Enhancing Holism? GPs’ Explanations of Their Complementary Practice

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The term holism, often associated with complementary health practice, has been the subject of extensive debate both within and beyond the medical profession. Meanwhile, an increasing number of general practitioners (GPs) have adjusted to practicing complementary therapies to treat their National Health Service (NHS) patients. Given these developments, this article explores GP therapists’ accounts of their complementary therapies and explanations of holistic practice. The analysis identifies how the doctors’ descriptions of holism legitimate the use of complementary therapies within general practice, and also portray integrative practice as the ultimate form of holistic medicine.

The term holism has been widely used in health care debate and there is noticeable confusion between claims as to what constitutes “holism” in contemporary medicine and health care (Power, 1997; Vickers, 1993). One trend among the competing usage of the concept has been the reference to the holistic nature of complementary health practice (Douglas, 1994; Sharma, 1994) with some suggesting that complementary therapists recognize “the importance of the relationship between mind and body in individual diagnosis and treatment” (Saks, 1992, p. 85). In addition, research has revealed that many non-medically qualified therapists both perceive their practice in holistic terms and employ this concept as a means of demarcating their work and role from that of the medical qualified (Cant & Calnan, 1991). Indeed, the term “holistic medicine” has at times been employed directly by commentators to refer to a whole range of therapies traditionally practiced outside state-funded health care and beyond the boundaries of the medical profession (Berliner & Salmon, 1980; Stalker & Glymour, 1989).

However, neither the usage of the concept of holism nor the practice of complementary medicine are exclusively located beyond the borders of National Health Service (NHS) provision. There has long been reference to holism from within the medical community (Kirk & McLean, 1987; Pietroni, 1986). Furthermore, while the vast majority of complementary health practice in the U.K. is still provided by non-medically qualified therapists working in the private sector (Saks, 1992; Sharma, 1992), an increasing number of NHS health care professionals are showing an interest in “other” therapies (Adams & Tovey, 2000).

General practice is one medical setting where the drive toward integrative practice is particularly significant (Peters, 1994). Both the British Medical Association and the Royal College of General Practitioners have shown an interest in complementary therapies.
There has also developed a small yet significant number of grassroots practitioners who are personally practicing "other" therapies alongside their more conventional techniques, delivering integrative practice, to treat their NHS patients (Perkin, Pearcy, & Fraser, 1994; Thomas, Fall, Parry, & Nicholls, 1995). Despite recent research (Saks, 1995; Cant & Sharma, 1996) and work earmarking the numerous important and interesting issues relating to the area (Siahpush, 1999), the integration of complementary medical practices into mainstream health care remains underresearched (Peters, 2000). Moreover, given the current movement toward integration in general practice and the contested use of the concept of holism across the health care arena, it is particularly interesting, both sociologically and in terms of health care practice development, to examine how rank-and-file GP therapists understand and explain the concept of holism in relation to both their general practice and their integration of complementary therapies therein. This is a specific area of practice that has attracted no sociological attention to date while having substantial consequences for the usage of complementary health care practice.

METHODS

Reported here is one set of findings from a wider study examining grassroots GPs' accounts of their personal practice of complementary therapies to treat their NHS patients (Adams 2000). A short questionnaire was first posted to all the GPs (n = 918) on the medical registers for the cities of Edinburgh and Glasgow. The questionnaire was only employed as a means of identifying GPs practicing complementary therapies and the data from this stage of the fieldwork was not subsequently analyzed.

Four hundred and eighty-four doctors returned completed questionnaires producing a response rate of 52.7%. From among these responses, 28 doctors who were personally practicing complementary therapies agreed to be interviewed at a later date. Twenty-five in-depth interviews were conducted with GPs personally practicing complementary therapies in their NHS surgeries between the summer of 1997 and the spring of 1998 (three of the 28 later withdrew from interviews due to illness or lack of time). The therapies practiced by the 25 doctors interviewed are outlined (see Table 1).

All of the 25 GPs interviewed were currently in group practices of three or more partners. All apart from three had been practicing for more than 5 years and 20 for over 10 years in general practice. The interviewees consisted of 14 male and 11 female GPs. The interviews were unstructured and, as far as possible, prompts were used only to ask for clarification or expansion of informants' points. Key words, themes, and arguments as mentioned by the GP were noted and consulted as the interview commenced to further probe GPs' explanations and claims at appropriate stages in the interview.

The interviews ranged from between one to two hours in duration and this varied due to the particular time constraints upon the individual doctor. Assurances of confidentiality were given and the interviews were audiotaped with the consent of the GPs involved. All tapes were transcribed to computer files shortly following the interview, and transcription occurred concurrently with the data collection and preliminary analysis throughout the fieldwork period. Cods and analytical themes were developed from the GPs' accounts in a cumulative manner. Following the lead of discursive psychology (Wetherall & Potter, 1992) and rhetorical psychology (Billig, 1987), the transcripts were analyzed for evidence of predominant rhetorics, claims, and arguments within the GPs' accounts. In order to enhance the reliability of the analysis, other qualitative researchers provided independent assessments and analytical exam-
TABLE 1. Therapies Practiced by the GPs in the Study

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Number of GPs Practicing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>10</td>
</tr>
<tr>
<td>Homeopathy</td>
<td>16</td>
</tr>
<tr>
<td>Hypnotherapy (including Autogenic Training)</td>
<td>12</td>
</tr>
<tr>
<td>Neurolinguistic Programming</td>
<td>4</td>
</tr>
</tbody>
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Note. Some GPs practiced more than one therapy.

inatations of selections from the interview transcripts. Issues regarding the coding of the data were then discussed and any comments and suggestions fed back into the coding process. In addition, the data were carefully reexamined for evidence of negative cases at regular intervals throughout the coding process to help ensure the internal validity of the findings.

With regard to external validity, the findings produced from the examination of the study group are transferable to other GP therapists within the general practice community. To explain, these GPs practicing complementary therapies (and others like them not questioned in the study) belong to the same medical subworld of interaction (Adams, 2000). Following this line of approach, it is reasonable to assume that the rhetorical resources drawn upon by the GP therapists in the study to explain their complementary therapies will also be popular resources drawn upon by others from the same subgroup within general practice.

TALKING HOLISM: GPS’ EXPLANATIONS OF INTEGRATIVE PRACTICE

We all try and do, you know, try and practice the concept of holistic medicine but I think, you know, it depends what your holism embraces. (Dr. 9)

I think any good GP is holistic. (Dr. 12)

I think if you’re in general practice then it’s important to try and practice holistically. (Dr. 7)

An important theme which emerged from the analysis of the GPs’ accounts of their complementary therapies, centers on the concept of holism. There are basically two different explanations of holism given by the GPs in the study, with some doctors employing both while others present only one of either. These two explanations of holism are outlined as treating the “whole person” and enhancing holism.

EXPLANATION OF HOLISM AS TREATING THE “WHOLE PERSON”

Holism’s about not taking symptoms in isolation, you know, it’s about, you know seeing the whole person in front of you. (Dr. 13)

Many of the GPs interviewed talked of the importance of treating the “whole person.” This, the GPs suggest, involves perceiving illness as more than simply the symptoms presented in the surgery. Instead, it involves relating illness to social relations and to the social and cultural factors embedded in these relations (Armstrong, 1979). As one GP explains, “holistic” general
practice “involves looking at an individual in his environment. Not just his physical but his psychosocial environment, his relationships, his attitudes, his beliefs, his values” (Dr. 18). Another doctor explains, “I would like to think I had an holistic view of the patients. . . . I mean it’s not difficult because the patients are all one person and the why they are ill and the what of particular illnesses, and why they are ill at this particular time is all related to their background and upbringing and their marital status and work situation” (Dr. 2).

As Stimson (1977) affirms with regard to general practice, employment of the term “social” and a reference to “non-clinical” aspects of practice are frequently ambiguous and can often relate to a number of diverse issues. In line with this claim two interwoven yet distinct conceptions of the patient from within these GPs’ explanations of holism can be detected. The first is based upon an exploration of the personality and immediate observable behavior of the patient and the second upon an understanding of the patient in his or her social and environmental context.

In the first approach cues are dealt with throughout the process of the consultation itself. Some GPs outline the significance of body language and observing the “general look” of the patient before them. They also emphasize how complementary medicines have developed as a form of care geared toward such observation. As one GP explains regarding her practice of hypnotherapy and neurolinguistic programming, “You’re watching their body language all the time, you’re watching what they’re doing” (Dr. 5). Similarly, the following GP describes how she perceives her observation of patients as implicit within her homeopathic practice and prescribing.

Pre-menstrual syndrome or pre-menstrual depression is probably a case in point because you can have a woman that comes in and she’s very sort of bright and bubbly and talkative, but she’s telling that she’s got dreadful times—she’s irritable, terrible to live with in the week leading up to her period—her husband’s ready to divorce her at that time of the month and he said, “go down to the doctor and get something.” And there’s other women that come in and they just feel totally washed out and everything’s getting on top of them. Now, the first woman who comes in has got herself done up and she’s a different type of woman from the one who drags in the door looking like death, wearing yesterday’s clothes.

Interviewer: “And you are perceiving these things?”

Oh yes, and her hair hanging round her ears and the kids dragging her through and she says, “I just feel really down, you see, just before my periods I just can’t be bothered,” and that’s a totally different person and it’s a totally different remedy. (Dr. 6)

Dr. 12 also projects patient personalities as an authentic concern of general medical practice. He states:

You’ve to take into account the person’s personality, you’ve to take into account exactly what they say. You know you’ve to listen quite intently because everything they say is very important. Whereas one of the things about being a GP, a normal GP, is that you have to focus on things quite quickly so you’ve to cut out everything and then you just narrow it down so from a homeopathic point of view you’ve to kind of widen it and it creates more questions. (Dr. 12)

This doctor draws a contrast between, on the one hand, the interest allocated to the patients’ talk and interpretation of their complaint which is employed in homeopathic consultations, and, on the other hand, the style of investigation traditionally found in general practice. He suggests that everything the patient says is important and claims this links to the need to expand awareness of the patient beyond the model advocated within traditional
general practice. In this presentation homeopathy is explained as widening the scope of
general practice and providing the tools with which a more detailed examination of the
patient can be conducted.

The second aspect of the description of the whole person found within the accounts—
one which links with the notion of the whole person just outlined—is at the level of the
social or environmental sphere. It involves consideration of how this environment
affects and intertwines with the patients and their illness complaints. Some GPs clearly
describe their complementary therapies in line with the exploration of and close
attention to these social, psychological and other circumstances that are seen as central
to holistic practice. The following extract from one GP’s talk illustrates how she
presents her complementary therapies (autogenic training, homeopathy, hypnotherapy,
and neurolinguistic programming) as focusing upon these “social” factors relating to
patients’ wider lives. She says:

Well, for hypnosis, phobias for example, there is no way anything is going to alter a phobia
unless you get sorted out where it has come from and people will come in and they’ve got a
lot of anxiety, maybe a remark someone made. Well, with neurolinguistic programming you
can just in one minute get rid of that and it stops the constant replay, with autogenic training
it is teaching them total awareness that in your day-to-day work you have a method of dealing
with the emotions and the feelings and you can give them an exercise to deal with the anxiety,
an exercise to deal with the anger and an exercise to deal with grief. Homeopathy, for instance,
like grief that is more prolonged where people aren’t coping, or even just an immediate grief
reaction, the homeopathic drugs are wonderful, it’s just they work so well and allow people to
be able to cope with what’s going on in their life. (Dr. 5)

Here the therapies are presented as effective in dealing with aspects of illness which can
only be located through a close inspection of the patient’s talk. There is a need to understand
where phobias, anxiety, and the like have their basis.

Likewise, another doctor outlines his “wider” concerns and medical gaze when employing
acupuncture in his practice: “When I’m treating somebody with acupuncture, then I’m not, not
specifically just treating their pain. I’m hoping that I can help other parts of them as well and
I’m certainly talking to them about other parts in their life at the same time” (Dr. 19).

These doctors present their therapies in holistic terms, at least in the sense of
encouraging individualized treatments. As another GP declares: “That’s what homeopa-
thy’s all about, and all the other holistic type medicines, therapies, they’re about
individualizing the treatment” (Dr. 8). Others express a similar perception of medical
holism in terms of treating a person rather than simply a patient. These doctors suggest
that treating an individual as a patient leads to an “unhealthy” focus upon disease and a
failure to acknowledge what they see as the complex and multilayered nature of illness.
Dr 7. highlights the use of this particular claim when she explains her homeopathic
practice as holistic. She states:

I think homeopathy has definitely made me more aware of the patient as a person. I mean even
though maybe general practitioners who have been in general practice for a long time become
more aware of that but I think it does give you a more holistic approach. I think it just does give
you a more holistic approach, you know, a more personalized approach in that you’re looking
at your patient as a person. (Dr. 7)

Many of the GPs talk of patients’ clusters of problems, of “teasing out” (Dr. 4), of
“weeding out” (Dr. 8) or getting to the “root cause” (Dr. 1) of medical problems and of
“peeling back the layers” of illness (Dr. 5). As one GP states:
Well, I suppose the big thing in general practice is that people may come with a sore ear but they may in fact be depressed. If you just look in their ear and say, well, have some Amoxil, then you’re never really going to deal with the problem. (Dr. 1)

Dr. 17 also talks of “something else” bothering some patients and how he sees the attempt to uncover such hidden problems as central to much of his general practice:

If I’m going to treat the patient with a symptom and treat the symptom, then by and large that patient may get better, but the way I view the patient as an individual in the context of which he’s living must alter my perception of him as a patient. . . . I’m not saying that if somebody comes in with tonsillitis I’m going to be delving into the fact that he’s not getting on with his wife and his boss is a bastard and so on; I’m gonna be treating his tonsillitis. But there are many other situations where you find that they’ll come in with something but it’s something else that’s really bothering them. (Dr. 17)

And as another GP conceptualizes certain forms of illness, “There are patients who have complex psychological problems dressed up as a physical complaint and I think in those circumstances they often get quite good results by, you know, tackling one aspect of their presentation at a time” (Dr. 21). The “real” medical problem, is, in some cases, regarded by these GPs as lurking beyond the physical symptoms presented by the patient. In order to tease out this “root” problem and be able to deal with it effectively requires, so the GPs suggest, a more penetrating exploration of the ill patient; an exploration which involves delving into these other realms of the whole person. This perception of illness as multi-layered and as more than simply physiological symptoms ties to what most of the GPs present as the role of their complementary therapy in practice. To return to the talk of Dr. 5:

Well, I think [homeopathy’s] not just treating a symptom or a pain, it’s dealing with the whole person . . . . it’s, I think, to do with the actual interview but also to do with, you know, trying to find out what the root cause of the problem is. (Dr. 5)

Another GP suggests:

What I have found is that there are patients that are coming in to general practice and they were given, they’d have standard treatment, standard medical treatment and the problem was failing to get better or improve, if anything deteriorating, and there is usually something behind that that you need the complementary therapies to sort out. (Dr. 8)

The therapies are often explained by the GPs as encouraging longer consultations; they talk of a deeper exploration of the patient’s biography and social environment and closer physical contact with patients. As a GP explains her practice of homeopathy:

Well, . . . . a lot of the patients I knew I found I didn’t know at all. I discovered things about people I didn’t know, because once you start asking questions in a homeopathic way, people started to open up and tell you things that had happened to them years ago and tell you about their life circumstances and things like that that I didn’t know about. (Dr. 6)

And Dr. 15 describes the role of the therapies in his general practice in comparable terms:

They just allow me ways of relating to people which are nearer their core, you know, their core than allopathic medicine, you know, than listening to history and listening to a chest and giving an antibiotic.

In a similar sense, the following GP explains how his homeopathy involves “a deeper questioning, a deeper enquiry and history taking.” As he explains:
When you take a homeopathic history you have to enquire about the nature of the illness, the extent of the illness, the depth of the illness and the flow of the illness and the effects outside agencies have on it—changes in the weather, changes in the environment, lying down, sitting up, sleeping, walking, talking, exercise, going upstairs, going downstairs—all things like this, things that they eat, do these things have an effect? It’s just a very deep enquiry. (Dr. 8)

And one GP acupuncturist explains how he perceives his acupuncture to be more “patient-centered” than his conventional treatments:

Inevitably for some time you focus in on the patient more and you’re more interested, you’re more intensely interested in the symptoms and more intensely interested in the patient which I’m sure is quite beneficial. I mean, they like the extra attention, they like the fact that I was suggesting something else that might work, so … there was a sense that I was more involved in the patient over that period. (Dr. 4)

So we can see from the extracts analyzed so far that these GPs portray complementary therapies as tied firmly to notions of holistic practice. However, as we shall see in the next section, this does not necessarily lead to the suggestion that complementary medicines lend anything particularly novel to general practice.

**Explanation as Enhancing Holism**

I find this idea that homeopathy is holistic and non-alternative therapies aren’t … that’s an artificial division. (Dr. 25)

The whole idea of general practice is that you’re looking after the whole person anyway, which is a homeopathic sort of concept that you’re looking after the whole person and not just the disease … I mean you don’t see, oh here comes this gallbladder coming in the door you’re seeing it as Mrs. So and So and her kids and her Auntie and her granny, Uncle Tom Cobley and the whole bit. (Dr. 16)

Many of the GPs are keen to stress that a holistic approach does not evolve simply with their development of complementary practice. They talk of always having been holistic and how holism is not confined to complementary medicines. As one GP states, “I think general practice is holistic but then to my mind [the word has] been hijacked by people who do complementary medicine who claim that their style of medicine is holistic” (Dr. 15). Dr. 2 also touches upon this issue in his account:

I feel you’ve got conventional medicine here and this holistic approach to the person, to their body language, to their needs, and just treating the person not just as a knee or a hysterectomy but as a person who has needs and requires support and counseling maybe, sympathy, understanding, a listening ear and then from that you can start including the other things like acupuncture and homeopathy and so on, they fit in very well with the concept. (Dr. 2)

In this description of the location of holism in relation to both conventional and unconventional treatments the GP acupuncturist suggests holistic practice is possible prior to integrating complementary treatments; conventional general practice can already be holistic and complementary therapies build upon and help encourage such an approach to health care. By the same token, Dr. 20 claims both conventional and complementary medicine are holistic and that they simply provide different contributions toward this end. Here he talks of complementary therapies adding another dimension to his holistic practice.
Hopefully complementary medicine just adds another dimension to help, help people in life achieve wholeness. You know I think, I mean conventional medicine can achieve, I think, wholeness and I think complementary medicine can achieve it as well, they are just different approaches toward it. (Dr. 20)

And another GP acupuncturist also describes holism in these wider terms.

I would hope that I always . . . that the prescription is given in context. I always try and, hmm, getting a feeling for the full kind of, well, you can fit it into the teachings of, on these things of psychophysical, psychological, psychosocial environment of the patient. I try to make sure that the prescription fits into that, hmm, for instance if somebody came in with an ear infection I would not just without speaking give a prescription for antibiotics and show them the door. I would discuss, what an ear infection was, why the antibiotics might or might not work, what other things they could do to help themselves in the meantime, you know, how they might prevent it coming back again in the future, that sort of thing, and maybe a little bit about whether or not they should have an antibiotic at all and try to get them involved in that discussion and then, yes, a prescription is part of that and is a necessary part. (Dr. 19)

For this GP, in common with the others quoted in this section, holism does not relate simply to the type of therapy employed but to the style of medicine cultivated. In these terms, the doctor in the preceding account describes how the routine task of writing a prescription in general practice, if undertaken in the appropriate manner, can also be stylized as holistic. Such explanations may work to authenticate complementary therapies within the general practice setting in as much as they present an affinity between the holistic features of complementary treatments and the holistic features of wider general medicine. However, analysis also reveals another explanation of holism and complementary therapies within the GPs’ accounts. As the next section illustrates, while this other explanation may also perform the same task of legitimizing complementary practice within the GPs’ surgery, it does so in a different, and arguably, more direct way.

Holism in Terms of Generalism: Range Rather Than Quality

I think any form of general medicine where you are looking after the person as a whole person or within a family or within a community is holistic when you can hopefully offer as many different forms of therapy as possible. (Dr. 4)

I perceive general practice as a whole as holistic . . . in terms of how you tend to, how you approach helping with that medical problem, you know, the world is your oyster, you can do it any way you like, so general practice is holistic. (Dr. 1)

As mentioned earlier, we can also distinguish another formulation of holism from within the doctors’ accounts. This explanation of holism is in most cases situated alongside the claims of treating the whole person. Interestingly, this second presentation also acts to augment the definition of holism as shown previously. As one GP explains his understanding of the concept of holism:

If someone can claim that they can deal with 90, 95 percent of any medical problem or attempt to deal with 95 percent, and also perhaps look after the patient within the wider setting of the family and the community, then that’s holistic medicine. (Dr. 18)
And another practicing acupuncturist puts it like this:

I would say that a holistic approach just includes everything, it doesn’t exclude anything . . . . I mean, I include [acupuncture] where I think it’s appropriate . . . . I mean I’m not trying to move into a different like frame of treatment and think only of acupuncture and not western medicine. I mean I would see it as less holistic to offer somebody only acupuncture and ask them not to use western treatment. (Dr. 19)

These descriptions of holism center attention not upon the content or style of different therapies, whether they be conventional or otherwise, but rather define holism in direct relation to the range of skills and treatments a practitioner has at his or her disposal and therefore potentially treat a broader range of problems. In these accounts holism is quite blatantly portrayed as both synonymous with and yet as expanding the potential of generalist medicine. Despite complementary therapies not being necessarily seen as holistic in themselves, they are often credited with a central role in developing holistic general practice. This is because, according to these GPs, holism is defined as the application and mixing of approaches rather than simply the use of a medical therapy.

DISCUSSION

This article illustrates how the doctors present two general understandings of holism and how these presentations are drawn upon by the GP therapists in their explanations of their integration of complementary therapies within general practice. Both of the descriptions of holism forwarded by the GPs act as an important resource for legitimizing complementary therapies to general practice; the concept of holism is drawn upon and presented in a manner which helps the GPs justify their involvement with "other" therapies. Such justification is vital to any further direct integration of complementary therapies within the general practice community. For, despite the increasing moves toward integration, the practice of complementary therapies still remains a controversial issue within the medical profession. Opposition to integration may come from a disparate range of sources (examples being more traditionally oriented GPs, managers, health care purchasers and doctors from other, what are often perceived as more prestigious, branches of medicine [Furnham, 1986]) and these opposing players will need convincing of the merits of complementary medicines if the therapies are to be systematically incorporated into mainstream health care.

The plight of integrative practice initiatives is not made any easier by the current cash-strapped environment of the NHS, which has led some to question whether the practice of complementary therapies within the service is either possible or desirable (Peters, 1994). An important aspect of such questioning has centered upon whether NHS integrative practice can maintain and harness the holistic elements of complementary therapies which are seen to characterize therapy in the private sector (Cant & Sharma, 1996). Such holistic tenet of practice as the spiritual dimension to care is seen by many as unlikely to transfer easily to the practice of complementary therapies by orthodox NHS practitioners, given the financial and time constraints currently experienced by the NHS staff (Bay, 1995; Johnson, 2000).

In light of these circumstances, we can contextualize the doctors’ explanations of enhancing holism through integration as a powerful resource in the ongoing battle to convince others of the place and worth of complementary therapies within general practice. Holism is a popular concept across the medical community (Porter, 1997) and one that appears to attract much public support (Saks, 1994). As such, it may be that to package complementary practice in terms of an enhanced holistic approach to health care will make
integration more palatable in the eyes of some critics and thereby help establish the practice of complementary therapies within the accepted boundaries of an increasing number of GPs' surgeries.

Yet, the significance of the GPs' explanations does not rest simply on their association of complementary therapies with the term holism. What are also interesting, and arguably equally if not more revealing, are the particular and different presentations of holism given by these doctors. For example, while the GPs talk of holism in terms of complementing a traditional medical approach through acknowledging the psychological and social dimensions of illness, they do not include any talk of spirituality or philosophical underpinnings in their explanations of holism or complementary therapies. Again, this type of presentation may help authenticate "other" therapies to the general practice setting through promoting a style of practice which is more likely to be acceptable to hostile colleagues. This is a particularly poignant aspect of integration given the difficulty members of the medical profession seem to experience with the concept of spiritual care and healing (Rankin-Box, 1998; Saks, 1995). In this analysis of the GPs' accounts, one of the descriptions of holism presented relates not so much to the style of medical practice delivered but to the range of different skills and techniques that can be drawn upon to treat the patient. This presentation can be seen to do much rhetorical work for these GPs.

Acknowledging the tendency of GPs to perceive non-medical counterparts as specialist practitioners (Adams, 2000; Peters, 1994), and recognizing that many lay therapists do not have established professional links or contacts with members of the medical profession (Tovey, 1997), this approach to holism, which stresses the range rather than the quality of health care, can be seen to put those therapists located outside the medical profession at a distinct disadvantage in terms of providing "holistic" treatments and care.

Moreover, given the general practitioner's unique gatekeeper role within the NHS (BMA, 1993), the definition of holism as the application and mixing of a whole range of techniques and technologies either administered by one sole practitioner or, at least, as close to hand and easily accessible by that practitioner, makes integrative practice as developed within the GP's surgery the only holistic form of medicine available. As such, these doctors interpret the concept of holism in a manner which appears, in part at least, to serve their own professional interests, quashing any threat to medical dominance posed by non-medically qualified therapists.

As Vickers (1993, p. 4) points out, "Holistic is a tricky word and it often comes to mean whatever a speaker wants it to mean." Indeed, what is revealed by the analysis presented in this article is that any examination of the competing claims about, and definitions of, holism could do worse than to keep in mind the professional interests and struggles currently engaging different medical and health care groups. Holism should not be seen as an unproblematic term or concept, the meaning of which is straightforward or fixed, but, instead, should be recognized as the subject of debate and negotiation between groups competing for positioning and resources in the health care arena.

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