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A Theoretical Framework of Holism in Healthcare

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Introduction

Understanding holism in health care can be challenging with the concept and definition of holism having different meanings to different people. Research by this author [1] suggests that the more inclusive the definition of holism (of components involved and relationships considered) the boarder and more inclusive is the practice. If for example, a practitioner includes only the whole musculoskeletal system in their concept of holism and scope of practice, then they are likely to assess and treat only the musculoskeletal system. He or she might think themselves to be treating the whole person, top to toe, but if we carefully explore the components of holism he/she will quite quickly see that the musculoskeletal system is only one part of the whole. Such an approach can be limited further by solely considering the musculoskeletal structures causing the symptoms (or pain). This poses an incomplete assessment and allied treatment where the whole person has been overlooked and other important clues (in other levels/structures of the whole person) which may contribute to causing and setting up the symptomatic tissues or perhaps slowing them from recovery will be omitted. These clues then become "out of mind, out of sight" so to speak, and so when patients do not respond as well from treatment as expected, we are left wondering what went wrong and what has been missed?

Equally challenging is the understanding and treatment of patients with chronic health issues. Despite all the achievements of modern medicine, knowledge and technology, the literature suggests that chronic pain continues to be a concern [2-4]. A worldwide systematic analysis of the literature, conducted by Elzahaf, Tashani, Unsworth and Johnson [5] demonstrated a weighted mean and standard deviation prevalence of 30.3% +/- 11.7% within 182,019 respondents from 34 countries, suffering from chronic pain.

The question naturally arises: Can understanding a holistic multidimensional approach also help provide insight into understanding and resolving chronic health issues such as pain?

A recent grounded theory study by the current author explored this question, interviewing experienced Osteopathic practitioners about their views of holism, how it was implemented and its relationship with biomedical education and practice [1]. Readers should refer to the original research article titled "Holism in Osteopathy – Bridging the gap between concept and practice: A grounded theory study, for the full methodology and results. The following outlines a summary of the overall theoretical framework intended to pave the way forward for critical professional debate and lay foundations for future research in this area.

The core theme emerging was "awareness of relationships" and two key relationships which emerged were;

a) The relationship between the tissues causing symptoms and the "symptoms" themselves and,

b) The relationship between "what else" is going on in the whole person and the tissues causing symptoms.

The symptomatic relationship links in with regional assessments and biomedical education, whilst the second relationship relates to "tissue needs" and links with general or holistic assessment.

The viewpoints of professional participants were that both of these relationships were important for helping to improve health care outcomes [1].

The theoretical framework of holism [1,6] includes the following:

The theory and practice of holism must include an awareness of relationships in order to help convert concept of holism into meaningful practical understanding. If conceptually aware

of components of holism (which varied how inclusive it was perceived to be for each participant) and their relationships – they can be included into assessment.

Holistic assessment itself requires awareness of the relationships between the following:

a) Assessment processes (i.e. asking questions of the patient verbally or their tissues/layers, non-verbally) and responses of the tissues to these questions; verbally through listening or non-verbally through feel or sensing texture, symmetry and motion quality. This listening/observing relationship (with both the mind and senses) requires a balanced practitioner – patient interaction and self-awareness. This is because the mind needs to be open and free of preconception, limiting belief or wanting to "do", based upon theoretical assumptions alone) in order to be open to the "story the tissues" are trying to convey.

b) The general assessment for "what else" that may be present interfering in the bodies self-healing mechanisms and preventing optimal patient recovery, and the regional assessment for details (symptomatic or other involved areas).

c) Meaningful clues to primary problems and secondary adaptive clues. This was the most important concept from the original research and is the key to linking holistic concept with its practical implementation. Primary problems refer to those areas of the whole person most interfering with the bodies self-healing mechanisms. The secret to finding primary problems is through identifying key areas of A.R.T (asymmetry, range/quality of motion abnormality and tissue texture changes) which may be in areas distant from the tissues causing symptoms and often links to "what else". Primary A.R.T.'s may comprise of components on any level (physical, energetic, emotional, mental, spiritual, nutritional, environmental, social or other) with the primary area of A.R.T structurally representing the physical manifestation of involved potential relationship conflicts. Their involvement is recognized through being mindful of these components, and relationships, while assessing and treating. For example, if mindful, a practitioner can feel in the tissues mental, emotional or other links. If not consciously related throughout assessment and treatment a practitioner has no way of knowing when these relationship conflicts resolve and are restored to balanced function. Another way of describing this is that the problem pattern in its entirety is comprised of simple or complex inter-relation of many components all entangled in an interrelated matrix of conflict. Simple problems involve one or a few conflicts whereas complex/chronic ones may have many. Thus, awareness comes through being aware of the relationship between symmetry, texture and motion quality and by observing (with the mind/senses) the relationship between these primary areas of A.R.T (i.e. the "what else"), healthy areas and the rest of the whole person for perspective; including its relationship with secondary adaptive areas and/or the tissues causing symptoms. This creates an awareness of the total pattern of dysfunction within the whole person. A key clue was "dysfunction" with compensatory areas and tissues adapting (and which may be symptomatic) but may not, in themselves, be dysfunctional [1].

If a practitioner was aware of the components and their relationships during assessment these could then be incorporated into the treatment and/or management process.

Treatment required an awareness of the relationships between:

a) "What else" is happening elsewhere in the person (and their life) and the tissues causing symptoms; this helped provide awareness about how components and their relationships affects one another – influencing effectiveness and safety of treatment.

b) Health and disease: Awareness of this relationship provides context and perspective about what needs to be treated and when.

c) "Tissue needs" and "patient wants" in order to help communicate the relationship between what else is going on in the body and the symptom picture and thus help with compliance.

d) Educational theoretical framework and "tissue needs": Educational frameworks do not indicate what to treat – they only inform the assessment and treatment process. The tissues guide the treatment and the educational framework provides the knowledge and understanding to make sense of the story the tissues are trying to convey (often in hindsight by linking the puzzle pieces together).

e) Tissues/pathology manifesting symptoms and the symptoms themselves. This relationship gives an awareness of the effect but unless the "what else" is also investigated, understanding why? – based upon tissue feedback (not just history) is not necessarily clear.

Educational frameworks inform conceptual meaning and the practice of holism. The more inclusive the conceptual meaning and the more broad the educational framework - the more expanded and inclusive is the practice of holism. Holistic education requires an awareness of the following relationships between:

a) Biomedical and holistic philosophical aspects of a course.

b) The facts/categories of knowledge (rather than the facts on their own).

c) General and regional assessment processes and responses from these processes.

Bridging the gap between holistic concept and practice required an awareness (or mindfulness) of involved relationships (between the "what else" and the tissues causing symptoms) whilst assessment and treatment was carried out. If a holistic concept was kept purely conceptual and not mindful of these relationships within a clinical consult, a practitioner would not recognize the significance of the story the tissues are expressing nor be aware of responses of the tissues to any particular treatment technique.

The emphasis on holism to promote health and improve overall function cannot be objectively measured by focusing on pain alone. Results of holistic assessment and treatment were "felt and sensed" in the tissues – with signs of improvement coming from improved vitality and achieving balanced function (which helps indicate when a treatment is finished). Subjective responses concerning pain reported by the patients (which shift emphasis away from the responses in tissues) were secondary to the objective responses indicated by the tissues. It could be argued that improving function ultimately may help relieve pain but relieving pain did not necessarily improve function [1].

The relating factor therefore was being mindful and aware of interactions and relationships.

References

1 Turner PWD, Holroyd E (2016) Holism in osteopathy bridging the gap between concept and practice: A grounded theory study. Int J Osteopath Med 12(22): 40-51.

2 Breivik H, Collett B, Ventafridda V, Cohen R, Gallacher D (2006) Survey of chronic pain in Europe: Prevalence, impact on daily life, and treatment. Eur J Pain 10(4): 287.

3 Johannes CB, Le TK, Zhou X, Johnston JA, Dworkin RH (2010) The prevalence of chronic pain in United States adults: Results of an Internet-Based Survey. J Pain 11(11): 1230-1239.

4 Blyth FM, March LM, Brnabic AJ, Jorm LR, Williamson M, et al. (2001) Chronic pain in Australia: A prevalence study. Pain 89(2-3): 127-134.

5 Elzahaf RA, Tashani OA, Unsworth BA, Johnson MI (2012) The prevalence of chronic pain with an analysis of countries with a Human Development Index less than 0.9: A systematic review without meta-analysis. Curr Med Res Opinion (7): 1221-1229.

6 Turner P (2014) Holism in osteopathic health care. RMIT Health Sciences, Melbourne, Australia.