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Caring to Listen — Holistic Health Education

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By Kate Jackson

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Symptoms tell only some of the story. In this school of education, healthcare professionals learn to listen for much more.

According to a study by the Institute of Medicine, 90 million Americans are health illiterate—unable to understand the health information given to them. Georgianna Donadio, PhD, founder of the New England School of Whole Health Education (NESWHE), says this statistic, along with the alarming rates of obesity, diabetes, and heart disease, are evidence that the traditional model of health education and the usual means by which healthcare providers invite patient compliance simply don't work.

Over several decades, she's developed seven programs offered by the NESWHE to turn the tide. Two courses—the whole health educator program and the whole health skills program—are designed for healthcare providers who wish to work with patients in totality rather than merely address their symptoms. Traditional programs have tended to overlook the whole person, choosing instead to focus on the physical manifestations of illness. Healthcare providers are typically armed with vast amounts of information and finely tuned clinical skills. What they lack, however, is a deeper and truer understanding of the people they treat.

Although it wasn't her initial goal, Donadio created a new model that helps healthcare providers understand themselves better and work with their patients in a holistic context. "The healthcare provider has to understand the larger integrated picture of how things work together so that they can invite their patients into understanding, discerning, and choosing for themselves," she explains.

The whole health model of education and the NESWHE had their beginnings in the early 1970s and grew out of Donadio's personal and professional challenges. A 22-year-old nurse, she was involved in an accident that left her unable to walk. After two years, her general practitioner told her there was nothing he could do. She had a dysfunction in her spine that left her with no feeling from the waist down. Surgery, the doctor said, was not possible, but chiropractic therapy might help. The first chiropractor she saw made her feel better but didn't really turn the situation around. The second chiropractor made what Donadio calls "a phenomenal change" that allowed her to walk, function, and have fun—in short, resume a normal life.

Professional Disappointment

The experience redirected her career path, leading her from nursing to the study of chiropractic medicine at the Columbia Institute in New York, which at the time was affiliated with the New York Institute of Technology. After chiropractic school, she completed a master's of science in nutrition, followed by a PhD in education.

Yet despite all this education, she didn't understand the bigger picture of healthcare or wellness. "I did not understand how things worked together. Most people come out of schools—I'm certainly one of them—and don't know anything. I had memorized and regurgitated thousands and thousands of facts, but I did not organically understand what it was that I was supposed to be illuminating to the people who were coming into my practice. After a very deep soul searching, I felt like a bit of a fraud. I was just kind of staggering through, trying to understand all the minutia that I'd just memorized," Donadio recalls. This realization was disconcerting, but her confidence in what she calls her symptom-relieving skills convinced her that she still had something valuable to offer people.

A New Beginning

Donadio's direction was to change once again—this time as a result of happenstance or serendipity, depending on how one looks at it. When Donadio was opening her chiropractic practice in Boston, she became acquainted with David Hall, a minister who seemed to recognize her essentially intuitive understanding of healing. He appreciated her ability to understand healthcare from a larger perspective than that which merely addresses symptoms.

When Hall asked her to teach him what she knew, she laughed and replied, "What I know you could put into a thimble." When he insisted she had much to offer, she shrugged it off. At that time, she would pick up books after working with patients all day and try to gather a deeper understanding of the issues she saw in her practice. "I had an incredible thirst to understand how everything was connected to everything else—the cause and effect," she says.

Meanwhile, Hall was relentless—and ultimately successful—in his efforts to turn Donadio into a teacher. He offered to gather 10 willing students if she'd teach a class. "Look, David," she said, "no one is going to pay me money to teach them what I don't know, but if you can get 10 people, I'll teach the course." She was certain nothing would come of this, but roughly eight weeks later, she recalls, "Hall showed up at my office waving checks at me and said he had 10 people."

Thus began the NESWHE. Hall had gathered eager pupils peripherally involved in medicine, among them a food scientist, massage therapist, and psychiatric counselor. For the first year of the school, they would come twice per week to Donadio's practice office where she would give a tutorial. By the second year, word of mouth alone led 37 students to the budding program, leading her to hire three teachers. Without planning to, she'd devised a whole health model of education—an evidence-based, relationship-centered, whole-person approach to looking at health and healthcare. The program, she says, was a smashing success, and its growth, to her, was inexplicable.

In 1980, the Lemeul Shaddock Hospital in Massachusetts turned to the school for graduates who would intern at its pain and stress clinic, and for 10 years until the hospital lost its funding during the recession, the NESWHE's graduates would intern at the clinic, offering nutrition and stress counseling to patients. At the time, the program was chiefly nutrition-oriented. At this point, the school's emphasis widened to address the broader needs of the whole person. "We came to understand that we had to look at not only the physical component of a person's presentation but also the emotional, chemical, nutritional, environmental, and even spiritual factors, so in the late '80s, we went from a nutrition focus to a whole-person care orientation," Donadio says. The school began placing its graduates at the Massachusetts General Hospital, St. Elizabeth's Medical Center, and a variety of clinics and health and managed care centers.

Growing Support

In the mid-90s, the NESWHE received a call from Union Hospital, a Harvard-affiliate hospital on the north shore of Massachusetts, which had previously placed several of the school's nursing graduates and wanted to invite additional alumni. The hospital invited the school to present its program, and it was so enamored by the NESWHE's patient education model that it funded a private trial study from 1996 until 2002. Recalls Donadio, "It became very clear to the primary investigator as well as to other people involved that this was a powerful tool for transformation. The reason the nurses so embraced the program is because it transforms not only the relationship with the patient, it transforms the work environment—the relationship other professionals have with each other."

Donadio says that as the program moved from a strictly nutritionally oriented model to stressing the whole human being, it continued to recognize that a person's nutrition was interconnected to his or her sense of self and physical well-being, but it started looking further, asking more questions. It explored not only nutritional but other physical issues—such as disease processes, obesity, and exercise—and examined emotions as well. “We used Maslow's hierarchy as a model and used motivational interviewing techniques to discern some of the individuals' dynamics,” she explains. “We looked at environmental issues, which have a significant impact yet are typically underevaluated. We looked at the home, the work, the chemical, and the energetic environment of individuals. And we explored the internal or physical environment, which is genetic, and at the spiritual—the individuals' word views and values.” The model, she says, looks at the patient's relationship with the self, others, and the global community.

Communication and Interaction

One of the failures of the traditional model of health education, says Donadio, is that it tells patients what to do. “There isn't a human being alive that wants to be told what to do,” she notes. “In a way, that's being treated like a codependent or like a child. We tell children what to do; we don't tell adults what to do. When we start telling people what to do, when we start determining what is right for them and what they should do, we immediately undermine the most important components of motivation, which are self-sufficiency and independence.” That understanding informs the whole health model, which Donadio observes is completely respectful of “functionally interdependent but wholly independent human beings who can create for themselves their own models of health maintenance from what they know about themselves, what they're willing, inclined, and capable of doing for themselves.”

The whole health education approach is not merely centered on communication, which may imply a single mode and one-way direction of information. This model stresses interaction, respect, and mindfulness. In every encounter, says Donadio, “I am listening, hearing, seeing. I'm respecting, acknowledging, and witnessing who the person is—and that's a powerful experience.” Furthermore, she observes, traditional models put full stock in verbal communication, yet 70% to 80% of communication takes place nonverbally. “It takes place through the feeling people have from the way people look at them, the way they move, the way they make or don't make eye contact. We as human beings are very sensitive to what is truthfully in front of us, and we all know—because we've all been to doctors—when someone is listening to us. You know when someone sincerely and authentically cares about you.”

It's this reciprocal and comprehensive communication that patients crave and that the whole health model stresses—a fact underscored by research. Donadio points to a study that identified the four major questions to which patients want answers: Is anyone listening? Does anyone care? Are my symptoms explainable? What can I do to control my problem? The reason, she suggests, these questions so often go unanswered is that practitioners tend to be self-absorbed. “We go into practice thinking that it's about us, that we're there to heal the masses—to fix and instruct people—when in fact our primary job is to be present, to listen, and to communicate that we have information that individuals can choose to use in a way that they deem is organic, appropriate, and authentic for them,” she says.

Donadio observes that the model has traversed many medical areas and has been embraced by practitioners from a variety of disciplines, including physicians, nurses, social workers, and dietitians. “We work with healthcare providers who are in pain, unhappy, suffering, and no longer satisfied with the work that they once loved to do,” she says. “We're in a healthcare system today that is tragically flawed because of bottom-line economics. People go into healthcare with good hearts and good intentions, and what happens is the business of business—the business of healthcare then decompartmentalizes and distorts the work that they intended to do. Listening isn't important, time isn't important, and care is no longer the most important issue.”

The NESWHE is striving to create what it calls a renaissance of relationship-centered whole patient care by offering a model to healthcare providers, says its founder, that is not only healing and transformational for patients but for the healthcare profession as well. For more information, visit www.wholehealtheducation.com.

— Kate Jackson is a staff writer for *Today's Dietitian*.