Health, More than a Biological Issue: Talking About Holistic Health

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Abstract
"As a society, we often ignore psychological, social, and spiritual health, focusing on the much more objective biological health. Doing so is a disfavor to ourselves, because humans encompass all four aspects."

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Humans are complex creatures. In psychology we use the biopsychosocial (BPS) or the biopsychosocial-spiritual (BPSS) model to try to understand this complexity. This paradigm acknowledges that we have physical bodies (bio), that we think (psycho) in a context that includes interactions with others who influence us (social) and, very essentially to us in the Reformed tradition, that we are spiritual creatures.

Western medical practice, and thus our conceptualization of health, has, for a variety of reasons, focused most recently on biological explanations. Often the biological explanations are easier—they can be objectively measured from the outside, because you either have a measurable bacteria in your system making you sick, or you don’t. Either there is a tumor on one of a variety of scans, or there isn’t one. Dealing with our biology gives us nice, objective assessments of our health. Understanding these means we can easily measure effectiveness of treatment and change over time.

It is more difficult with psychological, social, and spiritual aspects to define, evaluate, and observe change. Our charts of physical development across the lifespan are relatively uniform, especially when you compare them to our attempts to explain the patterns of development in the other three aspects. Those explanations are neither concise nor uniform. As a society, we often ignore psychological, social, and spiritual health, focusing on the much more objective biological health. Doing so is a disfavor to ourselves, because humans encompass all four aspects.
Choosing only to attend to a physically unwell body while neglecting the psychological, social, and spiritual sickness can reduce the overall wellness of the whole person. One example is heart disease. It is the number one killer of Americans at approximately 610,000 per year, or 25% of all deaths. Great strides in medical imaging, medication, and surgical interventions have done remarkable things to reduce heart disease deaths since the mid-1960s, but it remains the top killer in this country. We tend to treat heart disease with angioplasty, which 88% of people in one study believed would protect them from future heart attacks. The problem is, angioplasty does not stop atherosclerosis or the clogging and hardening of arteries. Atherosclerosis is best treated with the right medications as well as behavioral changes.

The Center for Disease Control reports that at least 200,000 deaths from heart disease are preventable, a number widely considered to be an underestimate. In this instance, a health condition can be effectively treated physically; however, without accompanying behavioral change, the physical treatments are very expensive bandages on very serious injuries. Effective care, in the case of heart disease, must involve evaluation of a patient’s behaviors—namely diet, physical activity, and high-risk activities. Behavioral changes certainly fall into the psychological and social contexts. Having a sense of purpose which motivates a patient to cooperate with treatments, seeking to live a longer life, is certainly a spiritual question.

Psychological and social issues have wider direct effects on health, beyond their influence on clearly biological factors. Loneliness is an example of this. Loneliness is tied to increased stress and inflammation. It becomes a predictor for heart disease, but also arthritis, Type 2 diabetes, and dementia. Feeling lonely is also tied to poor sleep, which is the precursor of further health problems. This is also a psychological and a social problem; it is not a factor of the number of social connections, but of the perceptions of those social connections. Loneliness is perceived social isolation, and it affects people of all ages, but is especially concerning in adolescence and late adulthood. Experiencing loneliness is only one of a variety of ways in which our psychological and social health influence our overall health.

Religion and spirituality also seem to have a direct impact on overall physical health. A 28-year longitudinal study of 5,300 adults concluded that those who attended weekly religious services had a 23% lower mortality rate, after adjusting for key demographic identifiers and social connection. Exercising faith provides inner peace and a way to cope with the disastrous effects of a fallen world. All Christians have at least some sense of purpose in life, having been commanded by God to go and make disciples of all nations. Knowing in our hearts that we are created and loved by a sovereign God prevents a host of spiritual agony. In fact, our soul needs to know its Creator, or we will suffer a great deal of distress. This is demonstrated in Cain’s response to God’s curse:
Cain said to the Lord, “My punishment is more than I can bear [despair, overwhelming grief]. Today you are driving me from the land [loss, lack of purpose], and I will be hidden from your presence [guilt, abandonment]; I will be a restless wanderer on the earth [alienation, helplessness], and whoever finds me will kill me [fear, hopelessness].”

When people are disconnected in any meaningful relationship, they experience a nagging sense of distress. There is a deep-seated need for forgiveness and reconciliation, although sometimes our pride gets in the way. This is no less true in our relationship to God. Yet, praise be to God that in Cain’s plea of hopeless distress, the very first words God speaks to him are, “Not so.”

Our health does not come down to biological information; rather, our health involves all of who we are created to be: biological, psychological, social, and spiritual beings. Neglecting to attend to all of these aspects will lead to treatments that are less effective and often more financially costly—although treatments of the other aspects tend to be costly in terms of time and effort. We are underrepresenting the complexity of life when we conceptualize humans as their biology alone. God created us more complex than merely our biology, and our ideas of health and wellness should include all aspects of our being.

FOOTNOTES

1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5750603/
3. https://www.health.harvard.edu/newsletter_article/what-can-angioplasty-do-for-you
7. Social connection is often thought to be the reason that those who attend religious services experience better outcomes, this study controlled for social connection and still found a correlation between religious services and positive health outcomes. https://doi.org/10.2105/AJPH.87.6.957
8. Genesis 4:13-14, NIV; additions mine