Holism in Health Care: A Powerful Notion or an Elusive Endeavour?

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ABSTRACT: The notion of holism participates in the history of thought. While scientific advances of last centuries garnered wide support for their underlying materialistic and reductionist approach, the ancient assumption that the whole is more, or different, than the sum of its parts is still meaningful. Considerations on holism in health care take into account importance of cultural backgrounds; lifestyles and societal circumstances; complexity of individuals' attitudes and roles; current interpretations of the notion; and public health policies. Chiropractic and its principles that associate several domains of reflexion have characteristics of holism in the definition of the person and as a method of health care. This is now interpreted as the biopsychosocial model.
The widely acclaimed holistic approach may be an endeavor, essential although elusive, to maintain individuals as full-fledged persons in contemporary societies. Eventually, health and its impairments are the rapport of human beings to their own lives, so that holism rests with each individual in a creative endeavor.

INDEX TERMS: (MeSH): ANTHROPOLOGY, MEDICAL; CHIROPRACTIC, PRINCIPLES; COMPLEMENTARY THERAPIES. (Other): BIOPSYCHOSOCIAL MODEL; COMPLEMENTARY AND ALTERNATIVE HEALTH CARE; HOLISM; PRACTITIONER-PATIENT RELATIONSHIP; REDUCTIONISM.

Chiropr J Aust 2012 42: 43-50.

INTRODUCTION

Mary Ann Chance played a role in my adventure in chiropractic, in spite of geography and distances. We met in 1985 on the occasion of the annual convention of the European Chiropractors' Union in Scheveningen near The Hague (The Netherlands). Over several decades I could follow her activities in the austere field of chiropractic publications internationally for which she had broad perspectives and determination. In her editorial activities she searched with subtlety the precise discourse of the author. Together with her husband Rolf Peters she welcomed manuscripts, such as the following one on holism, which connected anthropology and other domains, usually treated separately, in order to develop renewed approaches and significance for chiropractic. Mary Ann displayed many talents; she had a great talent for friendship

THE HOLISTIC QUEST

Holism is dear to chiropractors and to many health professionals. The term derives from the Greek *holos* (whole, uninjured) and from the Latin *sol-* or *sal-* (whole, healthy). It refers to the encompassing approach of sets of circumstances, such as cosmos, living and inanimate matter; human beings in their physiological and mental processes; certain societies as coherent systems; relationships between wholes and their components; *etc*. This notion therefore pertains to many fields of knowledge and participates in the history of thought.

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Received: 16 May 2011, accepted: 20 September 2011

Traditional cultures, philosophies, and religions are holistic. Their worldviews and anthropological conceptions assign individuals and peoples an original position in space and time; they explain the chief end of man, the origin and purpose of human existence. While they provide stable references they are adaptable to societal and historical changes thus ensuring a continuity. Let us mention, for instance, the worldviews of Melanesians and Amerindians; Indian, Chinese, and Greek philosophies; as well as monotheistic religions.

Similarly, esoterical traditions provide comprehensive representations that associate different levels of reality – macrocosm and microcosm; cosmic forces and the natural world, including human beings – in a dynamic continuum of interactions and analogies. Modern esoterical currents refer to quantum physics and to neurosciences. Conversely, some scientists and non-scientists interpret the data of astrophysics, physics, and biology in a metaphysical manner that gives meaning and purpose to the natural world. Anthropologists and sociologists have developed the notion of holism (Emile Durkheim, Louis Dumont, *etc*.). Holistic worldviews have also been used to justify totalitarian ideologies. Nowadays, the term holism may vaguely indicate a global system of interpretation, or the opposite of individualism.

This article follows Ian Coulter's injunction: "All those alternative paradigms that claim to be holistic should be subjected to a critical philosophical examination of what such a claim means."[1] Is holism a powerful and heuristic notion, a washed-out and mercantile invocation, or an elusive endeavour? A glimpse of recent history of thought is a starting point to explore this notion in various aspects of health care, including patients' attitudes and roles.

In ensuing paragraphs the word culture will be used in its anthropological definition (totality of behavioural patterns, beliefs, and products of human work and thought characteristic of a community or population); and the word spirit, that has many different meanings, will be used as is customary in chiropractic literature.

A GLIMPSE OF HISTORY OF THOUGHT

Materialism was one of many conceptions of living matter that, for centuries, reflected changing cultural backgrounds and worldviews. It was a unitary approach whereby all forms and properties of living matter would be mere transformations of one substance. It resulted in reductionism that justified analytical methods, the properties of the wholes being derived from the properties of their parts. It also supported the assumption that life and consciousness could derive from physico-chemical processes. Materialism took into account efficient causes but excluded final causes from the domain of sciences.

Analytical methods proved to be heuristic and scientific advances of last centuries garnered wide support for their underlying materialistic worldview. However, the assumption dating back to Antiquity that the whole was more, or different, than the sum of its parts did not fall into oblivion. Here are three perspectives of holism and their different relationships with materialism.

The Medical Science of Man

Historian Elizabeth Williams detected holism in the medical science of man, or anthropological medicine, that was formulated in France at the end of the 18th century. This school of thought was consistent with the materialistic optimism of French revolutionaries who intended to transform individuals and society by medicine and social hygiene. It actually originated in 18th-century vitalism that not only postulated the existence of an undefined materialistic vital force but also allowed for environmental factors and internal dispositions.

> "It was holistic, both in its conception of the human persona as an integral, functionally interdependent whole and in its view of medicine as a science or art that must somehow embrace the myriad, interdependent phenomena of human experience. Seen in this light, medicine was not limited to a discrete set of physical phenomena but instead was extensive, to some theorists even comprehensive, in its purview." [2]

A type of medicine grounded in physiology and anthropology was therefore the key to understanding human nature and providing guidance in all aspects of human life. After mid-19th century the medical science of man declined when its components evolved into medical specialties and anthropology in a general context of reflexions on the roles of heredity and environment. Its central problematic – "reciprocal physical-moral influences" – became archaic in an era dominated by positive science and reductionist methodologies. This was the time when Claude Bernard founded modern physiology. He postulated that a "creative vital force" could explain the development and organization of living organisms. Unlike 18th-century vitalists he attempted to define this force and assumed that it was related to heredity.[3]

Holism and Universe

In more recent times Jan Christiaan Smuts (1870-1950), South African soldier, statesman, and thinker, had broad perspectives associated with theories of sociology, evolution, radioactivity, and relativity. In an essay entitled *Holism and Evolution*, at the conjunction of science, philosophy, and metaphysics, he forged the term holism to denominate a factor that was "an inherent character of the universe." [4]

According to his theory holistic tendency was fundamental in nature: evolution was the gradual and creative stratification of progressive series of wholes stretching from inorganic beginnings to the highest manifestations of human mind, thus associating structure and process, space and time. Matter, life, and mind formed a continuum: life was based on lower physico-chemical structures; similarly, mind had a definite relation with earlier structures.

> "Wholeness is the most characteristic expression of the nature of the universe in its forward movement in time. It marks the line of evolutionary progress. And Holism is the inner driving force behind that progress." [5]

Wholes were the "real units of Nature"; they were "dynamic, organic, evolutionary, creative" and not mere mechanical constructions. Parts and wholes reciprocally influenced each other. But wholes were entities quite different from the separate activities of their parts and they could be included in more elaborate wholes.

> "A whole, which is *more* than the sum of its parts, has something internal, some inwardness of structure and function, some specific inner relations, some internality of character or nature, which constitutes that *more*." [6]

Holism was a general organising and regulating factor. It was partial in the early stages of evolution but progressively "gained" on mechanism and became pervasive; higher structures and their "functional newness" were based on lower structures and included them. Holism was basic to the universe in its multitudinous forms and processes: "In wholeness, in the creation of ever more perfect wholes, lies the inner meaning and trend of the universe." [7] Smuts' theory included final causes and led to a metaphysical conception of the universe that was "progressive, creative and pluralistic."

Holism also characterized the philosophies of Henri Bergson and Pierre Teilhard de Chardin, although with different interpretations of relationships between matter, life, and consciousness. In biology, recent holistic theories were materialistic and insisted on interrelations between phenomena: differences between inorganic and living matter did not reside in the substance they were made of but in the specific organisation of biological systems. New characteristics appeared in the process of emergence; this process could explain phenomena such as life and consciousness.

General System Theory

A paradigm was developed by biologist Karl Ludwig von Bertalanffy (1901-1972) in the 1930s and especially in the 1950s. At the conjunction of cybernetics and structuralism, the essential idea was that properties of a system were

irreducible to those of its components due to the network of interactions that connected them into a whole in space and time. Feedback systems, such as homeostasis, that were characterized by "circular causality" were only special cases of general systems:

> "The concept of 'general system' is, in comparison, a broader one, and a general theory of systems should embrace dynamic interaction between many variables, maintenance in change of component elements, growth, progressive differentiation, mechanization and centralization, increase in the level of organization and the like." [8]

Any systemic model implied the possibility of transformation and evolution. A system was stable if its properties were maintained close to a position of equilibrium despite internal modifications and interactions with its environment; *i.e.* its components tended to restore themselves after disturbances and to strive toward stability, or steady state. Instability might assume two forms: evolution toward disintegration of the system, or evolution toward stronger organization that could result in continual evolution. Bertalanffy distinguished mechanistic and organismic trends. Mechanistic trend was the type of "technological, industrial and social developments" and organismic trend had following characteristics:

> "In spite of irreversible processes continually going on, they [living systems] tend to maintain an organized state of fantastic improbability; they are maintained in states of non-equilibrium; they even develop toward increasingly improbable states, increasing differentiation and order, as is manifest both in the individual development of an organism and in evolution from the famous amœba to man." [9]

General system theory, or functional structural analysis, postulated that systems of any kind, including the universe, operated according to the same fundamental principles. A common methodology to study the behaviour and evolution of complex entities could therefore promote unity of science:

> "General system theory may be considered a science of 'wholeness' or holistic entities which hitherto, that is, under the mechanistic bias, were excluded as unscientific, vitalistic or metaphysical. Within the framework of general system theory these aspects become scientifically accessible. General system, therefore, is an interdisciplinary model which needs, but also is capable of, scientific elaboration and consequently can be applied to concrete phenomena." [10]

This is why the theory - a "humanistic endeavour" - could help modern societies to apprehend the complexity and dynamics of their organization with an approach of biological, societal, and epistemological domains that was "more realistic than previous, mechanistic philosophy." It triggered enthusiasm among psychologists, theologians, sociologists, and politicians. Followers of Bertalanffy were Kurt Lewin, Anatol Rapoport, Edgar Morin, Herbert Simon, Gregory Bateson, *etc*. In the late 1970s general system theory became an autonomous field that studied the dynamics of self-organization in domains such as engineering, computing, ecology, management, psychotherapy, *etc*.

HEALTH CARE AT GRIPS WITH HOLISM

Medical knowledge, practices, and institutions, all are shaped by cultural backgrounds that provide definitions of health and its impairments; they are subject to controversies and evolutions. What is at stake is the human person. Centuries ago human dissection threatened its integrity. Nowadays, societies are confronted with what is regarded as fragmentation of individuals by biomedicine.

A Cultural Background

Since the 19th century medicine has been shaped by the analytical approach that was founded on biology. It became biomedicine over the last sixty years and the only scientific acceptable reference of health care worldwide. This evolution resulted in the frequent minimisation of complex factors such as environmental, psychosomatic and symbolic interactions. It also strongly influenced the intimate perception of our selves, far beyond scientific strategies.

In the 1970s medical anthropology broadened this perspective and took into account patients' experience as individuals and as members of social groups. Impaired health was not only associated with biomedical factors, but also with psychological attitudes, societal circumstances, and representations. Three related notions were discussed: disease, illness and sickness. Disease consisted in biological and psychological pathologies or dysfunctions analysed and theorised by medical knowledge. Illness referred to an intimate experience and to the subjective significance of impaired health. And sickness was a societal appreciation; it defined the role of sick persons, as well as conditions that were culturally acceptable and might qualify a person as sick.

In the subtle coincidence of disease, illness and sickness, biomedicine tended to absorb the last two notions into the former. This created a void where psychological, exotic, and metaphysical explanations could thrive.[11] The popularity of complementary and alternative medicines, of their claim for holism and naturism (the preference for natural healing methods) illustrated this situation.

Yet, in spite of sharply defined characteristics, the biomedical discourse was not merely founded on a collection and elaboration of data but also on options that were coined by subjectivity. Disease – diagnosis, therapeutic instructions, prognosis – was in many instances practitioners' interpretations according to their university training (school of thought) and to scientific advances; to changing official protocols; and to factors that were subject to cultural constructs. These constructs – erudite or popular; in the forefront or not – were always present; they constituted a filling material between areas of certainty and gave coherence to the medical discourse.

Similar observations applied to the chiropractic discourse. While it incorporated advances in basic and clinical sciences, it adapted to evolution of legislations, to development of other manipulative professions and of biomedicine. Individual practitioners accommodated their chiropractic education to local circumstances (lifestyles, popular habits, type of health care system, styles of media coverage, attitudes of other health professions) so that chiropractic practice became somewhat different according to countries and continents.

Local Biologies

Local biologies illustrated how the notions of life, health and hazard evolved over time and according to cultures. For instance, the definition of death was modified in 1981 in order to facilitate organ harvesting and transplants. Yet the new definition was not readily accepted in all countries, for instance in Japan where organ transplants have been authorized only in recent years.

More generally, cultural backgrounds, societal circumstances, and representations fashioned the understanding of physiological processes and the subjective experience of physical sensations. Variable tolerance thresholds excluded certain manifestations from the medical field, or turned into problematic signs and symptoms what was previously ignored or elsewhere regarded as non-pathological. Natural processes and commonplace situations were medicalised and new pathologies emerged. There were examples on all continents, such as Brazilian *susto*, French *crise de foie* (indigestion), depression in Western societies, etc.; but female mid-life transition of menopause, and the sometimes associated syndrome, was a key example of interactions between societal circumstances and physiological processes.

Traditionally, some African cultures gave ageing women an increased role in society, on par with men, and symptoms were ignored. Since mid-19th century, European and North American physicians have considered menopause as a disorder that needed medical attention. Hormonal treatments have been increasingly prescribed since the 1970s in spite of controversies and changing protocols.

Anthropologist Margaret Lock, who used the terms "local biologies", studied the ways this transition was apprehended in Japan and in North America.[12] In Japan occasional manifestations associated with *kônenki* were felt as minor disturbances, the usual complaint being upper back soreness that only deserved limited attention. Japanese women were recommended to have a healthy lifestyle and, whenever needed, to use traditional remedies. This was significantly different from symptoms reported by American women and related medical instructions. It should now be observed whether Japanese women will be convinced of the necessity of heavy medical treatments; and whether symptoms will change following evolution of lifestyles.

In Europe, as in North America, women were convinced that hormonal treatments were necessary to ease symptoms and to maintain adequate bone mass. They learned in recent years, amidst anxiety-producing controversies, that these treatments were not safe. While many physicians cautiously hesitated as to the opportunity of such treatments, women felt at a loss and frequently resorted to natural remedies.

Some Contemporary Interpretations

Our contemporaries are convinced of their autonomy and of their capacity of controlling nature, including their own body. In his critique of industrial societies, essayist Ivan Illich stressed that "the pursuit of a healthy body" is obsessional: "A new model has sprung that engenders people who objectify themselves: those who conceive of themselves as 'producers' of their bodies." [13] It used to be important to stay healthy, it is now imperative to prevent any physical or existential hazard, to improve health and well-being, practically endlessly. Individuals should be adaptable and adequately fitted for the high demands of modern societies. This trend encouraged promising claims from many health care methods and patients were turned into consumers.

In this context, the notion of holism developed by Smuts was hastily interpreted and equated with the vague idea of globality, something like "The whole is in the whole," thus discarding the author's ambition to lay the foundations of an epistemology that would encompass dynamic and creative processes. Thus muzzled, holism became in the 1970s a pervasive motto of the New Age nebula, a repetitious terminology in discourses of many health professionals and of the large public.

Current holism supported an entanglement of speculations with a view to maintaining a global understanding of human beings: from emphasis on interactions of body functions to rapports with the environment, and to a metaphysical understanding of reality. Associated with naturism it encouraged self care and observance of a healthy lifestyle. Holism was considered as inseparable from traditional health care, at least in idealized descriptions. A wide range of methods adopted notions from these traditions, tempered by modern scientific terminology and suited to ambitions of fitness and competition. [14]

Holism heralded quality of care. Most complementary and alternative medicines claimed to be holistic, thus loosely combining science and ideology, sound practice and marketing strategies. Although they ambitioned to compensate for the reductionism of biomedicine and its shortcomings, they frequently referred to monistic principles and merely featured one symbolic representation of the human body, one method or one remedy. Methods that were based on the principle "One cause, one disease, one cure," or "All diseases are psychosomatic," were termed holistic whereas they were obviously reductionist.

Media coverage of holistic health care was extensive. Works of authors such as Bernard Siegel, Norman Cousins, Matthews Simonton, Deepak Chopra, *etc*. became publishing hits. An appealing discourse, although not fully innovative, encouraged many individuals to become responsible for their own health. It was usually astutely wrapped around common sense, popular remedies, approximate adaptation of traditions, and romanticisation of the body's self-regenerative power; it skilfully included cursory references to quantum physics, neurosciences, and psychoanalysis; it also evidenced looting from chiropractic.

Quality of Life and Public Health

In the 1970s the idea was elaborated to appreciate the impact of pathological processes and therapies on patients' daily lives, routines, and well-being. Standardised questionnaires based on psychometric methods were devised for the collection of empirical observations and measures likely to render such a practical and intimate experience.

This methodology seemed to be compatible with respect of patients' autonomy while refining medical procedures and generating new knowledge for social and medical sciences (epidemiological studies; evaluation of therapeutic protocols

and cost-effectivenes; *etc*.). It was nevertheless somewhat debatable. Questionnaires were established by experts who had specific scientific and cultural backgrounds. It was therefore doubtful whether ensuing interpretations actually reflected patients' points of view or were biased by *a priori* assumptions of experts and public authorities.

More generally, public authorities were anxious to secure control over citizens' lives, for their own good. This control, that started in the 19th century, can resort to powerful technical and administrative tools. In order to compensate for risk factors, importance was given to individual behaviours whereas environmental factors were regarded as not really decisive, at least in official studies. Health and prevention were individuals' own responsibility.

This leads to further comments. Philosopher Georges Canguilhem observed in the 1960s that the subtle transition from normalcy to pathology could not be determined by scientific and objective criteria. It rested with each individual to decide when the threshold of tolerable suffering had been reached.[15] Circumstances have changed. Widely available medical knowledge; compliance with official recommendations (regular check-ups, screening campaigns, vaccinations, *etc*.); preventive procedures; evaluation of family history and of multifactorial etiologies; developing predictive medicine were now leading to a complex appreciation of health and disease that individuals could no longer determine by themselves. Healthy individuals were under intense scrutiny and became patients.

Health professionals were involved in this evolution: they participated in normalisation of health care and of individual behaviours, as well as in over-medicalisation of lifestyles. An ambiguous outgrowth of 18th-century medical science of man! Paradoxically, a sophisticated understanding of physiological mechanisms resulted in uncertainty, anxiety, and in multiple constraints.

HOLISM IN CHIROPRACTIC

Chiropractic principles were two-sided. D.D. Palmer retained the tradition of esotericism and the principle of interactions between elements of the macrocosm - "Universal Intelligence" and "Universe" - and of the human being as a microcosm - "spirit" and "body." As "a part of Universal Intelligence, individualized and personified," innate intelligence was to adapt universal forces so that spirit and all parts of the body had co-ordinated action.[16] Simultaneously, attention given to the nervous system paralleled scientific knowledge of the turn of the century. Health was maintained as long as innate intelligence could flow from the brain to the various organs of the body "through the nervous system." [17] B.J. Palmer underscored that innate intelligence was "always present, always normal." [18]

One of the first adjustments "cured" deafness. This encouraged D.D. and early chiropractors to "treat" a large variety of conditions, as they were diagnosed in their time: heart troubles, asthma, vision loss, melancholia, pneumonia, infantile paralysis, respiratory and gastro-intestinal disorders, *etc*.[19] B.J. confirmed: "Application of chiropractic is far-reaching to conditions to which names are applied by diagnosticians." [20] Investigative chiropractors took great interest in many clinical fields: pregnancy and childbirth, child's care, ageing population, mental health, public health, sports and work related injuries, *etc*.

Thus established on principles that pertained to several domains of reflexion – macrocosm and microcosm, spirit-body interactions, neurology – chiropractic had characteristics of holism, both in its definition of the person and as a method of health care.

Elaboration and Commentaries

Elaboration of chiropractic principles was evolutional and multiple. While it was influenced by cultural backgrounds, it was concurrently fashioned by orientations of colleges, universities, and academic agencies (*e.g*. with respect to scope of practice and to status of basic and clinical sciences).

Generations of chiropractic students became familiar with the writings of D.D. and B.J. Chiropractic principles were illustrated by the "triune of life" consisting in three necessary united elements - intelligence, force and matter. The somewhat different "chiropractic triangle" was characterized by three poles of chiropractic analysis and efficacy - physical, chemical and mental. Chiropractic was patient-centred; it proposed a fairly encompassing approach that enhanced naturism and prevention. Eventually, chiropractors made personal choices as to principles, methods, diagnostic procedures, styles of practitioner-patient relationship, and scope of practice (correction of subluxations, relief of various conditions, maintenance care, *etc*.).

Commentaries on holism by chiropractors and friends of chiropractic contributed to elaboration of chiropractic principles and to various styles of practice. Here are a few of them. Ralph Stephenson stated that universal intelligence "created" matter: "Universal Intelligence is in all matter and continually gives to it all its properties and actions." [21] He echoed B.J. and wrote further that "Innate Intelligence is always normal and its function is always normal." Interferences with transmission of innate intelligence might be due to "limitations of matter." [22] Similarly, Joseph Maynard stated that all forms of life were "the expression of Universal Intelligence." Life within the body was denominated innate intelligence but defied definitions.[23]

Decades later Joseph Janse stressed that "interrelationship of body action is the symphony that maintains the harmony of health." [24] He considered, like Georges Canguilhem, that disease is the cumulative sequence of dysfunctions and prodromal signs:

> "There are earlier phases of disturbed function which lead up, perhaps very slowly, to those gross conditions which afflict the average person before he has been taught to deem it necessary to seek the ministrations of a doctor." [25]

Chiropractors, observed sociologist Walter Wardwell, "agree that chiropractic adjustments are limited in the range of conditions they are appropriate for," however, this does not prevent them from confidently using "alternative paradigms" such as holism.[26] Researcher Ian Coulter noted the difficulties raised by references to holism in the principles and practice of chiropractic, namely the mere significance of the notion and the specific skills required from practitioners. He recognized nonetheless that "the philosophy of chiropractic has ensured that the worse reductionist excesses of biomedicine in ignoring the person have been avoided by chiropractic." [1]

Jennifer Jamison had another perspective. She considered that "chiropractic holism" was the effect of "skillful patient-practitioner interaction:" "Despite the reductionist nature of musculoskeletal assessment and therapy, practice observation would suggest that the patient-chiropractor encounter is an overwhelmingly holistic experience." [27] Jamison stressed further:

> "The notion of a structural intervention having a global effect has certainly contributed to the personalised and interactive focus of chiropractic care. It is furthermore this patient-centredness rather that any deliberately multifactorial approach which makes chiropractic holistic." [27]

Indeed, patients frequently discovered a thorough anamnesis and physical examination, as well as personalised counselling. They soon realised that the "structural intervention" might result in profound modifications even after years of suffering. Chiropractic adjustment, mediated through skin contact, had multiple neurological and psychological reverberations, sometimes unpredictable. They involved patients' most intimate sensations: local pain relief, harmonised posture, kinesthetic and proprioceptive adaptation, improved visceral function, mood and voice timbre changes, general well-being, subtle body awareness, *etc*.

While chiropractic principles have been discussed over decades, innate intelligence remained a fundamental for many chiropractors, thus creating a specific cultural background for their practices. This original chiropractic language is now often overlooked for (chiropractic) vitalism, or vital force, or energy, to keep up with trendy denominations.[28] It is however questionable whether these denominations may actually support holistic perspectives.

The Biopsychosocial Model

In the 1950s a theory originated in psychiatry on factors that may influence health and healing; it was developed in the 1970s by psychiatrist George L. Engel. The theory appeared to be an outgrowth of various conceptions of disease processes and of mind-body interactions; it was also influenced by general system theory. Structured as the biopsychosocial model it encompassed three possible dimensions of etiological processes – biological, psychological, and societal – since a disturbance of any of these dimensions might overflow on the others.[29] The model participated both in holistic and analytical approaches and might be difficult to apply to the varied circumstances of daily practice. Although it marked contemporary psychiatry and garnered interest in many fields of health care, it did not replace the biomedical model and remained controversial in several respects.

Interestingly, this model parallels the domain of public health policies, as well as the definition of health by the World Health Organisation (1948): "A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." It also parallels to a certain extent the nuances of disease, illness and sickness established by medical anthropology.

In 2000 the Conference on Philosophy in Chiropractic Education (Fort Lauderdale, Florida) discussed this model, as well as "metaphysical principles" of complementary and alternative medicines such as holism, vitalism, naturism, humanism, and therapeutic conservatism.[30] Chiropractic research projects now investigate the role of psychological and societal factors in chronic conditions (*e.g.* fibromyalgia, irritable bowel syndrome) where biological factors would not be the only determinants.[31]

Chiropractic practice is complex. Alan Breen stressed the difficulty of diagnosing common conditions such as musculoskeletal disorders. These were "a mixture of many subgroups of conditions – a few dominated by specific and objectively identifiable pathologies, but most with no verifiable diagnosis at all." Moreover, "objective support" for the use of spinal manipulative therapy was still missing. For these reasons the biopsychosocial model should be an asset in clinical practice:

> "In this scenario, to be optimally effective, chiropractors, in common with all other health professions who see patients with musculo-skeletal disorders will need be able deploy all of the strategies for patient assessment and intervention that the evidence supports. A bio-psychosocial approach will therefore remain sensible for most patients in the foreseeable future." [32]

It may well be that many chiropractors adopted this model long ago as a matter-of-course extension of the chiropractic adjustment, thus constituting the chiropractic treatment.[33]

A UNIQUE INTERPERSONAL ENCOUNTER

Traditionally based on trust and dialogue, the practitioner-patient relationship nowadays stages various styles of knowledge and partnership, together with anxiety and expectations. These are intertwined beyond scientific considerations so that the encounter may be strained, even in a subdued manner.

Knowledge and Partnership

As the interpretation of practitioners is not fully scientific, the experience of patients is not entirely fictitious. Over the last four decades patients' participation was encouraged, whereby they should become responsible, a form of autonomy, at least in chronic conditions. First came the principle of informed consent; then patients were made aware of their rights and groups of patients were organized; finally patients were expected to question their role in pathological and therapeutic processes. Many patients were active in this evolution and took advantage of increasingly available medical knowledge. With various motivations they eagerly adopted the internet and its extensive supply of information, so that it may intrude as a third party in practitioner-patient partnership. Patients' discourse has always been a source of knowledge in and of itself; it may now be well documented, yet rarely fully accurate or exhaustive; it is a narrative that should be deciphered and complemented.[11]

This is the first step of an idealized holistic partnership. Then practitioners should show concern, respect patients' autonomy, and personalise therapeutic programs. Many factors and circumstances should be appreciated such as influences from the environment; particularly a large variety of difficult situations and hardship.

Patients' attitudes influence the style of partnership that may be quite different depending on their ability to express

themselves; on their idiosyncrasies (fear, motivation to get well, compliance with instructions, home care, *etc*.); on types of health care systems; on cultural origins or professional situations. In his discussion of health care systems Ivan Illich noted that patients who were self-employed were eager to get well, whereas those who were employed might be eager to be off work.[34] At least till the economic meltdown! In many instances patients impose a style of partnership: they may ignore or resent the proclaimed holistic motto and merely expect to be treated for signs and symptoms that they have diagnosed. Guidance and counselling imply patients' active participation.

Practitioners are thus expected to take into account what is not readily observable but may organize apparently incoherent data in order to establish a diagnosis and a therapeutic program. In this asymmetric encounter they should beware of value judgments and of the risky situation of tutor or paternal authority. Needless to say that they may be perplexed with such demanding requirements, their scope of practice, and legal obligations. Cooperation of several professionals may be necessary.

Anxiety and Expectations

Our contemporaries have ambiguous feelings toward biomedicine. Medical expertise and widely publicised advances, sometimes ephemeral, support strong demands. However when ill persons become patients they discover that practitioners may hesitate on diagnoses and treatments; they feel that they are treated as fragmented consumers who should abide by, rather than participate in, administrative and therapeutic protocols. Impaired health is a life adventure that is not always recognised to patients' satisfaction. Social groups and individuals have an intuitive perception of this situation. This may explain the persistence of explanations that associate medical knowledge, psychological and symbolic interpretations, popular and exotic beliefs, but illustrate satisfactorily illness and sickness.

As patients realise the sometimes inevitable poor compliance of one or several physicians, psychologists, or chiropractors, with their expectations and subjectivity, when partnership is inadequate or awkward, they are likely to turn to other practitioners, according to their claims and repute, in an attempt to compensate for the limitations of approaches that do not fulfil queries for signification. A broad array of procedures is on the market and anxious sufferers may engage on disconcerting itineraries from one method to another, the more so if the condition is chronic. In spite of apparently illogical attitudes, these initiatives show determination and desire for autonomy.[35] They are also meaningful since sufferers expect a message that appears to re-establish harmony in a devastating confusion, and to soothe the symbolic body of intimate self, as much as a therapy that complies with standardised protocols.

A remedy, or a chiropractic adjustment, or a ritual, is more than a technical procedure; it is a message. Even if it is a lie as a procedure (*e.g*. placebo, sham chiropractic adjustment), it is not a lie as an interpersonal relation, as a psychological mediator. The role of suggestion in practitioner-patient relationships has been extensively studied. When biomedicine or any other method fail to take into account existential perspectives they may awake resentment and justify to resort, at least fleetingly, to methods that seem to privilege a humanistic attitude even though they may be unsubstantiated.

AN ELUSIVE ENDEAVOUR

The multifarious holistic quest permeates cultural backgrounds, societal circumstances, individuals' attitudes and roles. It is strongly influenced by state of the art in scientific fields, by ambiguity of public health policies, and by interpretations of health care methods. What is its actual significance in demanding modern societies, highly competitive and individualistic, together eager of technical procedures and of naturism?

Consideration of multiple causations, intricate situations, and ill-defined expectations may paradoxically, after an apparently enriched clinical picture, result in uncertainty. It may indeed be difficult to assign the precise role and import of factors that are intertwined in not necessarily logical interactions. Equating different fields of knowledge, different levels of reality – measurable observations, representations, and metaphors; some tested, some subjective, some symbolic – may blur the clinical picture rather than refine it in a heuristic manner. For these reasons it is frequently difficult to appreciate patients' health past immediate assessments. With respect to worldviews of religions and esotericism, they belong to belief systems and should be shared by practitioners and patients unless they are imposed on the gullible. In frequent cases the ambitious motto of holistic care may be used indiscriminately and turn into a catch-all terminology or a washed-out invocation that appears to give coherence to all sorts of vain speculations. Being highly polysemic, the term holism should be understood as a notion (a useful tool) rather than a concept.

Successful discourses, such as interpretations of holism, or energy and vital force, originate "as socially engendered linguistic practices." They reflect representations and may associate inconsistent or contradictory data: "They cohere not because of inner logic or empirical proof but because networks of conditions and practices hold them together." [36] Discourses have strength and power; they exercise influence regardless of their adequacy to truth or reality. What actually matters is symbolic meaning and belief. The holistic quest may be an endeavour, essential although elusive, to maintain individuals as full-fledged persons. It will be in vogue as long as needed in contemporary societies.

For all these hurdles holism in health care seems to be an evanescent objective rather than a reality. It has been interpreted as the biopsychosocial model which is a middle course likely to compensate for rigid reductionism or extravagant holism, and to maintain the analytical approach that cannot be dispensed with. Beyond this model, beyond the definition of techniques and protocols, the ailing person is different from a technical object: biology is still rebuffed by life and its enigmatic character; and by puzzling relationships between body and mind. A subtle blend of humanities, social sciences, and technical expertise is therefore desirable at a time when health care and societies face complex challenges.

It should also be remembered an exceptional dimension of "skillful patient-practitioner interaction." Good old TLC

– tender loving care – that implies solicitude and availability remains a strong value in clinical practice. Patients say: (elegant!) "Thank you for listening to me," "Thank you for all that you do;" or (encouraging!) "Thanks to you, I am no longer the one who is getting old;" or (exaggerated!) "If I had not met you I would have committed suicide." They decide what is appropriate for them and express their own appreciation of quality of care. Regardless of highly technical health care or proclaimed holism, what matters is patients' experience.

Eventually, each of us is the guardian of health, of life and death. Health is the rapport of human beings to their own lives. Disease is also illness, sickness and suffering. As a transforming experience they impregnate lifestyles and worldviews. Whatever the severity, they are ominous; they harbinger loss of autonomy and limitations of human life.

Holism is a creative endeavour. It should be reinvented according to changing circumstances. As the continuous elaboration of control over one's own life, it is freedom. Philosopher Jean-Pierre Dupuy perceives health as the autonomous capacity, nurtured by culture and tradition, to cope with suffering and death, and more generally with human finitude, while bestowing them meaningful and historical perspectives.[37] Of course, this does not exempt health professionals from their responsibilities.

ACKNOWLEDGEMENTS

Sincere thanks to Dr Rolf E. Peters and to the other reviewers of this manuscript.

REFERENCES

1. Coulter I. Chiropractic. A Philosophy for Alternative Health Care. Oxford: Butterworth-Heinemann, 1999. p. 77.
2. Williams EA. The physical and the moral. Anthropology, physiology, and philosophical medicine in France, 1750-1850. Cambridge: Cambridge University Press, 1994. p. 8.
3. Bernard C. Introduction à l'étude de la médecine expérimentale. Paris: Flammarion, 1984 (1865).
4. Smuts JC. Holism and Evolution. Cape Town: N & S Press, 1987 (1926).
5. Smuts JC.[4] p. 99.
6. Smuts JC. [4] p. 103.
7. Smuts JC.[4] p. 106.
8. Bertalanffy KL. Robots, Men and Minds, Psychology in the Modern World. New York: George Braziller, 1967. p. 69.
9. Bertalanffy KL.[8] p. 62.
10. Bertalanffy KL.[8] p. 70.
11. Laplantine F. Anthropologie de la maladie. Paris: Payot, 1986.
12. Lock M. Culture politique et vécu du vieillissement des femmes au Japon et en Amérique. Sociologie et sociétés 1996; XXVII:2,119-40.
13. Illich I. Body History. The Lancet. 1986; 1325-7.
14. Jolliot C. Les notions de force vitale et d'énergie. Permanence culturelle, nécessité conceptuelle. Paris: Editions L'Harmattan, 2003.
15. Canguilhem G. Le normal et le pathologique. Paris: Presses universitaires de France, 1981 (1966).
16. Palmer DD. The Chiropractor's Adjuster. The Science, Art and Philosophy of Chiropractic. Portland: Printing House Company, 1910. p. 691.
17. Palmer DD. The Chiropractor. Los Angeles: Press of Beacon Light, 1914. p. 11.
18. Palmer BJ. The Subluxation Specific – The Adjustment Specific. Davenport, Iowa: Palmer School of Chiropractic, 1934. p. 499.
19. Peters RE, Chance MA. What Early Chiropractors "Treated." Chiropr J Aust 2005; 35:57-70.
20. Palmer BJ. [18] p. 509.
21. Stephenson RW. Chiropractic Textbook. Davenport, Iowa: Palmer School of Chiropractic, 1948. p. 236.
22. Stephenson RW. [21] p. 269.
23. Maynard JE. Healing Hands. The Story of the Palmer Family, Discoverers and Developers of Chiropractic. Mobile, Alabama: Jonorm Publishers, 1977 (1959). pp. 205-6.
24. Janse J. Principles and Practice of Chiropractic, An Anthology. Edited by R.W. Hildebrandt. National College of Chiropractic, 1976. p. 24.
25. Janse J.[24] p. 26.
26. Wardwell WI. Chiropractic: History and Evolution of a New Profession. St. Louis: Mosby Year Book, 1992: p. 280.
27. Jamison JR. Chiropractic Holism: Interactively Becoming in a Reductionist Health Care System. Chiropr J Aust 1993; 23:98-105.
28. Jolliot C. Chiropractic and Vitalism: A Strange Conceptual Encounter. Chiropr Hist 2005; 25(2):63-7.
29. Pollard HP, Hardy KE, Curtin D. Biopsychosocial Model of Pain and Its Relevance to Chiropractors. Chiropr J Aust 2006; 36:82-91.
30. Proceedings from a conference on Philosophy in Chiropractic Education. World Federation of Chiropractic, in association with the Association of Chiropractic Colleges and the US National Board of Chiropractic Examiners. Fort Lauderdale, Florida; November 10-13, 2000.
31. Brown BT, Bonello R, Pollard H. The biopsychosocial model and hypothyroidism. Chiropractic & Osteopathy 2005; 13:5. Available at www.chiroandosteo.com/content/13/1/5.
32. Breen AC. The Biopsychoscial Model of Healthcare: A Perspective. Proceedings, WFC's 10th Biennial Congress, Montreal, Quebec, Canada; April 30-May 2, 2009. p. 26.
33. Gatterman IM. The Patient-Centred Paradigm: A Model for Chiropractic Health Promotion and Wellness. Chiropr J Aust 2006; 36:92-6.
34. Illich I. Medical Nemesis. London: Marion Boyars, 1975.
35. Clum GW. The Professional Qualities of the Chiropractor. Chiropr J Aust 2006; 36:106-8.
36. Williams EA.[2] p. 4.
37. Dupuy JP. D'Ivan Illich aux nanotechnologies. Études. Février 2007.