

ABSTRACT

The Parable of Holistic Healing

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The understanding of the seemingly simple word, “health” has been largely misconstrued within society. Ideally health would be “holistic” and many health care professionals and patients desire to give and receive respectively holistic care, the fruition of those desires is largely lacking. The parable of the Good Samaritan provides a Scriptural demonstration of what holistic health should entail. I reflect on how physical therapy does an exceptional job of providing holistic care due to the establishment of a patient-therapist relationship from which aspects of wholeness are achieved. However, no health care field is flawless in providing holistic care, so practical improvements are suggested regarding how therapy and health-related fields can better provide for the needs of the people they are treating, not simply the physiological symptoms and problems with the patient.

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THE PARABLE OF HOLISTIC HEALING
REFLECTIONS UPON THE PARABLE OF THE GOOD SAMARITAN AS IT
IMPACTS HOLISTIC HEALING

A Thesis Submitted to the Faculty of
Baylor University
In Partial Fulfillment of the Requirements for the
Honors Program

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May 2016

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CHAPTER ONE

The Good Samaritan

Throughout the gospels, Jesus is recorded as speaking in parables in order to communicate effectively to the people surrounding Him. Jesus often told parables, like this one, in response to questions from the crowd or His own followers that were posed of him. In one instance, an exceptionally inquisitive lawyer asks Jesus questions concerning the means to achieving eternal life. After a short conversation with answers that do not seem to satisfy or appease the lawyer, he culminates with the question, “Who is my neighbor?” (Luke 10: 25, 29 English Standard Version).¹ As His straightforward answers did not seem to be satisfying the underlying problem stirring within the lawyer’s mind, Jesus uses a different, more relatable approach in an attempt to more effectively communicate with His audience. He tells the parable of the Good Samaritan.

In this story, a Jewish man is walking along the road when a mob of robbers ambush and attack him, stripping him of his possessions and leaving him half dead on the side of the road.² The story goes on to tell of three different men who passed by the Jew and their response (or lack thereof) to him.

¹ All Biblical references and quotations will be taken from the English Standard Version (ESV).

² Bob Deffinbaugh, “The Good Samaritan (Luke 10:25-37),” Bible.org (June 24, 2004): <https://bible.org/seriespage/good-samaritan-luke-1025-37> (accessed October 2015).

Because it is a very extended metaphor, most of the major elements and characters in a parable were representations of real-world concepts to which the hearer of the story could relate. Jesus uses this parable to respond to the lawyer's question about who is categorized as a neighbor. Thus, while Jesus might not have been answering a question directly posed about what the healing process entails, His story does demonstrate valuable truths about what health and compassion-filled healing should look like. I will briefly summarize the story.

A priest, who was well educated in the law and commands of God throughout the Pentateuch, was the first man who passed by the battered man on the side of the road. In response to the half dead man on the road, the priest "passed by on the other side" (Luke 10:31). Maybe the priest was afraid of becoming unclean by touching a wounded and bloody body that might become infected with a disease, or maybe the priest was running late and in a hurry to reach his destination. Whatever his reason might have been, the reader is not informed of the motivation behind the priest ignoring the man. For an undisclosed reason, the priest does not stop to aid the wounded man.

A Levite, who also would have been formally educated and versed in the Law of God, passed by the man next and Jesus said, "when he [the Levite] came to the place and saw him, he passed by on the other side" (Luke 10:32). I can only imagine that the Levite was walking up to the area where the helpless and wounded man lay, looked at him in disgust and then hastily shifted his gaze in the opposite direction and blatantly walked the other way. Once again, Jesus does not explicitly give an indication as to why the Levite ignored the wounded man, but seemingly without a worry or a second of hesitation, the Levite continued on his journey.

The third and final man, a Samaritan, walked down the road, saw the horribly beaten man, bandaged his wounds, put him on his own donkey, and took him to an inn where he himself tended to and cared for the man. He stayed with the injured and battered man all night, attending to his needs, and the Samaritan then paid for the bruised man to be taken care of while he left his detour and continued on to his original destination. He gave the innkeeper two denarii and told him to take care of the injured man and promised the innkeeper that he would return and pay him back for any debt from the Jew's stay that the Jew might have accumulated in his absence. The Samaritan not only provided for the immediate needs of the hurt Jew, but he also paid for any expenses the man might accumulate while he was away.

This story of "The Good Samaritan" is a beautiful picture of the definition of health that I am pursuing throughout this thesis. This parable touches on the four tenants that I will be elaborating upon as specific and necessary to achieve the proper understanding of health. I will address the temporal, relational, physical (or physiological), and spiritual aspects of healing that are displayed through this parable. These four tenants as extrapolated from the Good Samaritan parable will serve as a foundation for the later chapters as the healing aspects of physical therapy are discussed and elaborated upon.

In this story the Samaritan crosses spiritual, physical, and cultural boundaries with one simple touch. The great divide that existed between Samaritans and Jews is pivotal to understanding and correctly interpreting this parable. The overarching statement is that Samaritans and Jews were bitter enemies whose rivalry traced back hundreds of years. While the Levite and Priest both proclaim and enforce righteous living within the

communities underneath their instruction, the Samaritan was the person who actively lived out true faithfulness, for he tended to and sacrificed greatly for the well being of a Jew, his most hated enemy.

Samaritans were often referred to as a “mixed race” because they were a fusion of the Jews and the people originally from Samaria.³ Samaritans and Jews shared a mutual hatred for one another. This was not an average brother “hating” his sister type of relationship; the Samaritans genuinely despised the Jews, and the Jews were equally disgusted by the impurity of the Samaritans. Samaritans can be most closely aligned with believing along the traditions of Judaism; the Samaritans only held the Pentateuch as their Bible and Scripture, rejecting the rest of the Old Testament as truth and Divinely-inspired. In addition to their limited Old Testament, the Samaritan ancestry was traced back to the intermarrying of the Assyrian captives. Assyrian was the super power of the time around the 8th century B.C. and made great land and territorial conquests. Their captives were forced to live with other captives who often differed from them greatly in regards to both culture and geography. The Samaritans are a nation that is thought to be birthed from Assyrians mixing of the cultures and people that began around 722 B.C.⁴ This mixed race of Israelites and other captives from Babylon, Hamath, Cuth, etc., was a disgrace and disgust to the Jews because the conquered people groups of the Assyrians were primarily pagans. As pagans, they worshiped idols which was detestable to the Jews; thus the Jews removed themselves entirely from having any association with the

³ Matt Slick, “The Good Samaritan Luke 10:25-37,” Christian Apologetics & Research Ministry: <https://carm.org/parable-good-samaritan> (accessed February 10, 2016).

⁴ H. I. Keathley, “The Good Samaritan” (August 17, 2004). Bible.org: <https://bible.org/seriespage/4-good-samaritan> (accessed January 8, 2016).

Samaritans. The Samaritans, in turn, treated the Jews with equal hostility and cut off any sort of positive communication or relationship with the Jews. The hatred between these two groups was to such an extent that the Jews believed they could be physically and possibly spiritually contaminated and tainted by even being in the physical presence of the city of Samaria or its inhabitants, the Samaritans. Thus, instead of crossing through Samaria (directly north of Jerusalem) the Jews would cross over the Jordan River through Perea (east of the Jordan) and then proceed north, going all the way around the Jordan River to reach the town of Galilee.⁵ The hatred that began during the time of the Old Testament's writings did not diminish in intensity in the slightest by the time Jesus is telling this story in 30 A.D. or even by the time Luke records his gospel after Jesus ascends into heaven. Thus, even though this route took significantly more time and resources, the Jews, who would have heard Jesus telling this parable, still would have believed that it was entirely worth the extra effort and time to take the longer route in order to avoid crossing paths or entering the territory of the disgraceful Samaritans.⁶ In fact, many commentators have suggested that the Jewish lawyer to whom Jesus is specifically telling this parable to, when answering Jesus' question ("Which of these three, do you think, proved to be a neighbor to the man who fell among the robbers?") would not even say the word "Samaritan" but instead used the phrase "the one who

⁵ G. N. Knoppers, *Jews and Samaritans: The Origins and History of Their Early Relations*. (New York: Oxford University Press, 2013)

⁶ Keathley, "The Good Samaritan."

showed mercy to him.”⁷ This hatred penetrated even to the deepest parts of many Jews’ heart and their perception and understanding of the Samaritans.

With this background in mind, the parable of the Good Samaritan can be better understood since everything the Samaritan did, even the simple act of taking the road that Jews would have been traveling on and going out of his way to the side of the road to assist a horribly wounded stranger, would have been completely startling and a huge cultural upset to Jesus’ audience (who were primarily Jews)⁸. In addition, with the knowledge of this history and cultural background, the life-giving act by the Samaritan only heightens the level of compassion that the Samaritan must have had for the Jew. This parable is a great representation of the process and facets of holistic healing for the Jew, and the compassion shown by the Samaritan will become a crucial aspect to the person who is aiding in the healing journey.

Now that the historical rifts between the Jews and the Samaritans have been discussed, the cultural ramifications of the Samaritan’s actions can be better understood. The traveling Samaritan chose to look beyond the physical appearance of the unconscious Jew lying alongside the road. Scholars believe that the Samaritan was knowingly putting himself at risk for defilement from his own people.⁹ This would have caused him to be hated not only by the Jews because he was a Samaritan, but also by his own people, the Samaritans, because he associated with and physically touched a Jew. The Samaritan knew that he was risking losing everything he had and the life he knew in order to save

⁷ Deffinbaugh, “The Good Samaritan.”

⁸ Easton’s Bible Dictionary Bible Study Tools (1987):
<http://www.biblestudytools.com/dictionaries/eastons-bible-dictionary/samaritans.html>
(accessed December 2015).

⁹ Slick, “The Good Samaritan.”

the life of the Jew on the side of the road. While this does not greatly contribute to the understanding of holistic healing and the components necessary for the healing process, it does demonstrate the character of the Samaritan or the one providing the initial curing and starting the healing process.

This parable is a beautiful picture of the process of healing because the various ways that the needs of the sick man are met demonstrate how the Jew's healing process required more than putting bandages on his bruises while he laid on the side of the road. This story displays that health is only properly interpreted as holistic well being; this requires one to understand that in most cases the sickness of that person runs deeper than simply the physical appearance or functionality of the person's body. It is much greater than an absence of physiological disease; rather health is best understood to be the holistic well being of a person, which can only be found through that person's participation in the community around him or her.

The character and actions of the Samaritan himself beautifully depict what is necessary for the healthcare professionals in the world today. Healthcare professionals (physicians, nurses, paramedics, therapists, etc.) are often the first people involved in the healing process. In today's healthcare system, they are often called "healers" and are thought to heal the patient. However, if health is understood to be greater than simply a physiological absence of disease, some changes would need to be made to the health care system that is currently in play. Our physicians and other health providers have to tend to more than simply the physiological state of the patient. This would necessitate them finding community and relationships for the patient to participate during and after the cure (referring to the tending to of the physiological ailment) is given or the physicians

and providers would need to change their title to “curers.” This proposal brings up an important and understated distinction between healing and curing. As Pellegrino argues,

The word ‘cure’ now often is used in a radical sense-to refer to the eradication of the cause of an illness or disease, to the radical interruption and reversal of the natural history of the disorder. On this view a cure restores a patient at least to the state of functioning he or she enjoyed before the onset of the illness and possibly of even a better state. The possibility of cure in this sense turns on the availability of scientific medicine and radically effective therapeutic modalities, which make it possible to cure without caring.¹⁰

Curing is often used in current society to refer to strictly the eradication of the disease or disorder and because this eradication can occur with medicine alone, the emotions and character of the curer are not necessary. Only science and medicine are needed to cure. Thus, Pellegrino makes the distinction in the fact that curing involves only science and healing requires more than science alone can offer. “Healing is a more comprehensive term than curing. It implies making the patient whole again.”¹¹ Science and medicine cannot provide wholeness. The bandages and ointments of the Samaritan did not heal the battered Jew. If the wounds were dressed correctly and sterilized properly, then the bandages might ultimately lead to the curing of the Jew, but the Samaritan, the inn, the innkeeper, and the longevity of the Jew’s stay were all essential elements in the healing of the Jew.

In addition to the cultural and physical appearance boundaries that he overlooked, the Samaritan bandages the physical wounds of the injured man. Luke says, “He went to

¹⁰ Edmund Pellegrino, *The Christian Virtues in Medical Practice* (Washington D.C.: Georgetown University Press, 1996), 92.

¹¹ Pellegrino, *The Christian Virtues in Medical Practice*, 92.

him and bound up his wounds, pouring on oil and wine. Then he set him on his own animal and brought him to an inn and took care of him” (Luke 10:34). The Samaritan was most likely not caring bandages and pre-cut wraps with him for his trip. Most people infer that he used his own clothes and linens to care for the Jew.¹² Anything that the Samaritan gave came directly from his own possessions. In addition, the Samaritan seemed to give of himself without hesitation. Jesus does not say that the Samaritan even asked questions of the man, but instead he immediately tended to the man’s wounds. For many reasons that will be addressed in later chapters, this simple act of touch carries great significance. Recalling the animosity between Jews and Samaritans as recounted earlier, the touching of a Jew (in addition to walking along a road that was commonly used by Jews) would have been an abomination and unthinkable for Samaritans.

This correlation is not perfect, but it is close to the relationship between the Samaritans and the Jews. Not only was physically touching a Jew a cultural risk for the Samaritan to take that could result in rejection or even disownment and abandonment by his own people, but it was also a health risk. Infections could have been accumulating in the Jew’s wounds while he lay on the side of the road; he could have been sick before he was robbed and then that sickness could have been communicated to the Samaritan. In addition to his own body being contaminated, most likely his clothes, baggage, and food supplies were all tainted in some way while he tended to the Jew’s wounds. I understand that this is a slight anachronism, as the germ theory and communication of diseases had not been discovered at this time in history, but that does not negate the fact that the Samaritan was putting himself at risk in all regards while he tended to the injured man.

¹² Deffinbaugh, “The Good Samaritan”

In addition to giving of his clothes, the Samaritan also gave generously of his oil and wine. Both of these liquids would have been used as a cleansing agent to remove any sort of dirt or infection from the Jew's wounds. The wine could have also been used as a pain remedy.¹³ This initial stage of healing by the Samaritan was for the external and physiological wounds inflicted upon the Jew.

After tending to his physical wounds, the Samaritan brings him to an inn, and then Jesus says in verse Luke 10:35, "And the next day he took out two denarii and gave them to the innkeeper...." It is very subtle, but Jesus makes a point of stating that the Samaritan stayed with the Jew overnight. He did not drop him off and leave or even drop him off and then pay his rent and leave; instead he tended to the man's wounds and pain overnight. The man was probably unconscious or sleeping for most of the time the Samaritan was with him, all throughout the night and so the Samaritan was delaying his journey and paying for supplies and shelter with very little recognition or expression of gratitude. In addition to this, the Samaritan left the man to continue on his journey but gave the innkeeper two denarii which at the average inn would have provided for payment for between 24-60 days depending on the luxury of the inn.¹⁴ The Samaritan demonstrates more than extreme generosity, he displays the understanding that healing is a time consuming process and hard process. The man's wounds might have been fine in a few days, but the Samaritan was not only considering the physiological state of the man, he cared for him on a deeper and more personal level. This will be an important aspect to understanding health. If health were simply referring to the physical state of a

¹³ John MacArthur, "The Good Samaritan: Luke 10:30-37," Monergism.com (2003) <http://webmedia.gty.org/sermons/High/42-144.mp3> (accessed December 2015).

¹⁴ MacArthur, "The Good Samaritan: Luke 10:30-37".

person, then the time limit on obtaining health could be relatively short; however, because this story seems to display a more extensive definition of health as the holistic well-being of an individual and the proper alignment of all that makes them a human, then the time frame for healing is greatly extended.

The final piece of this story that I will expound upon is the restoration of the Jewish man back to community. In general Jesus used parables as a method of teaching so that his readers could best understand the deeper truth He was trying to communicate. In this specific parable, it is largely agreed upon that the “inn” where the Samaritan dropped off the Jew before he continued his journey is representative of the church.¹⁵ The Samaritan left the Jew at the inn and this was representative of leaving him within a community of people who could care for him. The church since the New Testament has been tasked with many different jobs, and one of which is caring for the sick and those in need (Acts 2:45-6). This seemingly irrelevant act within the parable beautifully demonstrates the idea that healing and the restoration of wholeness and well being to a person is not possible without a community surrounding the sick, or in this story, the inn that surrounded and sheltered the injured man. The Samaritan might have been able to heal his physical wounds, to a certain degree, but there was a much bigger healing process that had to occur within the Jew that Jesus seems to state comes from the church.

¹⁵ John W. Welch, *The Good Samaritan: Forgotten Symbols*. The Church of Jesus Christ of Latter-Day Saints (February 2007): <https://www.lds.org/ensign/2007/02/the-good-samaritan-forgotten-symbols?lang=eng> (accessed January 2015).

As Christians, we understand this community as the church. The church provides for the material needs of the person as much as it is able to do, but of greater importance is the immaterial needs of the person that the church can meet. In Deuteronomy, God says of the church: “If among you, one of your brothers should become poor, in any of your towns within your land that the Lord your God is giving you, you shall not harden your heart or shut your hand against your poor brother, but you shall open your hand to him and lend him sufficient for his need, whatever it may be” (Deut. 15:7-8). The church is charged with proclaiming the message of Jesus Christ and His gospel, and it is through the satisfaction of the material and immaterial needs that the man is made healthy, made well, and made whole.

Outline

This thesis incorporates a variety of experiences and stories that have affected my life and understanding of physical therapy, healing, and humanity as a whole. I have had the opportunity to shadow many different health care professionals from various fields of medicine and therapy. Specifically physical therapy is incredibly unique in the way that patients and the healthcare professional (therapists) interact. Relationships are formed and slow gradual progress turns into indescribable recoveries. When I shadowed, at a physical therapy clinic, one of the therapist’s patients always referred to the therapist as “magical” and a “miracle worker.” As far as I know, the therapist was not magical, and she did not necessarily work miracles, but there is something quite incredible about the nature and practice of physical therapy.

This paper is based on the idea that health is very often misinterpreted and the misinterpretation leads to a cascade of problems as people seek to achieve health and healing. When we correct our understanding of what it means to be healthy and how we achieve this, we can relate better and more effectively to others who are sick, healing, or even well. Part of understanding health requires the knowledge that the relationships of and the community around sick persons are crucial for their restoration to health.

This is my desire from the reader: I hope that you put aside what you know of health and healing and look at a person as more than an individual, patient, or client but as a member of a community that strives to obtain the wholeness of the community through the healing of the people that make up the community.

Chapter 2 will give a background to the understanding of health and will examine the interpretation health and medicine throughout history. I will examine how the current understanding of health has evolved and what it is as defined by the people placed in charge of bettering the health of others. By looking at the positive and negative aspects of various definitions of health, I will then conclude by proposing and briefly expanding upon my understanding of health.

Chapter 3 will reflect upon a specific experience I had while shadowing physical therapists throughout my undergraduate years. This portion will particularly focus upon physical therapy and the various ways that it aligns with the ideals of holistic healing. The conclusions drawn concerning therapy will be supported by various clinical scientific research studies that also demonstrate similar results.

Chapter 4 will conclude by discussing the proper next steps once a person more holistically understands health and its effect upon much of the way that the healthcare

system and patient-provider interactions appear. I will put forth two fairly practical and realistic propositions for implementing a correct definition of health in the interactions between patients and their physicians, nurses, therapists, etc. and their interaction with the community. It will also briefly discuss various points regarding the improvement for therapy; in particular the lack of the spirituality component which appears to be the one aspect of healing that is not explicitly required in the nature of therapy. Therapy in this chapter will be posed in contrast to much of modern medicine.

CHAPTER TWO

Historical Background on “Health”

The idea of “health” and what is it to be “healthy” has become an extremely important conversation in today’s society. A quick Google search of “health” displays 3.3 billion results of articles, blogs, journals, and books on the understanding of health¹. In the medicine, society, and the academy, the study of health is rapidly growing and seems to include studies ranging from the practice of medicine by a physician to mindfulness accomplished through focusing on one’s breath. The overarching purpose of physicians, yoga instructors, psychiatrists, and personal trainers is to help make a person healthy, yet they each achieve health through very different means. Each of these people occupying very different jobs that all aim at the same goal, health, suggests that health is much broader than any one of these fields can entirely reach.

A consistent question in the conversation has long been the relationship between the functions and processes of our bodies and our emotional, psychological, and spiritual functions and processes. There appears to be a long-held understanding that while the functioning of our bodies is central to healthy living, health goes beyond the strictly physical. And yet the nature of those of connections, and the relative importance of these other aspects of who we are, is the subject of much study and debate. This chapter argues that a proper Christian understanding of health entails including the whole human being,

¹ Search done as of January 4, 2016

both body and soul, without neglecting the fundamental need for humans to be in community with others. This definition of health is placed within the context of these broader conversations that span throughout history about what it means to be healthy. Using contemporary Christian writers and ethics, this chapter argues that health means achieving the wholeness of humans through addressing both the body and soul of a human without the separation or isolation of the two from each other or from the community.

History of “Health”

One of the first, largely accepted, understandings of health dates back to the 6-5th century B.C.E.. Hippocrates’ theory of Humorism² displays how humans have long sought to think about health in terms of a balance between the body and soul.³ Hundreds of years ago some of the brightest scientists understood that health extended beyond simply the physiological state of a person. Hippocrates recognized that there was a connection, to a certain extent, between the body and the spirit of a human being, however his connection was largely founded upon principles that have been disproven by modern science. Hippocrates’ theory of Humorism (or Humoralism) divided the human body into a collection of four different fluids or humors that were each associated with a certain disposition of the human. These humors were: blood, yellow bile, black bile, and

²W. Dorland, *Dorland's Illustrated Medical Dictionary: Humoralism* (Philadelphia, PA: Elsevier Health Sciences, 2012), 874.

³ Sources disagree as to whether this theory was established by Hippocrates himself. Many believe it pre-dates Hippocrates; regardless of the debate, Hippocrates brought publicity to the theory.

phlegm.⁴ According to Hippocrates, the health of body and mind was a perfect balance and mixture of the four humors. All humans were said to have a perfect harmonious mix of the four humors when the human is healthy, but when the humors were out of alignment and imperfectly balanced, then disease and sickness occurred in the individual. The reestablishment of health included various dietary or medicinal changes in addition to various means of removing the humors in excess (bloodletting, purging, laxatives, emetics, etc.). Since disease was understood as the misalignment of the humors, the remedy for disease included physically removing the humors that were in excess within the body. The table below shows the relationship between the humor, body organs, and temperaments.⁵

Humor	Organ	Temperament
Yellow Bile	Spleen	Choleric
Black Bile	Gallbladder	Melancholic
Blood	Heart	Sanguine
Phlegm	Lungs	Phlegmatic

Table 1: Hippocrates' Humors

⁴ Dorland, *Dorland's Illustrated Medical Dictionary: Humoralism*, 874.

⁵ William A. Jackson, "A Short Guide to Humoral Medicine," *TRENDS in Pharmacological Sciences* 22 (2001) [http://www.cell.com/trends/pharmacological-sciences/abstract/S0165-6147\(00\)01804-6?_returnURL=http%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS0165614700018046%3Fshowall%3Dtrue](http://www.cell.com/trends/pharmacological-sciences/abstract/S0165-6147(00)01804-6?_returnURL=http%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS0165614700018046%3Fshowall%3Dtrue) (accessed September 2015).

Hippocrates' theory was widely accepted as the dominant understanding of health until around the 1800s when the understanding of the human anatomy and physiology began to develop and his theory was scientifically proven false. While Hippocrates' theory is correct in its recognition of the connection between the body, spirit, and mind of an individual, his theory falls short of the definition of health proposed previously in a few ways. Humorism is largely individualistic, meaning that health is not dependent upon a community. Instead of the health of a man being unobtainable without the relationships of others, Hippocrates' suggests that the balance of the four humors was the entirety of what mattered to health. In addition, while Hippocrates sought to connect the body and spirit or body and mind of people in his definition of health, the remedies for disease that he proposed were entirely physical and thus seem to diminish the connection between the body and anything else. Finally his definition falls short because of its scientifically inaccurate claims and remedies. If the definition of health goes beyond the physiological realm, then when health is destroyed through disease, the remedy for health must also go beyond the physiological realm. This is not accomplished in Hippocrates' Humorism.

Jumping forward a few centuries, we arrive at the establishment of the World Health Organization (WHO) in the late 1940s by the United Nations (UN) with the purpose of publicly addressing public health matters. The WHO has a widely cited and recognized definition and is a vastly important international body. The WHO constitution defines health as "a complete state of physical, mental, and social well-being, and not merely the absence of disease or infirmity."⁶ The WHO clearly rejected the idea that health is strictly a physiological well being. Similar to Hippocrates, the WHO

⁶ World Health Organization: About WHO, <http://www.who.int/about/en/> (accessed January 2015).

defines health as a sort of balance between the physical, mental, and social states of an individual; however, they include more components of a human into their understanding of health than does Hippocrates. They divide humans into having “physical, mental, and social” realms, and then define health as a balance or “well being” of all three. This understanding of health has allowed the WHO to accomplish amazing feats regarding health reform on an international level.

Their partnerships extend from third-world countries in Africa to Europe and the United States. The United Nations has given them ample resources that allow them to be successful in the promotion of their definition of health internationally.

The WHO coordinates health within the United Nations through establishing partnerships, developing research, and monitoring and assessing health and health trends throughout the world. Because their understanding of health is more than simply the absence of disease, they emphasize creating environments that allow society to flourish by seeking to remove environmental threats. In addition, they work directly with human rights, gender and race equality issues, and poverty within their countries and cultures in reach. They are helping make vaccines for recent outbreaks (Ebola, Zika virus), help with the refugee crisis, research environmental stresses and contaminants, and many other things.⁷ This demonstrates their desire to see more than simply physically fit people; they see the need for communities to flourish in order for the individuals to flourish and live healthy lives.

While the WHO has done incredible work on an international level, I would argue that there are some things missing in its response to addressing the lack of health in

⁷ World Health Organization: About WHO.

society. It is incomplete in three different ways. First, the definition of health for the WHO divides humans into different components which allows for the isolation of the physical, the mental, and the social components of a human from one another. It separates the body from the mind and soul as if each can be treated entirely independently from the other. The conclusion drawn from this separation is that after each (physical, mental, and social) are individually perfected, they can then all join together somehow within a human in order to provide health.

The second dilemma of the proposed definition of health by the WHO is that it fails to address the connection between the body and spirit; the spiritual realm seems to have been ignored in this definition. They do handle palliative care and the emotional well being of persons, they choose not to take stances on religious values.⁸ While the proposed understanding of health in this chapter is founded upon Christian principles, religions in general greatly affect the health of humans and societies. Christians often believe that a person is not whole without the indwelling of God, Hinduism holds tightly to the belief of karma and that good deeds correlate to a good life or health⁹, Islam believes in the combination of prayer, diet, and ablution to obtain,¹⁰ and as a general

⁸ World Health Organization: About WHO.

⁹ Amber Sukumaran, "Hinduism and Medicine: A Guide for Medical Professionals," <http://www.angelfire.com/az/ambersukumaran/medicine.html> (accessed April 12, 2015).

¹⁰ Aisha Stacey, *Health in Islam: Quran is Healing*. IslamReligion.com (November 24, 2008): <http://www.islamreligion.com/articles/1891/health-in-islam-part-2/> (accessed April 12, 2015).

trend religions believe there is a strong connection between spirituality and health.¹¹ The absence of emphasis on the religions within the countries with which they partner demonstrates a shortcoming of the work of the WHO.

The final problem within the WHO's definition of health, is the lack of teaching of dependency within their definition. They desire for people to be self-reliant, and while this is a very subtle aspect within their grander scheme of health, this small teaching of self-reliance instead of dependency has drastic effects on the worldview of an individual and a society. Humans are incapable of being entirely independent and self-reliant, because intrinsically humans need other humans not only for utilitarian purposes but also for relational purposes. While this concept will be addressed more extensively later, I will touch on it briefly here. The need for dependence is utilitarian for reproductive reasons. Humans are sexual organisms and as such, they need other humans to reproduce and in that way, our dependence on each other is for utilitarian reasons. However, humans also need each other because humans are not created to live in isolation; this is the reason that solitary confinement is an effective form of punishment because humans need contact with other humans. Due to the culture shift towards a self-reliant mentality, many people have taken time to dwell upon the long-term consequences of such a mentality. One of the people whose work will be of great importance in fleshing out this newly proposed definition of wholeness is Alasdair MacIntyre. MacIntyre focuses on intrinsic dependence within each human upon something or someone else.

In his book *Dependent Rational Animals*, Alasdair MacIntyre explores the needs (dependence) of humans (rational animals) and the satisfaction of those needs, which he

¹¹ Muslim Health Network: *Islam and Health*
<http://www.muslimhealthnetwork.org/islamandhealth.shtml> (accessed April 12, 2015).

believes can be brought about through specific virtues¹². While MacIntyre's intent is not explicitly to address the topic of "health" in that he does not use the word "health" as the subject of his writing, he does intend to address the well being of humans. We can glean from his definition of what a human's well being is in order to draw comparisons between his concept of "well being" and what I am defining as "health."

MacIntyre emphasizes that humans are fundamentally dependent upon one another in order to achieve their *telos*, which he defines as "independent practical reasoning."¹³ He writes, "To become an independent practical reasoner is to learn how to cooperate with others in forming and sustaining those same relationships that make possible the achievement of common goods by independent practical reasoners."¹⁴ For MacIntyre, the communal aspect intrinsic within humanity is essential to human flourishing and what could be understood as health.

Finally, looking at the common American's definition of health, there is a vast array of answers to the question "what is health?" The magazine "Psychology Today" published an article with results from their findings regarding people's answers to the question which included: "My doctor said my numbers look great," "When I take stuff. I feel great. My health is fine," "We can't find any disease on the scans," and a variety of others interviewed people demonstrate two interesting underlying factors.¹⁵ The first is

¹² Alasdair Chalmers MacIntyre, *Dependent Rational Animals: Why Human Beings Need the Virtues*. (Chicago, Illinois: Open Court, 1999), 8-10.

¹³ MacIntyre, *Dependent Rational Animals*, 74-98.

¹⁴ MacIntyre, *Dependent Rational Animals*, 74.

¹⁵ Matthew J. Edlund, "So What's Your Definition of Health? Beyond Absence of Disease," *Psychology Today* (May 3, 2012): <https://www.psychologytoday.com/blog/getting-healthy-now/201205/so-whats-your-definition-health> (accessed February 2016).

that all of the published answers regarded strictly the physiological condition of the interviewees. This shows that despite the WHO's attempt to publicize their more well rounded definition, the common perception of health is still rooted in a physiological state of well being. The second underlying factor of all of these answers is the incredibly individualistic nature of the interviewees' responses. When asked what is health, they immediately reverted to themselves. They did not consider others as contributors to their well being nor did they perceive themselves as contributing to or impacting other people's health.

After surveying a variety of understandings of what health is, the remainder of this chapter will be spent defining and extrapolating upon the previously proposed definition of health as "achieving the wholeness of humans through addressing both the body and soul of a human without the separation or isolation of the two from each other or from the community." This definition of health is similar to that of Wendell Berry's who defines health as "wholeness."¹⁶ Healing would then be understood as making a person whole. Unlike the theory proposed by Hippocrates and even some of the common American understandings, health is not at all individualistic. In fact, it is quite the opposite of individualistic. Drawing upon MacIntyre's discussion on human dependence, humans cannot be whole unless the people each recognize their own inter-dependence on the community of people who surround them. This idea of wholeness is an important part of health. How one defines health directly reflects upon how one understands and defines a human being. As seen throughout history, we are quick to put limits on health.

¹⁶ Wendell Berry, (2002). *The Art of the Commonplace: The Agrarian Essays of Wendell Berry* (Berkeley, CA: Counterpoint, 2002), 159.

However, this understanding of wholeness, while it is very broad, also incorporates more than simply the physiological or emotional components of humanity and it will be fundamental to my argument.

Re-Defining Health

Etymologically, the word “health” has its roots in the words such as “hallow” “holy,” and “heal.”¹⁷ In defining health as wholeness, this means that the health of an individual is determined by examining the individual as a human and not simply fragmenting her or him into different parts. This seems obvious and ideal, but it is fundamentally opposite of the way that people naturally reason. Most people, if asked about the definition of health and specifically more than physiological “health,” would divide a person’s health into two very distinct entities: body and soul. When a woman meets a friend for lunch and says to her, “You look healthy” she does not mean “you look like you are a whole person and have found a sense of belonging in the community within which you are residing.” What the woman means is “you look fit” or “you have a lower body fat percentage” or “you do not have any broken extremities or bruises.” Defining health as wholeness would remove the concept of judging a person’s health merely based upon her or his appearance. Wholeness is not something that can be interpreted merely by looking at the outward appearance of someone; it requires a much deeper look than that.

Just as people often wrongly interpret “health” to be pertaining strictly to the physiological aspects of a person, another common misconception regarding the understanding of “health” is evident when people use the word to refer strictly to a person’s “inward self” or soul. A healthy person could be one who is at peace with her or

¹⁷ Berry, *The Art of the Commonplace*, 159.

himself and the world around her or him. Often people use the word healthy to refer to people who seem to be juggling their emotions well so that they are not too emotional or expressive.

I remember standing in the lobby before church started one Sunday morning and I was listening to a young college girl tell an older woman about all the crazy things that were occurring in her life. However, the young girl seemed to be very composed and rational in the midst of the chaos, she did not come across as nervous or worried or scared. The older woman began to tell the young girl how impressed she was with her “healthy lifestyle.” The older woman looked at how the younger person seemed to carry herself, and based on a combination of her physical demeanor and her emotional state, she concluded that the young student was “healthy.” Again, this demonstrates a fundamental misunderstanding in the concept of health within our society. It is not something that can be applied to strictly the physical or emotional state of a person. There is not a set rule or standard on what a “healthy” soul or lifestyle looks like; it is a fairly subjective matter.

As seen when evaluating the common misconception of the word health as strictly a physical explanation (for the person who was “physically fit”), so too, the health of an individual cannot be assessed by merely looking at the outward spirituality or emotional stability of an individual. Looking at the person alone cannot properly assess the person’s because the human eye can only see the physical and for the most part, a stranger assessing someone’s health can only know what the person chooses to tell the stranger about her or his life. The health or wholeness of an individual cannot be

determined by simply taking into consideration the spiritual state or religious activities of a person or the physical body fat percentage of a person.

Whether using health to strictly refer either the physical or emotional and spiritual aspects of a person, poses catastrophic effects for achieving wholeness within person.

Wendell Berry states that: “By dividing body and soul, we divide both from all else...For no matter the distinctions we draw between body and soul, body and earth, ourselves and others--the connections, the dependences, the identities remain. And so we fail to contain or control our violence. It gets loose...Violence against one is ultimately violence against all...The wholeness of health is broken by despite.”¹⁸

If we begin to divide humans into the components of body and soul and treat those divisions as if they are unrelated and separable, we not only isolate those two particular components of human beings, but we also begin a potentially endless cycle of divisibility. We have no clear guideline that dictates when humans can be divided no more and so physical is divided into emotional and physiological and then physiological is divided up anatomically and the divisions continue on and on. Just like a jigsaw puzzle that is slowly torn apart piece by piece until the whole puzzle and the message and picture it intended to communicate is unrecognizable, so too, the more fragmented and divided a person is, and the more she or he is broken down into smaller and smaller components, the less whole that person will be. Eventually the person is then no longer identified as a whole person and being because she or he, like the torn apart jigsaw puzzle, is unrecognizable as a whole person.

¹⁸ Berry, *The Art of the Commonplace*, 162.

In Luke's gospel, the Samaritan in the parable did not bandage the Jew's wounds and then leave him by the side of the road because the Jew was suddenly "healthy" or "well" again, but instead he tended to the Jew's health by taking into consideration all the facets of what made him a human. He saw that as a whole, the man's needs were met through the bandaging of the physical damage done to the Jew and the inn that he was placed in, so that he was lacking in no way. People with poor health need healing and reconciliation, they do not need for society and healthcare providers to further divide them by merely addressing their body apart from their soul or their soul apart from their body. Holistic health and true healing sees no division here.

This four proposed tenets of healing (temporal, communal, physical, and spiritual) will each be individually examined later, but I will discuss community briefly since its definition is crucial to continuing on with the argument.

Community

I believe that the community-in the fullest sense: a place and all its creatures- is the smallest unit of health and that to speak of the health of an isolated individual is a contradiction in terms.¹⁹

A Christian community is therefore a healing community not because wounds are cured and pains are alleviated, but because wounds and pains become openings or occasions for a new vision. Mutual confession then becomes a mutual deepening of hope, and sharing weakness becomes a reminder to one and all of the coming strength.²⁰

¹⁹ Wendell Berry, *Another Turn of the Crank: Health is Membership* (Washington D.C.: Counterpoint, 1995), 90.

²⁰ Henri J. M. Nouwen, *The Wounded Healer: Ministry in Contemporary Society* (New York, New York: Doubleday, 1979), 94

Community is an abstract and highly misunderstood concept in modern society. Even in the Christian sphere, community has various meanings. However, I would like to adopt Wendell Berry's simple definition of community as a place and all of its creatures.²¹ I might add to his definition that community is a place in which all of its creatures share life together. Either way, Berry has a good grasp on community when he connects health to a person's rootedness within a community. He describes wholeness (health) as a "sense of belonging to others and to our place" and not merely a "sense of completeness in ourselves."²² Innate within people is the understanding that community is necessary for life. Solitude, while not necessarily a bad thing, is not something that people wish their lives to be dictated by. Generally people do not like being alone on holidays, they desire to live life alongside their spouse; they want to have roommates or best friends. Overall people desire to have friends and family as an integral part of their daily lives. All of these characteristics are natural aspects of human life that demonstrate humans' desire for community.

As Christians we believe that this "innate" quality is due to our being created in the image of God, a triune God (Gen. 1:27). Because God is triune (three persons in one God: God the Father, God the Son, and God the Spirit), God is in constant relationship with the persons of God's self. Part of being made in God's image means that humans are relational; it is fundamental to their God-given nature. Like most religions, Christians have their own community (despite their different geographical locations) because they

²¹ Berry, *Another Turn of the Crank*, 90.

²² Berry, *Another Turn of the Crank*, 87.

have a shared understanding and interpretation of the spiritual realm. While this understanding of relationships and community being necessary for human health has been upheld all throughout history. Boccaccio tells one of the most beautiful stories about the crucialness of the sense of belonging not only for one's health but also for one's survival in one of his stories in the *Decameron*.²³

On Day 4 of Boccaccio's *Decameron* he tells the story of a man, Filippo, who fell deeply in love with his wife. A few years after they were married she became severely ill and died. Filippo was so heartbroken that he took his young son and fled to an isolated cave where he reared his son, sheltering him from all outside community and society. When the son grew older, they finally left the cave and entered the town. Like a tidal wave, the experiences and sights of the town quickly engulfed the son. He became very fascinated with all the people and especially women. While the father had intentioned to protect his son and provide him with everything he needed without exposing him to anything that might cause him pain or sadness, he catastrophically harmed his son's health because he removed him from society. By living an isolated life, he was subtly teaching his son that he was entirely independent and needed no one to live life alongside of.²⁴

This story demonstrates the essentialness of community. No matter how many spiritual truths that Filippo taught to his son, nor how great a student the son was, he was ultimately lacking in a sense of belonging. He could never be whole because he was

²³ Giovanni Boccaccio, *The Decameron* (New York, New York: Penguin Puntam Inc., 1995)

²⁴ Boccaccio, *The Decameron: Day Four*.

isolated from people. MacIntyre describes man's need for community in his book

Dependent Rational Animals as:

These two related sets of facts, those concerning our vulnerabilities and afflictions and those concerning the extent of our dependence on particular others are so evidently of singular importance that it might seem that no account of the human condition whose authors hoped to achieve credibility could avoid giving them a central place...It is most often to others that we owe our survival, let alone our flourishing, as we encounter bodily illness and injury, inadequate nutrition, mental defect and disturbance, and human aggression and neglect.²⁵

MacIntyre's argument seems to agree with Berry and Boccaccio's understanding that living alongside and sharing life with other human beings is necessary for each person's survival.

Reflecting back on the story of the Good Samaritan, the community that the wounded Jew was placed in after the Samaritan left for his trip was crucial to the Jewish man's journey towards health. The inn, representative of the church, was his community. He was placed in community for healing and resides in community because it is a fundamental aspect of being whole. If a man believes that as a fundamental part of his nature, he is created in God's image and is thus a relational being, he cannot deny that community is crucial to his wholeness (health) because without community he will fail to meet the needs of part of his nature. This would leave him in a state of emptiness because he cannot meet his relational needs as a human being without residing within community. Without community and companionship, Wendell Berry goes so far as to say that the body without community and companionship ceases to be what society would generally understand a body to be. Instead the community-less and

²⁵ MacIntyre, *Dependent Rational Animals*, 1.

companionship-lacking body resembles more closely what we would define as a corpse or cadaver; a lifeless unit.

The body alone is not, properly speaking, a body. Divided from its sources of air, food, drink, clothing, shelter, and companionship, a body is, properly speaking, a cadaver...Merely as an organism (leaving aside issues of mind and spirit) the body lives and moves and has its being, minute by minute, by an interinvolvement with other bodies and other creatures, living and unliving, that is too complex to diagram or describe.²⁶

Health is a slow process. It is a transformation not a quick one step fix solution. As an important aspect of maintaining the health of the body, it is necessary to be in community and surrounded by “interinvolvement” and “relationships” and “companionships.”²⁷

Berry would even go so far as to say that without these, health would not be able to be obtained because the body itself would cease to be a body. Berry’s statement implies that these relationships are life giving, and while he does not say they are the sole things that sustains humans, he does credit them for being an aspect of what keeps life in humans’ bodies.

In summary, community, “a place and all of its creatures” that share life together, is essential in properly defining health. All people would state that some sort of relationship with those around us is necessary for life to exist and removing that relationship or friendship strips humanity of a defining aspect of mankind. Christians would take this a step further by finding the root of this desire and yearning for community in the nature of God that was given to humans when God created humans in God’s own image. Because of the nature of the Trinity and the three-in-one nature of each of the persons of the Trinity, God is relational and abides within (and cannot be

²⁶ Berry, *Another Turn of the Crank*, 94-5.

²⁷ Berry, *Another Turn of the Crank*, 94-5.

separated from) community. As image-bearers, we too have that relational component which causes us to desperately need community if we are to live a healthy life.

Returning to the parable of the Good Samaritan, we see that the need for community in this parable is explicit. “And the next day he took out two denarii and gave them to the innkeeper, saying, ‘Take care of him, and whatever more you spend, I will repay you when I come back’” (Luke 10:35). The Samaritan could not fix the Jew overnight, and so he left him in the inn under the protection of the innkeeper and monetarily provided for the Jew’s needs. The Samaritan’s instructions to the innkeeper were “take care of him, and whatever you spend, I will repay you...” (Luke 10:35). The Samaritan did not say, “go get a physician and have him dress the wounds and then let the Jew leave,” instead the Samaritan’s instructions were overarching, “take care of him” and provide him whatever he needs. The Samaritan did not have a clear dividing line of how many physical needs the Jew had versus how many emotional or spiritual needs he had, instead all of his needs would be tended to by the innkeeper and the community the Jew was left within. “There is no bright line between physical disease, material want, and spiritual distress: all must be addressed within community for any true healing to occur.”²⁸ The care of the community was the most critical aspect of healing for the Jew. The same principle applies to humans; the care of the community is the most necessary part of the healing process.

Christians then take this understanding of community to another level because their most intimate and important community is found within the Church (global network of Christians) and specifically within the local church. Paul instructs the church elders in

²⁸ Joel Shuman, *Reclaiming the Body: Christians and the Faithful Use of Modern Medicine*, (Grand Rapids, MI: Brazos Press, 2006), 104.

Ephesus to “pay careful attention to yourselves and to all the flock, in which the Holy Spirit has made you overseers, to care for the church of God, which he obtained with his own blood “ (Acts 20:28). Christians and church leaders are instructed to care for the people within their local church.

Joel Shuman calls Christians to remember that the Christian’s answer to questions about sickness and suffering must be centered on the cross and resurrection of Jesus Christ.²⁹ This is not to say that Christians should not be physicians or therapists or use prescription medications, rather this is saying that ultimately, Christians understand that God is the Great Physician. “Bless the Lord oh my soul, and forget not his all his benefits, who forgives all your iniquity, who heals all your diseases” (Ps. 103:2-3). God heals and often uses medicine and the faithful working of physicians and other medical specialists to provide the cure to physiological ailments. A distinguishing aspect of healing for both Christians and non-Christians is that a cure can often be an aspect of the healing process but it is never the entirety of the process. Curing the patient of a disease is necessary in obtaining wholeness for the person but it alone cannot restore wholeness (health) to the person. A cure “focuses on *things* to do for a particular disease that are measurably effective, not the personal involvement of the health care professional in the suffering life of the sick person.”³⁰ The community provides the compassion needed to enter into the sufferings of the individual and that community is necessary for the healing of the individual even though the disease might have been cured through the treatment of

²⁹ Joel Shuman & Meador, K. G. (2003). *Heal Thyself: Spirituality, Medicine, and the Distortion of Christianity*. (New York, New York: Oxford Press, 2003), 102.

³⁰ Pellegrino, *The Christian Virtues in Medical Practice*, 93.

the physician. Because we are not partitioning the individual into the categories of body and soul or other divisions, we cannot state that the cure provides complete healing since it can only treat the physiological needs of the sick person.

Summary

Health is in no way a simple topic to define and the fact that it has fluctuated in meaning throughout history and evolved in its definition demonstrates that it is much broader and more inclusive than society as a whole currently understands. However, this understanding of health as wholeness is a beautiful way of reminding people of what makes them human. They are rational beings, dependent on a community for survival, built for and sustained by relationships. Rather than simply tossing out the idea that health has to do with the physical body, it is important to recognize that while this is a component of good health and a healthy person, it is not the entirety of the definition. We would never say that a person's anatomy is the only thing that makes them human, and in the same way, it is a gross misunderstanding to say that health is strictly determined by a physiological or psychological or even emotional well being. Health includes the relational, physical, emotional, and spiritual well being of a person. As discussed in the next chapter, this concept of wholeness is not lost in society and is beautifully demonstrated through physical therapy and the work of therapists in general.

A Christian community is therefore a healing community not because wounds are cured and pains are alleviated, but because wounds and pains become openings or occasions for a new vision. Mutual confession then becomes a mutual deepening of

hope, and sharing weakness becomes a reminder to one and all of the coming strength.”³¹

Healing occurs for people within the community of the local church through the curing of a physiological disease coupled with the support and encouragement of the church in realigning the vision of the sick person to see that they are made whole through the eternal life provided to them through the sacrifice of Jesus Christ on their behalf. This is not to say that healing cannot occur outside of the church; however, there is a difference in the healing that occurs for Christians because we would acknowledge God as the ultimate healer whose healing grace is often displayed through humanity.

³¹ Nouwen *The Wounded Healer*, 94.

CHAPTER THREE

Wholeness in Physical Therapy

O God of heavenly powers, by the might of Your command You drive away from our bodies all sickness and all infirmity; be present in Your goodness with Your servant, that his weakness may be banished and his strength restored; and that, his health being renewed, he may bless Your holy Name; through Jesus Christ our Lord. Amen

-Book of Common Prayer¹

The parable of the Samaritan was never intended to be simply read as a good story. Parables were utilized for the purpose of teaching to a broad range of people, both educated and uneducated. While it is definitely not the only lesson from the parable, the Good Samaritan parable told in the New Testament in the gospel of Luke demonstrates a holistic way of healing and approaching sickness. Having described the various important aspects of healing that are scattered throughout this parable and after describing the progression of society's interpretation of health, I would like to take a deeper look at therapy, specifically physical therapy, in order to examine the holistic approach that it takes towards healing.

In order to best demonstrate this holistic approach, I would like to share a story of a patient whose life is (and probably will continue to be) greatly affected by the work of her physical therapist. For the sake of confidentiality, all names in this story have been changed. Mackenzie and her mom came into the clinic for Mackenzie's first therapy session when she was only eight months old. Her pediatrician had suggested that she go to physical therapy for apparent developmental delays (this is a fairly common diagnosis

¹ Thomas Cranmer, *The Book of Common Prayer* (1549).

in younger and often prematurely born children). Mackenzie's mother, Allison, carried Mackenzie into the session and Dr. Myers spent a significant portion of her first thirty-minute therapy session becoming acquainted with Allison and Mackenzie and determining Allison's concerns and observations about her daughter. Dr. Myers spent the rest of the allotted time on the floor with Mackenzie manipulating her body into various positions to ascertain Mackenzie's motor capabilities and her personality. All along Dr. Myers was assessing not only Mackenzie's physical strength and abilities, but also learning about the eight month old in front of her who could not yet speak. She wanted to know if Mackenzie would be comfortable with being released from her mother's arms, whether she was talkative or quiet, happy or upset, a crier or content etc.. Dr. Myers was looking for much more than simply Mackenzie's core strength or crawling capabilities; she was seeking to understand Mackenzie.

Allison and Mackenzie left that first session and Allison knew they would be back. While Dr. Myers was a great therapist, she had not already fixed all of the developmental delays in a matter of 30 minutes. Allison said that initial estimates by the pediatrician and Dr. Myers suggested that Mackenzie would need therapy for two years; however, she will probably be there longer than that. Needless to say, Mackenzie's health is no short-term fix. In addition, when asked about the estimated length of therapy left for Mackenzie, Allison said that this therapy and/or strengthening activities will have to be a new part of Mackenzie's lifestyle for an indefinite amount of time. Mackenzie will need a lifestyle change, not simply a one-time cure for her sickness. Mackenzie and especially her parents since she is so young will need to be conscientious about how Mackenzie sits, plays, crawls, etc. and will have to become incredibly intentional about

exercising and stretching on a regular and sometimes daily basis. The “cure” was not simple nor was it short term.

Therapy has been incredibly beneficial to Mackenzie’s health in regards to her gross motor skills (crawling, walking, rolling over, etc.). When I first sat in on Mackenzie’s therapy session, she could not crawl, walk, stand up on her own, or even pull herself up very well. When I left a year later, she had begun to crawl for very short amounts of time; she could pull herself up very well, and she could take 2-3 steps on her own without the assistance of Dr. Myers. Physical therapy and Dr. Myers have made an incredible impact on the physical and gross motor capabilities of Mackenzie, yet physical therapy has done so much more than just help Mackenzie learn to crawl.

When I talked with Allison about Mackenzie and Dr. Myers’ relationship and its influence on Mackenzie’s progression, she did not hesitate in recognizing that the patient-therapist relationship was a primary contributing factor to the journey toward wholeness (health) for little Mackenzie. Even at a young age, Mackenzie enjoyed Dr. Myers, and Dr. Myers’ sweet and gentle disposition made therapy something that Mackenzie could endure and thrive within. Coupled with her sweet and gentle disposition, Dr. Myers’ love for Mackenzie caused her to push Mackenzie to do uncomfortable exercises and challenging things in order to help Mackenzie continue in her journey towards health. This required Dr. Myers to earn the trust of Mackenzie so that she would do the exercises and tasks even when they were difficult for her.

Finally, in addition to Dr. Myers and the therapists and physicians in Mackenzie’s life, Mackenzie’s family and church have been crucial in caring for Allison, her husband Mark, and Mackenzie. The members of the local church have been able to encourage and

support this family as they progress through this season in their lives. Their community is absolutely essential in supporting especially Mark and Allison as they selflessly care for this little girl whose needs are often overwhelming.

This is just one example of the many patients that I have had the privilege of observing under the direction of various physical therapists. This is a fairly normal pediatric case as pediatric patients are often in therapy for a particularly extended amount of time (over 6-9 months).

A unique aspect of therapy is the longevity of time allotted to the physical therapist to help treat the patient. This extended time frame also allows for stronger bonds to be formed between the physical therapist and the patient than what might form with other healthcare professionals who are not given this much time. If we were to calculate the bare minimum that Dr. Myers and Mackenzie would spend together it would be approximately 37.5 hours of therapy (that is using 25 minutes sessions once a week for 45 weeks of the 52 weeks in a year, for two years, that is 90 weeks). Compared with other forms of medicine and healthcare fields, Mackenzie and Dr. Myers have an incredibly greater amount of time to spend together.

With the story of Mackenzie and Dr. Myers as an example of what often occurs during a typical physical therapy session and interaction, I will now look at the ways in which the field of therapy, particularly physical therapy, align beautifully with the previously proposed definition of health as wholeness and the various facets that it includes.

The first aspect of healing that is worth mentioning is the temporal aspect.

Time

The longevity of the therapy process is displayed in two very important ways: first in the amount of time that a therapist is allotted to spend with his/her patient during each session and second, the long-term nature of therapy. Therapy is unique in that every patient-therapist interaction is relatively long (this is in comparison to the other fields of medicine where physicians are often expected to see on average each patient for less than 15 minutes). Therapists are generally given anywhere from twenty-five to thirty minutes all the way up to an hour for each therapy session with each patient (this is, of course, dependent upon the type of therapy that is performed).

In addition to the longevity of the actual appointment times, the overall process of therapy often takes weeks, if not months, to finish. Allison and Dr. Myers, knew that Mackenzie would not leave after her thirty minute session and be completely healed. Regarding Mackenzie's story, therapy not only lasted for thirty minutes on a single Tuesday, but it continued for thirty minutes on every Tuesday from the time she was eight months until now (it has been over two years). Again, each therapy setting has its own regulations and standards; however, overall most patients go to therapy once, sometimes even twice, a week for an extended period of time.

This unique temporal aspect of therapy is key to its proper approach to healing as a holistic well being of a person. When a person ventures into physical therapy (or any therapy for that matter), unlike any other healthcare field or practice, there is an expectation that results will not be immediate, but rather long term. Neither Mackenzie nor her parents nor her therapist knew exactly how long it would take for Mackenzie to reach the goals established by her therapist and pediatrician or to be capable of achieving

the motor skill capabilities for children her age. Therapy is far reaching and can work with premature babies all the way to geriatric patients, and while it is hard to make general blanket statements, there are some things that are true for a typical therapy session. It is hard to pinpoint how long physical therapy will last. A lot of that depends on the patient, their body, and their motivation levels.² However, some physical therapists only meet with their patients a few times before discharging or releasing them. On the opposite end of the spectrum, therapists also treat people with chronic diseases in which case,³ therapy often continues for as long as the pain persists, which could be forever.⁴ If we examine a fairly short length of time that a patient would really ever be in therapy (for example: four weeks for thirty minute sessions once a week), the total time that the therapist spends with the patient is still two hours. The therapist spends two hours spread over a few weeks working with one patient. This is roughly eight times as long as the average clinical family practice physician is allotted to see her patients (on average they are expected to see four patients per hour).

Therapists better understand and aid in the process of obtaining wholeness for their patients because therapists recognize that healing is a journey. Wholeness does not occur overnight; it is not something you can give someone a surgery or medication in

² “Physical Therapist's Guide to Ulnar Collateral Ligament Injury,” Move Forward: Physical Therapy Brings Motion to Life: <http://www.moveforwardpt.com/symptomsconditionsdetail.aspx?cid=ddb540d-6f4c-4417-9195-14f42aa9dd41> (accessed January 2016).

³ Carolyn Chanoski, “PTs Can Play Big Role in Chronic Disease Management,” *NEXT* (October 30, 2015), <http://www.apta.org/NEXT/News/2016/6/6/ChronicDisease/> (accessed January 2016).

⁴ This comes from an article on physical therapists’ treating chronic disease as an example of the life-long possibility of physical therapy for certain cases.

order to cure. Therapy takes into consideration that healing takes time, and it provides that time in its lengthy session times (25-60 minutes) and also in its prolonged work with the patient (from four weeks up to an entire lifetime). This temporal uniqueness of therapy is important for the ability to strengthen the muscles, tendons, and bones of the patient in order to correct any biomechanical malfunctioning in the body, but it also leads to a patient-therapist relationship that many would say is the key to therapy's high rates of success with their patients obtaining health⁵. As an outflow of this extended time given to therapists, a relationship between the physical therapist and the patient is given time to flourish.

The second aspect of healing that is displayed through Mackenzie's story is the relational component of healing.

Relational

The relational aspect of physical therapy is a beautiful demonstration of therapy's understanding of health as a holistic well being of a person as an individual and the well being of a person in regards to the community around her or him⁶.

While I can only speak for the limited number of therapists that I have known and spoken with, I have yet to speak with a therapist who did not mention the relational component of therapy as a reason for their love for the profession. Relationships are

⁵ Lena Stenmar & Lena Nordholm, "Swedish Physical Therapists' Belief on What Makes Therapy Work," *Journal of the American Physical Therapy Association*, 74 no. 11 (1994), 1034-1039.

⁶ Blue Letter Bible, "Genesis 2," Blue Letter Bible: <https://www.blueletterbible.org/lang/lexicon/lexicon.cfm?Strongs=H3335&t=ESV> (accessed October 2015).

inevitable when a therapist spends a minimum of two hours and a maximum of a lifetime with a patient (many patients with neurologically based diseases and/or geriatric patients can be expected to see a physical therapist for the rest of their lives).

Two researchers, Lena Stenmar and Lena A. Nordholm were intrigued by the successfulness of the outcomes of physical therapy and developed a study to ascertain what currently practicing physical therapists in Sweden believed were the most important factors in successful physical therapy treatments. They took a national random sample of 187 Swedish physical therapists and sent the therapists a survey via mail to fill out (they had a 76% response rate) with various questions concerning their demographical information and their beliefs about therapy. They summarized their results, saying:

The findings indicated that a majority of the respondents believed that the patient's own resources and the patient-therapist relationship rather than the treatment techniques are the most important factors in explaining why physical therapy works. Most physical therapists endorsed a holistic view of treatment (pertaining to the whole person, not just body parts).⁷

In the end, the factors that each of these therapists said was most important was not their cutting edge techniques and massage therapy or new machinery, although those things probably were incredibly helpful. Instead, the most important aspect in explaining the success of physical therapy was the relationship between the patient and the therapist.

Harkening back to the story of young Mackenzie and her family, when Mackenzie's mother, Allison was asked about the relationship between Mackenzie and Dr. Myers and its role in the healing process for Mackenzie, Allison was insistent that Dr. Myers was the best therapist for Mackenzie and that the relationship established was

⁷ Stenmar and Nordholm, "Swedish Physical Therapists' Belief on What Makes Therapy Work," 1035.

pivotal to Mackenzie's healing. Allison said, "I believe Dr. Myers truly cares about Mackenzie. Mackenzie loves to give her a hug at the end of the session. Dr. Myers has a tender spirit...."⁸ Allison did not say, "I believe Dr. Myers truly cares about Mackenzie being able to run," she instead said, "I believe Dr. Myers truly cares about Mackenzie." While this is a very subtle difference, it is worth noting. Dr. Myers cares about who Mackenzie is as a person; it goes without saying that Dr. Myers as her physical therapist does care about Mackenzie being able to walk, run, and jump, but she also cares about Mackenzie as a person. Dr. Myers' does not strictly see Mackenzie as a physical human being with physical needs, but rather she understands that there is more than simply a physical body that makes up a human being. The final thing to note from Allison's response to the proposed question is her description of Dr. Myers' character. While Mackenzie is too young to properly articulate what Dr. Myers is like, Allison (who is not even the patient) has a relationship with her daughter's therapist to such an extent that she can describe the character of Dr. Myers. Particularly with Mackenzie being so young, the bond between Dr. Myers and Allison is crucial to Dr. Myers earning Mackenzie's trust.

Having looked at this story from the patient and patient's family's perspective, I want to briefly mention Dr. Myers' perspective of Mackenzie's story and her experience as a therapist (Dr. Myers is a pediatric physical therapist, so all of her patients and examples will be regarding children). Much like Allison, Dr. Myers sees the patient-therapist relationship as something unique to therapy and crucial to its success. She can tell a difference in the progress of the patient whose family or caretakers are actively

⁸ Communication occurred via email on November 5, 2015 and no personal information regarding the patient or correspondent will be cited to abide by HIPAA.

involved in his/her life and the patient who has no family or whose family is not actively involved in his/her life. Especially with pediatrics, Dr. Myers knows that the relationship is incredibly important for the healing process. Even with Dr. Myers' expertise in biomechanics and the physical strengthening and manipulation of the body to provide the most fully functioning physical body her ability to fix Mackenzie's body does not entirely restore her health. She might have addressed and fixed the physiological impairment with Mackenzie's biomechanical skills, but her relationship with the patient is important for providing wholeness to Mackenzie and even to Allison's life. Dr. Stenmar and Dr. Nordholm summarize this concept by saying, "one possible interpretation of these findings is that physical therapists have learned through experience that *what* they do (i.e. which treatment technique they choose) is less important than *how* they do it (i.e. focusing on the quality of the patient-therapist relationship and the motivation of the patient)."⁹ Whether observing from the patient's perspective or the therapist's perspective the relational nature of therapy is undeniably pivotal to its success in achieving health and wholeness in a patient.

The argument above concerning the relational benefit between the physical therapist and the patient and its relationship to the health of the patient is consistent with much of the research performed by therapists today and particularly with a study performed in 2012 in Australia and some portions of New Zealand. In southern Australia at La Trobe University, Allied Health Clinical Research Office, and Eastern Health Australia, a study was performed regarding the patient and physiotherapist relationship (in various places of the world, physiotherapy is synonymously used in the place of

⁹ Stenmar and Nordholm, "Swedish Physical Therapists' Belief on What Makes Therapy Work," 1034.

physical therapy).¹⁰ Casey Peiris, Nicholas Taylor, and Nora Shields set out to answer the question: “how do patients receiving inpatient rehabilitation experience physiotherapy, and does their experience differ if they receive extra Saturday physiotherapy?” (patients in this study did not normally receive therapy on the weekends, so that was a test to determine the importance of the additional therapy session in the week).¹¹ Researchers interviewed various patients who were considered “inpatient” and were receiving rehabilitation through physiotherapy on a fairly regular schedule.¹² The nineteen participants were undergoing very different forms of therapy: some received rehabilitation after a stroke, some received therapy after a coronary artery graft was put in place in their heart, and others underwent therapy after orthopedic surgery.¹³ Wherever their fields, it was clear that the diversity of this sampling was great and should not be a downfall of this clinical study. The participants were questioned regarding: their experience with physiotherapy, their relationship with their therapist, their growth and progress, and their perspective on weekend (specifically Saturday) therapy sessions. Not

¹⁰ C.L. & N.F. Taylor, & N. Shields, “Patients value patient-therapist interactions more than the amount of content of therapy during inpatient rehabilitation: a qualitative study,” *Journal of Physiotherapy*, 58 (4), <http://www.ncbi.nlm.nih.gov/pubmed/23177229> (accessed January 2015).

¹¹ Peiris, Taylor, & Shields, “Patients value patient-therapist interactions more than the amount of content of therapy during inpatient rehabilitation: a qualitative study,” 261.

¹² Peiris, Taylor, & Shields, “Patients value patient-therapist interactions more than the amount of content of therapy during inpatient rehabilitation: a qualitative study,” 262.

¹³ Peiris, Taylor, & Shields, “Patients value patient-therapist interactions more than the amount of content of therapy during inpatient rehabilitation: a qualitative study,” 262-264.

all of the patients were receiving Saturday rehabilitation, but many of them were. This research was initially undertaken to understand the patients' perspectives on Saturday or weekend therapy sessions; however, their results far-surpassed these initial questions.

The writer of the article on the lab's success states that, "the rehabilitation experience was reported as a new and foreign experience to most of the patients interviewed. Patients appeared to focus on what was familiar to them, that is, the personal attributes of those they interacted with and the subsequent interactions of physiotherapy rehabilitation. Patients seemed to associate their physiotherapist with two main factors: personal attributes of their physiotherapists, and interaction with staff and other patients during physiotherapy." Later during their next questions the patients were asked about the amount of therapy they were receiving, and their answers had to do with both the emotional and personal interaction they had with their therapist and various other patients during that time. Overall, the physiotherapists were generally described by many of the patients¹⁴ as "empathetic and caring, encouraging, positive, motivational, and friendly"¹⁵.

The study concluded with a final connection between the physical activity and strength of the patients and the time they spent in therapy and their perception of the

¹⁴ Peiris, Taylor, & Shields, "Patients value patient-therapist interactions more than the amount of content of therapy during inpatient rehabilitation: a qualitative study," 263.

¹⁵ Empathy is a beautiful description to give to a health care professional because it goes a step beyond compassion (which will be discussed and defined later in the chapter). An empathetic person allows her emotions and entire self to enter into the sufferings or rejoicings of another person. For a healthcare professional, empathy allows physicians or therapists to temporarily take a step away from their titles and careers and engage the patient on a personal level. It allows the relationship to temporarily go from therapist (or physician) and patient to human being and human being.

therapist. As predicted they found a direct correlation between the length of time spent in therapy and the patient's strength. In addition they also found a direct correlation between the length of time spent in therapy (six or seven days each week with the additional Saturday therapy session as opposed to only five days per week) and the patient's perception of therapy and the therapist. This suggests that there was a relationship formed between the patient and the therapist that only blossomed further as the length of time spent together increased. This relationship then had positive effects in the patient's perspective of therapy.

This relational aspect of physical therapy is a beautiful demonstration of therapy's understanding of health as a holistic well being of a person as an individual and the well being of a person in regards to the community around her or him. After having looked at the uniqueness of therapy regarding its temporal longevity and its relational and communal emphasis, the final aspect of physical therapy to consider is the value of physical touch.

Physical Touch

A person hears the words "physical therapy" or "physical therapist" and automatically thinks of something occurring to his or her physical body. Within the very name of physical therapy is the declaration that physical manipulation, strengthening, or touch will occur to the patient in some form or fashion. After shadowing physical therapists for over three years, I have yet to observe a therapy session where the physical

therapist does not touch the patient's physical body in some.¹⁶ This is not to say that if a healthcare professional does not touch her or his patient that she is doing a poor job, but rather to emphasize that with physical touch comes many positive consequences.

Referencing back to the story of Mackenzie, Dr. Myers was always touching and moving Mackenzie's core area and legs in order to strengthen her weak core and lower extremity muscles (Mackenzie was also very young and could not crawl on her own which also added to the reason that Dr. Myers had to touch and physically aid Mackenzie in order to help her exercise). As a part of her education in becoming a physical therapist, Dr. Myers underwent extensive training on manual therapy and her part in making a person's biomechanical functionality correct for patients who are physically weak or underdeveloped in some area. She was taught how to touch and how to do so effectively.

Physical touch is an important aspect of ensuring the health and healing of human beings. In the beginning when God first created man, He describes the differences between the creation of man and the creation of all other creatures. One of the points of distinction in His creation of man was that He formed man from the dust:

"Then the Lord God formed the man of dust from the ground and breathed into his nostrils the breath of life, and the man became a living creature" (Gen. 2:7). Whether the creation account is taken literally or figuratively is fairly irrelevant for this argument because the primary point is that God distinguishes how He created man from how He created all the rest of creation. Throughout Genesis 1 and 2, God does not describe with

¹⁶ On a side note, I have observed physicians and various other practitioners in other branches of the healthcare field who have met with their patient and never touched the patient.

such detail the creation of everything; however, when it comes to the man, He uses the word “formed” which is the English word for the equivalent Hebrew word *yatsar* (יצר) meaning “to mould; to form as a potter through the squeezing into shape.”¹⁷ Man was formed perfectly from the dust by the Creator, and Genesis seems to demonstrate the importance of physical touch even at the beginning.

Scientists and psychologists have continued to demonstrate the importance of physical touch in nearly every aspect of human life. Writer Rick Chillot published an article in *Psychology Today* regarding the power of physical touch and began by recognizing that it is the very first form of communication available to humans.¹⁸ Before babies are able to speak with actual words (and not simply screaming and crying), they can touch and feel. As seen with the story of Mackenzie and with many pediatric and neurological patients who cannot speak, communicating through physical touch is one of the only forms of communication available for physical therapists to implement with these patients.

Rick Chillot is not the only writer and researcher interested in this topic of physical touch. Dr. Sung Ok Chang who is a certified RN in Seoul, Korea and teaches at the University in Seoul, also writes on the power of physical touch and brings a more experiential and medical understanding of this concept than Chillot does. Dr. Chang has an interest in the concept of physical touch, its history throughout literature, and its implications for patients. She surveyed literature to find tentative understandings of

¹⁷ Blue Letter Bible, “Genesis 2.”

¹⁸ Rick Chillot, “The Power of Touch: Touch is the first sense we acquire and the secret weapon in many a successful relationship,” *Psychology Today* (March 11, 2013): <https://www.psychologytoday.com/articles/201303/the-power-touch> (accessed September 2015).

physical touch and then performed lengthy interviews with patients in order to verify if those literature-based understandings are evident in the real-world and healthcare industry (at least the industry in Korea).¹⁹ She did not simply come to one concrete definition of physical touch but rather determined that physical touch encapsulates and affects many different aspects of life and has extensive origins and consequences of physical touch. She concluded that “Physical touch in caring as a concept having the dimensions of physical, emotional, social, and spiritual significance needs to be treated in a holistic way.”²⁰ She continued on to say that physical touch is treated in a “holistic way” when people, specifically care providers, understand the importance and ramifications of physical touch so that they can maximize on its abilities and functions. If a therapist only understood physical touch as a remedy for a physiological problem (for example, the physical touch of massage for relieving scar tissue), then she or he would fail to administer the fullest possible care to a patient who could be positively affected by physical touch as a remedy for emotional trauma or stress. Dr. Chang looked at five different aspects of physical touch in both the literature and in her patient interviews. I will briefly discuss her findings. Regarding the physical power of physical touch, one of her interviewees discussed how physical touch “corrects deviated body structure”. In addition a nurse described how she “holds a patient’s hand while

¹⁹ Sung Ok Chang, (2000). “The Conceptual Structure of Physical Touch in Caring.” *Journal of Advanced Nursing*, 33 (6) (2000) http://www.readcube.com/articles/10.1046/j.1365-2648.2001.01721.x?r3_referer=wol&tracking_action=preview_click&show_checkout=1&purchase_referrer=onlinelibrary.wiley.com&purchase_site_license (accessed September 2015).

²⁰ Chang, “The Conceptual Structure of Physical Touch in Caring.” 820.

assessing body temperature, pulse....”²¹ Both these demonstrate how physical touch can most simply and basically be used as a form of physical assessment and correction.

Concerning the social part of physical touch, Dr. Chang stated that “physical touch was viewed as a mediator between the patient and the caregiver, bringing about emotional bonding between them, as it is a way of conveying the caregiver’s empathetic understanding about the patient’s pain or feeling state”. As previously mentioned, there is a relational portion of physical therapy that comes about because of time spent between the therapist and the patient, but now Dr. Chang is adding to that claim by showing how the relational portion of therapy can be (and is) enhanced by of the physical touch component of physical therapy.

Dr. Chang described the emotional effects of physical touch by summarizing a general trend in her patient responses, which affirmed that physical touches “soothe and comfort the agitated emotional states that often accompany illness.”²² With many post-surgical and orthopedic therapists massage is performed in order to help the injured body part feel better (this is an example of the physical effect of physical touch), but often the therapist will manipulate and move the recently operated upon body part in order to set the patient at ease that they will one day regain strength and functionality. Because she is acting as an outside force, a physical therapist is often able to move the muscle or body region more than a patient could do on her or his own. In this way, the physical touch of the therapist is comforting to the patients who are concerned that they will never be able to restore the (temporarily) impaired mobility.

²¹ Chang, “The Conceptual Structure of Physical Touch in Caring,” 823.

²² Chang, “The Conceptual Structure of Physical Touch in Caring,” 823.

Finally, regarding the spiritual effects of physical touch, a nurse who Dr. Chang interviewed stated, “I often touch patients in critical situations with a wish that the gods’ love in me may be conveyed to my patients.”²³ The nurse touched the patient with the hope that the spirituality that she personally finds life giving would also be a source of life to her patients. While this nurse was referring to a religion besides Christianity, this concept is also demonstrated in Christianity with elders being called upon to anoint the sick and those in great need with oil. “Is anyone among you sick? Let him call for the elders of the church, and let them pray over him, anointing him with oil in the name of the Lord” (James 5:14). The elders use the physical touch of anointing the sick with oil to carry significant spiritual ramifications.

Physical touch is a crucial part of the effectiveness of physical therapy in providing holistic care to the patient. As Dr. Chang displayed, physical touch carries much more power than most people and even therapists would be able to verbalize; however, while physical therapy does address many of these effects of healing, it would be inaccurate to say that therapy of any sort perfectly addresses the concept of healing as a journey towards wholeness. Therapists are not always properly trained on this, so it is important that if they are attempting to treat the patient in the most holistic manner possible, that they understand the significance of physical touch and the various facets of healing that it can provide to the broken and sick people who they treat on a daily basis.

The final aspect of the healing process that is demonstrated in this story and in physical therapy that will be addressed in this chapter is compassion. Unlike many of the aforementioned aspects of physical therapy (temporal, relational, physical touch),

²³ Chang, “The Conceptual Structure of Physical Touch in Caring.” 823.

compassion is not necessarily distinctive of therapy nor is it essential to the nature of therapy. Compassion is demonstrable throughout humanity and in various healthcare fields. While the longevity of therapy is not demonstrated in a family practice clinic or operating room or emergency room or various other types of practiced medicine; physicians, nurses, and therapists alike demonstrate compassion. In fact, compassion is not even a trait directly pertaining to the nature and process of therapy but rather a trait or description of the therapist or the health care provider. We will look at the fundamental definition of compassion and its presentation in the parable of the Good Samaritan and then move on to examine its importance in the healing process.

Compassion

The final aspect of health that we will examine in the parable of the Good Samaritan is the aspect of compassion in healing. Luke's account states: "But a Samaritan, as he journeyed, came to where he was, and when he saw him, he had compassion. He went to him and bound up his wounds, pouring on oil and wine" (Luke 10:33-34). The Samaritan's description is distinguished from that of the priest or the Levite because he came to the battered Jew and he had compassion on him.

This compassion is demonstrated throughout the parable of the Good Samaritan. While the Samaritan would not have believed that all of the Scriptures were true, the concept of compassion was not foreign to him. Compassion is used throughout the Torah in description of God and in command form for the hearers to obey (Deut. 13:17 and Deut. 32:36). Luke's account states: "but a Samaritan, as he journeyed, came to where he was, and when he saw him, he had compassion. He went to him and bound up his

wounds, pouring on oil and wine” (Luke 10:33-34). The Samaritan’s description is distinguished from that of the priest or the Levite because he came to the battered Jew and he had compassion on him. The Greek word used in this passage for “compassion” is *σπλαγχνίζομαι* (*splanchnízomai*), and it is best translated as “to be moved as to one’s inwards (*splanchna*),” or “to be moved as to one’s bowels...for the bowels were thought to be the seat of love and pity.”²⁴ The compassion of the Samaritan allows him to see past the cultural differences or historical strife to help restore the beaten man to health. Because the Samaritan was filled with compassion he could not overlook and surpass the injured and hurting man; true compassion cannot be ignored or pushed aside, for selfish reasons nor can it ignore those in need. The Levite and priest did not have compassion and then simply walk on past the wounded Jew; rather they lacked compassion and thus were able to walk past him.

The Samaritan demonstrated that compassion was a crucial aspect of the healing process. The lack of compassion led the Levite and the Priest to both walk past and ignore the robbed man on the side of the road. The compassionate Samaritan is a beautiful model of what health care professionals should strive to achieve. His compassion allowed him to see the battered Jew as a person and not simply an enemy, and it also allowed him to recognize that the wounds of the Jew penetrated much deeper than the physical bruises. “Human illness is always illness of the whole person-body, mind, and spirit. The compassionate physician and nurse recognize that illness transcends biological aberrations in organ systems. Illness fractures our image of ourselves, upsets

²⁴ Blue Letter Bible, “Luke 10.” Blue Letter Bible:
<https://www.blueletterbible.org/lang/lexicon/lexicon.cfm?Strong=G4697&t=ESV>
(accessed September 2015).

the balance we have struck between our aspirations and our limitations. Illness is nothing less than a forced deconstruction of the self.”²⁵ Compassionate physicians, therapists, and nurses look beyond the physical and enter into the suffering of the patient which allows them to provide healing to the sickness of the person in a fuller and more holistic way than one who chooses to distance him or herself from suffering in an attempt to avoid his or her own personal pain or suffering. This distancing is selfish and looks out only for the good of oneself.

In his book, *The Christian Virtues in Medical Practice*, Edmund Pellegrino’s defines compassion most simply as “more than feeling. It flows into a willingness, desire, and intent to help, to make some sacrifice, to go out of one’s way as the Good Samaritan did...it is a comprehension of the suffering experienced by another.”²⁶ With this definition anybody can be filled with compassion. He further elaborates on his definition by distinguishing how Christians and non-Christians demonstrate compassion by saying, “what is different for the Christian is that compassion is an “obedient response to a loving Father,” not ‘a noble act of self sacrifice,’ an act of humility, not of hubris.”²⁷ The underlying difference in the demonstration of compassion is not necessarily outwardly expressed, but rather the difference is found in the motivation and heart attitude of the person showing compassion.

If, for example, Dr. Myers had chosen to not enter into the suffering of Mackenzie, she could stand up over Mackenzie and force her to do her exercises because

²⁵ Pellegrino, *The Christian Virtues in Medical Practice*, 88.

²⁶ Pellegrino, *The Christian Virtues in Medical Practice* 86-7.

²⁷ Pellegrino, *The Christian Virtues in Medical Practice* 87.

sitting and lying on the floor in awkward positions in order to help Mackenzie learn to walk would be uncomfortable for herself. She could not hug Mackenzie after her session because then she would become emotionally attached in addition to feel the weakness of her bones and muscles. However, that is not how Dr. Myers approached the situation nor is it how the Samaritan approached the situation.

While all people across the world whether in the health profession or not are able to show compassion to some degree, the nature of physical therapy sets up the therapist to more easily show compassion. Because compassion involves someone from the outside entering into the suffering of another, this requires that outsider to understand the sick person's life and from where their illness originates and what aspects of the person's life that the illness has drastically affected and changed.²⁸ This places physical therapists at an advantage over most profession because therapists share life to a greater extent than most physicians merely because of the longevity of the time they spend with the patient and the relationship that often spontaneously forms out of the time.

²⁸ Joel Shuman, *The Body of Compassion: Ethics, Medicine, and the Church* (Boulder, CO: Westview Press, 1999), 153.

CHAPTER 4

Therapy and Medicine in Practice

O God, the source of all health; so fill my heart with faith in Your love, that with calm expectancy I may make room for Your power to possess me, and gracefully accept your healing, through Jesus Christ our Lord. Amen.

-Book of Common Prayer²⁹

Chapter 4 will conclude by discussing what to do with this understanding of health and how it could affect the way much of the way that the healthcare system looks and the interactions between patients and their physicians/nurses/therapists and their interaction with the community. It will also briefly the points of improvement for therapy in particular.

This understanding of health and the process of healing is worthless if it simply sits idly on pieces of paper in a bookshelf. As all suggestions of change require a process or method of implementation, so too does this proposed definition of health require a sort of applicability. In the next few pages I will make some final comments on this argument and the appropriate consequences that could result from a correct understanding of health.

As I have a passion for the beauty of physical therapy and the nature of therapies in general, I have recognized them (therapies) as beautifully aligning with much of the definition of holistic health; however, they are not perfect they simply make healing and recognizing the person (patient) as a whole person easier than most medical fields (hospitals, operating rooms, clinics, etc.). While I mentioned many of the components of

²⁹ Thomas Cranmer, *The Book of Common Prayer* (1549).

health that therapy addresses correctly (longevity of healing, communal aspects, the power of physical touch, and compassion), therapy is poorly equipped to act as a form of healing without a spirituality component. As Christians, we believe that wholeness can be contributed to by community, relationships, compassionate healthcare, and physical touch, but ultimately each of these will fall short without the individual's relationship with Jesus Christ. One of the things that separates Christianity from other religions is that Christians hold that through a relationship with Jesus, contentment and eternal life are achieved. As a generalization, therapy lacks this. While nothing (legislation, HIPAA, APAA etc.) per se restricts therapist from discussing spirituality (unless certain businesses have specific policies concerning it), conversations regarding spirituality are not a fundamental component of therapy.

Very few people and very few studies actually deny that there is a positive correlation between a patient's well being and physiological or psychological or emotional healing and that patient's spirituality. If a patient is checked into a hospital there is often a wide variety of spiritual leaders (rabbis, priests, chaplains, etc.) available at the patient's fingertips. However, these are not good examples of physicians and healthcare professionals directly seeking out the wholeness of their patient on their own. If they were to do so, it might look something like them asking the patient is she is religious in any form or fashion or has a church or parish or spiritual community to help support her. Maybe her sickness involves some ethical decision and the nurse asks if he can pray with her.³⁰ Thus, the lack of spirituality in the health related fields is not due to

³⁰ MR Ellis, "Addressing Spiritual Concerns of Patients: family, physicians' attitudes and practices," *The Journal of Family Practice*, 48 no. 2 (1999), 105 <http://www.ncbi.nlm.nih.gov/pubmed/10037540> (accessed December 2015).

a poor understanding or a disbelief in its benefits; thus there must be a different underlying force causing this absence in regards to the spiritual realm.³¹

The Great Physician

Various solutions for a movement towards holistic health exist in the world around us. As proposed earlier, if health truly is to be assessed based on the entirety and wholeness of the person in consideration then to refer to physicians as healers miscommunicates to the patient the status of her or his health. “Curers” might be a better description of the accomplishment of the physician. Additionally, as Christians, if we assess the idea of titling physicians as “healers” then we need to also examine what we do with God being called the “Great Physician” and “healer” (Ex. 15:26, Ex. 23:25, Ps. 103:2-4, Ps. 147:3, Jer. 17:14, Mt. 9:35). In his book, *Health, Healing and the Church’s Mission*, Swartley writes,

“Does the medical profession bestow life and health? Since God is the giver of life and the one who bestows health, enabling healing as a creative gift, then all health care services can be viewed as ministry to some degree...the physician *assists* God in bestowing health...Medical cures rooted in scientific knowledge do not negate God as healer who gives wholeness and well-being. Rooted in human nature in creation and manifest in Jesus’ gift of salvation, healing is God’s gift through creation and grace. This means that doctors, nurses, and pharmacists are synergistic to God’s work of healing. Health care personnel are thus called to be proactive partners in God’s gift of healing.”³²

³¹ Elizabeth Oakley, “Physical Therapists’ Perception of Spirituality and Patient Care: Beliefs, Practices, and Perceived Barriers,” *Journal of Physical Therapy Education*, 24 (2), 45-52 <https://www.questia.com/library/journal/1P3-2279669251/physical-therapists-perception-of-spirituality-and> (accessed November 2015).

³² W.M. Swartley, *Health, Healing, and the Church’s Mission: Biblical Perspectives and Moral Priorities*. Downer’s Grove III: IVP Academic (2012), 106-7.

Understanding this argument put forth by Swartley is key to understanding his book and also to a Christian as she or he embarks upon health care related services or careers. As Christians, we believe that healing comes from God; God is the ultimate healer. However, this does not give humanity an opportunity to sit back and relax and wait for God to heal; rather, as Swartley says, we were given a gift of demonstrating God's healing power through the science, logic, math, and reason that He made us capable of understanding. When understood correctly we are able to see the services that physicians, nurses, pharmacists, and therapists provide as instruments to display the grandeur of God. When the healing process and the source of healing is not understood properly, whether by Christians or by non-Christians, then healing becomes something humans can do as individuals, we become the masters of our bodies and science and instead of glorifying God, we glorify our minds and the evolutionary process that gave us our rationality and ingenuity.

Prescription: Community

However, in addition to a change in perspective and a change in the physical description of the physicians (and other healthcare professionals: therapists, nurses, physician assistants, etc, can be substituted for physicians; physicians are just most commonly referred to as healers in today's society), there are other ways that physicians can address the wholeness of the patient.

While treating and prescribing medications for the patient, physicians can point her or him to community and suggest that while her or his immediate physiological or psychological needs might be fixed, there is more to a person's health than simply a medicinal fix. A practical example of this might include physicians directing their

patients to support groups or certain organizations where people are purposefully placed in a relatively small community with the intention of encouraging and living life alongside one another. This would also help the physician see the patient as more than simply a patient but as a person who is not solely defined by her or his pain or sickness.

A few years ago I visited Kampala, Uganda with my pastor and some members of the local church I attended. In addition to doing various building projects and assisting the local Ugandan church in Kampala, we were able to visit many of the locals and attend a few church services there. While I did not make the connection when I was in Uganda, shortly after coming back I realized the stark contrast in how they related to sickness with how Americans (in general) handle sickness. In the Ugandan communities and families that I visited and temporarily resided within, the sick were brought into the church and into various homes and prayed over and tended to. When a member of the community was sick everyone gathered around and prayed for that person and offered to tend to their needs for an indefinite amount of time. However, when I came back to the U.S. and started school the next month, I remember my friend sitting next to me on the first day of class was sneezing and had a cold and my intuitive immediate reaction was to back away and wish that I had changed seats. These two responses to sickness could be due to various reasons. Americans might have a more scientifically accurate understanding of germs and the spread of disease than the average Ugandan would have. As a whole, Ugandans are much more dependent on community and on each other than Americans are. In fact, the “American dream” is largely based upon principles of individualism. However, I would suggest that these two responses to sickness are reflective of a better understanding, even if it is a subconscious understanding, of health. The Ugandans I

lived alongside of for a few weeks seemed to understand the value of supporting one another especially when another person is physiologically ill. When a cold, injury, or sickness overtook a person in Uganda, they prayed over that person, calling upon the Lord as the Great Physician, and welcomed that person into their community and family. This beautifully reflects the parable of the Good Samaritan, whereas my desire to move to the opposite side of the classroom reflects a fairly selfish understanding of healing. This is not to say that when I see someone sneeze or cough I should go stand next to them and give them a giant hug, nor is this a call to ignore medicine or the science behind it.

The understanding of health that the Ugandans displayed was risky and the costs were high, but they were not higher than the payoff. Risks included contamination and sickness and most of the times (for the Ugandan communities I experienced), they were not medicinally knowledgeable and able to diagnose their problems, so they were risking contamination of an unknown disease or sickness. Just like the Samaritan's response to the injured Jew, these strong, bold responses toward health seem to be rooted in love for one another. It seems hard to conclude that anything else could be motivating such radical actions.

As stated earlier, I truly believe that medicine is a picture of God's grace to us and demonstrates His attribute of Healer through humanity. I do think that compassion and community should be more deeply rooted in our perceptions of sickness. What if, instead of thinking about moving seats and how nasty her tissues and cough were, I instead thought to pray and ask God to help her feel better, and maybe offered her some cough drops?

Prescription: Spirituality

In a recent study done by a few therapists, professors, and physicians, the role of spirituality in the healing process and in various health care services was examined. The researchers surveyed roughly 250 clinics across the U.S. (with a 56% survey response rate) to determine how various physical therapists felt towards the idea that spirituality and positive treatment outcomes were directly correlated.³³ Their findings (shown in the table below) regarding therapists' views on spiritual well being and health were overwhelmingly positive.³⁴

Belief	Respondents Who Disagreed/Strongly Disagreed (%)	Respondents Who Were Neutral (%)	Respondents Who Agreed/Strongly Agreed (%)
I believe that spiritual well being is an important component of health	0.7	2.2	96.3
I believe that a physical therapist should address spiritual concerns with his or her clients.	25.3	43.3	29.9
I believe that inpatients with spiritual questions should be referred to the hospital chaplain or other spiritual leader; these questions should not be addressed by the physical therapist	30.6	16.4	51.5
I believe that clients in the community with spiritual questions should be referred to their pastor, rabbis, or other spiritual leader; these questions should not be addressed to the physical therapist	29.8	18.7	40.8

Table 2: Physical Therapists Beliefs Regarding Spirituality

³³ Oakley, "Physical Therapists' Perception of Spirituality and Patient Care: Beliefs, Practices, and Perceived Barriers," 45.

³⁴ Oakley, "Physical Therapists' Perception of Spirituality and Patient Care: Beliefs, Practices, and Perceived Barriers," 47.

The general trend that this study concludes is that therapists are generally certain (96.3 %) that spiritual well being is crucial to good health (these researchers agree that health includes but is in no way limited to physiological and emotional well-being). Interestingly though, when asked if they should address spiritual concerns the majority was either neutral or felt that physical therapists were not the right people to discuss spiritual matters, but that the patients should be referred to “spiritual leaders.”³⁵ In order to follow up on this uncertainty about what to do with the spirituality of people, therapists were then asked whether they discussed spiritual matters often with patients and how often they referred people to spiritual leaders.³⁶

The data collected from this research shows that very few therapists refer patients to a spiritual leader and very few patients request to see the spiritual leader (either of the therapist or of the facility). While conversations concerning spirituality are not incredibly frequent, they do occur.

³⁵ Oakley, “Physical Therapists’ Perception of Spirituality and Patient Care: Beliefs, Practices, and Perceived Barriers,” 49.

³⁶ Oakley, “Physical Therapists’ Perception of Spirituality and Patient Care: Beliefs, Practices, and Perceived Barriers,” 48.

Topic	Never (%)	Rarely (%)	Occasionally (%)	Frequently (%)
Frequency of Discussion of Spirituality With Clients				
The meaning or purpose of illness	13.4	24.6	31.3	30.6
The role of God in illness	32.8	28.4	32.8	6.0
Belief and faith, religious views	16.5	22.6	48.1	12.8
Attitudes about forgiveness	23.1	43.3	25.4	8.2
Prayer	18.7	38.1	30.6	12.7
Meditation or quiet reflection	13.5	31.6	39.8	15.0
Fears of death and dying	13.5	33.8	37.6	15.0
Referral of Clients to Spiritual Leaders:				
Utilize the services of a chaplain	37.1	29.5	25.1	8.3
Request the services of client's pastor or other spiritual	39.6	33.6	24.6	2.2

Table 3: Physical Therapists Clients

There seems to be a conflict in the findings of the data in that the therapists understand that spirituality is an important aspect of healing and yet do not discuss it frequently and are not in full agreement about whether they should even be the ones to discuss it. What these researchers and other similar studies conclude is that there might be a lack of certainty about whether they should discuss spiritual matters because they

were not trained on how to do so.³⁷ In addition to therapists, a study performed by some physicians and researchers concluded similar findings in regards to family practice physicians.³⁸ Roughly 20% of the physicians discussed anything spiritual with 10% of their patients, but when asked about the importance of spirituality, they were in agreement regarding its positive effect on healing.³⁹ With both the physicians and the physical therapists, the solutions included giving the health care professional more time with her or his patient and the opportunity for more classroom or tangible training on what discussing spiritual matters with the patient might entail,⁴⁰ in addition to what the facility has to offer.⁴¹

In the same way that a physician and physical therapist are fairly rigorously trained on the physiological, anatomical, and biomechanics of the human body, their training (in general) does not include extensive training on the various religions and medical ethics. Thus, more training needs to be provided regarding this subject so that when the situation presents itself, the physician or therapist or any healthcare professional will be able to speak well regarding spiritual matters.

³⁷ Oakley, "Physical Therapists' Perception of Spirituality and Patient Care: Beliefs, Practices, and Perceived Barriers," 48.

³⁸ Darina M. Sargeant, "Teaching Spirituality in the Physical Therapy Classroom and Clinic," *Journal of Physical Therapy Education*, 23 no. 1 (2009), 29-35 .

³⁹ MR Ellis & DC Vinson & B. Ewigman, "Addressing Spiritual Concerns of Patients: family, physicians' attitudes and practices," *The Journal of Family Practice* , 48 (2), 105.

⁴⁰ This solution was primarily for the family practice physician study

⁴¹ T.G. Mthembu, F. Ahmed, T. Nkuna, & K. Yaca, "Occupational Therapy Students' Perception of Spirituality in Training," *NCBI: PubMed.gov* (December 2015) <http://www.ncbi.nlm.nih.gov/pubmed/25294793> (accessed February 2016). Ellis, "Addressing Spiritual Concerns of Patients," 105.

In addition to spirituality, the course curriculum of specifically physicians needs to be more holistic in its understanding of health if we are to see any change in the way that the current system defines health. As a science-based practice, the medical professionals tend to rely on evidence; they follow the scientific method in experiments and certain methods while doing research, so it is quite understandable that they do not see health in this light. They have not been trained to do so. The conclusion then follows that if we are to change the way medical professionals view their services to the patient in regards to the patient's health, then there needs to be a change in educational curricula. This could take shape in various forms but the most obvious form I imagine I simply implementing more literature regarding the idea of holistic healing and the necessity of the community for proper healing would at least provide information for physicians and nurses and so forth to utilize. If we are to change the way that the world perceives health, we need to start with the health care professionals and the local church. The health care professionals would need to be trained to understand health as being communal and relational and this would then have its effects on the patients that the health care professionals treat. This is also something that is easily implementable at the undergraduate level. Professors and health professionals can integrate this into their teaching and pre-medicine or pre-physical therapy tracks can require humanities, spirituality, or ethics classes to help better equip the students before they even enter professional schooling. This trickling down of information effect would be in no ways quick or complete, but it would convey proper understandings of health to a variety of people.

Local Church

The final two solutions that I will suggest for the current misunderstanding of health that exists in society involves the Church (global body of Christ) and the local church. Humans were made for community, and community and relationships are essential to the survival and flourishing of humanity. For Christians this concept becomes intensified by the fact that we choose to believe that God created humans in His Trinitarian image, which gives us the relational aspect of our existence (Gen. 1:27). God began creation through community, God called out the people of Israel to be a unified and separate community, God became incarnate and surrounded Himself in a constant community (twelve disciples), and God has called the church to be a community of believers.⁴² Most Christians recognize that Christians are a community and Christians need community, the problem arises in Christian's understanding of health. There is a lack of equipping within the Church that results in a poor understanding of health and a lack of understanding and familiarity with the Scriptures.

Much like physicians, therapists, nurses, and other medical professions, Christians have a very narrow understanding of what health or wholeness entails. Much like the rest of the world, the average Christian's understanding of health would most closely correlate with a physiological well being. Thus the solution, much like the one proposed for the physicians, is simple, better education. The Church needs to equip Christians to understand health because they cannot possibly fulfill their role as a community to the sick within their church if they have no understanding of their role within the Church.

⁴² Gerhard Lohfink, *Does God Need the Church? Toward a theology of the People of God* (Collegeville, MN.: Liturgical Press, 1999), <https://www.litpress.org/Products/5928/Does-God-Need-the-Church> (accessed February 2016).

This requires the leaders of churches to teach their congregations about their role as a church in establishing the health of the body of Christ and walking alongside others in the healing process. Much as the Samaritan left the sick man within the inn (church) to have his needs met, so too the church needs to journey with the sick in its congregation and not leave them alone as lepers to be cast out but as sick in need of healing.

In addition to equipping the Church through a proper understanding of what health and healing and wholeness entail, the Church needs to equip Christians with the Word of God. There is a Biblical illiteracy common within the Church and if our understanding and belief in the Bible (and thus God) is the primary distinguishing factor for Christians in the midst of a largely non-Christian world, then this leads to a poor understanding of our identity and what separates us from the world. We should approach the idea of sickness differently because we understand that God is the Great Physician and we can wait upon the Lord because He has given us the indwelling of His Spirit which becomes our “conscious” and we make decisions after prayer and discussion with the local church. The Bible tells the Church its role as a Church and the members of the body of Christ need to be equipped to understand their roles. The body is called to serve each other

Encourage one another: “But exhort one another every day, as long as it is called ‘today,’ that none of you may be hardened by the deceitfulness of sin.” (Heb 3:13)

Be hospitable: “Show hospitality to one another without grumbling. As each has received a gift, use it to serve one another, as good stewards of God’s varied grace...” (1 Pt. 4:9).

Comfort one another: “Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and God of all comfort, who comforts us in all our affliction so that we will be able to comfort those who are in any affliction with the comfort with which we ourselves are comforted by God. (2 Cor. 1:4).

Be humble: “Humble yourselves, therefore, under the mighty hand of God so that at the proper time He may exalt you...” (1 Pt. 5:6).

Live together in unity: “And they devoted themselves to the apostles’ teaching and the fellowship, to the breaking of bread and the prayers....and all who believed were together and had all things in common” (Acts 2:42,44).

God tells us what He desires from His Church as we grow more and more into His likeness and as a Church we must equip Christians with the Word of God because sickness will come.

Concluding Thoughts

Healing is a beautiful way to see God’s nature displayed on earth whether through physicians using medicine or physical therapists gaining relationships and trust and physically correcting or through the body of Christ encouraging, supporting, or praying for God to heal. All of these are different ways that healing can take place and on a whole humanity is very far away from properly understanding health as wholeness, but it is worth fighting for because it will change the way medicine and community and the Church appears and functions. It is a good change that calls us back to our original

creation as human beings made in the image of a whole, complete, relational, and holy God.

Many pages from when we began and it seems as if we have just barely scraped the surface of what health truly is (and is not). However, at its core and simplest component, health is defined by wholeness of a person. To determine exactly what wholeness entails, we went back to what makes a human a human and its distinguishing characteristics from other creatures. As relational beings, humans were made for community and relationships. We need people to live life alongside of and as our society becomes more and more isolated and individualistic largely due to the expansion of technology, this need for community will become even more apparent. While much of the world seems to have lost sight of this understanding of health, there are still vestiges of it scattered throughout society.

Physical therapy is a great picture of holistic health in that the relationship and interaction between the therapist and patient reflects many different components that demonstrate the therapist's desire for wholeness within the healing patient. By its very nature, therapy requires much longer amounts of time spent between the patient and the therapist, which is beneficial in that it provides a great foundation for a relationship to be established. In addition, physical touch is a very important and relatively unique aspect of therapy. Physical touch is important in that it is the most basic and fundamental form of communication and it allows the therapist to aid in the healing process in a personal and very intimate level. The final aspect of healing discussed was the concept of compassion and this was primarily communicated from the healthcare professional to the patient and is not as mutual as the other parts of healing. Compassion is an important

part of entering into the pain and suffering of the sick person in order to help bring them back into community and restoration of health. This one is not innate within physical therapy specifically but it is commonly found in therapy and many other healthcare fields.

The parable of the Good Samaritan served as a platform for the Christian understanding of healing that was a constant point of reference throughout this thesis, but that is not the only time throughout Scripture that this idea of holistic health is demonstrated. As I began with a parable, I found it only fitting that I also conclude with a story (this one is actually real and not simply a fictional teaching point) that demonstrates many similar concepts as the one we have become so familiar with throughout this journey. Jesus was teaching to the crowds and a man came who was physically disabled. He was a paralytic, but one of the most beautiful parts of this story is not even that Jesus healed him, but rather that in the midst of his physical disability, he had a community of people around him who supported him (literally) and who pointed him towards Jesus (literally) and stayed with him through it all. Their desperateness to get him close to Jesus undeniably demonstrates their compassionate spirits.

“And many were gathered together, so that there was no more room, not even at the door. And He [Jesus] was preaching the word to them. And they came, bringing to Him a paralytic carried by four men. And when they could not get near Him because of the crowd, they removed the roof above Him, and when they had made an opening, they let down the bed on which the paralytic lay. And when Jesus saw their faith, He said to the paralytic...’I say to you, rise, pick up your bed, and go home.’ And he rose and

immediately picked up his bed and went out before them all, so that they were all amazed and glorified God, saying, ‘We never saw anything like this!’ (Mark 2:2-5,11-12)

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