

What is Holistic Health?

Jenny Chang, Instructor, Academy of Wisdom and Enlightenment (AWE), Canada

Abstract

This article describes how Buddhist education contributes to healthy living. The syllabus is taught in the beginning of Year-1 of the 4-year university level curriculum at the Academy of Wisdom and Enlightenment (AWE). Students are oriented to an all-inclusive philosophy and the all-encompassing scope. The objective is to incite interests in both non-Buddhist and Buddhist.

Over 90% of the world's population are non-Buddhists including atheist, agnostic, monotheist and pantheist. Since this is university level material, it is geared to the intellects and not so much to the economically marginalized. Society values health. Holistic health is chosen to be the introductory topic because that is what the populace relates and values. This article will illustrate how the teaching materials can be packaged in such an attractive manner that both atheists and theists will find it relevant and motivating.

Presentation to the non-Buddhist is packaged as follows. Holistic health is defined as the integration and balance of physical, mental and spiritual wellness.

- (1) Physical fitness – Nurturing and nourishing the body with good food is instinctive to humans and animals alike. A balanced diet and regular exercise is the foundation to good physical health.
- (2) Mental Health – It is the balance and peace of mind. Mental health influences how we feel, think, communicate and perceive reality. Mental illness can be debilitating and life-threatening.
- (3) Spiritual Wellness – Spirituality can be defined as a sense of interconnectedness with all beings, awareness of the purpose and meaning of life and the development of absolute value.

The human being is composed of the above 3 aspects. However, society values (1), (2) and (3) in that order of priority because conceptual abstraction increases in that order.

At the heart of spirituality is the question “Is there life after death”? Discussions ensue base on scientific documentation of near-death experiences as observed and reported by cardiologists on “flat-liner” patients who came back to life. This fact clearly discerns (3) from (2) and indicates that consciousness is beyond mere brain function. Furthermore, the scientific studies by Dr. Ian Stevenson on cases of rebirth, and the past-life regressive hypnoses by Dr. Brian Weiss, together affirmed the credence on spirituality.

In Buddhist ideology there are 8 senses. Sight, Sound, Taste, Smell, Touch and Thought are the 6 cognitive apparatus of the physical body. The 7th sense is the ego of the human mind. The 8th sense (Alaya) is the data bank accumulated in past-life and this life-time. Enlightenment connects Alaya to “Tathagata Garbha” or the transformation of metaphysical information into physical phenomena or the continuum from the string theory world to the quantum world to Newtonian physical reality. This holistic view of continuum allows the fusion between ancient Buddhist wisdom and modern science; accommodate the beliefs of both atheist and theist.

The above teaching material offers a novel perspective for the reunification of the diverse ideologies amongst the major Buddhist traditions. The Zen and Theravada traditions emphasize the understanding, discipline and perfection of the state of mind. Mahayana and Vijaryana

traditions emphasize on Bodhisattva reincarnation. While Buddhism is a holistic religion, Zen and Theravada emphasize mentality whereas Mahayana and Vijaryana emphasize spirituality. All traditions transcend the emphasis on physical health.

Key words: physical, mental, spiritual, near-death experiences, past-life, rebirth, reincarnation.

INTRODUCTION

The objective of this early lecture series in Year-1 of the 4-year university level curriculum at the Academy of Wisdom and Enlightenment (AWE) is to attract and motivate everyone to become enthusiastic about Buddhism. The general population highly values health as evidenced by the explosion of medical and health related industries. Hence, holistic health is chosen as the opening topic to stimulate the public.

This educational material is designed to incite interest for all (Fig. 1). Therefore, holistic health is presented at three different levels:

- 1) For the atheist and agnostic, the concept of holistic health is merely comprehension of the well-being of physical and mental balances.
- 2) For the theist and spiritualist, it is mentality and spirituality.
- 3) For the Buddhist, it is all of the above plus a familiarity with the doctrines of the major traditions such as Theravada, Zen, Mahayana and Vijaryana. The differences among the Buddhist traditions are merely different emphasis on the three aspects of holistic health; physical, mental and spiritual.

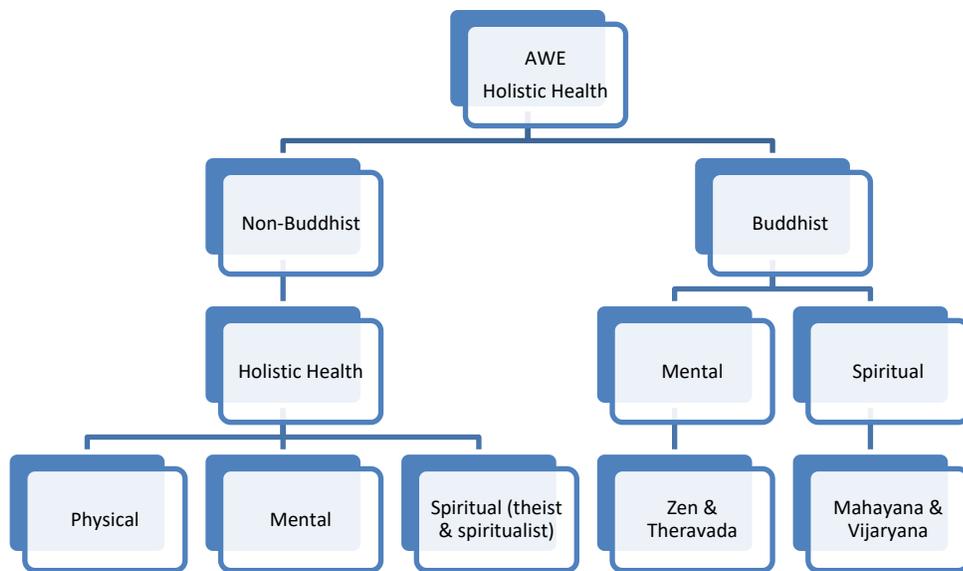


Fig. 1. Different belief systems differ only in their emphasis on the three aspects of holistic health

According to the definition by the World Health Organization (WHO 1948) “Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity”. This definition suits the atheist and agnostic. AWE introduces the concept of holistic health, which is defined as the integration and balance of physical, mental and spiritual wellness. Therefore, holistic health extends the WHO's definition of health by adding spirituality. Although

most Buddhist schools reject the notion of soul or spirit, spiritual wellness is still acceptable in the sense that Buddhism is a religion. All religions care about spiritual wellness.

The teaching materials on holistic health are packaged in the sections below.

Section 1. Physical Health

Section 1.1. Food and Shelter Considerations

Section 1.2. Physical Exercise and Gym Mania

Section 2. Mental Health

Section 2.1. Mental Balance

Section 2.2. Mental Imbalance

Section 3. Spiritual Health

Section 3.1. Spiritual well-being

Section 3.2. Life after Death Questions

Section 3.3. Near death experience

Section 3.4. Rebirth/Reincarnation

Section 4. Different Schools Different Emphasis

Section 4.1. Emphasis on the Mind - Theravada/Zen

Section 4.2. Emphasis on the Spirit - Mahayana/Vijaryana

Section 1. Physical Health

Section 1.1. Food and Shelter Considerations

The two basic necessities for survival of all creatures are food and shelter. How do we define basic necessities? Do we eat to live or live to eat? On the one hand, about 80% of the world's population in economically marginalized countries have very humble living conditions with room for improvement (Fig. 2). On the other hand, affluent society seems to have gone to the other extreme.



Fig 2. Basic food and shelter

Food is a primitive desire. Nurturing and nourishing



Fig 3. Sumptuous food



Fig 4. Luxurious home in upscale neighbourhood

the body with good food is instinctive to humans and animals alike. However, a vast majority of people in affluent societies over emphasized on nutrition, organics and tonic supplements to achieve longevity (Fig. 3). Likewise, when it comes to shelter, the desire to pursue upscale neighbourhood becomes insatiable (Fig. 4). Most people in affluent society have their state of mind determined by materialistic values typically cars, clothes, money, vacations and real estates. This endless pursuit of prestige and status only result in disproportionate greed, craving and stress of “keeping up with the Jones”. Therefore,

the excessive pursuit of physical health beyond adequate food and shelter is harmful to the mental and spiritual health.

Section 1.2. Physical Exercise and Gym Mania

The gymnasium has become the most happening place today as fitness-frenzy takes over the young and old alike (Fig. 5). A good sign, but moderation is the key. Indeed, regular exercises contribute to good physical health, but holistic health has three aspects; physical, mental and spiritual. Since the last 2 aspects are more abstract, most people pay less attention as compared to the more visible and tangible physical health. Mental and spiritual health require a mature abstract mind to grasp their reality. This also explains why mental health and spiritual wellness tend to be neglected and under-valued.



Fig 5. Gym mania

Section 2. Mental Health

Section 2.1. Mental Balance

Mental health is the balance and peace of mind achievable through an optimal amount of intellectually stimulating activities. It can be achieved through various activities like painting, music and artistic creations, tai chi, qi-qong, meditation, yoga etc. Mental health influences how we feel, perceive, think, communicate and understand. Being mentally balance is no doubt essential and complimentary to a healthy physical body.

Section 2.2. Mental Imbalance

Lack of mental balance would result in many forms of mental illnesses. Neurosis e.g. psychosomatic illness, can be physically debilitating. Psychosis e.g. schizophrenia can be life-threatening. Addictions e.g. gambling and drugs, can ruin the lives of the sufferers and often their families. One in every four persons will suffer one or more mental or behavioural disorders at some stage in life, both in developed and developing countries (WHO Report 2001).

According to the Health Minister of Ontario, Canada (Deb Matthews 2014), mental illness is often hidden within the symptoms of physical disorders. Often, treatments are focused on physical illness while the mental illness remains undiagnosed and untreated. The mind and the body are not separate. If the mind and the body are not treated together, the highest quality of health care is not provided. The life span of people with serious mental illnesses are 20 years shorter than the average. Furthermore, they often succumb to unrecognized or poorly managed diabetes, heart disease and cancer than the rest of the population (Dr. Catherine Zahn, 2014).

In a minority of cases where legislation allows, there might be involuntary detention or involuntary treatment. Two major treatment options are psychotherapy and psychiatric medication. Treatments are enhanced with social interventions, family and peer support, together with self help.

Society and people in our community tend to shun away from those suffering from mental illness enigma. Sufferers are nick-named as “crazy, cuckoo or loonies”. Their families tend to hide them away like skeletons in closets. Yet mental disorder is curable. The imbalance of neuro-transmitters, chemicals that facilitate nerve impulse to cross synapses, is the common physiological basis of mental illness. Therefore, the imbalance can be pharmacologically corrected followed by

behavioural modification and social reinforcement. The whole point is mental functions, including all thoughts and behaviours, are products of the brain matters.

Section 3. Spiritual Health

Section 3.1. Spiritual well-being

For many, spirituality is faith in traditional religions, such as going to church, temples or mosques etc. The theology of theist religions rely on the beliefs in spirits or souls and a primal creator. To them, the terms spirit and soul are interchangeable. Thus, followers believe their religious activities nurtures their spirits beyond mental comfort. For them, the distinction between mental health and spiritual well-being is obvious. These notions are rejected by atheists, some agnostics and a number of Buddhist traditions. The rejection could be tempered by giving different meanings to the terms spirit and soul.

The English word *spirit* has many differing meanings and connotations (<http://en.wikipedia.org/wiki/Spirit>). On the one hand, it means soul or ghost, a non-corporeal substance contrasted with the material body. The term may also refer to any incorporeal or immaterial being, such as demons or deities, in Christianity specifically the Holy Spirit. On the other hand, the word *spirit* comes from the Latin word *spiritus* which means “breath”. In this context, the word spirit is used metaphysically to refer to consciousness or personality. “Spirits” commonly referred to as alcoholic beverages has no non-corporeal meaning at all. The AWE curricula use the term “Spiritual well-being” to satisfy both camps; theist are happy with cleansing the soul while atheist are comfortable with improving consciousness or personality.

The terms *inspire* and *expire* have their roots in the word *spirit*. For theist, Inspire means the spirit is in. Expire means the spirit exited. For atheist, when we are filled with spiritual energy, we feel inspired. When the spiritual life force exited our body, we expire. Therefore, for both theist and atheist, inspirations are very much dependent on spirituality. Spiritual well-being is usually expressed as love, joy, wisdom, peacefulness and service to humanity. At AWE, spirituality is defined as the understanding and realization of the meaning of life. In conclusion, the spiritual component is the most influential and sacred constituent of the whole being. Therefore, spirituality should be our life’s priority.

Section 3.2. Life after Death Questions

Most people are afraid of dying, yet death is inevitable. Whether a pauper or a king, death renders obsolete the triumphs or defeats in their life time. The more we lack meaning in life the more fearful we are of death. The corollary is true, as uttered by Leonardo Da Vinci: “Just as a well spent day brings happy sleep, so a life well spent brings a happy death”.

What happens after death? This important question has haunted man since civilization began. Atheist believes nothing happens except body decay. Religions are founded on the belief that something happens after death. Let us employ critical thinking to seek answers to this question. After brain death, mental functions ceased, and the mind exists no more. Here the mind is defined as only a faculty or organ (indriya) like the eye or the ear (Walpola Rahula 1958). If consciousness is entirely dependent on brain function, the deceased should have no more perception of reality. The critical question becomes “does the deceased still retain consciousness?”. If so, does this consciousness allow for perception of the physical world? What evidences exist to support

consciousness after death? If consciousness exist after brain death and mind demise, then life after death may be possible. Answers to these critical questions are found in studying near death experiences documented by medical professionals.

Section 3.3. Near death experience

In medicine, clinical death is defined by three critical signs: heart stopped, breathing stopped and pupils dilated. The brain stops functioning within 8 seconds after the heart stops beating. Dutch Cardiologist, Dr. Pim van Lommel (2001) studied 344 cardiac arrest survivors in 10 hospitals. Forty-one survivors or 12% reported near death experiences (NDE). He published the book ‘Consciousness beyond Life’ in 2011. Subsequent study in 2005 by his PhD student Dr. Penny Sartori, showed 25% reported NDE. She published the book “The Wisdom of Near-Death Experiences” in 2014. Table 1 summarizes independent studies on the percentage of cardiac arrest survivors who reported NDE based on source data by Dr. Peter Fenwick (2007).

Table 1. Independent studies on percent cardiac arrest survivors who reported NDE

Year	Percentage	Studies
2001	10	Parnia, Waller, Yeates, and Fenwick
2001	12	van Lommel, van Wees, Meyers, and Elfferich,
2002	23	Schwanger, Eisenberg, Schechtman, and Weiss
2003	10	Greyson
2004	25	Penny Sartori

Interestingly, spirituality is enhanced in cardiac arrest survivors who reported NDE. The opposite is true; spirituality decreased in those without NDE after their heart attacks (Dr. Peter Fenwick, 2007).

Some of the common features reported include pleasant feelings, seeing a tunnel, a light, deceased relatives, a life review, or out-of-body experience that enabled the patient to “see” nurses, physicians and family in and around the Intensive Care Unit (Fig 6). Table 2 describes how frequent were the NDE features reported.

At AWE, we consider NONE of the above features described in Table 2 as convincing evidences for NDE because:

1. The patient could have learnt about these common features prior to their cardiac arrest incidence. It is arguable that they might have mistaken the memory of their prior knowledge as NDE. Oxygen deprivation to the brain could have cause such confusion.

2. Their report on the hospital surroundings and personnel are ordinary scenery that the brain can synthesize through juxtaposition.

Table 2. Frequency of NDE features reported

Percentage	Near Death Experiences
76	pastoral landscapes
72	a decision to return
66	out-of-body experience
38	seeing deceased friends and relatives
24	a barrier of some sort
12	life reviews
4	hellish experiences



Fig. 6. Out-of-body experience

AWE proposes that the criterion for direct evidence of genuine NDE is the ability of the patient to acquire specific and detail knowledge (as oppose to general knowledge) that the patient has no conceivable means of knowing. Under this stringent criterion, several of these direct and convincing NDE cases are cited below:

1. In the Sacred Heart Hospital, Spokane, Washington, cardiologist Dr. Lloyd Rudy gave the following account of what his NDE patient described:

...floating around (over the operating room)...I saw you (Dr. Rudy) and Doctor Catanio standing in the doorway with your arms folded, and talking. I didn't know where the anaesthesiologist was, but I saw him come running back in. And I saw all these Post-Its (sticky notes the nurses stuck on the monitor screen about new phone calls for Dr. Rudy that had come in during the operation)...In short, the “dead” patient described what everyone had been doing, including a discussion outside the room, stack of sticky notes of incoming phone calls etc; things no way he could had known because he was wheeled to the recovery room and regain consciousness two days later. (Lloyd Rudy 2011, 2013).

2. Barrow Neurological Institute, Phoenix, Arizona, neurosurgeon Dr. Robert F. Spetzler performed a brain operation on Pam Reynolds Lowery:

... Her experience is one of the most notable and widely documented in near-death experience studies... Reynolds was under close medical monitoring during the entire operation. During part of the operation she had no brain-wave activity and no blood flowing into her brain, which rendered her clinically dead. Her pre-operative preparations included plugging each ear with clicking devices to monitor the brain and her eyes were taped shut...her auditory and sight faculties senses were totally blocked, therefore, there was no way she could hear and see what was going on...Yet she was able to describe the shapes and sizes of the surgical instruments used on her...and accurately recalled the conversations between the operating room staffs... (Kate Broome 2002).

3. Rijnstate Hospital, Arnhem, Holland, cardiologist Dr. Pim van Lommel:

...a man who suffered a severe heart attack...during which time he displayed 3 critical signs of clinical death...in coma for a week...later brought back to the ward. The nurse who was there during the resuscitation came in for the first time. Immediately the man said “You're the one...you took my dentures and put them in the sliding drawer underneath the cart with all those bottles.” The nurse was flabbergasted...“it is not possible, he was in deep coma, could not see anything”. During the period of his deep coma, the patient experienced out-of-body perception which allowed him to describe accurately what the doctors and nurses have done (Pim van Lommel 2013).

Without being redundant, numerous other cases that fit the AWE stringent criterion can be found in published literature (Penny Sartori 2014, Pim van Lommel 2011, Michael Sabom 2007).

Critical lessons learnt from NDE studies are :

1. Something happens after death.
2. That something is consciousness.
3. That consciousness is capable of perceiving physical realities.
4. These perceptions are independent of the 6 senses i.e. eye, ears...indriya.
5. This consciousness is separate from brain functions.
6. a) If the mind is defined as a sensory faculty (indriya) then this consciousness is separate from the mind.
b) If the mind is defined as beyond the epiphenomena of the brain, then proponents of the “mind-only” school need to clarify what they mean by “mind”.

Since NDE affirms the inescapable conclusion that consciousness exists after death, the next big question is “What is the fate of this consciousness?” i.e. after some time, does this consciousness energy dissipate or remain intact? If intact, is it the spirit or soul? What constitute this consciousness? Does it travel to another dimension? Heaven or hell? Or return as another being? Scientific proof of the rebirth phenomenon sheds much light on the big question of the fate of the consciousness after death.

Section 3.4. Rebirth/Reincarnation

AWE proposes a clear distinction between the definition of rebirth and reincarnation. The word reincarnation in religious context means the descent from Heaven of a god, or divine being in human/animal form on Earth. In contrast, sentient beings undergo Rebirth or Transmigration involuntarily due to karma. By these definitions, Bodhisattvas reincarnate whereas sentient beings reborn.

Convincing Buddhist, Hindu and Jains about rebirth would be preaching to the converted! Therefore, this section will be succinct and for the benefit of the atheist only.

Dr. Ian Stevenson in 1967 founded the Division of Perceptual Studies in the Department of Psychiatry & Neurobehavioral Sciences at the University of Virginia, USA. He is most respected for his work which proves rebirth is real. He has devoted the last forty years to the documentation of past life memories of children from all over the world and has filed over 3000 cases. These children spontaneously remember past lives without relying on hypnosis. First, Dr. Stevenson (1992) methodically documents the child’s statements of a previous life. Then, he identifies the deceased person the child remembers being, and verifies the facts of the deceased person’s life that match the child’s memory. He even matches birthmarks and birth defects to wounds and scars on

the deceased, verified by medical records. His strict adherence to scientific methods systematically rule out all possible “normal” explanations for the child’s memories.

Dr. Brian Weiss graduated cum laude at Yale University School of Medicine in 1970, He is the Head of Psychiatry at Mount Sinai Medical Center, Miami. Dr. Weiss has performed regressive hypnosis on more than 4,000 patients since 1980.

His 1988 book "Many lives, many masters" is an account of his patient's session of past life regression therapy. The patient vividly recalled details of cultures, geography and centuries that she has not experienced, learned or imagined in her waking state. When she began to channel messages from “the space between lives” Weiss was skeptical at first but later convinced when she was able to relate the remarkable revelations about Dr. Weiss' family and his dead son; information that she has no possible way of knowing. He is the author of eight other books on the subject of reincarnation (Dr. Brian Weiss 1993, 1997, 2001, 2002, 2003, 2005, 2012).

Section 4. Different Schools Different Emphasis

Scientific studies on NDE and rebirth affirm there is something after death. The liberation goal for theists after death is to ascend heavenly to reunite with their creator. Bodhisattva reincarnation is the liberation vehicle for Mahayana/Vijaryana. For arahants non-returners, cessation of rebirth is that something before and after death.

Section 4.1. Emphasis on the Mind – Theravada/Zen

One of the major strength of Theravada is training and discipline of the mind. The Chinese Zen tradition advocate seeing one's Buddha nature (見性) through understanding the workings of the mind (明心). Therefore, both traditions can be seen as emphasizing the mental compartment of holistic health.

Section 4.2. Emphasis on the Spirit – Mahayana/Vijaryana

Both of these traditions define moksha by endless reincarnation as Bodhisattva to liberate all sentient beings from dukkha. Therefore, both these traditions can be seen as emphasizing the spiritual component of holistic health.

CONCLUSION

The AWE curriculum is designed to explore the mysteries of life in the 1st year, understand the meaning of life in the 2nd year, and cash out the value of life in the 3rd year. Throughout these courses, up-to-date scientific data are used to support and explain the profound meanings in ancient Buddhist Sutra and ideologies of the various Buddhist schools of thoughts. By this approach the fusion between ancient Buddhist wisdom and modern science can take place.

The educational philosophy of AWE is all inclusive and all encompassing. This philosophy is illustrated by this article. The interest in holistic health is used to entice atheist and theist, Buddhist and non-Buddhist, alike. Conflict in fundamental ideology can be accommodated under the umbrella of holistic health. Irreconcilable divisions among various schools of thoughts can be resolved by viewing them as merely differences in emphasis on the three aspects of holistic health.

On January 28, 2014, the government of the Province of Ontario, Canada, announced the solicitation of \$60 million over six years to create a “medical psychiatry alliance” that will focus on better ways to deliver comprehensive health care to people with mental and physical illnesses. This exciting news (CTV News 2014) validated our concept of holistic health to some extent. Nonetheless, society is still not yet ready to include spirituality in holistic health. AWE believes that the responsibility is incumbent upon Buddhist leaders/communities to guide society in the right direction. As a first step, the ultimate goal of this article is to convince everyone to put spirituality as their first priority in life.

ACKNOWLEDGEMENT

Faculty and staff at the Academy of Wisdom & Enlightenment are acknowledged for their support and editing. Special thanks to Professor Dr. Ching Lo for his guidance in preparation of this article.

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