer, life coaches, and spiritual directors, all inhabiting the same clinic to provide patients with the best care.

In general, therapy has been a tool in assisting client’s in their emotional struggles. Now as we come in contact with more clients that struggle with complex symptoms including, physical, emotional and spiritual, there is an increased need for integrated teams.

However it is approached, it is evident that the mind, body, and spirit perspective is steadily making its way into current medicine, and it is taking hold because of its efficacy (Pan, 2003; Pisarik, 2011; Sperry, 1999). As clients find a better sense of well-being and inner peace by balancing and integrating their minds, bodies and spirits, professionals do well to learn to learn in order to continue to help clients and themselves on the journey to wellness.
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