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FEATURE

A Wholeness Approach for the Adventist Health Message

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Abstract. *The message of the Adventist Church about the Gospel of Jesus Christ and His soon return includes not only spiritual redemption but also physical and mental restoration of humankind through a healthy lifestyle. It appears that the dissemination of the Adventist Health Message (AHM) has so far been perceived as emphasizing only certain aspects, overlooking important others, and depending only on spreading knowledge while lacking contextualization to different realities. This article presents a wholeness framework to the AHM promotion by pointing to the AHM foundation, purposes, ample coverture, and ultimate goal, while also identifying both inadequate and effective methods to promote it, and the need to consider the local situation and resources of people who receive the health message.*

Keywords: Adventist health message, wholeness, health promotion methods, health contextualization, Ellen White.

Introduction

Seventh-day Adventists have been known not only as a global Christian Church that proclaims salvation in Jesus Christ by faith, the spiritual kingdom of God on earth, the second coming of Jesus Christ in glory and majesty to renew planet earth and humankind and to establish His literal kingdom, but also as a religious community that promotes a healthy lifestyle to enhance the present quality of life of the individuals, church and society. Research has proven the advantage in longevity and quality of life of Adventists in the USA and Europe when they are compared with the rest of the population (Fraser, 2003, 2015; Singh, Sabate, & Fraser, 2003).

The Adventist Health Message (AHM) is a contemporary name (Galvez, 2002) preferred to the traditional terms “health reform”, “health message”, or

"pro-health message" which were commonly used to name the statements, declarations, and orientations on health, disease and healing written by Ellen White, a cofounder of the Adventist Church during the 19th century, and the beginning of the 20th century (Adventist.org, 2016a). Since Adventists base their beliefs on the Holy Scriptures, they have preached a dynamic Christian faith that includes whole restoration including physical, mental, spiritual, social, and humanitarian aid (Adventist.org, 2016b; Adventist.org, 2016c; Adventist.org, 2016d; Adventist Health Ministries, 2016).

Adventists believe that "health reform and teaching of health and temperance are inseparable parts of the church's message" (General Conference of the Seventh-day Adventist Church, 2010, p. 140). Kesis (2014) traces the health reform as one of the lifestyle standards of the Seventh-day Adventist (SDA) Church back to 1863; only a few weeks after the formal organization of the church. This health message has been presented from both the biblical perspective and Ellen White's writings on health. The first audience has been the church members, and the second audience, the general community and society.

Now, after a century and a half of dissemination of the AHM, it is necessary to know how current church members and ministers perceive and evaluate the promotion of the health principles, and what is the current attitude or reaction of the members toward AHM, particularly in developing countries. After having searched for literature in comprehensive professional databases, electronic archives of Adventist studies of Adventist universities in developing countries, in Google Scholar and Google in English and Spanish, and the achieves of dissertations and thesis of Leslie Harding Library of AIIAS, Philippines in May 2016, I found that published evidence regarding this matter is scarce. Kesis (2014) found in a study conducted in Kenya, Africa, that 94.1% of the church members reported having understood the Adventist teaching on health, and 93.3% reported having been taught about health in their churches. However, 62.5% of pastors reported they were not involved in the health message teaching at the churches, and noted that the surging interest in the church's health message had more to do with an increase in fear toward lifestyle diseases and death instead of a responsibility to God.

As an educator, I observed in ministerial meetings and classrooms in the graduate level some challenges with respect to the presentation and impact of the health message. Pastors and their wives in South America, Australia, and Asia, as well as graduate students of public health such as Adventist ministers, physicians, researchers, and other health and non-health professionals at six Adventist universities, in South America and Asia, overwhelmingly informally reported their frustrations when the health message was presented to them. Their observations can be summarized in four issues.

First, they perceived that the presentation of the health message has been reduced to one habit only or few dietary habits, such as not eating meat, not mixing vegetables and fruits (or milk and sugar), and not drinking any liquids at mealtime. Latino, Australian, Asian, and African ministers reported that the same perception is generalized among church members.

Second, they expressed their frustration related to the overemphasis on vegetarianism or veganism for church members without considering their local needs and constraints. It seems that the advertisement of the health message has overlooked the consideration of local needs, social and economic contexts, and the differences of meanings for the affluent and poor. Oendo (2010) points that the AHM promotion has not taken in account social determinants of culture, community values, and family background of individual choices.

Third, they also observed that most efforts in promoting the health message are based only on the spreading of knowledge, without giving resources or aids to change, bringing as a result an increase in the level of feeling guilty among church members for not practicing the health message they already know. Finally, they expressed their concern and complaints that most promoters of the health message, pastors and members, use the health message as a leash for the church, or as a motive to critique the church, or as proof of discipleship.

So, there is a need of raising the complete or ample scope of the AHM instead of the reductionist approach, the consideration of the local needs wherever the AHM is presented, the educational approach by targeting attitude and behavior change more than just knowledge, and the unique objective of the AHM presentation, which is only blessing, instead of an instrument of critique.

The purpose of this article is to present a wholeness approach from the perspective of the Spirit of Prophecy. To do so, first, I give a systematic presentation of the AHM that consists of the role of Ellen White in the biblical AHM, purposes, scope that it covers, contents overview, and AHM final end. Second, the inadequate and adequate methods of promotion are presented, emphasizing a whole educational approach instead of an approach limited to knowledge dissemination or to critique. Finally, the need for contextualization of the message to the developing world by considering local needs and the different meanings to the affluent and the poor is pointed out.

The Role of Ellen White in the Biblical AHM

Is the AHM founded on the Bible or on Ellen White's writings? Before answering this question, let us take an overview of Ellen White (1827-1915). She was a very fragile woman who had been diagnosed to die three times and had dropped out of school in the third grade (White, 2000). However, she lived until 87 years and traveled to three continents by ship and train, tirelessly promoting

and educating on health, teaching the Bible, and preaching the Gospel in order to consolidate the establishment of the SDA Church. During her lifetime, she wrote more than 5,000 periodical articles and 40 books; and today, including compilations from her 50,000 pages of manuscript, more than 100 titles are available in English. She is the most translated woman writer in the entire history of literature, and the most translated American author of either gender (White, 2000). According to Spangler (1979), former editor of "Ministry" magazine, the official journal for clergy, Ellen White wrote more than 2,000 pages about health, disease and healing.

AHM originates from the Bible. As it was shown in a previous article on biblical perspectives on health (Galvez, 2010), the principles and framework of the AHM are based on the Bible. There are several biblical perspectives on health, disease, healing, and public health, such as "salvation and healing" (Ps 103:3-5, Mat 5:24-25), "body as temple of the Holy Spirit" (1 Cor 3:16,17; 6:19-20), "the desire of God for His children: health" (3 John 2), "healing, a gift of the Spirit" (1 Cor 12:8-10), "the massive healing ministry of Jesus Christ" (Mat 4:23,24), "the awards for youth that have best eating habits" (Dan 1:8, 12-20), "norms of public health among Israel" (Lev 11-15), "healing miracles through the Old and New Testament" (Exod 11-12, Num 21:4-9, 2 Kgs 2:1-11, John 20:31, Acts 5:12-16), and many more. The perspectives of biblical anthropology (Gen 2:7, 1Thess 5:23) and the Laws of God (Exod 15:26, Deut 7:15, John 5:14) provide the framework for the biblical teaching on health, disease, healing, and public health.

The great contribution of Ellen White was the systematization of the AHM and the application of those principles and practices to contemporary times. By systematization of the AHM, I mean the organization of the health message in definition, nature, purpose, contents, practices, applications, methodology of promotion, contextualization, exceptions, etc. By application to contemporary times, I mean the practices, habits, and lifestyles of the modern world analyzed and evaluated in the light of the principles and practices of the Bible. For instance, there was nothing in the Bible about cigarettes or smoking, or about sedentarianism vs. exercise, and Ellen White condemned cigarettes at a time when the demand of the general public increased the boom of tobacco industry that grew up geometrically between 1870 and 1880 in the US (Dictionary of American History, 2003). At that time smoking was used as a remedy for treating pain and other diseases in London (Charlton, 2004), other European countries and the US (Stewart, n.d.). Another example of application to contemporary times is how sedentarianism was not a problem in biblical times because people were highly active on a daily basis, briskly walking through valleys and mountains in the Holy Land. Ellen White saw the beginning of the development of technology and how people were concentrated in big cities where sedentarianism began to be an epidemic, and she advocated for preserving and promoting "active exercise" (White, 1952a, p. 207).

Purposes of the Adventist Health Message

According to Ellen White (1946) "the work of health reform is the Lord's means for lessening suffering in our world and for purifying His church" (p. 263). The AHM has the dual purpose of alleviating the suffering of the world and of purifying God's church for the second coming of Jesus Christ. Concerning the first purpose, God is interested not only in His church, but also in humankind. The Creator knows much better than anyone else what His creatures need, regarding their health. Lessening suffering means alleviating, mitigating, and solving to a certain point the disease burden and its consequences. Those who do not know the experience of salvation in Jesus, or never accepted entering in a dynamic relationship with Him, have not solved the problem of sin and its consequences, which actually is the main cause for the existence of disease. Our merciful God sends them a message with specific instructions about a lifestyle that promotes health, and mitigates disease and its consequences. Nowadays, the lifestyle-related disease pandemics; that is cancer, heart attack, stroke, and diabetes (Galvez, 2014), kill 27 million people every year, and by the year 2030 the number is expected to increase to 38.1 million according to the World Health Organization (WHO, 2015a, 2015b).

The second purpose of the AHM from God is purifying His church (White, 1946). That is a positive message. When Christians see and feel in their bodies and minds the rewards of living in harmony with the natural laws of God, they understand the blessings of living in harmony with the moral law of God through the power of Jesus who transforms their character. White (1938) explained "the body is the only medium through which the mind and the soul are developed for the upbuilding of character" (p. 73). In fact, "Those who transgress the law of God in their physical organism, will be inclined to violate the law of God spoken from Sinai" (p. 17). "In order to reach the highest standard of moral and intellectual attainments, it is necessary to seek wisdom and strength from God, and to observe strict temperance in all the habits of life" (p. 32).

The abundant living promised by Jesus (John 10:10) has a full fulfillment through the acceptance and practice of the blessing of the AHM. Only Jesus gives people eternal life, and adds quality and quantity of life now to them through living a healthy lifestyle. Only those who have been transformed by God's grace and have been empowered by His spirit are capable of living a lifestyle in harmony with His natural and moral laws.

AHM Contents

The AHM covers the entire lifespan, involves the whole lifestyle, and it is not limited to a particular area of lifestyle or one habit. The main contents include hygiene and sanitation habits, personal health habits, styles of treatment and healing, and public health issues. The eight remedies (White, 1999, p. 127)—pure air, water, sunlight, exercise, rest, temperance, adequate diet, and trusting in God's power—suggest the practicing of behaviors that impact the entire lifestyle, and not a particular habit or behavior. To illustrate how broad and complete, or whole, the AHM is, I present below an overview of how the AHM covers every area of life and how ample it is:

Prenatal influences. The mother's health habits and emotions during pregnancy have a big influence on the new baby. In 1905 Ellen White wrote, "She, by whose lifeblood the child is nourished and its physical frame built up, imparts to it also mental and spiritual influences that tend to the shaping of mind and character" (White, 1999, p. 372). A whole approach of the AHM involves all stages of lifespan beginning with prenatal care, and promotes parenting responsibility and training regarding best lifestyle habits and adequate emotional responses during pregnancy.

Acoording to Kuther (2017) and Santrock (2016) the nutritional status of the fetus is determined completely by the adequate quantity and quality of the mother's diet. Additionally, stress, anxiety, depression, fears, and other emotions of pregnant mothers affect negatively the fetus and the impact can be seen later in infancy and adolescence, with children displaying symptoms of anxiety, attention disorder, aggression, and internalization of problems.

Baby weight. "It requires… an increase of food of the most nourishing quality to convert into blood. Unless she has an abundant supply of nutritious food…. her offspring is robbed of vitality" (White, 1938, p. 219). The underweight newborn runs the risk of having high blood pressure, cardiovascular diseases, diabetes, and glucose intolerance in adulthood (Levitt et al., 2013).

The impact of breastfeeding. "The best food for the infant is the food that nature provides" (White, 1999, p. 383). It is well known today that a minimum of six months of exclusive breastfeeding is absolutely necessary for the present and future health of the newborn. After that period, even though solid food is introduced into the diet of the baby, breastfeeding should continue until 24 months. The outcome, which has been progressively discovered by science, is sensory and cognitive development, and protection against acute and chronic diseases (Government of Bermuda Ministry of Health, 2011), a better immune system (Bogaard, 1991; Koutras, 1989), less risk of respiratory infections and diarrhea (de Duran, 1991; Lerman, Slepon, & Cohen, 1994), less risk of middle ear infection in adolescence (Teele, 1989), postponement and reduction of allergies (Merret, 1988), possible increase in IQ at the primary school age (Lucas,

Morley, Cole, Lister, & Leeson-Payne, 1992), and increase in the possibility of success in life in general (Baumgartner, 1984). Based on a systematic review of 60 studies published from 2006 to the date of publication, the meta-analysis of the positive benefits of breastfeeding on "overweight/obesity, blood pressure, diabetes and intelligence suggest that benefits are larger for children and adolescents, and smallest among adults, suggesting a gradual dilution of the effect with time" (Horta & Victora, 2013, p. 67).

Most nutritious diet. Combined cereals, legumes, fruits, vegetables, and nuts, naturally prepared, give more physical and mental vigor than any other diet (White, 1999). The original diet chosen by the Creator was cereals, fruits, legumes, and nuts (Gen 1:29). Later, "plants of the field" (Gen 3:18), that is, fibrous vegetables and roots, were added. Scientific evidence on the benefits of a vegetarian diet is increasing by showing a potential to decrease the risk of chronic disease (Nadimi, Yousefinejad, Djazayery, Hosseini, & Hosseini, 2013), and the consumption of whole grain cereals, which are part of a vegetarian diet, contributes to a reduced risk of obesity—Type-2 diabetes—, cardiovascular disease, and colorectal cancer (Lafiandra, Riccardi, & Chewry, 2014).

Antioxidants. Ellen White emphasized fruit intake as part of the ideal diet, and part of a temporal diet to recuperate from sickness. "A fruit diet for a few days has often brought great relief to brain workers. Many times a short period of entire abstinence from food, followed by simple, moderate eating, has led to recovery through nature's own recuperative effort" (White, 1999, p. 235). In a recent study, those who average eight or more servings a day were found 30% less likely to have a heart attack or stroke when compared with those with an intake of less than 1.5 serving of fruits and vegetable a day (Harvard T.H. Chan School of Public Health, 2016). Five to seven portions of raw vegetables and fruits for women per day, and seven to nine portions for men per day, prevents diabetes, high blood pressure and several cancers (Magee, 2016). A "rainbow salad" describes the importance of having a combined variety of raw vegetables daily. Fiber, vitamins A, C, & E, trace mineral elements, phytochemicals and flavonoids, contained in raw vegetables and fruits protect against cancer and other diseases.

Exercise for a sparking mind. "… Both mental and spiritual vigor are to a great degree dependent upon physical strength and activity" (White, 1952a, p.195). Neuroscientists are showing that regular and systematic exercise is not only good for bones, muscles, digestion, the cardiopulmonary and immune system, but furthermore, it prevents and combats stress, depression, and anxiety; it relaxes and energizes the entire nervous system, and it sparks the mind and life through the production of different biochemical substances (Olson, Eadie, Ernst, & Christie, 2006; Tang Xu, 2005).

According to Ratey (2008), a psychiatrist professor of Harvard University, exercise supercharges the mental circuits, sharpens one's thinking, lifts one's mood, boosts memory, and creates an environment in which the brain is willing and able to learn. Therefore, physical fitness is associated with better cognitive performance (Douw, Dagmar, Bob, Stam, & Twisk, 2014). In addition, it alleviates the negative impact of age on the body and mind (Bherer, Erickson, & Liu-Ambrose, 2013) and helps with the health and function of the aging brain (Weinstein, & Erickson, 2011).

Psychobiological union. "The relation that exists between the mind and the body is very intimate… Many of the diseases from which men suffer are the result of mental depression… Grief, anxiety, discontent, remorse, guilt, distrust…" (White, 1999, p. 241). During Ellen White's time, characterized by dichotomy emphasis in which mind and body were independent as soul and body, she advocated for a close interdependency of all life dimensions, particularly the direct influence of mind on body and vice versa. "Self-controlled people have been shown to live longer than other people, and the activation of brain areas implicated in self-regulation has been linked to adaptive patterns of cardiovascular and neuroendocrine factor" (Daly, Baumeister, Delaney, & MacLachlan, 2014, p. 88).

Endorsement of the medical profession. "Christ is the true head of the medical profession" (White, 1999, p. 111). There have been some sincere but strayed people, even Adventist members, who condemn medicine, based on the AHM. This declaration, which is part of a chapter dedicated to the medical profession, shows the recognition of the medical science and profession.

Endorsement of public health and health promotion. It is part of the AHM that the physician should become an educator to coach health promoters to spread health principles, educate people in healthy lifestyles, and give simple treatments. "The simple principles all should master… God's people are to be genuine medical missionaries. They are to learn to minister to the needs of soul and body" (White, 1952b, p. 132). "A gospel minister will be twice as successful in his work if he understands how to treat disease" (White, 1990, p. 269). These declarations of enabling people to control their health were written in the last part of the 19th century and the first years of the 20th century, and are in harmony with the contemporary definition of health promotion. The WHO's (2006) official definition is that "Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions" (para. 1).

Healing dynamics. The AHM includes not only prevention and education, but also the dynamics of treatment and healing. The sick should look for the cause, correct it, and cooperate with the healing process through using the eight

natural remedies, which are sun, pure air, water, exercise, fasting, adequate diet, rest, and trust in God (White, 1999). The light given through the writings of Ellen White has always been ahead of scientific discoveries, and some contents, like the last part of the healing dynamics—the use of natural remedies—are receiving corroboration from science. For instance, Mooventhan and Nivethitha (2014) performed a search to review relevant articles in English literature on the effects of hydrotherapy/balneotherapy on the systems of the body. They found that hydrotherapy has a scientific evidence-based effect on the various systems of the body such as the cardiovascular system, respiratory system, nervous system, muscle skeletal system, gastrointestinal system, genitourinary system, immune system, and endocrine/hormonal system, and in the eye, skin, hair, and temperature regulation. There is still lack of evidence, however, for the mechanism on how hydrotherapy improves the multiple diseases for which it is being used.

Final Goal of the AHM: Abundant Living

Why was this message given? What was the essential purpose? "Whatever promotes physical health, promotes the development of a strong mind and a well-balanced character" (White, 1952a, p. 195). That is the AHM final goal, the promotion of a strong mind and a well-balanced character. The AHM is not an end in itself; it is a means to reach physical, mental, and spiritual empowerment to face challenges of the daily life and preparing for the future. Its maximum objective is to help individuals reach the highest enabling of our faculties to have a deep communion with God, to have quantity and quality of life, and to have the joy and blessings that come as result of serving and meeting neighbors' and society needs.

Inadequate Methodology of Promotion

While the contents of the AHM are important, the methodology for promoting the AHM is as important, if not even more important, than the contents. This is essential in a wholeness approach to promote it. From a Christian perspective, truth without love is not truth. It is not enough to spread the contents of the AHM, it is necessary to use the appropriate methods to promote it and to achieve its final goal: Abundant living in Christ.

Before presenting the appropriate methods, it is important to review first the negative or inappropriate methods. Fanaticism, proof of discipleship, criticism, imposition of change, "knowledge change", and generalization of exceptions as rule for everyone, such as mixing of fruits and vegetables in the same meal, and mixing of milk, eggs, and sugar, among others, are completely unacceptable methods of promoting.

Fanaticism comes when something is emphasized too much to the point of occupying the place of other important things. It is the loss of balance. A fanatical "is obsessively concerned with something" (Dictionary version 2.2.1. (178), 2015). With relative frequency, it is common to hear individuals or groups that put excessive emphasis on the AHM that often tends to minimize the importance of almost every other doctrine or truth. It is not wise to elevate the AHM as the flagship of the Adventist message or testimony. It is an important message but not to the point of taking the place of other parts of the truth cognizant of the fact that "while the health work has its place in the promulgation of the third angel's message, its advocates must not in any way strive to make it take the place of the message" (White, 1938, p. 73).

Proof of discipleship comes as a result of fanaticism. By proof of discipleship I mean the idea that practicing the AHM is proof of being a true Adventist or a true believer of the present truth. Once in a while, there are those who believe that believers who do not practice the AHM are not true Adventists. Practicing the lifestyle proposed by the AHM, however, is *not* proof of discipleship. The AHM is there to give us abundant living in Christ, quantity and quality of life, but not to give us salvation or sanctification. "For the kingdom of God is not a matter of what we eat or drink" (Rom 14:17).

Criticism is always destructive, especially when it comes to health habits. As illustration, what is the most inappropriate time of teaching about what we should eat? It is mealtime! There are those who pretend to be health reformers. They like to teach what should and what should not be eaten or drunk during mealtime. Worse, they cite by memory a text of the Bible or Ellen White to reinforce what they think. That is an ineffective way which, instead of winning people to the AHM, prejudices and predisposes them against it. It is for this reason that White (1938, p. 464) states,

> There are many who try to correct the lives of others by attacking what they regard as wrong habits. They go to those whom they think are in error, and point out their defects, but do not seek to direct the mind to true principles. Such a course often comes far short of securing the desired results. When we make it evident that we are trying to correct others, we too often arouse their combativeness, and do more harm than good.

A senior researcher of the Adventist Health studies wrote that "our 'health message' will indeed guide us to better health… But we should not use such 'lifestyle works' as a litmus test of spirituality, or as a basis for criticism of our fellow believers" (Fraser, 1999, Conclusion section, para. 2).

Imposing change is another inadequate way to produce health behavior change. The most influential family member that obligates the rest of the family to practice a health habit might be successful for a temporal change. As soon as

the authoritarian component is removed, the practice of the habit usually stops. Instead, voluntary changes are likely to endure forever.

The notion that "knowledge transforms" is a premise that does not work for promoting the AHM. For instance, no correlation was found between HIV/AIDS risk factors knowledge and protective practices around the world (Galvez, Vallejos, & Cordova, 2012; Hopkins, 2003; Ho, 2002; Marcelino, McCoy, & DiClemente, 2006; Medah, 2005), and no relationship was found between beliefs of exercise and practice of exercise (Sinza, 2014). Youth know about how HIV spreads and the risk of practicing unprotected sex, using drugs, and sharing needles, but they keep doing it. A dichotomy between knowledge and practice also exists among Adventists. For example, when I ask big audiences how many of them practice exercise on a regular basis, a few will raise their hands; and then when immediately I ask them how many know that they should engage in more exercise, plenty of hands go up. Knowledge is only knowledge. Only few people, called "innovators", might be changed by knowledge. The majority of the people will not change. Although knowledge is important, it is only the first step of a longer and more complicated process called change. There is need for another focus; a more complete perspective that goes farther than just giving knowledge. They need an educational process of change.

Generalization of exceptions is another methodology that many Adventist health reformers have used at some point. For instance, the issue of mixing fruits and vegetables in the same meal has been generalized as a norm for a healthy diet, and White's writings have been cited as a basis. However, a careful reading seems to suggest that restriction to mixing vegetables and fruits in the same meal applies only to those who have a feeble stomach. "If the digestion is feeble, the use of both will often cause distress, and inability to put forth mental effort. It is better to have the fruit at one meal, and the vegetables at another" (White, 1938, p. 112). Maybe the idea was motivated by a current alternative medicine approach; however, science to date does not show any restriction about mixing fruits and vegetables. Another example is the mixing of milk, eggs, and sugar. It was generalized, based on White's writings and on behalf of the AHM, that we should never eat food with those three mixed ingredients. However, although Ellen White condemned the intake in excess, she supported the abstinence or moderate intake of such foods. She really had common sense. We should be careful of generalizing the exceptions.

Adequate Methods for Promoting the AHM

The most adequate means is summarized: "We must educate, educate, educate, pleasantly and intelligently" (White, 1946, p. 528). Truth without love is not truth. The adequate methods for effectively promoting the AHM are experience, example at home and church, modeling at schools, kindness and

courtesy, progressive changes, and educational approaches to changing health habits. The adequate methods to promoting the AHM meet the wholeness approach, in which the contents and means are consistent, genuine, and right.

Experience empowers health promoters with rational and emotional resources to testify of the advantages and benefits of living the lifestyle proposed by heaven. It gives moral authority, conviction, and emotion to the communication of the message. "We cannot stop telling about everything we have seen and heard" (Acts 4:20). Or "we proclaim to you what we ourselves have actually seen and heard" (1 John 1:3).

Being an example at home and church, is a powerful resource to teach anything. Too much effort has been put into talking, teaching, and making rules about the practice of the AHM. A child who looks at their parents exercising regularly will just do what they do because she/he will think that exercising is the most normal activity like sleeping or eating. Church members will feel inspired and motivated to change by someone that lives joyfully and sincerely a healthy lifestyle. It might not be perfect, but it is a life pattern. "Do not watch others, to pick at their faults, or expose their errors. Educate them to better habits by the power of your own example" (White, 1938, p. 464).

Modeling in school is an effective tool to promote changes. A teacher or faculty member who sees their director or leader promoting health for the right reasons, as a resource given by God for the highest development of mind and character, will follow and imitate the leader. Students copy their professors in their lifestyle when they see them with energy, enthusiasm, joy, and temperance. They can ask questions and show interest.

Kindness and courtesy are the basic requisites to become a health educator or promoter. Ellen White wrote: "Of all people in the world, reformers should be the most unselfish, the most kind, the most courteous" (White, 1999, p. 157). Changing health habits is often difficult, and sometimes very difficult. Only unselfish actions, kind, and courteous acts can inspire and enable people to change.

Change must be progressive at home, church, and school. It is important to begin with small changes, small victories, before trying to win big victories. It is much easier to learn to drink abundant water every day than substituting meat intake every day. It is much easier to begin to walk briskly 30 minutes every day than cutting an addiction to soft drinks or coffee. Progressive changes start from small victories to bigger ones.

Knowledge alone is not enough to bring forth transformation; education is needed for effective transformation. The focus here should be heavily on educating. Promoting the AHM demands an intelligent, pleasant, creative, and constant process of education. Education is a synonym of motivation, inspiration,

instruction, programming, gradual transformation, reinforcing, and achieving goals—small at the beginning, then bigger in the process. Example and education are the most effective methods to promoting health changes.

Contextualization of the AHM

A wholeness approach to the AHM promotion ends with contextualization. Many health promoters, particularly Adventists, present statements of Ellen White written in the first three sections of the book Counsels on Diet and Foods as their basis to call to practicing the AHM; however, they often forget to read the last section of the book, maybe the most important, for there we are urged to take in account a full wholeness approach of the AHM promotion. When educating people about the AHM, we need to "meet the people where they are. Until we can teach them how to prepare… foods that are palatable, nourishing, and yet inexpensive, we are not at liberty to present the most advanced propositions regarding health reform diet" (White, 1938, p. 460).

The health message has different meanings for the affluent and the poor (Oendo, 2010). We cannot teach the same contents in all contexts. One of the prerequisites for teaching the AHM advanced propositions is affordability of the food and access to the food of our target population. We have to include economic and financial considerations in promoting our message. For poor people, the first educational effort cannot be how to substitute animal foods, instead, how to get enough calories for the day must be the priority.

Churches should not only educate, but also assist with abundant nutritious food to pregnant members and breastfeeding mothers, particularly for those who are poor. This should be done before teaching them how to exercise, drink more water, or sleep 8 hours. The socio-economic status should be considered.

White (1938) took consideration of the socio-economic context by declaring that we should have a pity on poor people who "know not from whence their next meal is coming. It is not my duty to discourse to them on healthful eating. There is a time to speak, and a time to keep silent…" (p. 463). Health promoters must consider local needs, resources, and environment. Time to substitute animal products with organic vegetables might be now, but if people or church members are extremely poor, an actual plan of aid should be added to any health promotion program.

Conclusions and Recommendation

In conclusion, a wholeness approach to promote the AHM cites the Bible as the first foundation and Ellen White's writings as responsible for systematizing and applying the biblical foundation to contemporary times, identifies the double

audience targeted by the AHM—society and church—, and recognizes that AHM involves the entire lifestyle through the lifespan, and it cannot be reduced to one or a few habits.

In addition, a wholeness approach to promoting the AHM emphasizes all dimensions of health including maternal and child health, mental health, health care, public health and health promotion, and points to abundant living as the final goal and end of the AHM.

Finally, a wholeness approach considers the methods of the AHM promotion as important as the content, and emphasizes the contextualization of the message through the consideration of social and economic contexts in which people and church members' live. Fanaticism, criticism, proof of discipleship, forced changes, and generalization of exception among others are inadequate methods to promote meaningful change; while experience, example, progressive changes, love and courtesy, and educational approaches used intelligently and pleasantly are acceptable methods. Promotion of the AHM must consider the different meanings of the AHM for the affluent and poor to be a blessing for all people in church and society.

Further studies on the impact of the AHM dissemination among Adventist members and ministers are recommended. It is necessary to assess the changes in health knowledge, attitude, and behaviors of church members not only in developed countries but especially in developing countries. In addition, it is recommended to evaluate the methods used in the AHM promotion around the world, by assessing how church members and ministers perceive the AHM itself, and how they appraise its dissemination. Results from such studies may orient and improve the AHM promotion among ministers and members. Ultimately, by having a church knowledgeable of, with the right attitude toward, and practicing the AHM, together with the pouring of the latter rain of the Holy Spirit, we may empower the church for the final fulfillment of its mission to the world.

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