

## A Healing Space for Caregiver and Patient: A Novel Therapeutic Clinic Model Integrating Holistic Healing Principles

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### ABSTRACT

*This paper proposes a novel therapeutic clinic model that embodies and operationalizes an interdisciplinary approach to healing that transcends traditional biomedical paradigms. Drawing upon critiques of Cartesian dualism in modern medicine and the integration of spirituality, music, and attentive listening into clinical practice, this paper offers a comprehensive framework for a healing environment. The proposed model emphasizes the essential unity of mind, body, and spirit while creating spaces for therapeutic encounters that honor the full personhood of patients. Through architectural design, staffing structures, clinical protocols, and technological integration, this clinic represents a practical manifestation of a holistic healing philosophy, offering a template for healthcare delivery that addresses the limitations of reductionist approaches to healing.*

### Keywords

Integrative medicine, Cartesian dualism, Therapeutic relationship, Spirituality in healthcare, Music therapy, Clinical model, Holistic healing, Mind-body medicine, Interdisciplinary healthcare, Architectural healing design.

### Introduction

The persistent influence of Cartesian dualism in modern healthcare continues to be identified as a fundamental barrier to holistic patient care. Contemporary medical literature increasingly recognizes that this philosophical legacy has contributed to what some scholars describe as a "crisis in medicine" by creating artificial divisions between physical and mental aspects of health that have "negatively impacted the quality and efficacy of patient care" [1]. As noted in medical philosophy, "By reducing the diagnosis to what can be observed and measured, the sum total experience of illness and pain often escapes the diagnostic taxonomies leaving the patient frustrated and doubting self without a 'label'" [2].

Current thinking in medical literature identifies several problematic consequences of dualistic approaches. Mehta argues that the biomedical model shaped by mind-body dualism has led

to "disempowerment of patients and dehumanization of medical care" characterized by a "cold, impersonal, technical style of clinical practice" [3]. This has created what Duncan identifies as a fundamental tension between objective disease and subjective illness experience, attributing "medicine's inability to humanely respond to the concerns of its patients" to "its penchant for isolating biological disease as its sole proper concern to the exclusion of experienced illness" [4].

Recent scholarship has moved beyond mere critique to propose alternative frameworks. Gendle suggests that healthcare professionals should "adopt holistic models of patient care" that are "based on methodologies that emphasize radical emergence over the artificial separation of the 'physical' and 'mental'" [5]. O'Leary argues that while holism has become "central to cultural understanding of what medicine aims for," the philosophical foundations of holistic approaches require greater clarity to avoid "incoherence" [6]. Some scholars have noted that dualism's influence on medicine was perhaps more nuanced than commonly portrayed, with Correll pointing out that "the polarizing mind-body dualism, while inspired by Descartes, was an exaggeration of his theory in effort to suit the body for scientific study" [7].

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This evolving understanding of dualism's limitations has coincided with growing evidence for the interconnectedness of physical, psychological, spiritual, and social dimensions of health. Contemporary medical education and practice increasingly recognize that addressing only biological aspects of disease while neglecting the lived experience of illness results in suboptimal outcomes and patient dissatisfaction [8,9].

The philosophical framework that challenges this paradigm advocates for a radical reimagining of the clinical encounter one that integrates spiritual dimensions, incorporates creative modalities such as music, prioritizes deep listening, and recognizes the therapeutic value of presence itself. This paper aims to translate these theoretical insights into a practical clinical model that addresses the limitations of conventional healthcare settings and responds to the growing call for more holistic approaches to healing.

### **Dualism in Medicine**

The foundation of our proposed clinic model rests on the critique of the Cartesian split in modern medicine. The separation of mind and body originating with Descartes continues to influence healthcare in ways that are "detrimental to the doctor-patient relationship and holistic patient care" [2]. This philosophical legacy has led to medical practices that privilege objective, measurable data while marginalizing subjective patient experiences. The consequences of this dualistic thinking are particularly evident in the management of complex conditions such as chronic pain, where patients without clear diagnostic markers often face skepticism or dismissal from healthcare providers. A more integrated approach recognizes the inseparability of physiological processes from emotional, cognitive, and spiritual dimensions of experience.

### **Integration of Spirituality in Clinical Practice**

Central to a holistic philosophy is the recognition of spirituality as an essential component of the healing process. Drawing from both neurological expertise and theological backgrounds, contemporary medical thinkers emphasize how spiritual practices and beliefs significantly impact health outcomes [3]. Rather than treating spirituality as an adjunct to "real" medical care, this position frames it as fundamental to a comprehensive understanding of health and healing.

In approaches to chronic pain management, the integration of "religious and spiritual practices, such as prayers and seeking spiritual support" provides "a comprehensive approach to pain relief and healing" [4]. This perspective recognizes that spiritual distress often accompanies physical ailments and that addressing the former may be essential to resolving the latter.

### **The Therapeutic Power of Music**

Another distinctive element of an integrative approach is the emphasis on the healing potential of music. Research has demonstrated music's effectiveness in pain management, anxiety reduction, and improvement in overall well-being [5]. The role of music in facilitating "spiritual non-left hemispheric interaction

between healer and patient" suggests that musical engagement activates neural networks associated with intuitive and holistic processing rather than analytical thinking alone [6].

### **The Act of Listening as Therapy**

Perhaps most fundamental to an integrated clinical philosophy is the emphasis on listening as a therapeutic act in itself. Contemporary medical ethicists assert that "the act of listening extends beyond a communication skill. It requires presence, engagement and has therapeutic effect, through acknowledging the dignity and personhood of the person speaking" [7]. This perspective challenges the efficiency-driven models of contemporary healthcare that often minimize patient narrative in favor of standardized assessments and protocols. Attentive listening represents more than a means to gather clinical information; it constitutes an ethical stance and a healing intervention in its own right. By truly hearing patients' stories including dimensions of meaning, purpose, and spirituality that may be interwoven with their physical symptoms clinicians participate in a process that validates patients' experiences and potentially catalyzes healing.

### **A Model**

Drawing on these theoretical foundations, we now outline a comprehensive model for a therapeutic clinic that embodies a holistic philosophy of healing. This model addresses physical design, staffing, clinical protocols, and technology integration to create a cohesive healing environment.

### **Architectural Design and Physical Environment**

The physical space of the clinic is designed to transcend the sterile, institutional atmosphere characteristic of many healthcare settings, instead creating an environment that acknowledges the multidimensional nature of healing. The clinic is organized around a central atrium featuring natural light, living plants, and flowing water. This design choice reflects the emphasis on the healing potential of natural environments and serves as a counterpoint to the artificial, technological spaces that dominate conventional medical settings [8]. The integration of natural elements is not merely aesthetic but therapeutic, as research has demonstrated that interaction with nature improves cognition and affect for individuals with depression [9]. Given the emphasis on music and sound, the clinic incorporates thoughtful acoustic engineering throughout. Sound-attenuating materials create spaces conducive to both verbal communication and musical interventions, while minimizing the disruptive noise often present in healthcare facilities. This acoustic design acknowledges research demonstrating that sound environments significantly impact healing processes [10].

Unlike conventional clinics organized exclusively around examination rooms, this facility includes traditional clinical assessment spaces alongside music therapy rooms with instruments and recording equipment, meditation and prayer spaces for spiritual practices, group therapy areas for community-based healing, art therapy studios, and movement therapy spaces. This diversity of specialized environments reflects the multidimensional nature of healing and allows for truly integrated care.

The clinic avoids physical features that reinforce power differentials between providers and patients. Consultation rooms feature seating arrangements that facilitate eye-level conversation rather than the traditional configuration of provider seated higher than patient. This architectural choice embodies the philosophical commitment to honoring patient autonomy and dignity.

### Sacred Geometry and Proportions

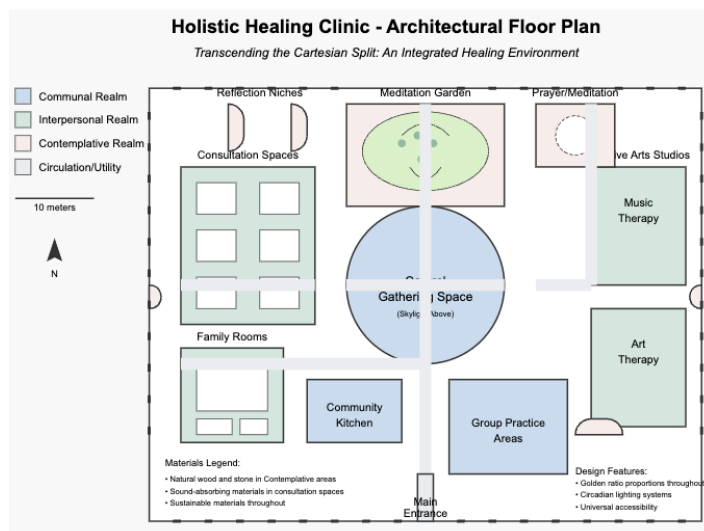
The clinic incorporates principles of sacred geometry found across spiritual traditions. The Golden Ratio (1:1.618) guides proportional relationships throughout the building, creating spaces that subconsciously evoke harmony and balance. Circular and spiral elements are integrated into both structural and decorative aspects, reflecting the cyclical nature of healing and the integration of seemingly disparate elements.

### Light as Metaphor and Medium

Light serves as both practical illumination and spiritual metaphor. A central skylight or oculus in the main gathering space allows natural light to enter from above, creating patterns that change throughout the day and seasons. Light wells and clerestory windows direct natural light into interior spaces, minimizing the need for artificial lighting while creating a connection to natural cycles.

Specially designed light filters using colored glass create contemplative environments where light itself becomes a healing medium. Programmable lighting systems allow for subtle shifts in color temperature and intensity to support different therapeutic activities and circadian rhythms.

The plan demonstrates how the three interconnected realms (Communal, Interpersonal, and Contemplative) can be organized in a physical space to support the integrated healing approach.



### Key features of the design include:

#### 1. Communal Realm (blue areas):

- A central circular gathering space with a skylight, serving as the heart of the facility

- Community kitchen for shared meals and nutrition education
- Flexible group practice areas for movement and group activities

#### 2. Interpersonal Realm (green areas):

- Consultation spaces designed for deep listening and connection
- Family rooms that accommodate supportive family members
- Creative arts studios with dedicated spaces for music therapy and art therapy

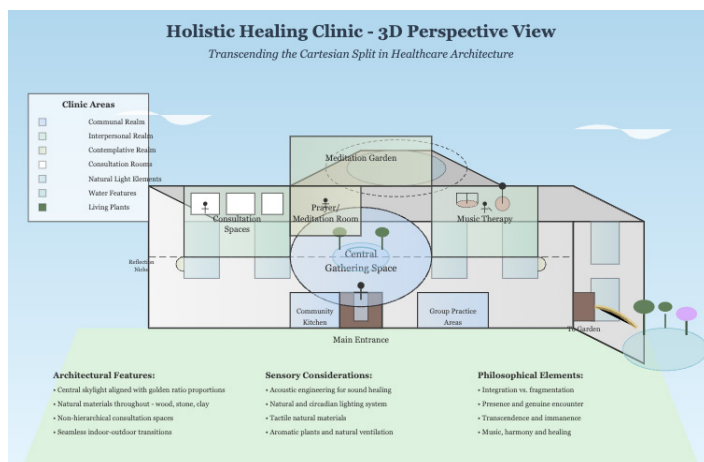
#### 3. Contemplative Realm (pink areas):

- A meditation garden with natural elements and flowing water
- A non-denominational prayer/meditation room
- Individual reflection niches distributed throughout the building

The floor plan also incorporates:

- Natural lighting through a central skylight and strategically placed windows
- Circulation paths that connect the three realms while maintaining appropriate transitions
- Material selections noted for their sensory qualities and sustainability
- Design features that follow sacred geometry principles (like the Golden Ratio)

This architectural plan embodies the philosophical principles discussed in the paper, creating a physical environment that transcends conventional healthcare settings and supports holistic healing that integrates physical, psychological, spiritual, and social dimensions of health.



### Key features of the clinic design include:

#### 1. Three Interconnected Realms - Visually distinguished by different color schemes:

- The Communal Realm (blue areas) with its central gathering space, community kitchen, and group practice areas
- The Interpersonal Realm (green areas) featuring consultation spaces and music therapy rooms
- The Contemplative Realm (soft yellow areas) with meditation and prayer spaces

#### 2. Central Atrium with Natural Elements - A circular space at the heart of the facility featuring:

- A small water feature to create a sense of calm and continuity
  - Living plants to bring nature indoors
  - Natural light from the central skylight above
3. **Natural Light Integration** - Multiple sources of natural light include:
- A large central skylight following golden ratio proportions
  - Abundant windows throughout the structure
  - Strategic placement to create meaningful light patterns throughout the day
4. **Consultation Spaces** - Designed to foster genuine connection:
- Non-hierarchical seating arrangements
  - Warm, inviting aesthetics
  - Human-scale proportions
5. **Specialized Healing Spaces** including:
- A dedicated music therapy area with instruments
  - Prayer/meditation room
  - Community kitchen for nutritional healing
  - Group practice areas for movement and shared experiences
6. **Reflection Niches** - Small alcoves throughout the building that provide moments for individual contemplation
7. **Seamless Connection to Sacred Garden** - The clinic connects naturally to the sacred garden, with views of the garden visible through windows and a dedicated doorway leading directly to the outdoor healing space.

The architectural design visually represents the key philosophical principles discussed in your essays, including the integration of mind and body (rather than fragmentation), the importance of genuine human encounter, and the balance of transcendent and immanent experiences in the healing process.

### Spatial Program and Relationships

The clinic is organized around three interconnected realms that reflect different aspects of spiritual experience and healing, a structure that research suggests can significantly impact therapeutic outcomes [11]:

#### The Communal Realm

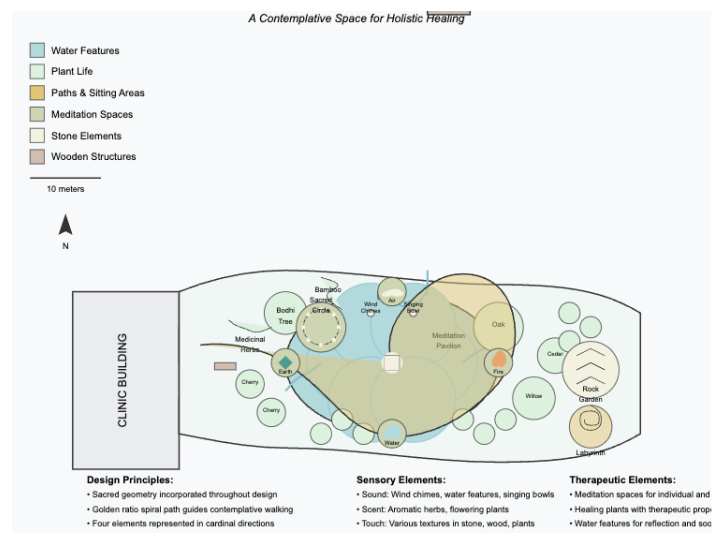
The communal realm acknowledges the social dimensions of healing and the importance of community in supporting recovery. This area includes:

- **Central Gathering Space:** A heart for the community with flexible seating arrangements and excellent acoustics for both conversation and musical performances. This space serves as the social center of the clinic, fostering spontaneous interactions and scheduled community events.
- **Community Kitchen:** Recognizing the spiritual dimensions of sharing food and breaking bread together, this space facilitates nutrition education, communal meals, and cultural celebrations that honor diverse healing traditions.
- **Group Practice Areas:** Flexible spaces for movement practices, group meditation, or communal music-making that can be reconfigured to accommodate various group sizes and activities.

#### The Interpersonal Realm

The interpersonal realm facilitates the therapeutic relationships that are central to the healing process:

- **Consultation Spaces:** Designed for deep listening and presence, with careful attention to seating arrangements, acoustics, and lighting that support genuine connection. These spaces embody the philosophy that the therapeutic relationship itself constitutes a primary healing modality.
- **Family Rooms:** Spaces that accommodate and honor the role of family and community in healing, designed to support family therapy, education, and participation in the healing process.
- **Creative Arts Studios:** Areas for music therapy, art therapy, and other creative modalities that foster expression and connection. These studios are equipped with appropriate materials and instruments to support diverse creative expressions.



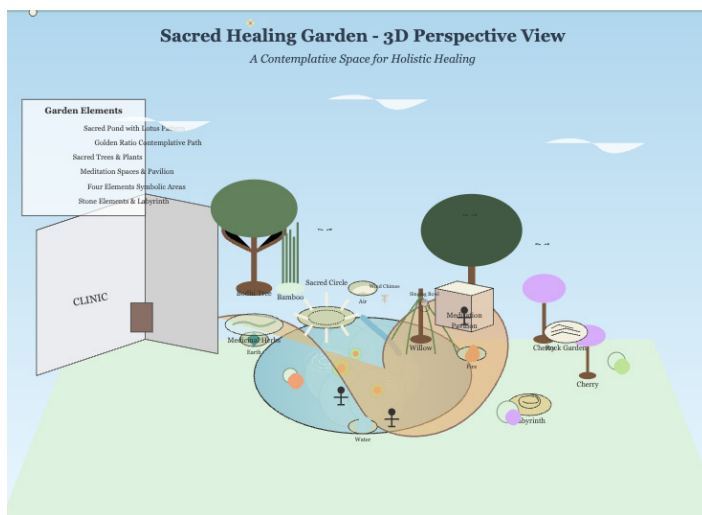
#### Key features of the sacred garden include:

1. **Water Features:**
  - A central pond designed with sacred geometry patterns (Flower of Life)
  - Flowing water streams that create gentle sound and movement
  - A central lotus element symbolizing spiritual growth and transformation
2. **Plant Life:**
  - Sacred trees from various traditions (Bodhi tree, Oak, Cedar, Willow)
  - A medicinal herb garden with therapeutic plants
  - Cherry trees for seasonal beauty and awareness of impermanence
  - Bamboo grove for visual screening and peaceful sounds
3. **Meditation Spaces:**
  - A wooden meditation pavilion for sheltered practice
  - A sacred stone circle laid out according to cardinal directions
  - Private reflection areas throughout the garden
  - Elements representing the four elements (earth, air, fire, water)
4. **Pathways and Features:**
  - A spiral Golden Ratio path for contemplative walking
  - A small labyrinth for walking meditation



- Strategically placed benches for rest and reflection
  - A rock garden for focused contemplation
5. **Sensory Elements:**
- Visual: Varied colors and textures, seasonal changes
  - Sound: Water features, wind chimes, singing bowls
  - Scent: Aromatic herbs and flowering plants
  - Touch: Different textures in stone, wood, and plant materials

The garden connects to the clinic building through two doorways, allowing patients to move between indoor and outdoor healing environments. The design encourages both solitary contemplation and small group activities, supporting different therapeutic needs and preferences. Each element of the garden is positioned with attention to both practical function and symbolic meaning, creating a space that works on multiple levels - as a beautiful natural environment, a therapeutic setting, and a place for spiritual connection and reflection.



#### Key elements depicted in the 3D view include:

1. **Central Sacred Pond** - Featuring the Flower of Life pattern in the water, lotus flowers, and gentle ripples, symbolizing the flow of life and healing energy
2. **Golden Ratio Spiral Path** - The main contemplative walking path that guides visitors through the garden in a pattern that follows sacred geometry principles
3. **Four Elements Areas** - Dedicated spaces representing Earth, Air, Fire, and Water positioned in the cardinal directions to create balance and wholeness
4. **Diverse Sacred Trees** - Including the Bodhi tree (symbolizing enlightenment), Oak (strength), Willow (flexibility), Cherry trees (impermanence and renewal), and a bamboo grove (resilience)
5. **Meditation Spaces** - The wooden meditation pavilion, sacred stone circle, and individual reflection areas throughout the garden
6. **Sound Elements** - Wind chimes and singing bowls placed strategically to create a healing auditory environment
7. **Medicinal Herb Garden** - An area dedicated to therapeutic plants that engage the senses and provide healing properties

The perspective view also shows how the garden connects to the clinic building, creating a seamless transition between indoor and outdoor healing environments. I've included simplified human figures to give a sense of scale and to show how people might engage with different areas of the garden - meditating, walking contemplatively, or sitting by the water. The design embodies Dr. Ungar-Sargon's philosophy of creating a space where imagination and archetypal influences can emerge within a container of safety and mutual respect, facilitating healing beyond conventional medical paradigms.

#### The Contemplative Realm

The contemplative realm addresses the need for introspection and spiritual connection in the healing process:

- **Meditation Garden:** A protected outdoor space designed for reflection and connection with nature, incorporating elements such as flowing water, mindfully selected plants, and seating arrangements that support contemplative practices.
- **Prayer/Meditation Room:** A non-denominational space designed to support various spiritual practices, with minimal decoration that can be adapted to different traditions and rituals.
- **Individual Reflection Niches:** Small, sheltered spaces throughout the facility where individuals can find moments of quiet contemplation amid the activities of daily care.

#### Material Selection and Sensory Experience

In alignment with a holistic approach to healing, materials are selected with attention to their full sensory impact [12]:

- **Visual:** Color palettes based on both psychological research and spiritual traditions, with attention to both stimulating and calming effects as appropriate to different spaces. Research in environmental psychology informs choices of hue, saturation, and brightness to support various healing activities.
- **Tactile:** Varied textures that invite touch and create a rich, grounding sensory experience. Natural materials such as wood, stone, and textiles predominate over synthetic surfaces, creating environments that engage the sense of touch in therapeutic ways.
- **Auditory:** Materials selected for their acoustic properties, creating spaces that support both conversation and musical experiences. Acoustic engineering creates a gradient of sound environments from the lively communal spaces to the quiet contemplative areas.
- **Olfactory:** Consideration of natural materials with pleasant or neutral scents, with systems to allow for therapeutic aromatherapy in appropriate contexts. Air filtration and circulation systems maintain air quality while supporting intentional olfactory experiences where therapeutically indicated.

#### Implementation Considerations

Practical aspects that support the spiritual dimension while ensuring functional success include:

- **Phased Construction:** Building the facility in stages to allow for community input and adaptation based on experiences with initial spaces. This iterative approach embodies the philosophy of ongoing dialogue and adaptation central to the clinic's approach to healing.

- **Environmental Sustainability:** Incorporating green building practices as an expression of spiritual values relating to care for the earth. Sustainability features include energy efficiency, water conservation, and use of environmentally responsible materials.
- **Accessibility:** Ensuring that all spiritual and therapeutic spaces are fully accessible to people with varying abilities. Universal design principles are applied throughout to create an environment that welcomes all bodies and abilities.
- **Cultural Sensitivity:** Engaging diverse cultural consultants to ensure that spiritual elements resonate across traditions without appropriation. This collaborative design process acknowledges the culturally embedded nature of healing practices and environments.

### Interdisciplinary Staffing Model

The clinic's staffing structure reflects an interdisciplinary approach to healing that brings together diverse expertise and perspectives.

The core clinical team includes physicians with training in integrative medicine, advanced practice providers (nurse practitioners, physician assistants), clinical psychologists and mental health specialists, and physical and occupational therapists. This interdisciplinary foundation ensures that patients receive comprehensive care addressing physical, psychological, and functional dimensions of health. Complementing this core team are music therapists, spiritual care providers representing diverse traditions, art therapists, movement specialists (yoga instructors, tai chi practitioners), and narrative medicine specialists. This expanded circle of care providers acknowledges the many modalities through which healing can occur and offers patients multiple pathways to wellness. Community health workers connect clinical care with patients' home and community contexts, addressing social determinants of health and facilitating continuity of care. This component of the staffing model recognizes that healing extends beyond the clinical environment and must be supported within patients' lived contexts. All staff, regardless of discipline, receive ongoing training in active listening techniques, recognition of spiritual dimensions of health, understanding of mind-body connections, cultural humility, and trauma-informed care. This shared educational foundation ensures a consistent approach across disciplines and reinforces the clinic's core philosophical commitments.

### Clinical Protocols and Patient Flow

The clinic's operational procedures embody the emphasis on presence, listening, and holistic assessment that characterizes a truly integrated approach to healthcare. New patient visits are scheduled for 90 minutes or longer, allowing sufficient time for comprehensive history-taking that encompasses physical symptoms, emotional experiences, social context, and spiritual dimensions. This extended timeframe contrasts sharply with the brief encounters typical of conventional healthcare and creates space for meaningful connection between provider and patient. Rather than beginning with standardized questionnaires, initial assessments prioritize patients' unstructured narratives,

with providers trained to recognize how physical symptoms are embedded within broader life stories. This narrative-based approach aligns with the principles of narrative medicine, which recognizes the therapeutic value of story-telling and story-listening in clinical encounters [11].

Treatment plans are developed through dialogue rather than prescription, with patients actively participating in decisions about both conventional and complementary approaches. This collaborative process honors patient autonomy while drawing upon the specialized knowledge of various care providers.

In accordance with the emphasis on music and other creative expressions, treatment plans routinely incorporate arts-based therapies alongside conventional medical interventions. This integration is supported by research demonstrating the efficacy of creative arts therapies in addressing various physical and psychological conditions [12].

Patients are offered spiritual assessments as a standard component of care, with referrals to appropriate spiritual care providers based on individual preferences and beliefs. This standardization of spiritual assessment acknowledges the substantial body of research linking spiritual well-being to health outcomes [13].

The clinic extends beyond its physical location through community outreach programs, home visits, and telehealth services that situate healing within patients' lived environments. This extension of services recognizes that healing must be supported within the contexts where patients live, work, and build relationships.

### Technology Integration

While a holistic philosophy emphasizes human connection over technological intervention, the clinic thoughtfully incorporates digital tools that support rather than supplant the therapeutic relationship.

The electronic health records system is custom-designed to capture narrative information alongside traditional medical data, allowing documentation of spiritual concerns, life circumstances, and subjective experiences alongside objective measurements. This adaptation of digital documentation reflects the clinic's commitment to honoring the full range of factors that influence health and healing. Telehealth platforms are designed to maintain relational quality even when in-person visits are not possible, with attention to creating digital environments conducive to presence and listening. This thoughtful application of technology extends the clinic's reach while preserving its philosophical commitments. Digital tools facilitate therapeutic applications of music, including personalized playlists, sound healing recordings, and interactive musical experiences for patients. These applications leverage technology to enhance rather than replace human connection through creative expression. Patient-controlled monitoring devices provide relevant physiological data while respecting autonomy and privacy, avoiding the surveillance-like qualities of many healthcare monitoring systems. This approach to wearable

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technology reflects the clinic's commitment to patient agency and dignity.

### Financial Sustainability

While the proposed model prioritizes extended provider-patient interactions and non-billable services that may challenge conventional reimbursement structures, several approaches can support financial sustainability. A mixed funding model combines fee-for-service revenue, philanthropic support, research grants, and community partnerships to create diverse funding streams. This financial diversity reduces dependence on any single revenue source and creates flexibility to provide services not typically reimbursed through traditional healthcare financing.

Value-based contracts with insurers reward improved outcomes and reduced hospitalizations rather than volume of services. This alternative payment approach aligns financial incentives with the clinic's focus on comprehensive healing rather than symptom management alone.

For nonprofit entities, structuring services within community benefit frameworks satisfies regulatory requirements while allowing more flexible funding approaches. This strategic positioning leverages existing healthcare policy to support innovative models of care.

Sliding scale fees implement graduated payment systems that maintain accessibility while generating sustainable revenue. This approach ensures that the clinic's services remain available to diverse populations rather than becoming an enclave of privilege.

### Outcome Measurement

Consistent with the critique of reductionist approaches, the clinic employs assessment methods that capture multidimensional aspects of healing. Comprehensive instruments assess physical symptoms, functional status, emotional well-being, social connections, and spiritual well-being. These patient-reported outcomes provide a holistic picture of healing that extends beyond traditional biomedical markers.

Qualitative assessment of patient narratives identifies themes related to meaning-making, agency, and transformation. This narrative analysis acknowledges the importance of subjective experience and meaning in health and healing.

Where appropriate, monitoring physiological indicators of stress, inflammation, and immune function provides objective correlates of subjective improvement. This integration of biomarkers with experiential measures bridges the traditional divide between objective and subjective dimensions of health.

Evaluating ripple effects of individual healing on family systems and community networks recognizes the social dimensions of health and the potential for healing to extend beyond the individual patient. This expanded view of outcomes aligns with the clinic's holistic philosophy.

### Research Integration

The clinic serves as both a treatment center and a living laboratory for advancing understanding of integrative approaches to healing. Collaboration with similar clinics generates larger datasets on integrative approaches through a practice-based research network. This collaborative research structure addresses the limitations of single-site studies and creates opportunities for wider dissemination of findings.

Research protocols combine quantitative outcomes with qualitative exploration of patient and provider experiences. This mixed-methods approach acknowledges the complementary value of different forms of evidence and the limitations of relying exclusively on quantitative measures. Ongoing evaluation of how theoretical models translate into practical clinical applications allows continuous refinement based on findings. This implementation science approach ensures that the clinic's practices evolve in response to emerging evidence and experience.

### Equity and Accessibility

To avoid creating an enclave of privilege, the clinic incorporates strategies to ensure diverse populations can access services. Facilities are situated in areas accessible to underserved communities, with satellite locations in partnership with existing community organizations. This strategic placement reduces geographic barriers to access and leverages existing community relationships.

Comprehensive interpretation and translation services serve linguistically diverse populations. This linguistic accessibility acknowledges the importance of clear communication in effective healthcare and the clinic's commitment to serving diverse communities. Flexibility in how spiritual and creative elements are incorporated respects cultural variations in how healing is understood and experienced. This cultural adaptability ensures that the clinic's approach resonates with diverse populations rather than imposing a single cultural framework.

Programs to address digital divides through device lending, digital literacy training, and alternative access points ensure that technology integration does not create new barriers to care. This attention to technology equity reflects the clinic's commitment to accessibility across socioeconomic backgrounds. To illustrate how the proposed model would function in practice, we present two hypothetical case examples:

#### Case 1: Chronic Pain Management

Maria, a 58-year-old teacher with chronic lower back pain, has experienced persistent symptoms despite multiple conventional interventions. In a conventional healthcare setting, Maria might receive brief visits focused on medication management and referrals to specialists, with minimal exploration of how pain intersects with her life and identity.

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In the proposed model, Maria's initial consultation spans 90 minutes, allowing her to share her comprehensive pain narrative, including how symptoms affect her teaching career, family relationships, and sense of purpose. This extended timeframe creates space for Maria to articulate the full dimensions of her experience with pain, including aspects that might be overlooked in briefer clinical encounters.

Beyond physical examination, assessment includes psychological screening, functional analysis, and spiritual history, revealing Maria's disconnection from previously meaningful religious practices due to mobility limitations. This multidimensional assessment acknowledges the complex interplay of physical, psychological, spiritual, and social factors in chronic pain. Maria's integrated treatment plan combines appropriate medical management, physical therapy with emphasis on functional movements relevant to teaching, music therapy utilizing her love of choral music, reconnection to spiritual community through chaplain coordination, and group therapy with other educators experiencing chronic conditions. This diverse approach addresses multiple dimensions of Maria's experience simultaneously rather than focusing exclusively on symptom management.

Regular appointments with extended time allow for relationship development and narrative evolution, with treatment adjustments based on Maria's changing priorities and experiences. This ongoing care acknowledges the dynamic nature of chronic conditions and the importance of continual adaptation in response to changing circumstances.

### **Case 2: Anxiety with Somatic Manifestations**

David, a 35-year-old software engineer, experiences symptoms including palpitations, shortness of breath, and gastrointestinal distress, with normal diagnostic findings. In a conventional healthcare setting, David might receive a brief medical evaluation, exclusion of organic causes, prescription for anti-anxiety medication, and possible referral for therapy, treated as separate from "real" medical care.

In the proposed model, an extended consultation allows exploration of David's symptoms within the context of workplace pressures, family history, and existential questions about purpose and meaning. This narrative intake acknowledges the embeddedness of physical symptoms within broader life contexts and creates space for exploring dimensions of experience that might be overlooked in conventional assessment.

Medical evaluation is conducted alongside psychological screening and exploration of David's disconnection from creative outlets that previously provided fulfillment. This integrated assessment avoids the artificial separation of physical and psychological dimensions common in conventional healthcare.

David's holistic treatment plan combines targeted mindfulness practices for anxiety management, gradual reintroduction to musical expression through the clinic's music therapy program,

nutritional guidance for gut-brain connection, workplace stress management strategies, and exploration of meaning and purpose through narrative therapy. This multifaceted approach addresses both immediate symptom management and underlying contributors to David's condition.

Introduction to a community of others navigating similar challenges reduces isolation and creates opportunities for mutual support. This social dimension of care acknowledges the importance of connection and shared experience in healing.

### **Relationship to Existing Models**

The proposed clinic builds upon existing approaches to integrative healthcare while making distinctive contributions.

Unlike some complementary medicine centers that position themselves in opposition to mainstream healthcare, this model maintains strong connections to evidence-based conventional medicine while expanding beyond its limitations. This integration acknowledges the value of biomedical approaches while recognizing their insufficiency for addressing the full spectrum of human suffering.

Where many integrative centers incorporate spiritual elements as optional add-ons, this model positions spirituality as fundamental to understanding health and healing. This centrality of spiritual dimensions reflects growing evidence for the impact of spiritual well-being on health outcomes [14].

Building on the emphasis on music, the model incorporates creative expression as essential rather than peripheral to the healing process. This integration of creative arts acknowledges their therapeutic potential beyond mere distraction or entertainment. While many models acknowledge the importance of communication, this approach elevates attentive listening to a primary therapeutic modality in itself. This emphasis on listening reflects research demonstrating the healing potential of being truly heard and understood [15].

### **Challenges and Limitations**

Several challenges must be acknowledged in implementing this model.

Most healthcare providers receive minimal training in the spiritual dimensions of health or the therapeutic applications of creative arts, necessitating substantial continuing education. This educational gap represents a significant implementation challenge that must be addressed through innovative training programs. Existing healthcare regulations and accreditation standards may not easily accommodate innovative approaches that transcend conventional categories. Navigating these regulatory constraints requires creative approaches and potentially advocacy for policy changes. Measuring outcomes in a model that values subjective experience alongside objective improvement presents methodological challenges. Developing valid and reliable assessment methods for holistic outcomes represents an ongoing research priority. The high-touch, relationship-centered approach requires significant



human resources, raising questions about scalability beyond boutique settings. Addressing these scalability challenges requires innovative staffing models and judicious use of technology to extend human capabilities rather than replace human connection.

### Future Directions

The proposed clinic serves not only as a model for direct implementation but also as a catalyst for broader transformation of healthcare systems. The clinic can function as a training site for healthcare students across disciplines, exposing future providers to integrated approaches early in their professional formation. This educational impact addresses one of the primary barriers to implementation the lack of training in holistic approaches among healthcare providers.

Documentation of outcomes could inform policy changes related to reimbursement models, scope of practice regulations, and accreditation standards. This policy impact extends the clinic's influence beyond its direct service provision to shape the broader healthcare landscape. The clinic environment creates opportunities for rigorous study of integrated approaches, generating evidence that might influence mainstream practice. This research agenda contributes to the growing evidence base for holistic approaches to healthcare.

Practical application of the model could drive development of technologies better aligned with holistic, relationship-centered care. This technology development counters the trend toward dehumanizing applications of digital tools in healthcare.

### Conclusion

The therapeutic clinic model proposed in this paper represents a concrete manifestation of a philosophy of healing that transcends the Cartesian split and creates space for addressing the full complexity of human suffering and resilience. By integrating spiritual dimensions, creative expression, and attentive listening within a framework that maintains connection to conventional medical approaches, this model offers a practical alternative to reductionist healthcare.

While implementing such a model presents significant challenges, the potential benefits more comprehensive healing, enhanced provider satisfaction, and ultimately more efficient use of healthcare resources through addressing root causes rather than symptoms alone suggest that the effort is worthwhile. As healthcare systems worldwide struggle with increasing chronicity, complexity, and costs, models that expand our conception of healing beyond the biomedical paradigm deserve serious consideration. We must move beyond "reducing the diagnosis to what can be observed

and measured" to create healing environments that honor the full dimensions of human experience body, mind, and spirit in their essential unity rather than artificial separation. The clinic model presented here offers one pathway toward realizing that vision.

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## Appendix

This appendix highlights key connections between the proposed therapeutic clinic model and Dr. Julian Ungar-Sargon's writings on healing, spirituality, and integrative approaches to medicine. The essays referenced here can be found on Dr. Ungar-Sargon's website ([www.jyungar.com/essays-on-healing](http://www.jyungar.com/essays-on-healing)) and represent foundational philosophical underpinnings for the clinic design.

### Reimagining the Doctor-Patient Relationship

The clinic model draws substantially from Dr. Ungar-Sargon's work on reimagining the doctor-patient relationship beyond conventional allopathic frameworks. In his paper "Remodeling the Doctor-Patient Relationship" [24], he challenges the prevailing paradigms that maintain the Cartesian separation between healer and patient. This perspective directly informs the clinic's consultation spaces and extended appointment times, which are designed to foster authentic connection rather than procedural efficiency.

The architectural elements of the clinic particularly the spaces designed for contemplation and shared presence embody Dr. Ungar-Sargon's vision of creating a "container of mutual work" where both physician and patient can "share in the suffering" within a bond of safety and respect [25]. This approach transcends conventional medical encounters by acknowledging the inherent mutuality of healing relationships.

### Non-Conventional Healing: A New Paradigm

Perhaps most fundamentally, the clinic model operationalizes Dr. Ungar-Sargon's vision of a "new paradigm" for healing as articulated in his 2014 essay "Non-Conventional Healing: A New Paradigm" [26]. This framework draws from Jung, Mindell, and Hillman to propose an approach that moves beyond the limitations of both conventional medicine and many complementary alternatives.

Dr. Ungar-Sargon's critique of the "military model of war, defeat, overcoming pain and disease" informs the clinic's rejection of aggressive intervention-focused approaches in favor of spaces and practices that honor the full complexity of human experience [27]. The clinic's integration of meditative spaces, art therapy studios, and natural environments reflects his call for "allowing our imaginative faculties to emerge in a bond of safety and respect" [28]. The sacred garden design, with its contemplative spaces and symbolic elements, particularly embodies Dr. Ungar-Sargon's emphasis on creating environments where "the imaginative construction of this reality does not allow for the usual optimism underlying medical care and the eventual conquering of dis-ease" [29]. Instead, the garden offers spaces for what he describes as "holding...opposites in tension, without resolution, and the participation of archetypal influences in the process" [30].

Central to the clinic model is Dr. Ungar-Sargon's insight that effective healing requires "a different strategy whereby both the observer and the observed participate in a mutuality of interaction" [31]. This understanding directly informs the clinic's rejection of hierarchical spatial arrangements and procedures that position the provider as detached expert. Instead, the design creates what he calls a "sacred space of pain and suffering" where "BOTH physician and patient participate in a sacred space, where the divine archetype is present" [32].

The clinic's integration of creative arts therapies particularly music and art operationalizes Dr. Ungar-Sargon's call to "tap into this reserve of psychic images of the body" and engage with "myth in the reconfiguring [of] our self-image, our body image" [33]. These modalities create opportunities for what he describes as "re-imagining and imagining pain and incurable disease in a new key" [34].

Perhaps most fundamentally, the clinic model embodies Dr. Ungar-Sargon's vision of healthcare as a space that "prepares us better to face decline and degeneration" and "allows us to suffer better, to feel our pain better, and to resist the anesthetizing effects of modern pharma and medical device companies that are vested in the medical industry" [35]. This philosophical foundation informs every aspect of the clinic's design, from its architectural elements to its staffing model and clinical protocols.## Appendix A: Alignment with Dr. Julian Ungar-Sargon's Healing Philosophy.

This appendix highlights key connections between the proposed therapeutic clinic model and Dr. Julian Ungar-Sargon's writings on healing, spirituality, and integrative approaches to medicine. The essays referenced here can be found on Dr. Ungar-Sargon's website ([www.jyungar.com/essays-on-healing](http://www.jyungar.com/essays-on-healing)) and represent foundational philosophical underpinnings for the clinic design.

### Hemispheric Brain Function and Healing

The clinic design draws significantly from Iain McGilchrist's influential theories in "The Master and His Emissary." In his essays, Dr. Ungar-Sargon emphasizes the importance of "spiritual non-left hemispheric interaction between healer and patient" [16] as a vital element in healthcare transformation. This understanding has directly informed the clinic's emphasis on creating spaces and therapeutic approaches that engage right-hemispheric functions including music, art, and contemplative practices alongside traditional analytical medical approaches. The architectural design of the clinic, with its incorporation of sacred geometry, natural elements, and spaces that evoke embodied rather than purely abstract experiences, operationalizes Dr. Ungar-Sargon's insights regarding the need to balance

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hemispheric functions in healing environments. This approach acknowledges the limitations of purely analytical, left-hemisphere dominant medical models while creating space for the intuitive, holistic functions associated with right-hemispheric processing.

### **The Therapeutic Power of Listening**

The clinical model's emphasis on extended consultations and narrative-based assessment aligns with Dr. Ungar-Sargon's perspective that "the act of listening extends beyond a communication skill. It requires presence, engagement and has therapeutic effect, through acknowledging the dignity and personhood of the person speaking" [16]. This understanding of listening as a therapeutic intervention in itself informs the clinic's consultation spaces, which are physically designed to facilitate deep listening and genuine engagement.

### **Integration of Music in Healing**

The prominent role of music therapy and acoustic design in the proposed clinic draws directly from Dr. Ungar-Sargon's work on the neurophysiological foundations of music in healing. As noted in his essays, he emphasizes "the spiritual non-left hemispheric interaction between healer and patient" through music [17]. The clinic's dedicated music therapy spaces and attention to sound environments throughout the facility operationalize this understanding of music's capacity to access dimensions of healing that transcend analytical processing.

### **Reconceptualizing Convalescence**

The clinic's design acknowledges Dr. Ungar-Sargon's critique of modern medicine's abandonment of convalescence as a critical phase of healing. In his essay "Between Illness and Health: What Happened to Convalescence?" he examines "how did it improve outcomes? Why did modern medicine sacrifice this integral part of the healing process" [18]. The proposed model's inclusion of spaces and protocols that support gradual recovery and reintegration responds to this identified gap in contemporary healthcare.

### **Holistic Theory of Illness**

The interdisciplinary staffing model and integrated treatment planning process of the clinic embody Dr. Ungar-Sargon's advocacy for "a theory of illness that requires understanding the patient as a person in process, into whose reality we enter in order to understand how the personality interacts with the dynamics of the illness and refusing to interpret the illness apart from the person experiencing it" [19]. This perspective informs the clinic's commitment to addressing physical symptoms within the broader context of patients' life narratives, relationships, and spiritual frameworks.

### **Integration of Spirituality and Pain Management**

The clinic's incorporation of spiritual assessment and support as standard components of care reflects Dr. Ungar-Sargon's work on the intersection of spirituality and pain management. His approach emphasizes "integrating religious and spiritual practices, such as prayers and seeking spiritual support" to provide "a comprehensive approach to pain relief and healing" [20]. This integration is particularly evident in the sacred garden design, which creates multiple spaces for spiritual connection and reflection.

### **Interdisciplinary Approach to Healthcare**

Dr. Ungar-Sargon's own multidisciplinary background spanning medicine, theology, literature, and music exemplifies the integrative approach advocated by the clinic model. His work demonstrates how diverse perspectives can inform a more comprehensive understanding of health and healing. The clinic's staffing model, which includes conventional medical providers alongside specialists in spiritual care, creative arts, and movement therapy, operationalizes this interdisciplinary vision.

### **Placebo Effect and Therapeutic Relationships**

The clinic's emphasis on the therapeutic relationship aligns with Dr. Ungar-Sargon's exploration of the placebo effect as an integral aspect of healing rather than a methodological nuisance. His essays examine "the neuroscience behind the placebo effect and possible theories as to its effectiveness" [21], informing the clinic's approach to harnessing relationship-mediated healing effects within ethical clinical practice.

### **Conclusion**

The therapeutic clinic model proposed in this paper represents a practical application of Dr. Julian Ungar-Sargon's philosophical writings on healing. By translating his insights regarding the limitations of Cartesian dualism, the therapeutic power of listening, the integration of spiritual dimensions, and the healing potential of music into concrete architectural, staffing, and procedural elements, the model offers a pathway toward healthcare that honors the full complexity of human experience. # Transcending the Cartesian Split: A Novel Therapeutic Clinic Model Integrating Holistic Healing Principles.