



# ATHENS COLLEGE of MINISTRY

## The Wholeness Care Project

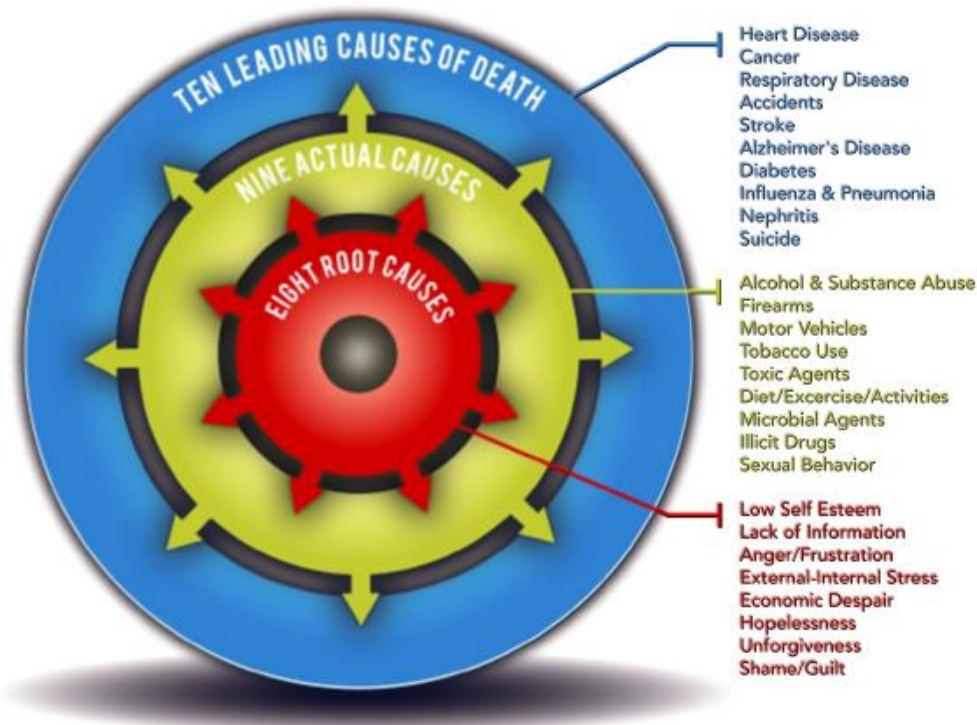
### Project Overview

Working collaboratively with faculty from the University of Georgia (UGA), the Athens College of Ministry (ACMin) proposes a 3-year pilot study that explores the effects of intentionally incorporating biblically-based Christian faith practices with mainstream medical approaches for the purpose of building a strong understanding and practical strategies for improving whole person care. By studying the effects of fully integrated faith and healthcare, the project aims to develop effective pathways for improving patient health and wholeness through a comprehensive team approach, which equitably incorporates physical, mental and spiritual interventions of care.

### Introduction

Because ministry and healthcare professionals are in a position to impact the wellbeing of many other people through their influence and practices, this project will add knowledge that challenges and changes the status quo of their practices in order to bring about an increase of wholeness in every individual impacted. Overall, healthcare professionals are trained to diagnose physical problems and recommend optimal treatments. However, without equitable consideration of the possible spiritual causes behind the presenting illnesses, elimination of the underlying problem is unlikely given that the root causes of many illnesses may not be physical problems at all. (See Figure 1 below.) From the Christian church perspective, a different disconnect is noted between what the Bible says about physical and spiritual health and what believers actually *do* when faced with a physical or spiritual issue. Thus, the aim of this project is to heighten the awareness of wholeness care among healthcare and ministry care providers and create bridges within and between those providers that results in collaborative life-changing care.

Although members of the medical profession are knowledgeable of the leading causes of death, most are not aware that, as presented in Figure 1 below, the root causes of many illnesses may not be physical problems at all.



In the center of Figure 1 above, we note the interconnectedness of our bodies, souls, and spirits and the resulting conditions.

Today, healthcare professionals are educated in the principles of anatomy and physiology and understand the etiology of physical diseases and mental and emotional disorders. Ministry professionals are educated in theology, anthropology, and pastoral care. They understand how to support people spiritually through life's circumstances. However, education in the healthcare disciplines does not typically incorporate the Hebraic concept of unity with regard to the body, soul, and spirit in its teachings of anatomy and physiology. Depending on the emphasis of the seminary or Bible college, ministry professionals may also be unaware of the body, soul, and spirit connections. Healthcare tends towards the dualism of Greek philosophy, which separates the body and spirit by focusing primarily on the physical with a perfunctory acknowledgement of a person's spirit. Ministry professionals tend towards Greek dualism as well, focused primarily on individuals' spiritual health with a disinclination to consider the physical catalysts in a person's wellbeing.

While ministry and medicine are both considered healing disciplines, there is little history of the two working together seamlessly and successfully. The appropriation of whole-person health has the potential to revolutionize the well-being of people everywhere. This project will provide Christian leaders and healthcare professionals with a fresh, unified perspective between the scientific principles of physical health and the tenants of faith and spiritual health, breaking down our western-thinking, secular-sacred compartmentalization.

There is a wealth of data to support the importance of spirituality in the matter of physical health (Koenig, 1999; Koenig & Cohen, 2002; Koenig & King, 2001; Koenig, 2008; Lipton, 2008; etc.). However, there has not yet emerged a contemporary model *in practice* for the true integration of spirit, soul, and body care leading to wholeness.

Although healthcare and ministry professionals attest to a foundational understanding of the essential unity of mind, body and spirit, their practices are lacking. In healthcare, the physical and mental aspects are considered equally valid in the assessment and treatment of illness or disease, but the spiritual aspect is not. In existing models, spirituality is documented but not incorporated equally into the individuals' assessment or plan of care. The incorporation of spirituality is generally limited to care and coping. In ministry, the potential impact of a person's physical condition upon their mental and spiritual condition is not incorporated either. Further, ministry professionals are often not trained to address the inner healing needs and the underlying root causes of sickness and disease. Wholeness Care considers each aspect of a person equally in the assessment and treatment of their condition.

### **Project Goals**

The goals of this project are:

- to study the effects of a wholeness approach to individuals' care through the creation of a networked wholeness care team approach; and
- to increase opportunities for the public to know the Lord Jesus Christ in tangible, personal ways.

To accomplish the Project Goals, the Project Advisory Board will:

- Create and administer wholeness training materials and experiences to project participants;
- Train a cross-section of 30 healthcare professionals, 12 clergy members, and 30 prayer ministers;
- Foster deep cooperation between faith and healthcare communities through the development of a local wholeness care network; and
- Collect data on the impact of the model to inform the long-range vision.

## **Project Personnel**

*Principal Investigator*, Rev. Dr. Deborah Huckaby, The Athens College of Ministry  
D.Min., Asbury Theological Seminary;  
M.B.A., Brenau University;  
Associate's Degree in Nursing, South Georgia College;  
<http://www.acmin.org/ACMin-Leadership-Staff>

Responsibilities: Oversee the project logistically, oversee network development, represent the project to the greater public, ensure fidelity of all data collection efforts, write and disseminate the projects' findings.

*Co-Principal Investigator*, Dr. Ronald Blount, Professor, Clinical Psychology, The University of Georgia  
Ph.D., West Virginia University;  
<http://psychology.uga.edu/directory/ronald-blount>

Responsibilities: Direct, inform, and interpret the project's data collection methods and analysis.

*Co-Principal Investigator*, Dr. Juliet Nabbuye Sekandi, Assistant Professor, Center for Global Health, The University of Georgia

Ph.D., The University of Georgia, Epidemiology;  
M.D., Mbarara University of Science and Technology, Uganda;  
<https://www.publichealth.uga.edu/cgh/about/directory/faculty/sekandi>

Responsibilities: Liaise project with network physicians, oversee healthcare-related project training, participate in the development of data collection protocols and data analysis.

Full-time Project Coordinator, *to be identified*

Credentials: Bachelor's Degree; Responsibilities: Oversee the project budget, budget reporting, contracts and honoraria payments for project personnel, PAB travel coordination, meeting planning, and data collection/ storage.