



**SPECIAL  
SUBSECTION**

# On Science, Society, and Sickness: Introduction to the Special Subsection

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This issue features one of *JSE*'s occasional special subsections comprising a Target Article, Commentaries, and final author Reply. Anomalistics and frontier science need not only address the theoretical or exceptional; maverick concepts and research often have clear and obvious relevancy for everyday life and sometimes even public policies. Therefore, the *Journal*'s editorial team aims to remain true to our mission of advancing all facets of frontier science by presenting a provocative article by Stephinity Salazar. She is not an allopathic or medical doctor (MD) but instead practices complementary (or alternative) medicine as a bioenergetic doctor (BD) and board-certified natural medicine doctor (DNM). Salazar contends that 'suppression' is a common issue in modern society, affecting health, emotions, and information. Social Miasm Theory was inspired by homeopathy, which sees these suppressions as the root cause of chronic problems in individuals and society. The theory suggests that without addressing these issues at their core, personal, societal, and global well-being will decline. To remedy this, the theory implies the need for a holistic approach that challenges basic assumptions and encourages unbiased perspectives for better understanding and reform.

Salazar essentially presents a reflection essay that connects her personal insights, experiences, and thoughts to specific topics or literature, as well as broader concepts or academic theories (Gibbs, 1988; Moon, 2004; Schön, 1983). This process of blending personal perspectives with analytical and interpretive thinking aligns with Kolb's (1984) experiential learning theory, which highlights the importance of reflecting on events to foster meaningful learning that helps to bridge the gap between theory and practice. Indeed, conceptual articles such as this Target Article can play a vital role in the academic literature by developing ideas that challenge existing paradigms, propose new perspectives, shape academic discourse, and guide future research (Jaakkola, 2020). Salazar specifically proposes the Social Miasm Theory, arguing that illness can originate not only from biological or personal factors but also from collective emotional and psychological disturbances within a society—such as fear, injustice, or historical trauma—which create an energetic 'miasm' that affects individuals over time. Put simply, this model contends that illness can be socially and energetically transmitted through unresolved collective suffering.

Some readers might view these ideas as building on major wellness models featured in the social and biomedical sciences, each offering a unique perspective on biopsychosocial health (see Table 1). These models collectively offer a comprehensive understanding of wellness by integrating various aspects of human life and highlighting the complex interplay between science and society that is central to understanding human well-being.



**Table 1.** Key Health and Wellness Models in the Literature

Name	Components	Focus	Application
Medical Model	Primarily biological lens	Emphasizes the physical or physiological aspects of disease or illness.	The dominant approach in Western medicine for much of the 20th century and continues to influence modern medical practice.
Biopsychosocial Model	Biological, psychological, and social factors	Emphasizes that health and illness result from a combination of biological, psychological, and social factors rather than just biological ones	Widely used in health psychology and behavioral medicine to understand how different factors contribute to health and disease.
Holistic Health Model	Physical, mental, emotional, spiritual, social, and environmental well-being	Views health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity	Common in alternative and integrative medicine, focusing on the whole person rather than treating specific symptoms or illnesses
Social Determinants of Health Model	Economic stability, education, social and community context, health and healthcare, neighborhood and built environment	Emphasizes the impact of socio-economic factors on health outcomes	Used in public health and policy-making to address health disparities and improve health equity
Wellness Wheel Model	Often includes physical, emotional, intellectual, social, spiritual, occupational, and environmental dimensions.	Highlights the interrelated nature of various dimensions of wellness and encourages a balanced approach to achieving overall well-being	Used in wellness programs and personal development to promote balanced lifestyles
Perma Model	Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment.	Developed by Martin Seligman, this model is central to positive psychology and emphasizes the importance of these five elements in achieving well-being.	Used in psychology and education to enhance individual well-being and life satisfaction.
Ecological Model of Health	Individual, interpersonal, organizational, community, and public policy levels.	Considers how various levels of influence interact to affect health behaviors and outcomes.	Utilized in public health to design interventions that target multiple levels of influence on health.
Maslow's Hierarchy of Needs	Physiological, safety, love/belonging, esteem, and self-actualization needs.	Posits that individuals are motivated to fulfill basic needs before moving on to higher-level psychological and self-fulfillment needs.	Applied in psychology, education, and management to understand human motivation and well-being.
Salutogenic Model	Sense of coherence, stressors, and resources	Developed by Aaron Antonovsky, it emphasizes factors that support human health and well-being rather than factors that cause disease (pathogenesis).	Used in health promotion to understand and enhance factors that contribute to health.



Science advances the understanding of diseases and treatments, while societal norms and structures shape how this knowledge is disseminated, received, and applied. These factors can synergize to promote health or conflict, inadvertently exacerbating disparities in well-being across different populations. In particular, scientific research is the backbone of modern healthcare. Breakthroughs in understanding diseases, such as the identification of microbes as causative agents of infection (Pasteur, 1880), have revolutionized public health measures like vaccination and sanitation. Similarly, the sequencing of the human genome (Collins et al., 2003) has ushered in personalized medicine, enabling targeted therapies that improve outcomes. When applied effectively, science drives progress by providing evidence-based interventions that enhance health and longevity (World Health Organization, 2020).

On the other hand, society mediates the accessibility and application of scientific advances. Public policies, cultural beliefs, and socio-economic structures significantly influence health outcomes. For instance, societal investment in public health infrastructure has reduced the burden of infectious diseases (Bloom & Canning, 2000). Conversely, societal stigma around mental health has often delayed the integration of scientific findings into practice, perpetuating untreated conditions (Corrigan et al., 2012). Despite its potential, science can clash with societal norms, creating barriers to progress. Issues surrounding vaccine 'hesitancy' exemplify this conflict, where both misinformation and scientism can undermine the efficacy of public health campaigns (see, e.g., MacDonald & the SAGE Working Group on Vaccine Hesitancy, 2015; Walach & Klement, 2024). Similarly, systemic inequities in healthcare access highlight how social factors can prevent scientific advances from reaching marginalized populations (Marmot, 2005). These tensions demonstrate that science alone is insufficient—equitable application requires societal will and structural reform. Indeed, illness and well-being are not solely biological phenomena but are deeply influenced by societal constructs. The social determinants of health, such as education, income, and environment, play a pivotal role in shaping outcomes (Marmot & Wilkinson, 2005). For example, the COVID-19 pandemic highlighted disparities in healthcare access, with marginalized communities experiencing disproportionate morbidity and mortality despite scientific advancements (Bambra et al., 2020).

To foster a positive interplay among science, society, and wellness, Salazar advocates a multidisciplinary approach. It is difficult to disagree with the suggestion

of constructive collaborations involving scientists, policymakers, and communities that aim to bridge gaps and ensure that scientific advancements are accessible and culturally acceptable. Efforts to curb misinformation (whether motivated by scientism or conspiratorial thinking), reduce inequities, and promote health literacy are critical for translating scientific progress into individual and societal well-being. But the dynamics at play are intricate, with potential for synergy or discord. While science can provide certain tools to combat illness and enhance well-being, societal factors dictate how effectively these tools are utilized. By addressing systemic barriers and fostering collaboration, the relationship between science and society can shift towards equity, thereby ensuring that advancements in health benefit all.

*JSE's* editorial team is unqualified to assess or endorse the validity or utility of Salazar's assertions and recommendations, but we hope that this special subsection sparks a constructive dialogue. To this end, we invited formal Commentaries from three distinct authorities. *First*, we are pleased to have the insights of Harry van der Zee (e.g., van der Zee, 2009), who is a Dutch homeopathic physician, author, and lecturer. He is widely recognized for his work on miasms, homeopathic approaches to epidemics, and tenure as editor-in-chief of the international journal, *Homeopathic Links*. *Next*, there are observations from Stanley Krippner (e.g., Krippner, 2024), a pioneering American psychologist, who, in addition to having a keen grasp of wellness issues, is well-known for his research on altered states and shamanic practices. And *third*, readers are treated to cogent commentary by long-time *JSE* Associate Editor Harald Walach (e.g., Walach, 2024), who is a German clinical psychologist and researcher recognized for his work in consciousness studies, complementary medicine, and the philosophy of science. Each commentator brings diverse but informed viewpoints — some direct, others tangential — to bear on the assumptions and analysis in the Target Article. Salazar closes the exchange by contemplating and addressing the reaction essays in a final Reply. There might not be a firm consensus on the critical details, but these collective works underscore the idea that healing need not be a dichotomy between empirical science and holistic wisdom. Indeed, to some degree, all the participants in this Special Subsection fundamentally advocate for a more *integrative* model of wellness. This approach not only unites biological, psychological, spiritual, and social dimensions of health, but also aligns with the emerging frontiers of science that explore complex systems, mind-body interactions, and the role of consciousness in healing (Institute of Medicine,

2005; Jonas & Chez, 2004). As research deepens into areas like psychoneuroimmunology and epigenetics, such models, including some or all of Salazar's ideas, may no longer be peripheral—they could well prove foundational to the evolving science of human health.

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