Being holistic in practice: A hermeneutic phenomenological study

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Contents

Attestation of Authorship

I hereby declare that this is my own work and to the best of my knowledge and belief, it contains no material previously published or written by another person of material which to a substantial extent have been accepted for the qualification of any degree of diploma of a university or other institution of higher learning, except where due acknowledgement is made in the acknowledgements.

Signed: 

Dated: 8th July 2013

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Abstract

Holism is a relatively common claim, used by many health professions; however it has a particular meaning within the natural medicine context, underpinning the core of its philosophy. Despite the crucial role of holism there is little research into how it manifests in natural medicine. This study explored natural health experience of 'being holistic in practice'.

A hermeneutic phenomenological methodology was used guided by the philosophies of Heidegger and Gadamer. Recruitment was initially via a purposive sampling method, inviting participants already known to me, and then using a snowballing technique, asking participants for further contacts. Prospective participants were contacted by email, outlining the research and giving them the opportunity to respond. The five participants in this study are professional naturopaths and/or medical herbalists who identify themselves as being holistic in practice and who are currently practising either full-time or part-time. Individual, semi-structured research conversations were carried out. Coherent stories were drawn from the verbatim transcripts, and analysed using interpretive phenomenological methods.

The findings revealed how these practitioners carefully nurture their relationships with their clients, leading to the creation of a clearing or space for deeper communication. Specific embodied qualities of listening, allowing time, empathising and caring, sensing and knowing, being flexible, preparing and being authentic demonstrate a client-centred approach, all strongly underpinned by the core principles of the paradigm of natural medicine. This study shows the importance of natural health practitioners bringing these qualities into play within the therapeutic encounter. By implication, natural health education curricula ought to highlight ways of enabling students to learn and practise such complex qualities. It is through enacting intuitive embodied qualities, letting the clearing for deeper communication open up, that practitioners honour the principle of holism and guide their clients to explore their own health.

Chapter One:
Introduction

Focus of research

This chapter introduces the context of this study and explains my motivation to explore the experience of 'being holistic in practice' as it applies to the field of natural medicine at the present time in New Zealand. Holism is a term widely used, not only in the health professions, but in many other fields. There is little research into the practice of natural medicine and its philosophy and core principles, including holism. With the current increase in both interest and use of natural medicine therapies, and with the possibility of these modalities becoming regulated in New Zealand, it seems a pertinent time to look at the fundamental principle of holism and explore how this is currently put into practice.

An exploration of the phenomenon of being holistic in practice demands an interpretive approach. Using hermeneutic phenomenology methodology I have interpreted the experiences of five practising naturopath/medical herbalist participants. Hermeneutic phenomenology is suited to this research question which seeks to deeply explore this phenomenon and because of the importance of language in this methodology. Hermeneutics seeks to look for the meaning beneath the words that are used, consistent with my intention to investigate the core term 'holistic', while phenomenology seeks to explore lived experience.

My reasons for choosing this topic

I first came across natural medicine in my late teens, at the end of the 1970s, a time when I was exposed to alternative worldviews, I suppose loosely aligned with the 'hippy' and New Age movement. The concept that I could consult someone about my health to check that everything was functioning well and to identify potential weaker

areas in order to actively improve upon these, instantly appealed to me with its simple logic. While holding on to the ideals of natural medicine, I was distracted into another career and it was only in my mid-30s, with a feeling that something was missing in my life, that I decided to re-train in natural medicine.

Immediately following my training, I ran a naturopathic/ herbal medicine practice with a colleague for several years. More recently I have worked in tertiary education, at a private training establishment, which teaches naturopathy and Western herbal medicine. While in private practice I had been able to 'go about my business' every day and to function somewhat in a bubble, however moving into the world of education catapulted me into looking at a much broader picture. I became very interested in the political issues facing the profession and the external influences on natural medicine.

I began to question whether there was less attention paid to holism by practitioners in this field, which I felt could easily be attributed to a number of external factors: pressure from both the public and allopathic medicine for evidence-based practice; the influence of the supplement industry in promoting prescriptive treatments, with little consideration of the individual and a lack of understanding (by the public) of the difference between the paradigms of natural medicine and allopathic medicine. In addition, the growing emphasis on safety has enhanced the need for a sound knowledge of pathophysiology. While this is vital, it has nevertheless changed priorities in natural medicine education leading to more time spent on learning content from a scientific/biomedical paradigm.

To elaborate further on my own beliefs about health, while I believe it is our responsibility to take good care of our own health, I do not subscribe to the view that allopathic medicine is necessarily 'bad' and that everything natural, or included in natural medicine, is 'good'. I think there has been a tendency in the past for natural health practitioners to hold such a view, adamant in their belief that natural medicine alone was sufficient to cure everything. This really was an era of 'alternative medicine', with an element of disapproval cast towards those who 'gave in' and took allopathic treatments. I value that I live in an era and in a society where I can choose between

allopathic medicine and natural medicine in a rational way with no reprisals from my peers.

Prior to beginning my study in natural medicine (but after I had made the commitment to do so) I had the devastating experience of losing both my mother and sister to cancer within a short space of time. While I don't believe that natural medicine treatments could have changed their outcomes, the treatments that they endured strengthened my resolve to explore other ways, in particular prevention to avoid the advent of cancer. I believe there are many life choices that we are faced with where it is impossible to hypothesise how we might act until it happens to us– I feel like this about allopathic cancer treatments.

There is no doubt this life event coloured not only my newly chosen career path, but it changed my worldview entirely. I have however, discussed only a small part of natural health, focussing on physical treatments, and have not considered the full picture of treating holistically. I believe that symptoms that occur in the body are to greater and lesser extents often related to events in our lives, whether that is emotional upsets, fears or traumas. Accordingly I am aware my worldview of health differs from that of others, and from the allopathic viewpoint. Despite seeming to be subtle difference, the underlying presumptions about health can be vast and influence daily choices.

My interest into natural health practitioners' experience of being holistic is to explore whether the practice of holism goes beyond the obvious, of questioning clients' emotional state, relationships and spiritual beliefs. As an educator I search to improve my teaching of these concepts and life skills, which poses a challenge in the curriculum structure of learning outcomes and assessment.

In going forward as a profession, I believe that while issues of politics, research and registration must be managed, it is the underlying philosophy that is of greatest importance. These issues all necessitate holding true to the philosophical position of natural medicine, which has drawn me to this study. I hope to contribute to the understanding of this paradigm difference through exploring the phenomenon of 'being holistic in practice'.

As I begin the research process, it is important to identify and declare my pre-understandings around natural medicine that may influence my reasoning. Based on my experiences, here are some important points that underpin my own beliefs about health:

- I believe that natural health practice should receive greater recognition in our communities, and that it is currently undervalued and poorly understood;

- I believe that holding a holistic approach is a powerful tool in enabling healing of the 'whole' person to proceed; and

- I believe that illness and disease are not always solely physical but often have their advent in deeper emotional events and issues, that are apparent in the way people express themselves through the words they choose.

I will further discuss my pre-understandings and the steps undertaken to manage their influence on this study in Chapter Three, on methodology and methods.

Background

In order to provide a background to holism and natural health I will firstly discuss some definitions and terminology used in this thesis. I will then consider some definitions of health and holism, various models of health and the core principles of natural health. Current issues affecting natural health practitioners in New Zealand will be discussed, concluding an outline of the contents of each chapter.

Definitions and Terminology used in this study

In this thesis I will use the term 'natural health practitioner' to refer to individuals in practice, however I will use 'natural medicine' as a broad overall term. I choose to use the word 'medicine' qualified by 'natural' or 'herbal', in recognition of the broad meaning of medicine as in the "art of healing, cure, treatment, potion" (Harper, 2001-2012 http://www.etymonline.com/).

'Allopathy' is a word introduced by Benedict Lust, an American naturopath from the late twentieth century and refers to the dominant medical model of our current health

system (Di Stefano, 2006). I will employ this term and the adjective allopathic throughout this thesis.

Natural medicine practices in New Zealand have become collectively known as Complementary and Alternative Medicine, or CAM (Ministerial Advisory Committee on Complementary and Alternative Health, 2004). While this term is debated within the natural medicine professions, it is now reasonably well-known and well-understood. The term 'CAM' does reflect that natural medicine might be used in conjunction with other medicines (complementary), or chosen as an alternative, and this seems to be the general interpretation in New Zealand. Baer and Coulter (2008) state the term CAM appears to be a "political compromise between American *alternative* and the European *complementary* medicine" (p. 332). It is acknowledged while discussing some of the shortcomings of the term CAM, that there is currently no better term (Gaboury et al., 2012). A difficulty with the term 'CAM' however is the discrepancy that exists between inclusions and exclusions. For example, while in the West we might consider acupuncture to be a form of CAM, it is a well-accepted and 'mainstream' therapy in China (Gaboury et al., 2012). Where researchers have used 'CAM' with reference to their work, I will follow this terminology, with the assumption that it carries a similar meaning to 'natural medicine' and a similar philosophical basis.

The acronym IHC for integrated healthcare is also utilised, however this term is not currently used in New Zealand (Gaboury et al., 2012). 'Integrative medicine', which is used in New Zealand, generally refers to allopathic practitioners who use CAM treatments and work closely to, or within the allopathic system (Baer & Coulter, 2008; Barrett et al., 2003).

In using the word 'traditional', I will be referring to indigenous medicines within a cultural context. I avoid this term 'traditional' in a naturopathy/allopathy context because it is confusing – Although the allopathic system is sometimes referred to as traditional, when considering the direct historical lineage of natural medicine, I would tend to think of these natural medicine modalities as more traditional than 'modern' medicine which split from the traditional beliefs in the late nineteenth century to early twentieth century (Di Stefano, 2006).

Whether to use the term ‘client’ or ‘patient’ also warrants comment. My personal preference is to use ‘client’ to reflect the participatory nature of natural medicine. However with the practitioner stories, I will follow the lead of my participants in employing their terminology. In discussions about allopathy, I will use ‘patient’ as it is the term in current common usage. Occasionally the situation arises where client/patient is the most appropriate usage.

The various practices in natural medicine are frequently referred to as ‘modalities’. Some modalities that are covered by the term ‘CAM’ are naturopathy, herbal medicine, homeopathy, acupuncture, traditional Chinese medicine (TCM) and Ayurveda (the traditional medicine of India) (These latter two generally being considered as CAM in a Western context). Under the Ministerial Advisory Committee on Complementary and Alternative Healthcare (MACCAH) enquiry, CAM modalities were classified into five categories – Alternative medical systems (including naturopathy, and homeopathy); mind, body, spirit interventions; biological based therapies (including herbal medicine); manipulative and body-based therapies (including massage, osteopathy, chiropractic); and energy (*Complementary and alternative healthcare in New Zealand. Advice to the Minister of Health from the Ministerial Advisory Committee on Complementary and Alternative Health.*, 2004). This classification system was adapted from that used by the National Centre for Complementary and Alternative Medicine, in the United States.

Naturopathy is a broad practice, incorporating nutrition in the form of dietary advice and vitamin and mineral supplementation; herbal medicine; massage and other physical body therapies; lifestyle advice such as exercise, relaxation techniques. The spectrum of ‘modalities’ that individual naturopaths may or may not incorporate into their clinical practice is quite varied (Baer & Coulter, 2008; Barrett et al., 2004; Di Stefano, 2006).

Herbal medicine, as a modality, predominantly uses botanical medicines. These are commonly in the form of liquid tinctures made in a base of alcohol; tablets which are made commercially; dried herbs taken as infusions; topical preparations such as creams with liquid herb tinctures.

Definitions of Health and Holism

The World Health Organisation definition of health proposed in 1946 and not revised since then, provides a somewhat holistic view – "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" ("Preamble to the constitution of the World Health Organization as adopted by the International Health Conference," 1946). This definition is criticised for a number of reasons, including that it does not mention spirituality, which is assumed as an essential part of holism (Larson, 1999). There have been many calls to widen the definition of health as the focus shifts towards health and prevention and with the increase in chronic health conditions (Engebretson, 2003; Engel, 1977; Lindstrom & Eriksson, 2006).

The term 'holism' comes originally from Jan Smuts (1925) in his book "Holism and Evolution", to acknowledge the 'wholeness' of body mind and spirit, and of 'man' as part of a larger environment (Di Stefano, 2006; Harper, 2001-2012; McEvoy & Duffy, 2008). Adopted by the natural health movement, there is debate as to whether the interpretation of Smuts' concept of holism has been over-simplified (Baum, 1998).

Models of Health

Various models of health have been proposed to better address holism, including the differentiation into four separate theories of health – the medical model; the WHO model, the wellness model and the environmental model (Larson, 1999). The medical model focuses upon the absence of disease, while the WHO model is obviously based on the organisation's health definition (Larson, 1999). The wellness model has a goal of the promotion of optimal health, while the environmental model also takes into account the client's social and physical environment (Larson, 1999). Models of health were explored in one study through surveying CAM, allopathic and integrative practitioners and it was found that practitioners incorporated a range of definitions of health and that health models were generally fluid and not exclusive (Klimenko, Julliard, Lu, & Song, 2006). A combination of biopsychosocial, biomedical, well-being, environmental and holistic models of health were found to have contributed to practitioners' beliefs (Klimenko et al., 2006).

There are several pertinent models of health characterised by their strong association with holism, which I will discuss separately.

The biopsychosocial model

The biopsychosocial model was first proposed by Engel (1977) in response to weaknesses of allopathic medicine perceived at the time – firstly that it separated the body and mind; secondly that it held a reductionist view and thirdly that it depended on the view of the observer, reducing the human element between doctor and patient (Alvarez, Pagani, & Meucci, 2012; Engel, 1977). From the identification of these shortcomings, the biopsychosocial model sought to take a broader approach including investigating the patients' environment when they presented with illness (Alvarez et al., 2012).

Engel's (1977) model placed great importance on hearing the patient's whole story, for which it is criticised by some doctors due to the difficulty of achieving this with the time constraints of general practice (Seaburn, 2005). It has been suggested that collaboration between health professionals would be a more successful way to fully apply Engel's biopsychosocial model (Seaburn, 2005).

Salutogenesis

The theory of salutogenesis, closely aligned to the vitalistic paradigm and a 'holistic view of health', was developed by Antonovsky (1996) in response to his dissatisfaction with the allopathic paradigm (Lindstrom & Eriksson, 2006; Rakel, Guerrera, Bayles, Desai, & Ferrara, 2008). The term is coined from Latin meaning the origin of health, or health creation (Lindstrom & Eriksson, 2006). Antonovsky (1996) argued against the Cartesian dualism of mind and body and a health paradigm focussed on pathogens and fighting disease.

Blame is often placed upon the theories of Rene Descartes, 1596 – 1650, for dividing the consideration of humans into body and mind and leading to allopathic medicine's focus on the physical body (Aho & Aho, 2008; Di Stefano, 2006; Kubsch et al., 2007). Cartesian dualism is considered the construct that underpins reductionist theory.

As a reaction to this Cartesian dualism, Antonovsky's goal of salutogenesis is to change the central question in health from 'why do we get sick?' to 'why or how do some stay well?'(Lindstrom & Eriksson, 2006). This model of health is based on the hypothesis that the body is never either 'healthy' or 'sick' but continually fluctuates in a dynamic balance. It can be illustrated with a continuum of health, from total ill-health to total health or wellbeing. This continuum of health is cited in natural medicine texts (Pizzorno & Murray, 2005). Salutogenesis counteracts the criticism of the allopathic reductionist model of health which defines health as an absence of disease.

Psychoneuroimmunology and Mindbody medicine

Psychoneuroimmunology seeks to describe the links between thought and state of health, focussing on the immune, nervous and endocrine system (Dreher, 2003). Through discoveries of cellular receptors and cell communication, much more is known about these mindbody connections, providing scientific justification for these theories (Dreher, 2003; 1997). Mindbody medicine can encompass a wide range of therapies including visualisation, biofeedback, hypnosis, however the most important principle of viewing the person as a whole should be retained.

The term "meaning-full disease" is used to describe connections the mind and body and illness that arises as a result of unresolved emotions, citing the significant connections in the language that clients use to describe their illness, a phenomenon known as somatic metaphor (Broom, 2007). Taking a mindbody approach the client's life story is explored as a means to identify underlying cause of illness (Broom, 2000). To cite an example, a woman with a bad rash on her face who, upon questioning, admitted that she couldn't face up to an aspect of her life (Broom, 2000). However applying a fundamental approach must be avoided, keeping the client-centred emphasis on their particular circumstances, thus the interpretation of one story cannot be applied to another (Broom, 2007).

From this brief discussion of models of health, I will discuss the underlying philosophical differences between the vitalistic paradigm of natural health and that of allopathy, and also outline the principles of naturopathy.

Paradigm differences

Allopathic medicine can be defined as being a reductionist paradigm, by its tendency to view the body as a machine, where parts that 'malfunction' can be repaired. Along with the Descartes' separation of mind and body, this mechanical view of the body can be traced back to Vesalius in the late 16th century, whose anatomy book *'De Humani Corporis Fabrica'* changed medicine by offering an internal picture of the workings of the body (Di Stefano, 2006). A further example of a reductionist viewpoint is Pasteur's germ theory, where illness is caused by an outside agent and a cure is attained by taking a curative agent (Pizzorno & Murray, 2005).

In the allopathic model, when a health issue occurs and a visit to the General Practitioner ensues, patients are generally given a plausible diagnosis and appropriate treatment. They take the treatment and the issue usually goes away quickly (or at least the symptoms subside quickly). Albeit a brief and simplistic overview, in this model illness is not usually connected with the deeper, perhaps emotional causes. There is usually no expectation to change behaviours and habits that may have contributed to that state of heath (it's much easier to take a pill) (Pizzorno & Murray, 2005).

The vitalistic paradigm of natural medicine views disease as the body's attempt to restore balance. Healing in this paradigm should focus on long term solutions to disease in which the client participates. Symptoms may be seen as a positive sign that nature is acting to return the organism to optimum health (Pizzorno & Murray, 2005). Thus the commonly held public perception that natural medicine is similar to allopathic medicine, but uses 'natural' compounds to treat, is incorrect and completely omits the principle of holism. The perception of the similarities between the naturopathic and allopathic systems seems to be reinforced by media coverage of natural medicine that tends to focus on the scientific evidence for products, missing the true holistic nature of natural medicine.

Core principles in natural medicine

Modern naturopathy recognises its core principles as defined at the Rippling River conference which took place in 1989 in Oregon in the United States. These principles are *Vis Medicatrix Nature* (the healing power of nature); *Tolle Causum* (identify the

cause); *Primum Non Nocere* (first do no harm; *Docere* (doctor as teacher); *Treat the whole person* and *Prevention* (Pizzorno & Murray, 2005). These principles are central to the paradigm difference between allopathic and naturopathic medicine. They contribute to the concept of holism and as such, each principle requires further exploration.

Vis Medicatrix Nature is allied to the concept of the vital force. Treatments should gently stimulate '*the Vis'* to re-establish a natural state of good health (Pizzorno & Murray, 2005). Practitioners will seek to use remedies in a form as close to nature as possible, as these are viewed as superior. Thus in herbal medicine, the whole plant is preferred, as opposed to standardising extracts with one constituent being dominant. The view is held that all the constituents contribute to the healing power of nature, and no one is preferential above another. The example of the herb *Salix alba,* white willow, as the original source of salicylates, is often cited by teachers of herbal medicine, (although no reference could be located). Salicylic acid on its own is known to cause the side effect of gastric distress and bleeding, but no such side-effect ever occurred with whole *Salix alba* extract. While the constituent that provides this protective effect to counteract the salicylates is unknown, great value is placed upon the wisdom of nature and the inherent healing power of plants and foods as medicines in herbal medicine.

Tolle Causum: Natural medicine values finding the cause of ill-health, in order to avoid a recurrence and this is generally regarded as true healing (Pizzorno & Murray, 2005). The contrast may be drawn with allopathic medicine, which often attends to symptoms without addressing the cause directly.

Primum Non Nocere, or do no harm, is also a doctrine of allopathic medicine. As applied to natural medicine the remedy should gently cause the system to rebalance itself, without undue reactions and side-effects (Pizzorno & Murray, 2005).

Docere: With the same verb meaning both teacher and doctor in Latin, there is an emphasis on education and the sharing of knowledge as opposed to directing clients to do certain things (Pizzorno & Murray, 2005). This highlights the co-operative relationship in natural medicine between practitioner and client. In addition this principle implies that the practitioner should set an example of good health.

Treat the whole person: Here is the principle of holism explicitly expressed. The natural medicine practitioner will take a global view and consider the whole body and how symptoms in one body system might impact another, and consider emotions, spiritual beliefs, social and environmental factors (Pizzorno & Murray, 2005).

Prevention: Prevention is seen as the best cure. Natural medicine actively promotes lifestyle changes to prevent future illness. If one's state of health is seen as a continuum, rather than an absolute, then there is always the possibility to further improve health (Pizzorno & Murray, 2005).

Having discussed the principles of natural medicine, I will now consider the political and situation in New Zealand, of attitudes towards natural medicine and issues facing the natural health profession.

Attitudes to natural medicine

Consistent with worldwide trends, natural medicine is being used in New Zealand with increasing popularity, as the latest figures from the 2006/2007 NZ Health Survey findings that 1 in 5, or 18.2% of New Zealanders have consulted a natural health practitioner (Coulter & Willis, 2007; Ministry of Health, 2008). Of these, 25% of these saw either a homeopath or naturopath; and 6.5 % saw a medical herbalist (Ministry of Health, 2008).

Homeopathy is sometimes confused with naturopathy and while not immediately relevant to this study, some clarification is justified: The combining of the modalities of homeopathy and naturopathy in the NZ Health survey, is anomalous to those in the natural medicine professions (Ministry of Health, 2008). Homeopathy is a system originally developed by Samuel Hahnemann in the eighteenth century, based on the concept of like cures like. As a very simple explanation, if a substance is known to cause certain symptoms, that substance might be used for someone exhibiting those same symptoms in order to cure them. The remedies are prepared through a series of dilutions, so there is generally no physical substance remaining. The energy of the original substance is believed to become stronger with each dilution of the homeopathic remedy (Pizzorno & Murray, 2005). Homeopathy is currently a contentious issue

worldwide, with accusations that any results achieved are only via a placebo effect because the remedies are 'just water' (Ernst, 2010). Whilst beyond the scope of this thesis to further discuss homeopathy, the attitudes that are provoked provide an example of the inequity of applying a critique from one system to a very different paradigm.

There is little doubt that the public are attracted to natural medicine/CAM and researchers have attempted to address the reasons for the increasing uptake. There is consensus between such studies with similar themes recurring, such as dissatisfaction towards allopathic medicine for its "brief and disempowering" (Hyland, Lewith, & Westoby, 2003, p. 34) consultations, a criticism which is often cited in the literature. Clients appreciate that they are viewed as 'holistic' when they visit a natural health practitioner, that they are treated as individuals and that practitioners endeavour to consider all aspects of their health. The client-centred approach, where clients are carefully listened to and take an active role is also valued. Natural medicine treatments are seen as safe, non-invasive and effective for chronic diseases and resolving long term health issues (A. Mitchell & Cormack, 2005). Generally however, it is an affinity with the philosophical basis of natural medicine that attracts clients (F. L. Bishop, Yardley, & Lewith, 2007; Hyland et al., 2003).

A survey of natural health practitioners and clients, comparing natural medicine and allopathic medicine, considered themes of holism, empowerment, access and legitimacy (Barrett et al., 2003). The practitioners who participated in this survey believed that they addressed holism by addressing physical, social, psychological and spiritual aspects of their clients' health and in offering individualised treatments and empowering their clients (Barrett et al., 2003). In a further study of natural health practitioners and their beliefs and practices, the desire to gain recognition and to integrate into the mainstream health system was apparent, but a lack of public knowledge into their practice was cited as a barrier (Barrett et al., 2004).

The increased interest in popularity of natural medicine is demonstrated by a flourishing supplement industry and an ease of availability of an astonishing range of products (*Complementary and alternative healthcare in New Zealand. Advice to the Minister of Health from the Ministerial Advisory Committee on Complementary and Alternative Health.*, 2004). However the distinction should be made between professionals

practising natural medicine and holding comprehensive consultations with their clients, and the natural health supplement industry, where the public frequently self-prescribe over-the-counter products. By contrast the profession of natural medicine is very small, poorly researched and consequently poorly understood. Yet it occupies a potentially important niche. Central to the core of natural medicine practice is the concept of prevention and health improvement. Therefore natural health practitioners could provide an otherwise untapped resource within the health system, and given the opportunity, could make a valuable contribution to the implementation of goals of the New Zealand Health Strategy particularly considering the Strategy's focus on prevention (*The New Zealand health strategy*, 2000). The goals of dietary improvement to alleviate obesity rates, diabetes, heart disease and cancer could be well-addressed by natural health practitioners (*The New Zealand health strategy*, 2000).

Issues affecting Natural Health Practitioners

Issues such as professionalisation, the desire for regulation and registration, and collaboration with other health professionals have been identified as affecting the current status of natural health practitioners (Coulter & Willis, 2007). The MACCAH report, published in 2004, focussed on four main areas of regulation; consumer information needs; research, evidence and efficacy; and integration (*Complementary and alternative healthcare in New Zealand. Advice to the Minister of Health from the Ministerial Advisory Committee on Complementary and Alternative Health.*, 2004). The possible contributions that CAM might make to the New Zealand Health Strategy were also considered. While a number of recommendations for further research, improved consumer information and greater collaboration between CAM professions and allopathic medicine were made to the Ministry of Health, few tangible changes have resulted.

Registration and Regulation

Natural medicine organisations in New Zealand are beginning to organise themselves to apply for registration under the Health Practitioners Competence Assurance Act 2003 (HPCA). The New Zealand Association of Medical Herbalists, NZAMH, succeeded in having their initial application accepted in 2007, a decision that was reversed after the

change of Government in 2008. With a current review of this Act being undertaken, all applications are on hold until the review is completed (*New Zealand Association of Medical Herbalists*, 2013).

Natural health practitioners remain accountable to the public under the Health and Disability Act and must adhere to the Health and Disability Commission's Code of Health and Disability Services Consumers' Rights Regulation 1996, as does any practitioner supplying health services. However when complaints are made the Health and Disability Commission has no jurisdiction over natural medicine and therefore cannot stop practitioners from practising (*Health & Disability Commissioner. Te Toihau Hauora, Hauatanga*, 2009; Torrie, 2012).

As has been the experience of other professions gaining registration, control and legislation can bring compromise (Dew, 2003; Wiese & Oster, 2010). It is important that as the process of regulation advances, the philosophy of natural medicine and its core of holism are not lost, as has been perceived by natural health practitioners in Australia where access into the mainstream resulted in some sacrifice to traditional scope of practice (Wiese & Oster, 2010). While issues of educational standards, regulation of practice and access to medicines, alterations to scope of practice, the poor status of the profession and loss of integrity are discussed, holistic practice is not specifically mentioned in this article (Wiese & Oster, 2010).

The current professional standard for qualifications in New Zealand is three year Level 6 or 7 diplomas or degrees, but without registration there is no requirement for practitioners to be qualified, nor are the titles of 'naturopath' or 'medical herbalist' protected. The onus is on the client to investigate whether the practitioner they are seeing is appropriately qualified. There is no requirement for qualified practitioners to be members of a professional body, nor to hold professional indemnity insurance nor to participate in continuing professional development. This is a situation which natural medicine professionals in clinical practice, anecdotally, may like to see rectified. Those with appropriate qualifications and successful practices and wishing to collaborate with other health professionals, seek to distance themselves from amateurs who are working in the field.

Research into natural medicine

A common criticism made against natural medicine is that there is a lack of research identifying effective practice. Pressure to move towards a system of evidence-based practice exists (Braun & Cohen, 2010; Ernst, 2006). The body of evidence in natural medicine is considered to be at the 'lower' levels of evidence such as observational studies and case reports, considered less prestigious in an evidence-based world. Various researchers assert there is a need to think beyond the double-blind clinical trial in natural medicine and that CAM therapies should be evaluated in a way consistent with their philosophies and practices (Baer & Coulter, 2008; Hansen & Kappel, 2010; Walach, Falenberg, Fonnebo, Lewith, & Jonas, 2006). The definition of evidence seems to have become synonymous with the gold standard of the double blind randomised trial, and this seems to have left both professional and consumers within the natural medicine paradigm somewhat confused.

While there is no dispute over the need for good clinical evidence, natural medicine and CAM therapies have a long history of traditional knowledge that should also be honoured. Natural medicine and allopathy have vastly different methods for selecting medicines. Natural health practitioners, with an array of inherently safe remedies, will use a variety of means of selecting which might be suitable for each client's condition, individualising to the client's totality of symptoms, rather than 'treating the illness' (Di Stefano, 2006). With this intent to treat individually, treatment is likely to be varied and multi-faceted and therefore may not be traceable to any one agent. It is more likely that changes will be gradual as health improves and dramatic results are not generally expected, thus results may be more of a qualitative nature rather than quantitative.

It has been argued that even with insufficient evidence, if there are no obvious safety issues for a particular natural treatment, that the public should not be limited in their access to them (Hansen & Kappel, 2010). The MACCAH report advocated access to natural medicines in New Zealand where there was evidence of safety, efficacy and cost-effectiveness (*Complementary and alternative healthcare in New Zealand. Advice to the Minister of Health from the Ministerial Advisory Committee on Complementary and Alternative Health.*, 2004).

This issue of where exactly the natural medicine professions sit with evidence-based practice has not yet been resolved. I have noted from my own teaching experience that new practitioners in particular seem to be confused as to what level of evidence they should apply before treating. A case could be put forward to promote practice-based evidence as being a valid means to justify clinical choices.

Safety

There is a perception that natural products are very safe, which is largely true. While there have been adverse reactions reported, there have been no reported deaths in New Zealand from natural supplements according to a survey of coronial findings carried out by Dr W Bain in his capacity as Acting Chair of the Coroner's Council (Bain, 2006).

Professional prescribing should not lead to any adverse reaction, as any possible herb-drug interactions should be foreseen and avoided, however natural products should not be regarded as safe solely by virtue of being 'natural'. Natural products have their own therapeutic ranges, which vary and there is potential for danger in the area of interactions with pharmaceutical medications (Mills & Bone, 2000).

There is concern, consistent with trends overseas, about the dangers of people presenting to allopathic practitioners and not disclosing their use of natural medicines (Nicholson, 2006). However, it is important to note that Nicholson used the following definition of CAM: "any product including herbal remedies, vitamins, minerals, and natural products that can be purchased without a prescription at a health food store, supermarket, or from alternative medical magazines and catalogues, with the purpose of self-treatment" (Anderson, Shane-McWhorter, Insley Crouch, & Anderson, 2000, p. 958). This definition provides a further example of the inadequacy of the term 'CAM' and its use in this situation differs greatly from the position of this study which focuses on professional practitioners.

A recent case covered in the New Zealand media detailed a woman, described as an iridologist, who continued to treat a client with an obvious cancer and an active lesion on skull for 18 months without correct referral for allopathic treatment (Torrie, 2012).

Cases such as this reinforce the need to regulate the natural health professionals in order to identify those who practice professionally and to protect the public.

Collaboration

The rising popularity of natural medicine and increasing consumption of supplements demands a greater need for co-operation and collaboration between allopathic health practitioners and natural health practitioners (Baer & Coulter, 2008; Braun & Cohen, 2010). Collaboration suggests that each profession hold their own domain and there is cooperation between them, but this cannot take place in an environment where professions do not understand and respect one another. Professionals do not necessarily need to work within the same paradigm for this to take place but it does require a sound understanding of each other's modality.

There is however a perceived threat within natural medicine from other practitioners adopting treatments and therapies without the accepted philosophical stance (Baer & Coulter, 2008). Tensions exist around models of integrative medicine offering allopathic care with a 'holistic basis' where it is perceived that the concept of holism is being taken over within an integrated system of healthcare, (Fulder, 2005b). The extent to which holism underpins integrative practitioners might be questioned and this may pose a risk to natural health practitioners, as currently allopathic practitioners are more likely to refer to colleagues who have some training in CAM modalities than to a natural health practitioner (Templeman & Robinson, 2011). If there is to be increasing co-operation between the two paradigms, there needs to be far greater understanding by allopathic practitioners of their colleagues practising natural medicine.

Conclusion

Natural medicine in New Zealand is complex and is currently fraught with many socio-political issues. These 'big picture' issues, impact on the future of practice and put the core principle of holism at risk.

Structure of this thesis

Chapter One: In this chapter I have outlined my reason for choosing this research topic and some background behind it. I have given an overview of the pertinent factors impacting on natural medicine in New Zealand at this time.

Chapter Two: In the next chapter, in the literature review, I will explore theories of holism and healing, followed by exploring research around holism in practice. The articles that I will use are from nursing, occupational therapy, spirituality and Maori worldviews of health. By outlining relevant research, I will identify the gap in knowledge and justify this study.

Chapter Three: In this chapter I will outline the methodology I have used. The underpinning methodology for this study is hermeneutic phenomenology, primarily drawn from the philosophies of Heidegger (Harman, 2007). Heidegger's phenomenology seeks to reveal the meaning of lived experience. Hermeneutics looks beyond what is said, to find the meaning concealed in the language (R. Geanellos, 1998a; Koch, 1996). Thus, hermeneutic phenomenology looks at the interpretation of life experiences or phenomena and the meanings that they contain. These goals of exploration and deeper understanding within this methodology, make hermeneutic phenomenology an appropriate choice for this research question of exploring the meaning of 'being holistic in practice'.

Chapter Four: This is the first of three chapters on the findings from research conversations with participants. In this chapter I focus on the question 'What is holism?' and the practitioners thinking around this concept.

Chapter Five: 'Being Holistic': In this chapter I look at the practitioners' experiences of being holistic in practice.

Chapter Six: 'Jo's stories' – A holistic approach: The last of the three findings chapters focuses on stories from one practitioner, separated out because of their vivid illustrations of the lived experience of being holistic in practise.

Chapter Seven: In this chapter I will discuss my findings and begin to draw conclusions about being holistic in practice, and about what might distinguish being holistic in a natural medicine context from other health modalities. I will also identify the implications for clinical practice, for natural health education and for on-going research.

Appendices: The appendices A – F comprise a glossary of Maori terms; copies of ethics approval; pertinent documents given to potential participants; a confidentiality agreement; and questions for the research interviews.

Chapter Two:
Literature Review

In this literature review I will firstly discuss theories on holism across a number of different health fields. I will then consider criticisms that natural medicine does not adhere to its goal of holism. This will be followed by looking at the research literature on holism in practice. Inevitably in discussion on holism, definitions and models of healing will be included as the two are usually closely linked. This discussion will situate current thinking in order to identify gaps in the research that will be addressed by this study which asks "what is the meaning of being holistic in practice?"

Search method

A literature search was carried out using two databases which include research from allied health disciplines – Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Allied and Complementary Medicine (AMED). The key search items used were 'holism', 'holism and complementary, 'holism and CAM' and 'natural medicine'. Articles on holism in a natural health context, or articles which discussed concepts of holism as a model of health were sought. Few journal articles fitted these inclusion criteria, as they generally focussed on the use of CAM by other health modalities, CAM use for specific diseases, attitudes towards CAM, or incorporating CAM into allopathic medicine education. The term 'natural medicine' yielded articles focusing on methods of cultural healing, such as Ayurveda or traditional Chinese medicine, which were often of a more clinical nature, related to a specific condition or disease. Further searches of 'holism and spirituality' and 'Māori and health' were carried out to broaden the search. The search terms 'Holism and nursing' proved too broad, however 'holistic nursing and phenomenology' was used to better result. Additional articles were traced through scanning reference lists. References such as textbooks, relevant journal articles and several theses already familiar to the writer were also considered for inclusion in this literature review.

Theories of Holism and Healing

The inclusion of mental, emotional and spiritual aspects is predictably common in the literature when defining 'holism' (Di Stefano, 1998, 2006; Erickson, 2007; Hsu, Phillips, Sherman, Hawkes, & Cherkin, 2008; McEvoy & Duffy, 2008). While many of the articles listed above cite mental, emotional and spiritual factors as being important, they typically contain no further explanation as to how these aspects might be addressed, although the importance of the therapeutic or healing relationship for the healing process to take place is noted throughout the literature (Scott et al., 2008).

The term 'holistic' is examined from a philosophical viewpoint in Nelson's (2004) PhD thesis entitled "The Philosophy and Practice of Holistic Health Care" as she attempts to better define holistic health care. Nelson (2004) argues that Smut's meaning of holism is far broader than the currently accepted definitions, as she systematically identifies current understandings, misconceptions and differences associated with the term 'holistic health care'. Key reasons for the confusion are identified as a lack of clearly defined limits and therefore no agreed meaning of holism, with holism being used as a "slogan" (Nelson, 2004, p. 9) without regard for the imprecision created by the use of the term. To clarify what constitutes 'holistic health care' in the context of a CAM treatment, Nelson asks whether 'holistic' is a different way of seeing the person or the problem; a different health view; the inclusion of broader factors such as environmental social and lifestyle, or simply due to the application of traditional forms of medicine.

The core findings of Nelson's (2004) study are that holism is dependent on context, and is practised and accepted by those who hold a compatible worldview. Nelson argues that greater attention must be paid to 'the parts' in order to be successful in the practice of holism concluding that "Holism is a collection of theses about the nature of wholes and the relationships between parts and wholes. Holism is primarily about properties." (Nelson, 2004, p. 225). Holism remains difficult to define and cannot be "named, described or expressed. It is enigmatic, it resists capture and deployment. However it is recognizable. It is possible to describe characteristics that indicate its presence." (Nelson, 2004, p. 284). Nelson's description portrays the challenge of incorporating all aspects of holism in a definition. This research is valuable in its determination to clarify the variety of interpretations of the ethereal concept of holism. The way that holism is

defined by Nelson is strongly reminiscent of Heidegger's hermeneutic circle, which focuses on the relationship between the whole and the parts (Harman, 2007).

Theories of holism within different health disciplines will now be discussed. Due to the constraints of a Master's thesis the search was limited to nursing, occupational therapy, spirituality and Māori. The lack of research relating specifically to natural medicine necessitates drawing upon these other disciplines. It is also useful to consider other disciplines in order to differentiate and identify the particularities of being holistic in practice in the context of natural medicine.

Holism in Nursing

Theoretical definitions of holism are complex covering many inter-personal skills, including participating in a caring and healing field, presence, intentionality, unconditional acceptance, love, compassion, finding meaning, and self-care knowledge (Erickson, 2007). In contrast Erickson (2007) cites "imbalance and disharmony" (p. 140) in relationships as detracting from being in full health.

Concept analyses to explore the concept of healing in nursing, through literature review and illustrative case studies, led to complex definitions incorporating a sense of wholeness, spirituality, transformation and the importance of caring relationships (McElligott, 2010; Wendler, 1996). Both McElligott (2010) and Wendler (1996) aimed to define healing but consequently incorporated holism into their analyses.

A further concept analysis, this time focussed on holism as related to nursing, identified "mind, body and spirit", "whole" "harmony" and "healing" (McEvoy & Duffy, 2008, p. 416) as the attributes and keywords in a literature review related to holism. Subsequent to the literature search, the antecedents and consequences are identified; these are the events which need to be in place before and after the concept can occur, such as "communication" and a "caring environment" (McEvoy & Duffy, 2008, p. 416). Consistent with other studies, McEvoy and Duffy (2008) concur with the difficulties in clearly defining holism (Barrett et al., 2004; Baum, 2010; F. L. Bishop et al., 2007; Nelson, 2004). Derived from the attributes that were identified, the following definition of holistic nursing was proposed:

> Holistic nursing care embraces the mind, body and spirit of the patients, in a culture that supports a therapeutic nurse/patient relationship, resulting in wholeness, harmony and healing. Holistic care is patient led and patient focussed in order to provide individualised care, thereby, caring for the patient as a whole person rather than in fragmented parts. (McEvoy & Duffy, 2008, p. 418).

While the definition is full and comprehensive, the methods by which McEvoy and Duffy (2008) arrived at the 'attributes' are not well described. There are no elements of this definition that are exclusive to nursing and, as such, it could readily be applied to natural medicine.

The concept of holism is cited as one of the differentiating characteristics of nursing as opposed to other allopathic health professions (Engebretson, 1997). The limitations of holding views that are polarised between holism and allopathy are discussed and criticisms are made of the view that those practising holistic therapies ignore a scientific approach; as is the perception, from an allopathic standpoint, that the scientific reasoning within CAM is poor (Engebretson, 1997). In calling for a softening of these polarised perspectives, a model is put forward which defines many CAM modalities, situating them in relation to one another, and citing this as a means to promote better understanding (Engebretson, 1997). It is suggested that research can be undertaken to investigate the relationships between the various techniques to increase their acceptance within the allopathic health model puts forward (Engebretson, 1997). However it is unclear how the model proposed by Engebretson (1997) could be successful in leading to a more holistic approach.

The literature about holistic nursing also discusses the importance of self-care, self-awareness and a sense of wholeness in order for nurses to effectively offer holistic care to others (A. H. Bishop & Scudder, 1997; Deards, 2004; Hummelvoll & Barbosa da Silva, 1994). The need for maturity is discussed by Jackson (2012) in order to manage sensitive situations and to maintain holistic practice with a balance of sound nursing techniques and humanistic qualities.

The literature on holism in nursing proposes broad definitions of holism and health and identifies a number of important communication and personal skills for caring for

others. While relevant in building a view of what is deemed as important aspects of holism, these theoretical concerns need to be related to the experience of natural health practitioners of 'being holistic'.

Holism in Occupational Therapy

Occupational therapy has long been considered a holistic health profession, embracing holism as a founding principle (Bridle, 1999; Hemphill-Pearson & Hunter, 2008). Occupational therapy seeks to address social, psychological and environmental factors and, as such, includes a broader holistic approach than only mind-body-spirit (Finlay, 2001). However, confusion exists around the use of the term 'holism' and the gap between the concept and practice, due to individual interpretations of the term (Finlay, 2001). Indeed, in some of the literature, the pressure to be holistic appears to exist almost as an added work demand for practitioners (Finlay, 2001).

In arguing for a holistic approach in mental health in occupational therapy, two meanings of holistic care were identified (Hemphill-Pearson & Hunter, 2008). The first refers to holistic therapies, wherein a wide range of treatments are offered in an integrative centre, while the other meaning is that of holistic centre or health retreat, also with a variety of modalities on offer. The difference between these two models is not well-defined, although they seem to imply that the first option is for those who are 'ill', and the second for those who are essentially 'well'. This alludes to a dichotomy of ill-health and wellness as being the only options, a concept that is inconsistent with holistic models of wellness based on a continuum where health is always in a state of flux (Pizzorno & Murray, 2005).

These articles selected from the field of occupational therapy indicate some confusion around the topic of holism despite its long tradition of holism. The area of spirituality also demonstrates misperceptions.

Holism and Spirituality

Like holism itself, spirituality is subject to confusion and a variety of definitions, despite spirituality being considered an essential part of health and the healing process (Hancock, 2000). Talking about spirituality to clients and patients has commonly been identified as a weak area for health professionals and consequently, there are calls for

better education to teach health practitioners how to effectively discuss spirituality (Davidson, 2012; Greenstreet, 1999; Lemmer, 2002; M. Mitchell & Hall, 2007). The separation between medicine and the church is cited as being a contributing factor in the difficulties health professions have in broaching the subject of spirituality with their clients (Engebretson, 1996). The recommendation is firstly to up-skill doctors and nurses in managing the 'spiritual conversation', and to then extend to the whole health sector, in order to improve spiritual competence (Davidson, 2012).

The divergence between spirituality and religion is commonly a cause for confusion, but the two concepts can be differentiated as follows: spirituality is a personal internal process, whereas religion involves a structure with set beliefs and social functions (Nash & Stewart, 2002). A simpler description, however, is that spirituality gives a person a means to participate, hope and connect with God or a higher power or nature (Wills, 2007). There is also the freedom to develop one's own "potpourri of beliefs" (Bolletino, 2001, p. 91). This modern-day phenomenon where people 'dabble' and select aspects of other cultures to serve their various needs, is known as "pragmatic acculturation" (Quah, 2008, p. 419).

Addressing spirituality requires skilful communication of the type already apparent within a successful therapeutic relationship. The most essential is the ability to put one's own feelings and beliefs aside to allow clients to express themselves. This is labelled as "harnessing" by Nash and Stewart (2002), and is reminiscent of Husserl's bracketing (Harman, 2007). Husserl believed it was possible to compartmentalise beliefs during the research process in order to minimise personal bias, a practice he referred to as bracketing. Compassion and empathy are essential to develop a spiritually sensitive practice (Nash & Stewart, 2002). The questioning process need not be complex and it is suggested that a practitioner might ask "What gives you strength and nourishes your spirit?" (Hegarty, 2007, p. 43). An approach of holding reverence for the sacredness of life is proposed as common ground between practitioner and client (Bolletino, 2001). Overall it is important that education in spirituality is broad to allow for individual difference of belief (Lemmer, 2002).

Despite some suggestions from the literature, uncertainty remains for practitioners trying to incorporate spirituality into practice. In addition the issue of boundaries and

scope of practice arises, with the question as to who should be carrying out spiritual care. Significant comparisons can be made between holism and spirituality in both the difficulty in clearly arriving at a common definition and then the difficulty in teaching them. Further, there is tension in crossing into the sacred territory of other's beliefs, perhaps breaching their spiritual safety, with or without their permission. Literature in the New Zealand context frequently explores spiritual safety alongside cultural safety (McCarthy, 2005; Papps & Ramsden, 1996).

Holism and Māori Worldview

Māori worldviews on health are inherently holistic (Durie, 2001; Mark & Lyons, 2010; D. Wilson, 2008). While a number of Māori models of health exist, the most common is that of *'te whare tapa wha'* proposed by Dr Mason Durie (2001). The model is composed of four parts, which all need to be considered to obtain full health. These parts are '*whanau'* the family, *'tinana'* the physical body, *'Hinegaro'* the emotions and *'wairua'* the spiritual dimension. There is the obvious inclusion of family, which is additional to other holistic models of mind-body-spirit. While Māori health is currently of concern with over-representation in morbidity and mortality statistics, in pre-European times Māori needed to be in optimal levels of health in order to perform the activities of daily life, a goal inherent in natural medicine (Timu-Parata, 2009).

The term 'Rongoa Māori' is commonly used in reference to Māori natural medicine often based on New Zealand native plants, but also incorporating the '*taha wairua'* - the spiritual dimension (McGowan, 2009; Moorfield, 2012). Despite several articles located about Rongoa Māori, no research could be identified which focused on the experience of practitioners working solely with Rongoa ("The place of rongoa Maori in practice," 2011; Waitangi Tribunal, 2011). Articles that did mention Rongoa Māori discussed integrating Rongoa with other health professions.

Criticisms of Holism in Natural Medicine

Many of the criticisms of natural medicine and holism in the research literature appear in editorials or debates, and while theoretical and not full studies, they nevertheless demand some discussion. These criticisms vary, although the call for more scientific evidence in natural medicine is common (Baum, 1998; Ernst, 2006). Although this

study focuses on being holistic in practice, consideration of the place of research and evidence is relevant, as it is a point of tension for natural medicine in the current socio-political climate.

Alternative medicine and complementary medicine are differentiated and strongly critiqued in the context of a case study (Baum, 1998). Baum's criticism of alternative medicine was for relying heavily upon traditional theories with a lack of scientific basis and as such being a closed model. In contrast, Baum (1998) proposes using complementary medicine to make the patient 'feel better' while allopathic medicine made the patient 'get better', highlighting the distinction between the subjective experience of illness and the objective experience of sickness. A further critique of holism is that it is a "three-legged stool of the mind body and spirit and if the glue that sticks one of the three legs to the platform softens, then the structure collapses" (Baum, 1998, p. 43). Baum (1998) believes that Smuts original intention with his word 'holism' was to define the hierarchy in the body from cells to tissues, through to body systems and that its usage in CAM is not appropriate.

The loss of holism within natural medicine is noted in an editorial comment where it is stated that while holism provides the opportunity for deeper communication with clients, that merely being involved in natural medicine did not guarantee that practice is holistic (Fulder, 2005b). Fulder is not a lone voice and other editorials also question the reality of the practice of holism (Ernst, 2006; Freeman, 2005; Pietroni, 1997; Saks, 1997; Sewell, 2007).

The premise that holism is an important concept in all medicine and should not be "hi-jacked" for natural medicine is raised by Ernst (2006). Ernst (2006) defends allopathic medicine's pre-occupation with the body, stating that although the Cartesian split should not apply to clinical practice, it is an important model in physiology. Having cited the lack of reliable studies, he recounts anecdotal evidence to illustrate that natural health practitioners are not holistic (Ernst, 2006).

Natural health practitioners are criticised for remaining isolated and not engaging with other health practitioners (Pietroni, 1997). The lack of inclusion of socio-political issues such as poverty and housing in definitions of holism by natural medicine is also

criticised (Pietroni, 1997). The assertion that CAM therapies are not always holistic, just as allopathic medicine is often holistic is discussed by Saks (1997). It is proposed that holism must be a way of life as opposed to a way to practise in the clinic, while citing the difficulties within the allopathic system of balancing patient-centeredness and still offering cost-effective healthcare (Sewell, 2007).

These critiques contain some validity, but they stand as general comments, without the backing of research to corroborate any claims made (Ernst, 2006; Pietroni, 1997; Saks, 1997; Sewell, 2007). The criticisms are generally against holism being poorly practised by naturopaths, or not at all, as opposed to criticising holism as an underlying principle. It is said to be a sign that a profession is evolving when it begins to self-reflect, acknowledging that in this case, some of these authors are involved in natural health while others are criticising from outside (O'Sullivan, 2005).

The articles considered thus far have focused on the concept of holism, taking a theoretical perspective. It is easier to speculate and theorise about such a complex theory than it is to put it into practice, however even at a theoretical level confusion and a variety of definitions are apparent.

Researching Holism in Practice

The articles considered in this part of the literature review are centred upon research based evidence of holism in practice, several of which demonstrate a very limited portrayal of holism.

Researching Holism in Nursing

A nursing professor promoting the use of CAM therapies, stated that nursing, rather than being holistic, would be better thought of as comprehensive (Bennett, 2009). A differentiation is made between CAM's goal of prioritising the patient at the centre of care, whereas in nursing it is suggested that the discipline itself takes the central focus (Bennett, 2009). The purpose of this article is to cite an example of the introduction of 'holistic therapies' into an allopathic hospital, however it clearly highlights a misunderstanding of holism, and lacks a holistic approach: Making essential oils available does not necessarily exhibit a philosophical commitment to holism.

Themes of healing as a journey, balance, and the importance of relationships, were identified in a study which explored both the patients' and clinicians' understandings of healing (Hsu et al., 2008). "Healing is multidimensional and holistic…a process, a journey" with a goal of "recovery or restoration… to reach a place of personal balance and acceptance; and relationships are essential to healing" (Hsu et al., 2008, p. 307). This study involved a series of focus groups and a total of 84 participants. The researchers acknowledge that the study was in an allopathic health centre, possibly giving bias to the participants' views; however they also identified their community as high-users of CAM modalities. The centre where the research took place was identified as integrative, with no further explanation of what this might mean. Although CAM is mentioned, this article does not target users of CAM, nor does it seek to explore healing definitions from a CAM/natural medicine perspective. Nevertheless the findings suggest a broad multi-factorial definition of healing, often including the term 'holistic'.

A definition of healing from Cowling (2000) reads "the realization, knowledge, and appreciation of the inherent wholeness in life that elucidates prospects of clarified understanding and opportunities for action" (p. 31). Critical of the move away from the human aspects of nursing towards "clinicalization", Cowling presents a case study to model "unitary pattern appreciation" (p. 18) where he focuses on appreciating "the wholeness" (p. 18) of his client's story. This single case study provides a rare example in the literature of holism in practice. The practitioner identified themes in the client's common patterns of behaviour, which is interpreted through music and story and reflected back to the client. This process seems to have been successful in this particular case, however the lengthiness and detail required and an indication it took three weeks to arrive at the end result, suggest this technique may be impractical in a clinical situation, due to time constraints.

Researching Holism in Occupational Therapy

Despite containing the keyword 'holism', a survey into occupational therapy in acute allopathic care placed little emphasis on the concept (Blaga & Robertson, 2008). The survey found 30% reported using a 'holistic approach' which the investigators clarify as looking at the wider picture (Blaga & Robertson, 2008). These authors seem to apply

the term ‘holism’ loosely, with little justification for its use, illustrating a recurring theme of inappropriate and overuse use of the term ‘holism’.

Concepts of ‘being’ and ‘doing’ in relation to occupational therapy are discussed (Bridle, 1999, p. 637). These are compared to Hippocrates’ theory of “*Vis medicatrix naturae”* or the “healing power of nature”, a principle adopted by natural medicine (Pizzorno & Murray, 2005). A lack of life balance between these two aspects of ‘doing’ and ‘being’ is cited as frequently precipitating illness, a theory consistent with beliefs in natural health (Bridle, 1999). Case studies of patients facing debility provide examples of inconsistency between ‘doing’ and ‘being’ that is somewhat resolved by encouraging patients to focus on priorities they identify (Bridle, 1999).

Researching Holism and Spirituality

Inevitably the issue of spirituality arises in end-of-life care, as health practitioners find themselves supporting their clients and patients towards death (Bush & Bruni, 2008). A phenomenological study on the lived experience of holistic nursing identified examples of moving experiences such as life and death situations as deepening the experience of what it means to be a nurse (A. H. Bishop & Scudder, 1997). Spirituality is also considered in relation to quality of life for those with chronic illness (Adegbola, 2006). Reinforcing the ‘hidden-ness’ of spirituality, occupational therapists surveyed in a study seldom mentioned the term in reference to interaction with clients, but readily discussed their own spirituality (Beagan & Kumas-Tan, 2005).

Researching Holism and Māori Worldviews

The difference in worldview between the allopathic healthcare system and the holistic Māori view of health can create tension, as was noted for Māori nurses in practice (Simon, 2006; Wilson & Baker, 2012). A further study notes that, this conflict of worldview is also apparent in the experiences of Māori patients staying in hospitals, which found hospitals an unfavourable environment for their healing (Wilson & Barton, 2012). The impact of differing worldviews was suggested as a reason for Māori not accessing the services available in palliative care (Muircroft, McKimm, William, & MacLeod, 2010). Māori women accessing healthcare indicated it was very important that they are able to continue to access their own healers, in addition to allopathic

healthcare (D. Wilson, 2008). These studies mentioned, which cover a range of healthcare situations, with Māori as practitioners and consumers indicate a lack of understanding and acceptance of differing cultural views. However in other areas, the Māori worldview is influencing areas of health care in New Zealand, as researched by Munford and Sanders (2011) in the field of social work and in expanding the cultural competence of physiotherapists (Ratima, Waetford, & Wikaire, 2006).

Attempts to define Māori nursing by interviewing graduates of a particular Māori nursing programme, were undertaken in order to evaluate its success for future direction (Simon, 2006). Participants identified the importance of a strong knowledge of things Māori, of personal identity, a knowledge of Māori culture and of Māori models of health as all being important. The nursing graduates acknowledged that they were role models for their communities and the responsibility that carried. The participants referred to knowing something extra, of an innate cultural knowledge (Simon, 2006).

While the context in natural medicine is clearly different that than of Māori in New Zealand, some common trends can be noted in the experiences of managing within a different paradigm and the tensions that might arise.

Researching Holism in Natural Medicine

Often cited as reasons for consumers to seek CAM treatment, two studies identified personal qualities of being non-judgemental, empowering clients and caring in CAM practitioners (Bann, Sirois, & Walsh, 2010; Barrett et al., 2003).

A study focussed on the practice of natural medicine was carried out in Australia for a Master's thesis and is entitled "The meaning of natural medicine: An interpretive study" (Di Stefano, 1998). This grounded theory study involved interviews with ten educators in the field of natural medicine in Australia in order to "uncover the meaning of the phenomenon of natural medicine through in-depth discussions with educator/practitioners of various representative disciplines" (Di Stefano, 1998, Chapter 3, Research methodology, paragraph 5). His findings reinforce points of difference between the paradigms of natural medicine and allopathic medicine, and the distinctions between being a natural health client or an allopathic patient.

Drawn from his research findings, holism is defined by Di Stefano (2006) as reaching many levels from cellular to social structures, the environment and the cosmos with an interdependence between each. The need for a holistic approach is justified through the recognition of multi-factorial causes of illness. Thus healing requires multiple strategies and may have wide-ranging effects beyond just resolving the symptoms (Di Stefano, 2006).

Di Stefano (1998) identified the need for further study focussed on practitioners. His original study was carried out in the late 1990s, now 15 years ago and in an Australian context. As a grounded theory study, there is not the same depth of exploration of being that can be gained through hermeneutic phenomenology.

Conclusion

Throughout the literature discussed in this review, there is a general sense of confusion surrounding the term 'holism' and this is evident across nursing, occupational therapy, and in relation to spiritual care. Maori views on holism are perhaps the exception here, seeming more coherent. Beyond a consensus that holism should incorporate body, mind and spirit, and that it is a concept that is aspired to, there seems to be a broad range of understandings. These understandings span the importance of a caring relationship and of good communication with the client/patient; the importance of self-care and self-awareness of the practitioner; of the need to address spirituality with the client/patient; of the need for better training to enable health professional to tackle issue of spirituality confidently; and of the limitations created by holding polarised views between natural medicine and allopathy. The number of articles which used the term 'holism' indiscriminately is disappointing and highlights the need for improved understanding of this concept.

The lack of research into practice makes it impossible to ascertain whether 'holism' has a particular or different meaning in the context of the practice of natural medicine. The few studies that do consider practice are not explicit on how holism might be put into practice.

Overall the articles analysed in this literature review take a theoretical perspective, leaving a distinct lack of descriptions of practice to show how holism might be achieved within the practice of natural medicine. Therefore this study exploring natural health practitioners' experience of being holistic in practice fills a clear gap in the research.

Chapter Three
Methodology and Methods

This hermeneutic phenomenological study will explore the experience of natural health practitioners 'being holistic in practice'. Hermeneutic phenomenology is a methodology for exploring lived experience and has been identified as being particularly suitable for the study of "human healing, caring and wholeness" (Wojnar & Swanson, 2007, p. 173).

Hermeneutic phenomenology fits within the interpretive paradigm as Heidegger's philosophy focussed on ontology or the nature of existence (Dowling, 2004; Pascoe, 1996). The ontological perspective of interpretivism is that reality is a social construct and is highly dependent on the context (Willis, 2007). As the name suggests interpretation plays a major role in the interpretive paradigm and is allied to the social sciences. It can be considered the antithesis of the positivist paradigm, which applies to quantitative research and takes an objective view (Grant & Giddings, 2002). While research in the positivist paradigm seeks to prove a hypothesis, within the interpretive paradigm a greater understanding of how people interact with the world and experience the environment around them is sought. Heidegger is known for his ontological perspective and his focus on 'being', a move away from Husserl's focus on knowledge (Dowling, 2004).

Phenomenology

The goal of phenomenology is to increase understanding through exploring everyday experience. Life experiences are seen as related to the context within which they occur, and are influenced by the social, political and cultural contexts (Willis, 2007; Wojnar & Swanson, 2007). Heidegger believed firmly that as humans we cannot separate ourselves and our views from the context, which is at the basis of his best known theory

of '*dasein'*, sometimes translated as 'being-in-the-world' or 'being there' (Harman, 2007).

As humans we constantly give meaning to our lived experience. van Manen (1997) describes phenomenology as "the systematic attempt to uncover and describe the structures, the internal meaning of lived experience" (p. 10). The example of the hammer is used to illustrate this theory. From one perspective the hammer can be considered as solely an object, while from a Heideggerian viewpoint the hammer is understood through its function, that of hammering, and from its context as a tool (Harman, 2007).

To relate this theory of being-in-the-world and lived experience to this study, the practitioners bring their experience of being holistic in practice, their own health stories and worldview. In the broader context, it is important to consider the social and political contexts and the health paradigm and beliefs fundamental to natural medicine, as outlined in the introduction in Chapter One.

Hermeneutics

Hermeneutics is about interpreting meaning. Heidegger is quoted as stating that "life is like a text. The purpose of the inquiry is to understand that text" (Koch, 1999, p. 30). To further explore this concept, to understand the meaning of a text, it is important to understand the meaning of the language and words in that 'text'. Language plays a pivotal role in hermeneutics as the means we use to connect to one another as people, and to comprehend the world. Byrne (2001) states that "Humans experience the world through language, and this language provides us both understanding and knowledge" (quoted in Dowling, 2004, p. 34). In this study the linguistic understandings and the meaning of the word 'holistic' are crucial to exploring the phenomenon of 'being holistic in practice'.

The clearing

Many of Heidegger's writings involve unconcealment in order to learn more about *dasein* or being (Harman, 2007). Exploring a phenomenon in hermeneutic phenomenology necessitates the researcher uncovering, little by little more of the

characteristics of the phenomenon of interest. In this study the clearing showed as a relevant concept as aspects of the practitioners' experience of being holistic in practice revealed themselves through the stories they shared.

Harman (2007) writes of Heidegger's theories of 'unconcealment' and openness and of creating a clearing, in the process of searching for truth. This highlights the importance of thinking in this interpretive methodology and conveys Heidegger's beliefs on how this process takes place. The clearing has been referred to as "the open space where thoughts are free to play and roam, where fresh insights emerge shyly" (Smythe, Ironside, Sims, Swenson, & Spence, 2008, p. 1391).

The hermeneutic circle

Heidegger discussed reaching understanding in terms of the hermeneutic circle, which he also called the circle of interpretation (Dowling, 2004). The researcher gradually gains better understanding, by observing the relationship between the parts and the whole: in understanding the parts, the whole is better understood and vice versa – an understanding of the whole illuminates an understanding of the parts (Dowling, 2004; Harman, 2007)."Analysis involves a prolonged period of reflection on both parts of the data and the whole, in order to situate the meanings derived" (Whitehead, 2004, p. 513). In this study, I reflected on the edited stories and how the ideas within each story related to one another and contributed to building a picture of 'the whole'.

The fusion of horizons

As the data is reflected upon and interpreted, the resultant effect is the changing of the researcher's perspective, or the researchers' learning about the phenomenon. This is known as the fusion of horizons, a very visual image of the haziness at the edge of the horizon (Dowling, 2004). The researcher's understanding gradually shifts as a result of the understandings gleaned from the participants as the research process becomes like a dialogue, with the interplay between the researcher and the data. In this study I could liken my reaction to discovering the importance of the therapeutic relationship in holism with the fusion of horizons. While at the outset I knew building relationships with

clients was important, this gained significance through my interpretation and engaging with the stories changing my perception along the way.

Pre-understandings

The researcher plays a key role in Heideggerian research, bringing their own 'forestructure of understanding' which gives a context in order to understand and interpret the world (Wojnar & Swanson, 2007). There has been much discussion as to whether the researcher can truly be separated from their own experience and it is this point which distinguished Heidegger from his predecessor, Husserl, who thought it possible to 'bracket' one's own beliefs (Wojnar & Swanson, 2007). Heidegger stated that since it is impossible to fully separate from one's beliefs and pre-understandings, it is preferable to acknowledge these and then be vigilant of beliefs and biases.

Consistent with the methodology of hermeneutic phenomenology, I was interviewed by one of my supervisors early in the research process to identify and explore my experiences, pre-conceptions and biases which might affect the reliability of this study (Wojnar & Swanson, 2007). I brought my own experiences and context to this study, as briefly outlined in the introductory Chapter One.

In order to recognise and embrace my pre-understandings, I kept a reflective journal as I progressed through the conversations with participants and the interpretive process. This provided a means to acknowledge my beliefs, of "bringing pre-understandings to consciousness" (R. Geanellos, 1998b, p. 243). The technique of using open questions with participants allows for breadth of answers without restriction, and reduces prejudice that might occur with closed leading questions.

To summarise this section on methodology the 'features' of hermeneutic phenomenology have been listed as "making sense of the world…; understanding and interpreting phenomena; 'being-in-the-world'…; 'being-in-the-world' through speech and language; incorporating personal prejudices into the hermeneutic endeavour; fusing horizons…[through] historical understandings; fusing horizons through the hermeneutic circle, where understanding is circular" (Maggs-Rapport, 2001, p. 378). Overall this quote refers to research as an on-going process in which the researcher gradually

develops their understanding, incorporating new information into what is already known.

The final synthesis and discussion reflect the researcher's interpretation of the understandings gained up to that point in time, and represents the researcher's personal interpretation. There is no finishing point in hermeneutics, but just gradual understanding through uncovering of the phenomenon (Gadamer, 1995). "We never gain an exhaustive understanding of the things, but can only draw them out of concealment by degree, and this process never comes to an end" (Harman, 2007, p. 174). In the context of this study, while I am satisfied with what I have discovered about the phenomenon of being holistic in practice, there is undoubtedly more to explore.

Methods

I will now outline the methods used in this study, as they relate to hermeneutic phenomenology methodology.

Ethics approval

Ethical approval was sought through AUT Ethics Committee. A copy of the approval letter is included as *Appendix B.* Ethics approval was granted on 21st June 2011(*Appendix B*). There was a minor amendment to this approval at the request of one of the participants, which was granted on 22 June 2012 (also in *Appendix B*).

There was an area with minor potential for conflict of interest; therefore full disclosure was essential. I hold a role as an educator in one of only five naturopathic/herbal medicine colleges in the country. I also hold a position on the education sub-committee of the New Zealand Association of Medical Herbalists, and at the time this study began I was the convenor of this sub-committee. While there was no immediate reason to suggest that these positions hold power relations in relation to the potential participants in this study, it was important that these were disclosed and a paragraph to this effect was included on the Participant Information Sheet (*Appendix C*).

Voluntary participation and informed consent was sought using the Participant Information Sheet (*Appendix C*). This sheet contained sufficient information for

participants to be fully informed of the research and its potential risks. Following reading the Participant Information Sheet, participants were asked sign a consent form (*Appendix D*) and we proceeded with the interview.

Other ethical considerations were minimisation of harm, confidentiality, reporting back of outcomes and acknowledging the principles of the Treaty of Waitangi which were also considered.

To maintain confidentiality, I assigned pseudonyms to the participants. Following the member checks on the data, one of the participants requested their real name be used rather than a pseudonym. With some concern about health details of the practitioners' clients being recognised, I applied to the ethics committee to seek approval for this change and was granted approval for this request (*Appendix B*). As an additional safeguard to the identity of this participant's clients, particular care has been taken to change the details of client stories.

Administrative and demographic information was stored in a locked filing cabinet and only the researcher had access to these files. The transcripts of the interviews will be destroyed once the thesis has been published as will all computer files.

Provision was made to minimise harm in the event that any of the participants required counselling, however this did not eventuate. In addition participants had the opportunity to withdraw at any time, as was clearly laid out in the Participant Information Sheet (*Appendix C*).

Treaty of Waitangi

This research acknowledges the principles under the Treaty of Waitangi of partnership, participation and protection, as expected of all research conducted in Aotearoa New Zealand.

Partnership The naturopathic and medical herbalists' professional associations are small, and do not have Māori advisory boards attached. When the need arose to see input from Māori I was able to consult with a Māori advisor associated with my workplace.

Participation At the onset it was not anticipated that there would be any participants in this research study who would identify as Māori, however there was a Māori participant. No extra advice was required from AUT in appropriate protocols.

Protection The principle of protection was be covered through the sampling procedures of informed consent and minimisation of harm as outlined previously.

Inclusion Criteria

The inclusion criteria for this study were that the participants should identify themselves as either naturopaths or medical herbalists (or both, as many New Zealand practitioners have dual qualifications) and that they should hold appropriate qualifications. It was important that prospective participants identified themselves as practising 'holistically' as this is the purpose of this study. (Note, I hold the assumption that just because a person calls themselves a natural health practitioner, it does not necessarily follow that they practise holistically.) Participants also needed to be in clinical practice, or have recent clinical practice, either full-time or part-time and to be fluent English speakers. The only specific exclusion criterion was to exclude practitioners with whom I work closely and with whom I have a direct relationship.

Currently there is voluntary membership to professional associations, but a criterion of membership is to have completed a suitable course of study. The relevant associations are the New Zealand Association of Medical Herbalists, the Society of Naturopaths and Naturopaths of New Zealand. By selecting members of these associations I could presume they were suitably qualified with either diplomas or degrees.

Recruitment

I used a purposive sampling method, initially through inviting participants already known to me. I contacted prospective participants by email, outlining the research project with copies of the Participant Information Sheet (*Appendix C*) and the Consent Form (*Appendix D*), and inviting them to participate. Participants were invited to reply if they were interested, and a non-response was considered as them declining involvement and I made no further contact. Initial participants referred other colleagues using a snowballing technique. While I had prepared and submitted an advertisement to

be published in the journals and on websites of professional bodies (NZ Association of Medical Herbalists, NZ Society of Naturopaths and Naturopaths of NZ) as part of my initial application, this was not required.

Participants

Five participants took part in this study, with a total of six interview/conversations being conducted. Participant 1 was interviewed twice at her request. Four of the participants were female and one male; all were New Zealand born, one of whom had Māori heritage. They were 50 – 65 years of age, with years in practice ranging from 1 to 35.

	Gender	Age	Years in practice	Region
Participant 1	Female	50 – 65yrs	30 +	Rural
Participant 2	Female	50 – 65yrs	30 +	Rural
Participant 3	Male	50 – 65yrs	20 +	Urban
Participant 4	Female	50 – 65yrs	0 – 5	Rural
Participant 5	Female	50 – 65yrs	30 +	Urban

Data gathering

The data for this study were collected using individual, semi-structured, face-to-face taped interview/conversations. The term 'conversation' is commonly used in hermeneutic phenomenology to reinforce the idea of the researcher and participant in relationship with one another as equals (Koch, 1996). As the researcher I prepared a set of open-ended questions tailored towards the research question, a full list of which is included as *Appendix F*. For example starting questions were 'What is your understanding of being holistic in practice?' and 'Tell me about a practice encounter when you felt you were holistic with a client.' A more probing question was 'Tell me about a particular client or a particular day.' These questions were clear and neutral to allow for free flow in the conversation and to reduce bias.

The conversations were approximately one hour to one and a half hours in length and they were recorded. The setting for the interviews/conversations was generally the

participants' place of work to allow for participants to feel comfortable in familiar surroundings. However some interviews were held in the clinic rooms at my work place (in negotiation with the participants, for reasons of convenience). This did not seem to have any influence on the conversation, and the two participants who came to my work place seemed comfortable in that setting.

Shortly following one of the conversations, a participant expressed the desire for a second interview, having thought of more stories that they desired to share. This was arranged and carried out, bringing the total number of conversations to six.

The conversations with participants were recorded and then transcribed verbatim by an independent transcriber. A confidentiality agreement, an exemplar of which is in *Appendix E,* was signed by the transcriber.

Data analysis

After receiving the transcripts of the verbatim conversations, each participant's stories were carefully edited, removing repetition and removing my questions. Poignant parts of the conversations were chosen, re-crafted and condensed in order to capture their core meaning (Smythe et al., 2008).

Participants were offered copies of their re-crafted stories at this point, for the process of member checking. This gave participants the opportunity to confirm and comment on the way their stories had been portrayed. It was following one such member checks that the participants requested use of their real name, as previously mentioned. This was referred back to the Ethics committee and approval was given. This amendment is noted in *Appendix B.*

I then interpreted the stories to discover the meaning underneath the spoken word. With writing and re-writing, deep thinking and reflection the underlying meanings gradually became more apparent (Smythe et al., 2008; van Manen, 1997). For example, in several of the stories practitioners spoke about their work as being more than just the medicine. The underlying meaning, or my interpretation was that being holistic in practice sometimes called upon making use of the meaning response or placebo response. At this point in the interpretative analysis, the data were infused with my own interpretation but

remained grounded in the text. The stories selected for the final thesis were those that gave breadth to the idea of holism, selected because they contributed a slightly different aspect of the phenomenon studied.

With one of the participants being Māori, the completed findings chapters were given to a Māori cultural advisor at my work place in order to check that I had appropriately interpreted the cultural meaning. As this person was known to my participant, and I was concerned the connection might be made, this was discussed with the participant, who approved this course of action.

My findings were synthesised and I looked across the data to find themes. The 'themes' as they are identified in hermeneutic phenomenology reflect "something we wish to point the reader towards" (Smythe et al., 2008, p. 1392). Themes show various aspects of the phenomenon, and it is not necessarily the case that the same significant points recur throughout all the stories. A strength of phenomenology as a methodology is that it seeks to uncover hidden meanings.

The interpretation required in hermeneutic phenomenology demands looking deeply at the text, however the first interpretation is likely to be a very literal one, followed by thematic meaning becoming apparent after deeper engagement (Koch, 1999). The process of analysis involves writing and re-writing to the point where the underlying meaning becomes evident (van Manen, 1997). In the course of the analysis emerging ideas are identified, which contribute to increasing the understanding in the area of interest (Willis, 2007). van Manen (1997) says "a true reflection on lived experience is a thoughtful, reflective grasping of what it is that renders this or that particular experience its special significance" (p. 32). The understanding and knowledge gained is described as "tacit knowledge", constructed through the experience and learnt in context (Willis, 2007, p.301). Consistent with this process, in this study I immersed myself in the data, re-reading and reflecting upon the meaning behind the words the practitioners used until the meaning become clear.

Trustworthiness and Rigour

The most important part of maintaining rigour in a qualitative study is ensuring there is internal consistency (Maggs-Rapport, 2001). To ensure such internal consistency involves checking that every aspect of the research process used methods appropriate to the selected methodology, and that these were all consistent with the research question. As a means to monitor this, I recorded events and thoughts as they arose, and questions for my supervisors in my reflexive journal. I maintained a close relationship with my supervisors, who provided guidance and advice on the research process.

Many of the features of this methodology intrinsically demand rigour – for example forestructure and being clear about prejudices prior to data gathering. An effective method to recognise prejudices is for the researcher to undergo an interview early on in the research process, as I have previously outlined (Fleming et al, 2002). By exploring my own views in depth the process of identifying prejudices began.

Trustworthiness can be demonstrated through credibility, dependability and confirmability (Whitehead, 2004). Credibility can be established through transparency in how the interpretations were reached. Therefore a clear audit trail and keeping a reflexive journal are examples of the intrinsic measures of rigour. Readers should be able to follow the process of the interpretation of the stories. Such procedures also aid to "getting into the hermeneutic circle" (Koch, 1996, p. 178). For example, in a story by Jess ("Taking time to talk"), she relates the gist of the consultations, but the interpretation identifies Jess's level of caring as practitioner, her flexibility and patience at waiting until this client was ready to change. My interpretation should be evident on rereading the story. As an example of the hermeneutic circle, this interpretation contributed to my appreciation of the importance of Jess's empathic skills and their place in 'being holistic in practice'.

Credibility was also addressed in this study through regular meetings with my supervisors, and the strength of their scrutiny and questioning on my interpretation of the data, to check that the methods I was applying remained consistent with the methodology. Supervision provided an opportunity to check that there was concurrence or agreement on the interpretation of the stories.

Dependability is apparent when the decisions made during the study can be followed, so theoretically they might be transferred to another context (Whitehead 2004). To maintain dependability in a study, disclosure and careful outlining of the procedures and processes undertaken are again required. This needs to be carefully recorded in order for other researchers to follow similar procedures, as is done in this study, in the way that I have outlined the steps taken in processing the data.

Confirmability is the process by which the researcher shows how their interpretations were reached. In this study the interpretations themselves in the findings chapters and how they can relate back to the stories of the participants should demonstrate confirmability. All these aspects of trustworthiness and rigour depend upon a very clear audit trail, which is apparent in this study.

Conclusion

Every effort has been made to ensure that the protocols consistent with this methodology have been carefully adhered to, in order to produce valid research which is trustworthy and demonstrates rigour. The three findings chapters follow, with the first of the three exploring how practitioners describe holism.

Chapter Four:
What is holism?

The concept of holism is not well-defined. With the spread of this term into many different fields it is important for natural health practitioners, for those with whom they collaborate and for the public accessing their services, to be clear on what is implied by 'holism' in the context of natural medicine. Yet, capturing what it means to be holistic is not easy.

The stories that follow were chosen because they introduce the exploration of the concept of holism. The participants rose to the challenge of seeking to put words to the meaning of holism. My interpretation of the text follows each story.

Exploring

> *I think holism is working in a way that involves the body, mind and soul, probably on the part of both the practitioner and the client. But perhaps the big thing that complementary practitioners do is put the person in their surroundings and their community back together instead of just analysing little bits.*
>
> *I didn't know that I was learning to be holistic but it seemed obvious as you work with people that if you just follow a narrow path then you're leaving out a lot. When you're sitting with someone for 60, 90 minutes and looking at their wellbeing, it's hard to be narrow. I often ask what do you think is causing this and what do you think started it, what triggered this off? People quite often say oh well I don't know but perhaps it was to do with such-and-such and they seem spot on! (Jess)*

The deep sharing of life stories between Jess and her client leads to both parties gaining a more intimate understanding of significant events the client has experienced. This is partly due to the time Jess devotes to this client, and also by adopting a broad picture of

health. This process of being holistic involves both practitioner and client, as they consider the client's health in a slightly different manner than within an allopathic context. It allows for the client to reflect while Jess gradually builds up a picture of her client's life. She demonstrates an accepting attitude, allowing clients to share their beliefs in confidence knowing that the associations they have made will be accepted.

Jess implies this simplicity in searching for a cause is usually overlooked. If clients are not specifically asked for their interpretation of the cause of their ill-health, this is not information they might readily volunteer. In the allopathic context of health care, this may not be viewed as relevant, or perhaps not sufficiently relevant as to affect the choice of treatment.

Jess's curious inquiry covers most aspects of the client's life and health history, as she attempts to synthesise symptoms and life events, to acknowledge the 'whole'. As they explore deeper layers, Jess hopes to identify any life events which may have contributed to the cause of ill-health.

This story suggests a connection between the time investment and practising holistically. The time spent allows the opportunity for clients to make these connections that Jess mentions. While there is no way to assess how closely being holistic in practice relates to the time devoted to developing a strong relationship, it does seem to facilitate this process.

Allowing time is often cited as a positive factor in clients' consultations with CAM practitioners and as a factor leading to strengthening of the client-practitioner relationship (D'Crus & Wilkinson, 2005; Leach, 2005; A. Mitchell & Cormack, 1998). Heidegger's concept of *dasein,* of being-in-the-world, requires a need for openness that could be compared to the process that Jess describes of her client uncovering his/her personal triggers for illness (Harman, 2007). Heidegger describes unconcealment as fundamental to being-in-the-world and the human condition (cited in Harman, 2007). Heidegger also refers to "levels of understanding" (Harman, 2007, p. 91) comparable to Jess's and her clients' search.

From this broad definition of holism, the importance of building up the bigger picture of the clients' health is described.

Looking at the bigger picture

> *I think it's important that we're not just treating the symptoms – I know it's terribly trite but actually seeing every patient as a bigger picture, so you're not just looking at lungs or urinary tract or the bowels, although, we have to look at all of those. Just dealing mainly with the emotions, the mental-emotional and the triggers when they first starting getting the symptoms. I think it's important to be very observant of what people aren't saying because the body always tells the truth - so body language is incredibly important. Inflections in voice, what you're feeling when you're dealing with someone: what suddenly starts going on in your own body; and really listening to your intuitive voice. That's as well as doing all those things like blood glucose and urinary analysis. (Lee)*

Lee identifies various levels of looking at a clients' health – moving beyond just their physical symptoms, to their emotions. Thinking holistically about communication, Lee considers how the clients say things, their body language and she also pays attention to what the clients might omit. In addition to considering the client, she thinks about her own reaction both physically and intuitively.

Lee speaks of gathering data as broadly as possible, employing skills of observation at a number of levels, through sight, hearing and intuition, in order to note both obvious and subtle physical points about the client. She seems to value this technique of gathering clues as more important than physical, quantitative measures.

The observation of the body and the credence given to how the body reacts (both practitioner's and clients') suggest Lee's belief in the body holding the 'truth'. She seems to view the body as more authentic or as more knowing. It is as though the body holds the unconscious knowledge, whereas the client is only able to tell the conscious story.

This phenomenon of the practitioner having bodily reactions suggests deeper links between practitioner and client than just verbal communication and highlights the importance of an awareness of non-verbal communication as is outlined in the literature (Leach, 2005; Roter, Frankel, Hall, & Sluyter, 2006).

As a means to expand upon this careful observing, the next practitioner describes what she has learnt to listen for.

Listening for the emotional component

> *I'm keen on taking a good case history and as part of my case take I'd always look at what was happening creatively, and emotionally as well as what is going on physically. I've always been interested in people's creativity, which I think links into the spiritual side as well.*
>
> *I hadn't been practising for very long before I realised that most people had some emotional involvement in their illness, whether it was 1% involvement or 99%. It was always there, as well as their requirement for herbs, diet and exercise and the other things that I learned at college. When people have a big emotional involvement I refer them on. (Jess)*

When Jess refers to taking a good case history this is likely to include presenting symptoms, family history, a full health history including details of each body system, energy levels, stress, exercise, occupation, current living situation, hobbies and usually some discussion around the client's spiritual outlook.

Taking a detailed health history allows time for Jess to build her broad picture of the whole person and for them to tell their whole story and to be listened to. Jess sees part of her role as practitioner to ascertain, and then encourage her clients to fully engage in all parts of life. She identifies their creative outlet and finds what impassions them. In this way she acknowledges the whole and discourages a one-dimensional, solely work-focussed life. Meanwhile Jess experiences this sharing as leading to the building of a strong bond between her and her clients.

Jess recognises the enormous importance of the emotional component in her clients' lives, and its contribution to their illnesses. She implies that to practise holistically this must be addressed. So it seems there is a requirement for time to allow clients to reflect and then elaborate on their experiences, emotions included, as well as the need for rapport within the client-practitioner relationship. When the emotional component is

beyond what she feels is her scope of practice clients are referred on to an appropriate health professional.

The skill of listening is highlighted, and this is a type of listening that goes beyond the words of the client, into the deeper meaning underneath what they say. Jess listens for the emotional component, searching for a contributing event or perhaps some sort of 'wound'. There is a keenness to her listening, a sense of piercing through the words to reach what the client means. Coupled with the listening is the process of talking through issues, in the hope that might elucidate the source of the problem and help to relieve or resolve the symptoms.

The importance of listening in the context of the therapeutic relationship cannot be underestimated (Benor & Benor, 1997; Graybar & Leonard, 2005). Listening can be a way to enhance empathy. "Being listened to allows us to be understood in all our complexity. It allows our experiences to count and our selves to matter" (Graybar & Leonard, 2005, p. 3). Whilst this study refers specifically to psychotherapy, the skill of listening is equally applicable within the client-practitioner relationships that natural health practitioners create.

Although Jess does not explicitly use the term, she is focused on client/patient-centred care, which shows through the emphasis placed on letting the client express themselves (Lampe & Snyder, 2009; Mead & Bower, 2000; Tickle-Degnen, 2002). While client/patient-centred care can be defined in a number of ways, themes of keeping the focus on the patient and empowering them are core. It is a natural conclusion that in treating the whole person, practice must be client/patient-centred (Fulder, 2005a).

While listening is a vital skill, sensitivity is needed to know how to continue to develop a strong relationship with clients.

Rising to the challenge

> *I think that to work holistically is political and it is also radical, as well as very challenging and really difficult. If you're going to work with someone holistically you have to sort of start with whatever level they are on and if that means that they are just wanting a quick fix remedy for something, then you have to provide*

that. Otherwise you're not going to hold them. The challenge is how do you provide that while also opening it up a little bit for them. It's that there might be more than this or something behind this. If people have got a whole lot of complex issues or if one thing keeps popping up then you do need to suggest to them that there may be something else that needs to be looked at. You need to do that in a way that doesn't frighten them off or threaten them. There's a delicate balance of not veering into just being gossipy and nosy but just quizzing a little bit about what's happening in their life. (Chris)

Chris draws attention to what it means to work in a different way and the importance of giving clients a full understanding of the holistic paradigm. Chris suggests that clients who are used to getting a 'quick fix' in health may need to adapt to this method, in which they are expected to actively participate. In this paradigm the client plays an integral role and healing is not something 'done to' clients by the practitioner. Chris must be clear to elucidate her healing methods and the underlying philosophy so that her clients understand the way that she works.

This viewpoint might be seen as political or radical because it challenges the old hierarchical model of health where 'doctor knows best' and patients had little input into their health journey (a view that is changing in all areas of healthcare and is no longer the dominant view within allopathy). Chris also sees natural medicine as radical because of the way it straddles a number of other health modalities.

Alongside this goal of educating and explaining, is the need to be a successful practitioner, which means ensuring that the clients' needs are met. The client will start at a particular place in their health journey and may not wish to overturn their lifestyle for health benefits perceived by the practitioner, but intangible to them. This is a different way of working, with different expectations than within an allopathic model of health. The way that Chris describes this process of working holistically seems like personal development via one's health journey.

The emotional and the spiritual aspects of life are identified as core to holism. As these beliefs are very personal, this may make natural medicine a more challenging way of working where there is perhaps the potential to offend. Discussing spiritual beliefs may

call on life experience and excellent communication: personal attributes, rather than skills that can be rapidly attained by a new practitioner. It cannot be denied that it is far easier to recommend a supplement or more exercise, than it is to discuss a client's personal attitude to life.

Chris shows a very adaptable way of practising as she swiftly moves through various layers to focus on what she identifies that her client might need at that time, gently pointing out to clients when emotional issues might lie at the heart of a problem, done in such a way that a strong partnership develops and the relationship is enhanced. Chris uses the term holding the client – a concept of building a strong relationship and supporting a client, as would a psychotherapist or perhaps a life coach.

Chris is attempting to encourage her clients to look more deeply and to enter a process of self-discovery and questioning. This process could be viewed in terms of Heidegger's concept of unconcealment to unveil the truth (Harman, 2007).

As some of the techniques of elucidating the clients' stories are explored, this next story offers a holistic approach.

Taking time to talk

> *There was a woman who came to see me over a period of years, initially because she was feeling unwell and lacking in energy. She was also overweight and, as time went on, we talked a lot about her childhood and she revealed there had been psychological abuse. She was very reluctant to talk about it and didn't want to go and see anybody else about it. Like many people, I knew she wouldn't go to a counsellor because it wasn't what she was wanting. So it was important to use well the time that I had with her, to work out a direction or an attitudinal change.*
>
> *Anyway, she found that some things worked in helping her energy and eventually she got to the stage where she wanted to lose some weight. Sometimes it's hard to pick just what started that process off, and how to help them change it. Hers was very involved with having enough confidence to speak about it. She had been brought up with a family secret, but addressing that freed her up to move on. (Jess)*

Jess provides an example of flexibility in practice. From her suspicions that this client's issue was triggered from a difficult family situation, Jess has gradually built trust and allowed the client the time and opportunity to talk through her experiences. Taking time to build a strong relationship is the theme that underlies the success that Jess and her client achieved. Jess implies that to work holistically with this client, this underlying emotional issue needed to be addressed.

There is a sense that Jess is very comfortable with this role of listening and talking. This is an area which requires professional maturity on the part of the practitioner, to know when it is appropriate to use the communication of a therapeutic relationship and when it is necessary to refer on. She has worked within an appropriate scope of practice, and yet still offered the client what she needs.

Here the practitioner illustrates how she delves deeper into her clients' issues, all the while being mindful of the need to create a safe environment, and yet showing the complexities of the nature of the relationship between practitioner and client. In this next story Chris elaborates on how she does that.

Building relationship

> *There's lots written about the therapeutic relationship and its importance. It's true in psychotherapy in particular, and the research indicates that it's empathy of the therapist rather than the particular modality that is most crucial. If you've got a good empathetic relationship then you are then able to just, slowly, introduce some other aspects. So you might start with a physical issue and we (I say 'we' meaning practitioners not just me), we often pick up the underlying emotional, stress issues. So we might use some flower essences[1], but there does come a time when that needs to become a bit more conscious. That trust, that safety, that's being created over time helps bring those things to the surface and to make them more overt. It's very delicate work that we do and it's hugely skilful.*

[1]The flower essences that Chris refers to are most likely those developed Dr Edward Bach, in the 1920s. They are made primarily from plant material and each individual remedy is aimed at a particular emotional state. The most well-known is the combination remedy, Rescue remedy. Similar flower and plant remedies have been developed from New Zealand and Australian plants and are readily available and widely used by practitioners.

And, that's why we need at least an hour with our clients - to allow for there to be silence at times.

I think that it is presence that is really important - that people felt safe and felt comfortable but it's hard to know how you come across. I've been in practice long enough now that I think, well something works. (Chris)

Chris talks about the development of the therapeutic relationship over time and the building of trust. This allows for a deeper relationship and the opportunity to further explore other areas of the client's life. She highlights a number of personal attributes important for practitioners – particularly empathy and building trust.

Being holistic in practice can be ascribed to various personal attributes of the practitioner as well as the building of a sound relationship. Through showing empathy and building a rapport based on trust, Chris alludes to an inevitability that the relationship will gradually become holistic.

A broad scope of practice is highlighted as is great flexibility between addressing the physical, emotional and spiritual. Practitioners might be using remedies such as herbs and nutrients for their physical effect or simply allowing there to be space in the consultation for clients to talk of their emotional or spiritual experiences. The flower essences that Chris mentions, which are seen as working at an emotional level, can provide a possible entry into deeper discussion about emotional issues. Whichever approach is being used, a sound client-practitioner relationship is understood to be the foundation to allow this deeper exploring to occur.

Chris acknowledges the space or time to allow for moments of silence within a consultation. The implication is that silence encourages reflection and potentially a deepening of communication. The importance of 'presence' within the client-practitioner relationship is emphasised. Here she is talking of her own state of being rather than an external presence. This can be taken to mean her focus or commitment and full attention to the client.

There is a certain flippancy in Chris's final comment – that something works, that to have been in the profession so long, she must be doing something right! This seems to

be an acknowledgement that she is not always sure of her own performance, yet there is a sense of comfort, or ease with how she practises. In seeing people behave in a manner that suggest they feel safe and comfortable, she has confirmation of the nature of her ways.

These qualities that Chris draws attention to are reiterated in the literature about therapeutic relationships and the reasons that clients choose natural health practitioners (D'Crus & Wilkinson, 2005; Leach, 2005; A. Mitchell & Cormack, 1998; Richardson, 2004). These reasons include rapport and relationship with their practitioner, adequate time spent, efficacy of treatment and good information and a sense of control (A. Mitchell & Cormack, 1998).

While these qualities all contribute to building a successful relationship, and 'pave the way' for looking at clients holistically, the boundaries of the relationship should also be considered, as Jess attempts to sum up the role of the practitioner.

Supporting their journey

> *It's good to remember that it really is the person's own personal journey rather than my intervention – I can only support her journey. But my experience is that my position is not hugely influential. It's educational supportive, managing to put the right things in at the right time and having the enthusiasm to give them reason to believe that it's worth putting in an effort. (Jess)*

Jess sees a key function of a natural health practitioner as being an educational supportive motivator. There is an impression of the practitioner as managing and facilitating, and of knowing what elements might be appropriate to suggest and introduce at particular times. This acknowledges the client's participatory role in the process and is in contrast to the old paradigm of medicine as something that is performed upon the client.

The way that Jess works reinforces themes of flexibility and of the importance of having a broad knowledge. While not explicit, the wisdom to assess how willing the client is to make dietary and lifestyle changes, is an equally important skill.

There is a need to separate herself from her clients and to draw boundaries, conscious that as she is dependent on client participation, Jess can offer her knowledge and advice, but has limited control of the outcomes. She alludes to a sense of frustration if clients are non-compliant with recommended treatments, hence the need for her to maintain enthusiasm to motivate the client. There is a sense of investment on Jess's behalf, borne out of the intimacy created in the client-practitioner relationship and commitment to her field of work.

Comparing health to a journey as Jess does here, suggests that it is an on-going process, perhaps taking a long time, with choice of direction at many points. There is an implication that each is in charge of their own journey, reinforcing not only the supportive role that Jess suggests, but also a strong sense of self-responsibility for health.

Natural medicine refers often to the metaphor of health as a journey empowering clients through inclusion in their own healing process (Di Stefano, 2006; A. Mitchell & Cormack, 1998). Jess's comment also illustrates the naturopathic principle of '*docere*', of the practitioner as a teacher (McCabe, 2000; Pizzorno & Murray, 2005).

Practitioners also have their own health journeys as Lee shares her story to illustrate how life events might affect the physical body, and mind-body connections.

Just a sore back

> *When your body and your mind are not on the same page you're going to get a wobble! I can look at myself – I'm going to the UK tomorrow for 5 weeks. Two weeks ago my son had yet another motorbike accident, and I ended up taking him into hospital and watching him being sewn up… So that happened. Then two days later my father decided to have another heart attack which wasn't a major one, but he made it a major. My mother didn't cope. She collapsed with it. My daughter rang and said she was depressed…that she hated her job up in Auckland and my back went out – why did it go out? Was it because I was doing something I shouldn't have been? And where did it go out – the lumbar area. What's that? It's your whole support. It's your whole supportive arena and there I was supporting*

everybody else and it finally became too much and you know, it was a way out for me to not have to deal with everything that was going on – I went to bed for two days.

So you know – the body will have its way and if you don't stop it will give you little warning signs. But if you don't stop, in the end it will give you something major. And most of us wait until the major thing comes along before we actually think "oh crikey – I gotta do something here. This isn't working for me. Better stop and have a look at how I'm living my life". (Lee)

Lee's example infers the body is almost a separate being, and one that has its own voice and means for getting attention when it's ignored. If not listened to, she believes it will manifest greater and greater problems until it is listened to. She refers to the lumbar spine as providing support, and equates that physical function to what she had been doing within her family.

Lee believes that when the mind and body are not in a state of wholeness that this type of imbalance leads to ill-health. For her, a myriad of disasters occur all at once, as she is preparing to go away and she reaches a point at which she can no longer cope. As a practitioner Lee is not immune from health issues arising in her life. Her insight into the reasons behind why she is suffering from this pain, have not stopped it from occurring. She is as susceptible, as human, as her clients.

There is meaning in the language that Lee uses to discuss her symptoms – the relationship between the 'support' provided by her back and the 'support' that she needed to show for her various family members demonstrates the matching of symptoms and the terminology that is used (Broom, 2007). At the basis of this and many of the stories is the Cartesian split between mind and body. Rene Descartes' theory of the nature of mind and body is 'blamed' for their separation in Western civilisation and for contributing to the reductionist paradigm (Aho & Aho, 2008; Di Stefano, 2006; Lipton, 2005).

Having explored some of the important facets of holism, Richard describes why he thinks holism and holistic practice matter.

What holism has to offer

> *Holism, regardless of the word, the concept that we're talking about, is so necessary for so many people to actually find their way forward. When patients sit in a room with a practitioner who is willing to look at the whole picture and to ask questions with an open mind, to get to the heart of what's gone wrong, that's the kind of healing that we need. There are so many people with chronic dreadful, illnesses in our community going nowhere. I know it's an ideal but it's a possibility that as naturopaths and herbalists we have the best chance of providing that kind of opportunity of any modality that I know. Somehow we need to take that position collectively, to provide a service to our community because people that aren't getting better by themselves. (Richard)*

Richard likens the practitioner's role to a quest for the truth, a process of exploration. Richard believes that by finding the right question and probing in the right area, he may be able to initiate his clients' healing journey, in order to find the key as to what might have started their ill-health. Again this expresses the heart of the paradigm of natural medicine – that illness is precipitated by some emotional dis-ease and not solely via bacteria or viruses as espoused by the germ theory of medicine. Richard's belief is that natural medicine, when practised with a holistic focus, provides an efficient means to consider the advent of illness at this very deep level.

Richard also identifies the importance of the client-practitioner relationship, as he elaborates on the curiosity and caring required. He alludes to the practitioner needing sensitivity and to be very perceptive to manage this process.

The inherent belief is that without looking 'wholely' at an illness, the patient/client will not be able to move forward: that it requires this type of holistic appraisal to arrive at the cause. Richard believes fervently that natural health practitioners are in the best position to practise this model of holistic health he decribes, and by extension to aid in solving the health issues currently facing the community. He clearly believes that no other health profession fills this unique place in the market and he identifies the success of this process to the important role of holism and looking at 'the big picture'.

Building upon this model of holistic health, this story describes what can happen when such an approach opens the way.

Experiencing the 'oh god' moment

> *It can be almost like a self-healing. When people start to talk about an illness that they're presenting with, and then you ask them what was going on when you first got this attack. Did anything significant happen? Parents separated? Did you move house, did your head fall off? What went on? And you see time and time again, patients suddenly have a sort of a 'oh god' moment, when they suddenly click as to the fact that their present illness actually just didn't appear because it wanted to, that there was actually a trigger. The moment that happens, the moment they're speaking about it…probably the moment they're even thinking about it, I believe that the body has a big sigh of relief and starts to release the trauma that occurred five years ago, five minutes ago, twenty years ago and the body, in effect, starts the healing process almost from there. Sometimes I don't think we have to do anything except listen and facilitate the body in its effort to get well. (Lee)*

Lee focuses on the moment that 'things went wrong' for her clients. She questions purposefully to pinpoint life events around the time the health symptoms first appeared. She believes that gaining an awareness of the source of the problem is tantamount to resolving it. So Lee is involved in creating a clearing, by facilitating a process of reflection.

Lee equates the advent of ill-health to this moment when there is a 'disconnect' between the recall of events and their effect on body. With the philosophy that the mind-body separation creates ill-health, it is logical that rekindling such memories might enable recovery or re-integration between mind and body: being whole. Broom has written extensively about mindbody connections in illness and the significance of clients' life events in precipitating symptoms (1997, 2000, 2007).

Accounts of such moments of realisation raise the question of whether it is predominantly the medicine or the relationship that facilitates the healing.

Realising it's not the medicine alone

> *I don't think it's the medicine alone that helps. You can't say one part is more important than the other because it may not be: I think that both the medicine and the relationship need to happen. There's a relationship thing when something happens between me and the person and an understanding that we reach together - It's not a private affair. It's an honesty thing. It's hard to describe how you know, but it's an intuitive thing, or a heartfelt knowing. It's a connection that you make with somebody. It's that kind of meeting where you're really with somebody and you come away with a sense of completion - that all is as it should be and that your part in the equation has been met.*
>
> *They kind of know that you know as well. There's a little widening of their eyes, and they themselves get why they feel like they do. Often you just have to peel back the layers a bit more, go a bit deeper and then there's an 'aha' moment that they share.*
>
> *Having someone who is willing to have that conversation with them empowers them to do something that frees them up, and nudges them along to where they can come to those realisations. That is healing. I feel profoundly honoured when I'm a part of that equation. I've not done anything other than ask a few questions. It's often hard to see where understanding finishes and treatment starts. (Richard)*

Richard describes what happens during the client-practitioner relationship at the moment of breakthrough, when both he and the client know that the client has uncovered an underlying cause. This process where he puts forward a theory to the client is very much a shared process where both practitioner and client work together – the practitioner skilfully asking an appropriate question which sets off or opens up memories or connections of the client. This is very clearly a two-way process.

Two aspects of the healing process are identified – there is the actual medicine, the physical, but also the relationship between practitioner and client. Richard implies that the relative importance of the two will vary greatly from one client to another. He also

points out that the process of taking the medicine is of no greater or lesser value than the relationship itself.

Whereas Richard divided these aspects of healing into the medicine and the relationship, the client's moment of uncovering and understanding melds into their treatment, as though the recognition, or the realisation, is healing in itself.

One study that reiterates what Richard believes noted two reasons for clients consulting natural health practitioners – the first that the treatments might work more effectively that previously tried allopathic treatments, but secondly the relationship expectations are different and expected to be more co-operative (Richardson, 2004).

The status given to the importance of the relationship in these stories, could raise the question of whether this is too simplistic, to consider that healing might take place through clients simply recalling a significant past life event, but this point is defended.

The complex versus the simple

> *You could criticise this way of trying to identify the cause as being simple, but I think the fact of the matter is it often IS that simple. And I think we live in a world now that has become obsessed with detail and creating huge bowls of spaghetti where it's actually unnecessary. I really believe that, that taking notice of what the body tells you, all the time – always note that when you say something in anger, or when you're happy, what's the body doing? When you're critical, when you're sad, how's the body reacting to that? The body believes anything that you tell it – it'll react to it all. Where are you holding your anger? Where do you feel your laughter? How does it make you feel generally when you're in this state? I really think it's that simple and when you do acknowledge it, if it's not serving you, then you can make absolute choices to respond (rather than react) in a different manner. And it really is as simple as changing your mind. It takes practice of course, because we get used to reacting in a particular way. I think it comes down to absolute honesty with ourselves, because there's payoffs for behaving badly – it puts you in a position of power, superiority, more important than other people and you act in a certain way. Human nature has shown that*

throughout the ages. You know that behaving badly has enormous payoffs and I do think it is that simple. I think that we need to have some integrity and honesty and acknowledgement of the fact that we're just a very small cog in a very big picture. (Lee)

Lee explains her theory of identifying the emotional triggers of illness. Despite talking about holism, she refers to the body, as a separate entity from 'self'. She suggests the client first needs to listen to the emotions expressed by the body. The task for the client is to interpret the meaning of each emotion and then to choose to act in response. Lee outlines how the mind and emotions influence the body – emotions are felt and stored in specific body parts. There is a superiority of the mind, in that the body "believes" what it is told.

Lee doesn't elaborate further about the "huge bowls of spaghetti" although she seems to be referring to allopathic investigation into the causes of illness. While illness can be viewed in great physiological detail, identifying cellular changes and genetic factors, Lee's holistic approach focuses on the mindbody level. Lee advocates listening and 'getting in touch' with the sensations in the body. From identifying these feelings Lee then advises controlling the thoughts and changing the pattern that led to that illness.

While Lee talks about power and inequity in relationships, these are characteristics usually considered absent from relationships with a natural therapist (Di Stefano, 2006; A. Mitchell & Cormack, 1998; Pizzorno & Murray, 2005). The phenomena that Lee mentions of the transferral of the clients' bodily reactions between practitioner and client has been explored within the context of psychotherapy (Agdal, 2005; Goulding, 2003).

Despite being identified as a simple situation, the resolution may not be as simple, as ill-health is compared to an internal battleground in this story.

The alien in lodging

People, alienate themselves from their problem, and the way they feel about it is like an alien has taken up lodgings in their body. They just want to get rid of it, because they just so despise this part of themselves that's not working properly.

And they disassociate from it, they disconnect from it in every way and that impedes the healing force. It's like illness and health each have their own force that are at war with each other…and our bodies are the battle field. So it's difficult to be on that battlefield without some faith in your ability to win. If you think you're going to lose you can take all the drugs, herbs, body work, etc and they just won't do anything. It's like the battlefield becomes you versus you. How can you win that battle?

So the greatest challenge is in getting people to accept what is going on. Illness, of any description, erodes self-belief. As soon as your body fails you in any small way, you doubt yourself. Your confidence diminishes, there's worry and anxiety and the fear of not getting better, so one of the most important sacred duties of the physician is to restore that confidence. To tell people whatever happens they're going to be okay. We have to nourish that wonderful healing gift like a sacred torch. It's absolutely essential and so misunderstood. We need to nurture a person's ability to believe in their ability to get well. Their self-belief. (Richard)

Richard's metaphor of a battlefield with self fighting self, further reinforces the Cartesian dualism of mind and body. He believes that as long as the client denies what is going on, and tries to escape from their inner selves, that healing will be slowed. Part of Richard's role as a practitioner is to help boost his clients' self-confidence as he believes that will help the body's ability to heal. He implies that the client's acceptance of all parts of self, is a means to the integration of the lost connection between mind and body. Richard identifies this lack of acceptance as leading to lack of confidence which may block any medicines and therapies from working. So the implication is that belief in the treatment is paramount to its efficacy. This equates to theories of the placebo effect, more recently called the meaning response.

Underlying what Richard is saying is a criticism of the hierarchical model of health, of expecting to be cured from outside with the use of medical procedures and treatments. However all health modalities are vulnerable to the loss of confidence of the client.

Richard's comments allude to the delicate interplay between the health paradigms of natural medicine and allopathy, and the difficulties arising when clients are chronically ill and experiencing conflict or disagreement between the two.

This internal battle that Richard describes seems to provide a clear example of the Cartesian split and the separation between body and mind, and the 'dialogue' between two parts of the whole (Aho & Aho, 2008; Mulhall, 2005). The use of military language is not uncommon in conjunction with illness – "fighting disease" "the war on…" (Engebretson, 2003, p. 221) A current example in New Zealand is 'soldiering on' in an advertisement for cold medication.

The importance of looking at the whole of a client's story in order to identify possible causes is evident in this story about a client's difficult life circumstances.

Just get on with it

> *There was this one client who was very obese and she'd moved to NZ from another country about ten years prior. She started having problems with her weight and her thyroid and a few other things. And throughout the case the woman was quite closed with this underlying sense of anger but nothing really tangible that I could put my finger on. It was all "well you just get on with it don't you?" But the second time round she opened up a bit more. What had happened was both her parents had died about three months before they moved to NZ and then she gave birth to a baby who was disabled, who was not quite right. So she'd kept her grief under wraps all this time. Interestingly, she'd had a two year bout of vomiting that the doctors here couldn't get a handle on. She went through every test under the sun, and they thought it was a retro virus and of course it wasn't. In the end with further discussion she realised that yes, she was bloody anger alright; here she was expecting her first child and about to move to NZ with her brand new husband and both her parents died and then the child is disabled.*
>
> *So she's started getting counselling and she's also got herself a personal trainer, so there's a transformation going on with her. I think the physical stuff is probably very good for her 'cos it's getting it out of the body – getting all that*

pent up stuff out in a non-harmful way. Its cathartic - a healthy way of dealing with anger. But I do find that whole weight thing interesting. I often feel that if people are really grossly overweight then it's a real protective thing, a protection against what going on in the world. (Lee)

Lee uses her intuition in this story – She is perplexed at the anger that she senses after the client's first consultation, and yet she trusts that there is some foundation to this feeling. This client's reason for being unwell, seems to be based on events that impacted on her emotionally, rather than having a purely physical reason. Thus Lee is not surprised when the medical practitioners were unable to find a physical cause for her vomiting symptoms.

This story provides a model example of the complementary quality of natural medicine. Lee does not tell what treatments, if any, she prescribed. However she does refer to others to provide the expertise this client requires. Through her holistic evaluation of this case she realises that counselling is required, and some physical outlet to release anger, while also providing some fitness activity.

There is the recognition that emotions, particularly strong emotions need to be dealt with appropriately and safely. Underlying this is a belief that unresolved, unexpressed emotions can do harm. For this woman, Lee holds an expectation that expressing the anger she has repressed for years and coming to terms with past life events may result in improved health and hopefully weight loss.

In this case Lee has a very literal view of this client's symptoms – of excess weight as being a means of covering up, of her protecting herself, which seems plausible based on the client's story. She has shown a holistic understanding of the case, as well as providing holistic solutions to better aid her client in dealing with multiple aspects of her life.

This final story in this chapter illustrates the process of creating a clearing by asking poignant questions and the outcome that can yield.

The family man

> *A guy came in today to get medicine for his psoriatic arthritis. His first visit was about a month ago and he's in his mid-40s, he has taken methotrexate and a variety of other drugs and immune-suppressants. The latest thing is they want to inject something into his bone marrow to stop him producing white blood cells - imagine what kind of side effects it can have, and I think it's really brought home to him just how serious his case is. His hands are deformed and he has a young family that he's supporting through a really successful business. His body is half covered with these thick scaly plaques but he doesn't really care about that. It's the fact that he's in so much pain, that his work is threatened and therefore his livelihood and his family's livelihood is threatened. That is what's freaking him out.*
>
> *Right from the start I got straight into talking about mindbody stuff with him. I think what was essential was to find the right question for this guy about the cause of his ill-health. It wasn't going to become clear from his medical history. I can't remember how I phrased it but it was well into our visit, I was fishing around and struggling to get him to engage with this idea of mindbody because he's a guy, he's an engineer. He thinks something's gone wrong with the programme, something genetic. Finally I broke through and then he opens up and tells me this story. He sits back in his chair and he goes "I know why I've got this problem". And the hair on the back of my neck stood up, and he's fighting back the tears and he tells me this story about when he's 10 (so it's about 35 years ago) and his best buddy died. He didn't go into detail, but he didn't need to. He let out a little bit of emotion and said "That's when the psoriasis started". So that opened everything up. Psoriatic arthritis, where no drug has worked. I don't know where it's going to end up. But if people don't heal a problem, then they eventually become depressed. I don't see things staying level with people. They're either healing or they're getting worse. (Richard)*

This story is more about finding a 'cause', or a trigger of this illness. Richard questions his client to check if the advent of his illness coincided with a major life event. The client's insight into what might be a cause at an emotional level, comes about from

Richard asking the right question to make the link required to find the source of the problem. Within a natural medicine framework this might be considered as the 'cause' of the illness, although advent or precipitating factor is perhaps a more suitable phrase. A natural health practitioner would expect that by identifying this as the moment that symptoms began, that there might be some improvement.

At a personal level this approach seems in sharp contrast to the client's belief that he is sick because he is genetically pre-disposed to this disease. Richard's statement that he is a 'guy' and an engineer, implies that he might dwell more in a quantitative evidence-based world, where things must be proven in order to be true. Underlying this story is the paradigm contrast between the standard reductionist view of disease origin and a vitalistic holistic view. There is an aspect to this story about hearing the truth and our inner knowing when we hear something that 'rings true'. Richard says the hair on the back of his neck stood up; the client 'knows' this is the cause of his illness (despite this sounding nonsensical within an allopathic paradigm).

By identifying a possible cause, or at least a contributing factor, this consultation has moved towards holism with the possibility that the client might be made whole again. The underlying goal is in recognising the point at which the emotions were suppressed, and the physical body started to exhibit symptoms. If this comes into the conscious mind again, then there is potential for the reverse to happen, the emotions can be acknowledged, or experienced and the physical symptoms may start to dissipate.

An experienced practitioner needs to be able to identify the most important issue for the client – in this case it is not the superficial appearance issues, but this father's concern that he may not be able to provide for his family. In order to achieve this, practitioners must be able to set aside their own perception of what is important to make way for the clients' concerns.

What is holism?

Holism seems to be a difficult concept to verbalise, even for the practitioners who try to practise it daily. Heidegger (2001) states that defining shuts down thinking and consistent with this theory, there was no succinct, clear definition forthcoming for

holism, but rather a concept with many facets both described and approached in different ways.

In identifying some of the parts to holism, there seem to be a number of particular qualities that the practitioners have cultivated. These qualities seem to encourage the creation of a clearing where clients are opened up to the potential for feeling and expressing. Practitioners described their careful listening, especially listening out for emotional clues, guiding their clients using skilfully crafted questions in a manner that invited still more listening. The time spent with the client is a great contributor, as some alluded to, in helping both practitioner and client to develop a clearer understanding. All recognised the paramount importance of the client-practitioner relationship in providing a bond for deeply exploring with the client.

The practitioners spoke of their mindfulness of all aspects of the whole person – the mind, body and spirit; of noting the emotions. There seems to a delicate balance for practitioners between motivating clients to change, while supporting and encouraging clients – as though it can sometimes be a 'nurturing push'.

On occasion the practitioners can facilitate a moment when the client recalls a long forgotten event that they can identify as a possible trigger of their illness. Through all of these stories communication and relationship building seem to underpin being holistic in practice, irrespective of whether practitioners and clients were successful in revealing the clients' triggers.

Heidegger's 'hermeneutic circle' is relevant here as the stories describe parts of the whole (Dreyfus, 1991; Harman, 2007). Through understanding these parts, the whole becomes clearer, while through understanding the whole, there is a better understanding of the parts. The way the practitioners reflected on holism displays this back and forth movement between the whole and the parts, helping the reader to consider the parts and the whole.

Chapter five:
Being Holistic – The Practitioners' Experience

In this chapter I will explore the practitioners' experiences of being holistic. I will move from stories of the experience of 'falling short' to the practitioner's stories of when they felt they had attained the goal of being holistic.

When it doesn't happen

Richard expresses what he experiences when a consultation does not reach his ideal:

> *When I haven't met somebody fully, then I know it when they leave. It sits with me, as much as I would like to just forget it and get on with my life. When I don't meet the mark, it does come back to haunt me until I see what it is that I missed and then I can let it go. Obviously you can't see everything about a person - even a person themselves can only dissect their lives in fragments. But, you know I frankly fail to meet that ideal in my own life so I don't know if I should be, setting myself up to be on a pulpit here. I really am weirdly okay with just how far short of the mark I fall every day. (Richard)*

Richard is able to honestly appraise his work and his short-comings when he does not perform as well as he would like to. He concedes when he has not acted holistically and spends time dwelling on his short-comings, searching for a solution. From his experience in practice he acknowledges that he is clearly unable to know a person in their entirety and that it is not possible for him to reach the depths of meaning surrounding a client's illness.

Richard uses the term 'met with someone fully' which implies that his goal is to delve to quite a deep level. He infers a distinction between treating a client at a physical level

(while hopefully improving the issue they wished to address) and exploring more deeply with them as to other possible contributors to their illness. Intuitive sensing plays a strong role in how Richard evaluates his 'performance' in practice. He 'knows' when he has not reached the core of their issues.

Richard suggests holism is an ideal. It is what happens when natural medicine is practiced in its truest form and the ideal is met. If being holistic in practice is held as an ideal, then there are many times when the client-practitioner encounter will not succeed in achieving that ideal. However the recognition that the ideal can be achieved reinforces its existence. Striving for this goal seems to be a strong motivating factor for Richard to continue to practise in this field.

Richard also hints at the need for natural health practitioners to walk the talk, which he acknowledges doesn't always happen in his own life. While he expresses some discomfort about the possibility of being cast as a role model, he quickly admits that he has come to terms with that. He is able to accept his human failings.

This next practitioner questions some aspects of her profession.

A challenge

> *I think my views have been challenged more so recently. I went on to do some further study to learn more and to become a better practitioner, but I think I became a more doubting practitioner as a result. When I first trained I was full of enthusiasm and youthful acceptance. In the time I took off practising I realised that we don't have all the answers, and nor does science have all the answers. That made me stand back a lot more and become a much less enthusiastic naturopath but much more involved in being healthy. (Jess)*

Jess describes being very involved in her own health journey on both a professional and personal level. However Jess's journey takes her in a direction she wasn't expecting to go: At a time when she returned to study to further her development and find some answers, the opposite occurred, leaving her disillusioned. For Jess, part of that journey involved grappling with the gap between the natural medicine and science. Her feelings

of disillusionment come from neither domain fully providing her with all the answers she was looking for.

This story in part addresses the maturing of views as experience is gained. With more experience comes more exceptions, and with maturity comes the need to develop a framework to deal with such shades of grey, as opposed to the black and white views perhaps more prevalent in youth.

Jess infers that she was perhaps too staunch as a younger practitioner and that the period of disillusionment she went through has helped her to become more understanding, more mellow. She views this as being healthier. The concept that health is about balance is implied, and the rigidity and rules of 'correct' living as were sometimes practised in the past are perhaps less appropriate and less relevant. Her journey of more recent time has been about integrating healthy living into her own life. She implies that she is more holistic within her own life now.

Jess raises the concept of complementary practice. While she finds that neither natural medicine nor science have all the answers, perhaps the next logical step is to combine the strengths of each. This dilemma is somewhat aligned to Heidegger's theory of the twofold. At the core of Jess's experience is the stark contrast of science versus nature which emphasises duality and opposition (Harman, 2007).

The process of searching for all the answers affects new practitioners, as they attempt to find holism.

Trying too hard

> *Once upon a time I probably thought that I had to be all things to all people. So, in my practice I'd be wanting to tick all these different boxes in order to reach the ideal of holism. So I'd need to make sure I'd ask people about their diet, their exercise, their sleep patterns, their lifestyle things you know how they live, how they rest and recreate themselves, their genetics, their family history. Every little piece of their medical history small and large - pages of questionnaires. Once you start asking that many questions you'll start unearthing a lot of stuff. You go through these arduous, appointments attempting to be holistic by covering every*

> *angle and ticking every box. Both practitioner and patient come away feeling exhausted. But to me now that's not a good encounter. If I come away feeling tired or depleted I know I've screwed up. (Richard)*

Richard describes some of the pitfalls of learning to be a holistic practitioner and of trying to be 'too' holistic. He equated holism with being thorough, but upon reflection he now considers he was overly zealous. He can identify when this has happened through a depletion of his own energy. His exhaustion helps him to identify when he's 'not doing it properly' and seems like a block to connecting with his client. He highlights the difference between 'checking the boxes' of being holistic and a deeper experience of truly connecting with another human in deep and meaningful interchange.

There seems to be a process which has developed over the passage of time where Richard has mastered the skills of authentic communication and establishing a sound relationship with his clients. Richard stresses the big picture as equating more to holism, rather than the small details. He sees it as being more important to focus upon the relationship with his clients in favour of gathering every minor symptom, which he has come to see as a barrier to being holistic.

Holism is often criticised for similar issues as raised here by Richard, such as a lack of attention to the emotional and spiritual aspects of being (Benor & Benor, 1997). The difficulties of quantifying holism and challenging that natural practitioners are more holistic than allopathic has also been raised (Ernst, 2006).

Practitioners also question this issue of spirituality, expanding on some of the difficulties of being holistic.

Side-lined

> *We can kind of glibly say "oh yes we come from a holistic perspective, taking into account spiritual, the physical, the mental, the emotional", but what does that actually boil down to? Some of those elements, particularly the spiritual, get a bit side-lined. And how do we do that in a way that's not challenging and that doesn't contain our own ideology and biases? We need to find a way that allows people to*

be really comfortable and open in their own exploration of those issues – I think that's a huge part of health. (Chris)

Chris creates a broad picture of health, including coming to terms with the spiritual. Her concern is that lip service is paid to holism, with spirituality being the element that is often omitted. This emphasises a possible gap between the practice and theory. Chris alludes to this omission being due to discomfort and the personal nature of spiritual beliefs. She raises the problem of how the client might explore personal issues without 'interference' from the practitioner's views. This highlights the need for great self-knowledge and skill in communicating on the part of the practitioner.

Chris's identification of practitioners' difficulty in separating out their own beliefs to create space for clients to explore issues is aligned with Heidegger's theory of 'forestructure of understanding' that no interpretation is ever possible without the pre-suppositions already held (Dowling, 2004; Wojnar & Swanson, 2007).

Naturally over the course of time, practice changes and evolves, with challenges along the way.

Change over time

I think if any honest practitioner were to look back at their own life in practice I think there would be a universal recognition that you change. You evolve after lots of trial and error. Lots and lots. What seemed to be the answer to all mankind's ailments, 10 years ago although it still has importance, it's only one strand of many. (Richard)

Richard reiterates the concept of a journey over time. Here though, he refers more to the practical side of practice and the changes in the 'tools of the trade' over time. He speaks about his own evolution as a practitioner, being swayed by new things, incorporating these into his practice for a while before returning to find a balance the new and the more familiar. Richard expresses the old adage that one needs to make mistakes to evolve. In a gentle way he is perhaps self-criticising for being 'taken in' by this new 'toy' which he later places in its context as part of the whole.

While Richard does not mention holism, there is a sense of holism as the common thread underpinning his practice. It seems as though holism has a presence and he gives the impression that he will return it to once free of the distractions he's encountered on the way. There is a dualism at play between these transient superficial features, against holism as a core with a lasting quality.

Practitioners are sensitive to when they are being holistic, as this next practitioner talks about the flow and ease.

Knowing when it is going well

> *I know when I am working holistically and being in integrity with myself - being congruent with all of my aspects of my being. It's a question of flow. I feel things flow. Or I could call it using an energy. There's a synchronicity and a flowing so things happen and they are easy. There's no sense of having to push. So things just are easy and there's a receptivity when I'm aligned. I'm better able to be present with people. (Chris)*

Chris's benchmark of being holistic in practice is the ease of interchange between her and her clients. She seems to sense when this is going well and that her clients are comfortable with her. Chris shows a fatalistic philosophy here – that things are 'meant to be' when it all goes right, and 'going with the flow'.

This reciprocal relationship between Chris and her clients, and its inherent equality is evident in the way that Chris values this flow of communication as a two-way process.

Chris seems to not distinguish between working holistically and being congruent with her own integrity, as though these two elements belong together. For Chris, this connection to self equates to being holistic.

It could be argued that Chris's experience of 'wholeness' is due to her rapport with particular clients and her experience may be merely the sharing of a close relationship with willing participants. Consequently it is logical to parallel holism with good communication.

Chris's preparation for her client is about setting intention, a concept explored by Zahourek (2012). Zahourek includes centring, belief in healing energy , intuition and consciousness as some of the attributes desirable in the process of developing intention (2004).

This next practitioner defines her role, based on her Māori background.

Mauri

> *Everything has a light within it and that light can shine brightly or it can be dim. In Māori terms we call it mauri, everything has mauri and our objective in life is to experience, to share or to see the mauri in another. If you can bring about brightness to the mauri of another, our own light lights up too. It's there like a static energy that makes us well. It's very easy now for me now to walk into a room and feel if it needs a bit of loving. That things are not where they should be. I'm not particular about where things need to be, but you can see a blanket nicely folded. It can have all the holes in the world but if it's nicely folded it looks a lot better than on the floor where people are going to walk over it. Even scrunched on a couch is good because it looks like people have been lying in it and they've loved it. You can walk into a house and notice if it needs a bit of loving and you brighten the light of the house and the people in it. Then when they've got a bright light, they brighten the light of the house and the garden and the trees….. But it's always about how we interact. That light inside us is a direct response of how much we care about the light in others. If we're in the company of people with dim lights all the time, ours will start to dim. In brightening the light in another, although the motive is not brighten your own light, you can't help but be lit as well. This is why I never feel exhausted after massaging, never, ever, ever. (Jo)*

Jo elaborates on the concept of what happens when healing takes place – she looks upon it as a process of inspiring another, of re-lighting their core, of motivating them. She equates this bright light to a state of wholeness. It is a pre-requisite for her as a healer to be in integrity with herself. Her description of the blanket with holes in it, illustrates this concept of integrity. It is not so important to be perfect in appearance, as it is to have the

proper intent. Underlying this story is a great sensitivity – a sensitivity of when things are not right, as when this internal light is not shining; when the house :needs some loving" or when others have "dim lights".

Jo addresses the reciprocal relationship within healing, when she states what she gains from performing massage or in this case mirimiri[2]. She implies that when she is not in such a state, then her energy, light, wairua[3] will be drained. That will serve as a marker to her that something is not right. This lighting up of others has an infinite quality about it – it seems it does not diminish but increases and expands.

Mauri[4] can be translated as life principle and for Māori , is one of the three components of humans, along with wairua, the spirit, and tinana[5], the body (Walker, 2004). When a person is sick the mauri is believed to be low, and death is marked by the total absence of mauri, as the wairua leaves the body (Walker, 2004).

The practitioners had different ways of sensing. For Chris, touch has become an important way for her to be holistic in practice.

Tools to connect

> *It's taken me a long time to realise that touch is quite a big diagnostic tool for me. To actually feel what's happening in the body. It's not anything anybody's particularly taught me, but just something I've learned myself and have come to trust in myself really. It's a very intimate thing. I often find that there's ways that I can say things, but sitting in a clinical situation it's a bit hard for people to take it in. It's much easier in the context of body work when I'm touching them. (Chris)*

Chris describes how she uses touch to diagnose and to connect at a deeper level to what is happening for her clients and to gain a fuller understanding. Touch allows her to expand her communication and to work in a more holistic way. This other level of communication, beyond words seems to reach deeper levels. It's not limited by the pre-

[2]Mirimiri – massage (Moorfield, 2012)
[3]Wairua – "spirit, soul, quintessence - spirit of a person which exists beyond death" (Moorfield, 2012)
[4]Mauri – "life principle, special nature, a material symbol of a life principle, source of emotions" (Moorfield, 2012)
[5]Tinana – the physical body (Moorfield, 2012)

understandings (or mis-understandings) of words. Chris asserts that the physical body cannot disguise feelings in the way that words might hide and filter what is said. For Chris this provides a window to enter the world of her client, a more direct connection, helping her to better understand them.

Chris finds that her clients better accept what she says while she is touching them. The bond of touch allows her to say things that might otherwise be taken as challenging outside the bodywork/touch context. Through touch and the clients accepting her comments, there is a deeper connection which both practitioner and client share.

The importance of touch to enhance the connection between practitioner and client is well recognised (A. Mitchell & Cormack, 1998). Touch has also been described in healing in terms of flow and the body likened to a "wireless network" (Agdal, 2005, p. 71). While the importance of language is highlighted as a means to experience the world in hermeneutic phenomenology, here Chris implies that touch fulfils this function (Dowling, 2004).

Natural health practitioners perceive their work to be different from other health professions, based on this principle of embracing holism.

Being out on a limb

> *We do have a particular paradigm that crosses boundaries. From bordering on psychotherapy into the medical world - We're sitting at a cross roads here where we touch on these other worlds. When I do my body work I'm also touching on chiropractic, osteopathic worlds as well, so there's a lot of crossing over and overlapping. Even the boundaries between psychotherapy and medical treatments are hazy. Working holistically demands that at a certain level. And the boundaries are quite mobile and fuzzy or murky but it's important to know where they are. (Chris)*

In comparing natural medicine to other allied health professions Chris observes the commonalities between several. She considers this to be partially due to working in a holistic paradigm. This holistic paradigm entails exploring emotional and perhaps

spiritual issues with the client. It is here that there is potential to touch on fields more usually dominated by other professions.

With the ideal of working holistically, comes the goal of attempting to fully meet the needs of clients, within the framework of one's work. This carries a huge burden of responsibility and demands that the practitioner be very well aware of the limits of their skills.

This issue of scope of practice was raised in a recent Government document asking for submissions into the review of the Health Practitioners Competence Assurance Act where it was stated that "the benefit of having broad scopes of practice is that it increases the flexibility that health professionals have in terms of how they describe what they do and allows for easy amendment. Detailed scopes of practice risk becoming too rigid and out of date." (Ministry of Health, 2012, p. 6).

In this next account, the practitioner tells of her experiences with her own health and how she came to realise that she also needed to participate in the healing process.

Self-healing

> *I'd been in practice for about 5 years before I had this blinding insight - actually it's about my own healing journey. And before that I'd been feeling, I'm fine thank you, there's nothing wrong with me, I'm just here to fix all these other poor people. And that was an absolute revelation for me. That was the beginning of a lot of inner processing for me. Since then I've done an enormous amount of personal growth work and emotional healing. A lot of exploration, a lot of journeying, a lot of discovery, a lot of healing that I hope feeds into my practice, with being able to be with my clients and being able to be with their pain. To know how to be with someone's pain, means you also have to be with your own pain. (Chris)*

Chris uses the metaphor of health as a journey and the importance of having had some life experience in order to be able to relate effectively and show empathy toward others. Chris alludes to parallels between the practitioner and client, as both need to be involved in their own healing and to come to terms with their own lives. Previously

Chris, by her own admission, held an attitude of superiority towards her clients as 'those others who needed healing'. She seems to have shifted from seeing her role as the healer in control, to that of the facilitator. As such there is a more equitable relationship between her and her clients: She's experienced her own humanity and recognises it in others.

When Chris speaks of being with her clients and being with their pain, it can be understood to mean both physical pain as well as emotional pain. She emphasises the importance of empathy towards others while reiterating the need to have had some life experience in order to better relate to clients. Chris describes the idea of walking beside her clients (Leach, 2005).

Chris's own healing ties into the theory of the wounded healer, that essentially those who seek to go into healing as a profession, do so because of some need to heal themselves, but there is equally the recognition of the need for self-care (Dunning, 2006; Laskowski & Pellicore, 2002).

Chris goes on to describe how she includes the spiritual into her holistic approach and how she integrates this element into her own preparation for being with her clients.

Preparing

> *My journey brings a lot of my spiritual learning and, more and more it informs how I am with my clients. Someone watching me on the outside wouldn't necessarily see anything very different but I know it's different inside. There's an awareness within myself. It's about presence I guess. There's also an awareness of energy and of creating a space and making sure that it's energetically clean. It's about setting the intention. (Chris)*

Chris talks about the need to focus her attention when she sees her clients. This process of setting the intent seems very important to her and plays an integral part of her preparation. She speaks of tuning in and being sensitive to her clients and of being "different inside", in a way that is clearly very personal for her. She mentions "an awareness" and a "presence" to express her understanding and experience of her own spirituality. There is an acknowledgment of something sacred as she prepares herself for

her clients; an acknowledgment of respect which also extends to their spirituality. Her sense of awareness promotes heightened sensitivity towards her clients' needs.

Although she speaks of "presence", by being present Chris seems to be attempting to set herself aside, in order to hold the focus on her clients. It seems as though by being present, she can become more aware of her own boundaries and biases to allow for the special space she aims to provide for her clients. She speaks also of "creating a space". She recognises her need to be in this state, in order to be able to offer the best to her clients. She sees her role of facilitating healing as one that requires a certain neutrality and acceptance. It may be this setting aside that leads her to being "different inside".

Chris also mentions ensuring this space she has created is "energetically clean". This alludes again to the setting aside of her own beliefs, as well as perhaps the trivialities of her own life.

It seems there is an accumulation of learning and life experience that has helped Chris to reach this point. There is 'no going back' for her – now that she has incorporated her spirituality into her practice, she cannot ignore it and 'un-know' what she already knows (She cannot go back to a state of 'ignorance'). It seems now that her practice has broadened to incorporate a spiritual basis, with the importance she places on 'being in touch' or 'being grounded' playing a crucial role.

She searches for a way to describe this state she tries to achieve, but the language seems inadequate to capture exactly what she means. It is as though this heightened state of being is limited in the world of language. The words cannot convey the sensation of being "different inside" that she experiences. Alongside this problem of clearly expressing this state of being, Chris's preparedness is a subjective internal process, so not observable either. Chris's ritual of acknowledging her connectedness could be said to be a form of holism, or of feeling her own wholeness.

As another aspect of wholeness, Lee talks about sensing people's moods when entering a room, and the importance that plays in practice.

Sensing

> *I think I've felt it all my life – I think we all do, but we, most of us ignore it. I think we're all born with that knowledge and then, depending what family we're born into and how we're brought up, that sensitivity either gets encouraged or it gets annihilated. You know yourself when you walk into a room there are people that you're drawn to and people that you're speaking to and you get that they're not interested or that they're overly interested or…you know…when you kind of work on the concept that we're no different from the rest of the biotic community on this planet and that we're a field. I mean people like Bruce Lipton and Fritz Albert Popp, the German biophysicist, they're all saying yes,we are just a field and that everything we do and think and say affects everything else on this planet. And so of course when you come into somebody else's field in close proximity and they don't like you, or if they like you a lot, you immediately pick that up – how do you? You know, even if they're not saying anything or doing anything major you still get the feeling. That happens with clients too - why do you suddenly start feeling nauseous? Or why does your shoulder suddenly start twinging? The moment you have someone sitting across from you in a clinic situation, you're going to start to interact on a highly intuitive level, whether you're aware of it or not. (Lee)*

Lee relies on her intuition, taking notice of how she feels in various situations. In her practice this translates to sometimes 'picking up' what her clients might be feeling. Her belief is that most people have this sensitivity, but it can be lost. She puts forward the theory that holism is inevitable if everyone is part of a field that mingles with another, and that we are already part of the whole. Therefore it really is the ultimate 'type' of holism. This sensitivity is an important skill for Lee in her practice and using this intuition is part of how she is holistic in practice. Her belief that everyone possesses this ability means she does see it as a skill rather than a gift. Intuition is recognised as a valid skill in nursing literature (Allan, Smith, & O'Driscoll, 2011; Gore & Sadler-Smith, 2011; Green, 2012).

Humans can be considered in the broader context as part of the universe (Darling, 2005). One of the theorists that Lee refers to, Bruce Lipton (2005) states that "every

protein in our bodies is a physical/electromagnetic complement to something in the environment. Because we are made out of protein, by definition we are made in the image of the environment" (p. 188). Such theories cast a new light on holism, if humans are all a part of the same 'whole'.

In moving on from this theory, Jo proposes the need for practitioners to put into practice some of their own recommendations prior to being able to care for others.

Being whole

> *One of the things that I'm discovering now is that it's really about the way you live your life, not the way you treat the people. It's your whole life that's the example, your life and the way you are that enables you to facilitate better. So it's not something we do in clinic, it's something we are. I hadn't thought about that before but you can't light the light of somebody in your clinic room and then go and abuse somebody outside of the door. It doesn't work that way, it's not authentic.*
>
> *Being holistic in practice and being human at the same time is not easy. But you do the best you can do and that's it really.*
>
> *If life's hitting a bit of a downhill slide for a while and my light is not shining I need to ask why is my light not shining?My light is not shining because I'm incongruous with something. So I know there's another light that I need to brighten in order for mine to brighten. (Jo)*

Jo believes that being holistic in practice requires being authentic, not only in the presence of clients but in the way that she lives her whole life. This is the concept of 'walking the talk', that natural health practitioners, as part of recommending healthier lifestyles should practice what they preach, as an example to clients. Jo emphasises this as an essential part of her practice, whilst also acknowledging that our human side can make it difficult.

Jo speaks of 'shining an internal light' almost as a pre-requisite to her being holistic in practice. She knows she needs to have her 'light shining' in order to be able to facilitate

healing in others. It is from this place of strength that she has something to offer her clients. She speaks of having to replenish herself prior to attempting to facilitate healing someone else. She also mentions sometimes that she may need to help someone for her light to be replenished.

Jo uses the terms being 'authentic' and being 'incongruent' as two opposite possibilities. For her being holistic in practice means she must have dealt with any life issues that are holding her back from being fully authentic. She needs to act consistently in all aspect of her own life.

Jo gains some personal benefit through being holistic. She thrives on the reciprocity in her relationship with her clients. She goes on to describe her Rongoa Māori [6] practice.

Connectedness

> *In my practice I use herbal medicine and massage therapies but, underlying all of that is Rongoa Māori. I draw that into the way I practise. So I take time before each consultation to focus myself and to make sure I let go of the fact that I need to pay that invoice, or get those towels into the laundry or even if I'm ready to meet with this person. Sometimes if I'm really fortunate I'll have about 15 minutes, but other times it will only be a couple of minutes. I try really, really hard not to go into a consultation without taking that time. I often call it being neutral - just being present, trying hard to let go of judgements about anything, to enable me to listen better and to make a connection with that person. The type of connection is one that I find difficult to explain. In Rongoa Māori we would call that karakia but I don't verbally karakia. Then, if I'm massaging I will put my hands on the person once they're on the table, as a second opportunity to centre myself and more importantly, to connect with that person. (Jo)*

Jo has a ritual that she practises before she sees her clients which has a dual purpose. Firstly she needs a quiet moment to still her own mind, and secondly to focus on what she might do. As much of her work involves physical contact she has further

[6]Rongoa Maori – "Natural remedy" (Moorfield, 2012). Rongoa Maori can also have a much broader meaning incorporating " *taha wairua"* - the spiritual dimension (McGowan, 2009).

opportunity to connect with her clients physically, through laying her hands on them and this is how she begins her mirimiri.

Jo's moment of stillness and extracting herself from the realities of her clinic, allow her to shift from an internal focus on herself, to an external one which honours the clients coming to see her. Jo moves from her thoughts of invoices and linen, to think of the greater good, and to focus on healing for that person. There is a sense of setting aside of self and the material or physical world to take on the role of the practitioner. This ritual of connection is one way that she maintains wholeness in herself. It is being in this space which enables her to be fully available to her clients and to be holistic in practice.

The idea that touching a person enables Jo to connect with them suggests that there is something greater than just the physical body. At this point she is not massaging, so not sensitive to the physical feeling of muscle tension – she is just placing her hands on the body and using that as a means of connection. Jo implies that there is a part of the client which extends outside the physical body, to allow her to sense more about them on a different, deeper level. There is a distinct difference between this light touch which allows her to connect, and massaging.

Jo's ritual of preparing takes place beyond time. While she may sometimes have only a minute or sometimes fifteen, she manages to use the time available to centre herself and find that quiet space that she needs.

The ritual is about setting the intention of healing and of focussing on what she is going to do (Zahourek, 2004). Her moment to focus illustrates the marriage or interplay of the realm of the god and mortals from Heidegger's fourfold theory, as she leaves behind the mundane, the realm of the mortals, to dwell in this quiet still place, more like the godly realm, before attending to her client (Cerbone, 2008; Harman, 2007). The other two aspects that make up the 'four' from Heidegger's fourfold theory are the earth and the sky, where the earth represents the physical world. The sky represents the cycles within the lives of humans, such as the seasons and planets and sun. These four aspects are not separate, but are present in all things to a greater and lesser extent (Sharp, 2011). It is the interplay between them that Heidegger emphasised, putting them into two pairs of gods and mortals, earth and sky (Harman, 2007; Sharp, 2011).

Being holistic

This chapter focussed on the practitioners' experiences of being holistic in practice, beginning with those that were less successful. Some challenges identified were of trying too hard, of coming to terms with the limitations of natural medicine and the difficulties around truly honouring another's spirituality.

As the chapter continued, the practitioners revealed how they might recognise when they are being holistic and how they 'set the stage' to allow that to develop. Some prepared themselves through ritual, thinking of their intentions, of focussing themselves and setting aside trivialities. While the relationship between practitioner and client again underpins their reflections, their personal qualities of sensitivity and intuition are also evident.

Being holistic in practice impacts in a very personal way on the lives of these practitioners. It seems to evolve over time, sometimes through dealing with their own health. For some this passing of time leads to a greater focus on their own spirituality. There were moments of reflection and re-evaluation. Practising within a health paradigm with certain beliefs, and communicating those beliefs every day suggests the need to live with integrity and to be congruent with the advice that is given to others.

Being holistic in practice is inextricably linked to the philosophies of natural medicine. The philosophical basis is obvious in the way the practitioners reflect and explain their work – the two cannot be separated. For these practitioners, the philosophy of holism is not an academic subject taught once early in their education, rather it is strong and underlies daily practice. However for each of these very individual practitioners, what it means to be holistic is lived out in practice in slightly different ways, all however striving to identify a cause with their clients and implement change.

Chapter six:
Jo's Stories –
A Holistic Approach

Each person practises in their unique way. Jo's stories stood out as revealing the influence of the practitioner on the nature of one's practice, and the stories in this third and last findings chapter are drawn entirely from her stories. Gadamer (1995) says we each bring out a historical horizon from how we interact with the world. For Jo, her Māori background underpins her practice and she identifies strongly with a holistic model of health. It is well recognised that Māori models of health are broader than the standard allopathic view and are regarded as holistic (Durie, 2001; Mark & Lyons, 2010; Walker, 2004). She talks of her journey into natural medicine and describes specific experiences from her practice. In such a way, the holism of who the practitioner is as part of the holistic nature, of practice is revealed.

Jo shared the following story about how she originally became involved in massaging and subsequently natural medicine.

Early experience

> *The lady who brought me up was dying and I was visiting her and caring for her on my rostered one day a week. She would often to say to me please massage my feet, so I would massage her feet and her legs and then it became her back. But she was very, very frail and there was very little flesh on her body in those final stages of stomach cancer. So I would do these things to settle her because she wasn't eating and she wasn't sleeping. Emotionally she was happy, she had a lot of faith and was quite a religious person. The thought of death wasn't frightening for her. She was actually very comfortable with dying and would often say to the*

crying grandchildren and great grandchildren that she was going to a better place.

But anyway, this had gone on for about three months when her daughters said to me, whenever you go she's different. She insists on walking to the toilet. She will become ravenous. She will sleep at night. And when you don't come she goes downhill rapidly. So I started thinking there must be something in this massage thing. It wasn't a fluke, it happened every time. I had no idea what I was doing but I knew that I loved her and that anything I did wouldn't hurt her. I just trusted that I was physically incapable of hurting her. So I just did what I'd seen on TV or read in a book. I just did what I thought massage therapists do, anyway it certainly brought her relief.

It was helpful for me too, because she was just skin and bone so when I was doing her back, and she couldn't see me, I'd be massaging this very thin frail skin with tears running down my face. She must have wondered why her bed was always wet after I left. I would try really hard not to sob because she would not like to think that it was upsetting for me but it was so very emotional. It upset me that I was going to lose her and that this wasn't a dignified way for her to be. I didn't wish her dead, but I didn't like to watch her dying.

So after she'd passed I went away and learned, so I learned all the physical stuff associated with massage but it wasn't enough, so I learned another style and then I learned another style and another and it went on and on until I had this whole mishmash of stuff in my head. But, somehow it still wasn't enough, so then I thought herbal medicine might be the thing - maybe there's stuff in the balms I don't know. And so I did all of that, at the same time as rediscovering Rongoa Māori. (Jo)

Jo shows through this experience a special sense of allowing life (and death) to take its course. While clearly painful for her to be losing someone so close, she is able to separate herself from her own feelings of grief in order to provide some relief. Despite being close to sobbing, she was able to continue with the massaging. Her sense is that as long as the intent was sound, that she was touching this special woman from a place of

love, then she would do her no harm. This giving is selfless and suggests the idea of service, of setting aside one's own needs and feelings with the intention of helping another.

It was this powerful moment of coming to terms with someone who was dying, that sparked her desire to learn more. This early experience gave her a taste of other ways of healing and helping, and although the woman who raised her was going to die, Jo was able to show her love in a very special way. This process at this time was mutually beneficial – to the older woman as a form of relief, and to Jo as she could give in a useful way and feel like she had made a genuine contribution. She reconciles the physical improvements in this dying woman to the effect of love and intent.

Jo's journey involved moving from learning one healing modality to another and another. It seems that Jo's search brought her back to Rongoa Māori , implying that she had had some previous contact with these practices earlier in her life.

An account of experiences in palliative care describes "dwelling with" (Johns, 2003, p. 71) the client, in the way that Jo does in this story. Jo's care and empathy are also clearly evident, and the importance of these qualities is discussed in the literature (Leach, 2005; Luff & Thomas, 2000). From this story within her family, Jo goes on to tell a story of a woman she saw in her practice, who was dying of breast cancer.

Coming home

> *I saw this lady who came back to New Zealand, a native New Zealander who was diagnosed with breast cancer. She'd had very radical surgery, had her rib cage removed, her breast removed, all sorts of tissue removed. She'd lived overseas for 30 or 40 years, but she wanted to come back to NZ, if not to die, to say her farewells to family and to the place that was once her home. As part of that process she came to see me and we did a massage. The massage wasn't about healing her or fixing her, it was about giving her peace. And so we did that in the presence of all her family who were around the room and they just sat there quietly; some went to sleep, some hummed, some just looked into the distance. But we did this for about two hours: her doing or thinking whatever it was she was,*

and me saying to myself, you know, please let whatever this needs to be for her be (That's really what I'm saying in my mind). And so, when that was over, she got up to go and change in the bathroom. She was taking a little while so I asked her husband to go and check on her. He came out and said "She's just overwhelmed that's all. She's fine, she's just overwhelmed."

I saw her four days later, just before she left and she was a completely different woman. She was going back to continue with her chemotherapy. And her husband was a very different man too - full of hope instead of admiration. She was very peaceful and very comfortable with continuing with her treatment whereas before she had given up the fight and didn't want to suffer anymore. And so she had moved to this place now of wanting to keep living - completely different. Subsequently I've heard that she's completed her treatment and is doing extremely well. (Jo)

Jo describes an immense change that occurred in this client following her massage treatment. The process that Jo's client experienced could be called healing, not that her cancer has gone, nor her life expectancy increased, but she is now at peace with the world. With this change of outlook and rediscovery of her will to live she became "a completely different woman". She has chosen to take a different path in her life, instead of 'giving in' to her cancer at this point, she has chosen to continue with treatment and to 'fight on'.

The client's husband also has been hugely affected by the massage done to his wife. There is a perception that a physical massage performed on somebody will affect solely the recipient. It should be considered in light of this story, that this is a more Pakeha[7] view. Within a Māori context perhaps holism means more than healing just the one person who receives the treatment. The healing extends to other whanau members, despite them receiving nothing physical or tangible.

The idea of the coming home to say goodbye, to complete, to come to terms with her life implies completion of a journey. There is a reverence paid to the symbolism of life as a circle, in returning to the place of one's birth.

[7]Pakeha – Maori word for a New Zealander of European descent

There is a further theme of this story about dealing with cancer and the process the client has to face. This woman, who has already had both surgery and chemotherapy, is at a point where she has decided not to continue with her chemotherapy. However as a result of this healing massage, she changes her mind.

Jo's interpretation of what healing involves becomes evident from this story. She uses the term 'giving her peace' as her goal of treatment for this client. In giving her peace it could be said that she is being made 'whole' again. She is clearly not attempting to 'cure' her of her cancer, but more so to help her to accept her situation and to be at peace. There is a strong undercurrent of acceptance and of allowing the future to unroll in the way that it is destined to – a very fatalistic view. The way in which Jo believes that fate will take its course with the outcome is unknown to her, suggests there is some external control and the participation of a higher presence.

Jo also exhibits a professionalism of a modern CAM practitioner, in the way that she is accepting of her cancer client's choices about health care. She does not overtly allow her own beliefs and experiences in the past with cancer to encroach on the relationship and the healing that she has offered this client. She does not seem to show any judgement as to which treatment options this client will pursue.

There is also a high level of personal trust in the process and courage in the way that Jo will see people who are so seriously ill, even when she may not know beforehand how the treatment will go. Within the context of mirimiri she trusts that once she touches someone, whatever is meant to happen, will happen. Massage is often used, and its benefits are proven in palliative care (Casanelia & Stelfox, 2010).

In the final paragraph of the story Jo implies that the Māori concept of holism is far greater than just including a regard for the client's emotional state. Her view of holism incorporates more than mind-body-spirit, but is rather the whole world working in harmony, consistent with current academic view (Mark & Lyons, 2010).

While Jo claims the intent wasn't to fix or heal her, it's interesting to note that is what has taken place. It appears that through the practitioner letting go, that this process could proceed. It's not that the practitioner made this happen, but more so that Jo

opened a door and gave the client a glimpse that it might not all be over – that there is still some hope in living.

Heidegger's concept of the clearing as a way to discover the truth and the concepts of unconcealment and unveiling could be applied to Jo's story (Harman, 2007). She creates a space where healing can take place. As with the previous story, the concept of intention arises. Zahourek has written extensively about intention, and its importance in health practices (2004, 2005, 2012). Jo embraces her rituals of preparation, to create intention.

The importance of whanau[8] is very obvious, in this continuation of the previous story 'coming home'. However the concept of whanau takes on a much broader meaning in this story.

Whanau

> *And an important part of the process was her whanau being present - those that we could see, and those that we couldn't. As well as that, all of those that come to support me, which is a new experience for me. I don't know - I can't see them. I can't give them names. I occasionally feel them, or feel something. But I've moved myself to a place of just let it be. I don't need to see them, I don't need to feel them, I don't even need to think about them. But I do need to acknowledge, that it's not just me. You know it's my hands, it's my intention, but that doesn't make people well. It's more than that, that makes people well.*
>
> *At the end of the massage she gave me a big hug and said "thank you, I feel so undeserving of your love". I didn't know this woman very well and we didn't have strong philosophical discussions or anything like that, but I said to her, "You know it's so much more than me don't you?" It wasn't me being humble, but I felt a little uncomfortable that she was thanking me. I felt she needed to acknowledge that there's a whole lot more wanting her to find her peace, than just me. She knew that but it just reminded her. (Jo)*

[8]Whanau - extended family group. The Māori view of family is much broader than the Western view of the nuclear family (Moorfield, 2012)

Jo identifies some components as being very important in this process of healing, such as the presence of the woman's whanau. While holism is often considered as body, mind and spirit, for Māori a cornerstone is also whanau.

From the outset Jo speaks of "we" as in 'we did a massage' and it becomes clearer in this part of the story that she is referring to the presence of her ancestors or tūpuna[9]. The understanding is that it's not her doing the healing, that she has help from ancestors passed, both hers and the client's. Jo has a matter-of-fact, very accepting reaction to the presence of these tūpuna. Although she doesn't know who they are, and doesn't feel a need to know, she knows that they will be effective and do what needs to be done. This is perhaps the 'external control' or input into the healing that was alluded to earlier.

It seems healing is partly a mystical occurrence for Jo, one over which she has no control, that dwells in Heidegger's realms of the gods (Harman, 2007). The word mystical applies because of this involvement of the tūpuna who've passed over. Jo goes through a process of surrender – of being present and focussed, but surrendering to the process that is taking place and of allowing healing to occur if that is the way that this encounter is destined to go.

Whanau, the family, is one of the four central concepts of Durie's model of health *te whare tapa wha*[10], described in Chapter 2, emphasising its importance for Māori (Durie, 2001). In order to be in the best possible state of health all parts of *te whare tapa wha* must of these must be attended to, the other parts comprising *tinana*[11], *hinegaro*[12] and *wairua* [13] (Durie, 2001). Walker discusses the historical importance of whanau for caring for one another, with children and the aged being well cared for and greatly valued for their wisdom (2004).

In addition to the whanau present, Jo is coming to terms with accepting other beings are in the room as she does her massage work.

[9] Tupuna - ancestors, grandparents (Moorfield, 2012)
[10]Te whare tapa wha–translates as the four sided house. This is a model of health proposed by Dr Mason Durie in which all four 'walls' are needed to provide strength (Durie, 1994/1998)
[11]Tinana – the physical body (Moorfield, 2012)
[12] Hinegaro – "mind, thought, intellect, consciousness, awareness" (Moorfield, 2012)
[13] Wairua – "spirit, soul, quintessence - spirit of a person which exists beyond death" (Moorfield, 2012)

Tūpuna

> *There's part of me that keeps wanting to hold onto the whole rational thinking side and then there's another part of me that's wanting to tap into – well, sometimes you just know stuff. I'm not psychic and I don't see things and I don't talk to spirit. I don't see myself doing those things but I know that they happen.*
>
> *Many people can see tūpuna and talk to them or just feel them. I can't, but I do accept them and maybe in time I will, but it doesn't matter if I don't. You know it's a good thing no matter what. I have experienced ancestors two, maybe three times. I don't feel like somebody is breathing on me. I just know that they're there and I know who they are. But, it's only happened three times. So it's lovely when I do, but it's not something I yearn for. I just trust. I just trust that they're there and if I need them they'll always be there. If that's true for me, then it's true for the person on the table too. And so whatever we like to call that, and it doesn't really matter what, but just know that there's so much more than just the two of you at work. (Jo)*

While Jo grapples rationally to comprehend this spiritual aspect of her healing method, she holds a very fatalistic attitude, that whatever is meant to happen will happen. There is an over-riding acceptance whenever Jo discusses her experiences as a healer and she demonstrates total trust in the whole process.

This story shows many aspects of being 'part of a whole'. Firstly the client is part of her whole whanau; Jo also is part of her whanau, who are represented by those who've passed over. Finally Jo is part of the whole 'healing team' which can be seen as those physically present in the room as well as those in spirit form. This connection between the whole and the parts and the interplay between them is reminiscent of the hermeneutic circle (Pascoe, 1996).

There is a great need for Jo to be connected when massaging and here she explains what that entails for her.

Connection

> *I think being open to that experience and getting to make that work, to let the wairua flow, it requires connection. It requires being clear of what am I going to do next. It has to be free of what I did before and the same for the other person too. For that connection to really happen, those things have to be excellent for that period.*
>
> *These kind of things make the difference between massage and using a holistic approach. By holistic I don't mean we took her into account her emotions as well as her physical requirements. I mean holistic as in the world being holistic, the world working together to make that happen. (Jo)*

Jo addresses over-simplifying holism and denigrating the process. Her definition of holism is a much greater global one where the interaction between her and her client is viewed as just a tiny event in whole macrocosm of life.

Jo demonstrates immense humility which is viewed as a core virtue in Māori communities. It is seen as one's role to contribute where one can, and that no contribution has greater value than another – 'you do what you can'(Durie, 2001). Jo reinforces this quality in the way she makes it very clear to her client that she is not responsible for the healing that took place, that it was 'more than just' her. It perhaps relates back to her original experience of caring for her dying relative, before she had studied any massage and natural medicine.

Heidegger's fourfold theory outlines the interplay between earth and sky, and gods and mortals, each of these as part of the whole (Harman, 2007). In Jo's story the interplay between gods and mortals is evident. Harman's (2007) explanation that "gods belong to the 'past' " (p. 133) fits with Jo's experience of the spirits of her and her client's tūpuna being present. The interplay between gods and mortals features strongly throughout Māori mythology (Walker, 2004). Another concept that features strongly, and that Jo alludes to is that of a much larger picture of the world, the universe which is part of the Māori worldview (Walker, 2004).

Jo continually refers to the extra help she gets from the realm of the gods, as she states that her hands and good intention are not enough to bring about healing which she reiterates in the following story.

A healing

> *Very early on a 90 year old nun who couldn't walk unaided came to see me. I remember thinking anything I do to this woman will hurt her, so I'm just going to put my hands on her. Four or five hours later after mass she wanted to come back and say thank you. She walked in unaided with only one nurse and no walking apparatus, to say thank you. Now when I look back I think you can't take credit for that, when just put your hands on someone. Something else happened and I don't need to know what that something is: It just happened. It doesn't happen every time - it just happens when it needs to happen. So you can't go here, let me put my hands on your sore leg and heal you - it doesn't work that way. I'm still none the wiser, it just happens when it needs to. It's easy to be misunderstood as being overly humble but it's actually true.*
>
> *Things like this I considered weird at the time and they confused me. I can't say that I healed her leg, because all I did was put my hand on that nun's leg and genuinely care for her. I didn't want to hurt her, so I did the only thing I could think of. I can say as a result she was healed but it doesn't mean I did it, something else had to have been happening for that to work, otherwise I could put my hands on anybody and say – there you go - you can walk on water now. I think the closer we get to that special kind of healing and observing that kind of thing, the more we can't help but learn. So that's the guts of what I do and how I try to practise. (Jo)*

Jo conveys her feeling of surprise at achieving success by merely laying her hands on someone. As she cannot explain this occurrence, this surprise may well still exist, although now Jo has grown to accept these types of things happen after she massages. She views herself as a fellow participant in the healing process.

Jo is really clear that the way in which she enlists and acknowledges the help of the tūpuna and that connection to the spiritual world are what make this holistic and make it different from just performing a massage. She further elaborates on this difference in another massage encounter.

Just a massage

> *But not all massages are like that. Sometimes I will have someone who comes in, in a rush and is flustered and they're doing an event and their calves are just killing them and they've got to be freed up and can you do that now, in 30 minutes. So to me that's a massage, not a mirimiri. It's valuable, it has huge value, but it's just a different way of doing it. So I will use all the skills and techniques I've learned in my various courses to do my best to help achieve that for that person.*
>
> *If I had done a mirimiri on this guy, he would have felt totally ripped off. It's like yeah that was fantastic but I really just wanted my calves seen to, so I can go and do my next training run. Yes what you did was great, it was ten times more than what I asked for - but actually I didn't really want that and you've just stolen an hour of my time that I couldn't afford to give you. So you need to be careful that you respond to people's needs. (Jo)*

Jo differentiates between a purely physical massage and the deeper mirimiri she performs which embraces the principles of holism. While she doesn't express it, this could become an ethical issue. Mirimiri is a deep spiritual way of working and it could be argued that it is unethical to practise in such a way without the client's prior knowledge and consent. Clearly Jo is well aware of this issue and the potential ethical implications. Moreover, it would be inappropriate to practise in this way when the client wanted a sports massage as it is not what he requested nor does it fulfil his needs.

What Jo doesn't articulate in the context of providing her holistic mirimiri, is the professional satisfaction of making a difference, which may be a motivating factor for many natural health practitioners. This notion of satisfaction is not in a selfish egotistical way, but with genuine altruistic goal of helping in a way that's different from

our biomedical heath system. If clients leave feeling healed and feeling empowered by being included and participating in their own health care, there is a bonus that the practitioner is also left feeling content, feeling whole and feeling that they have made a valued contribution.

It is difficult for Jo to express the way that she works and her concepts about health in words. She has trouble explaining verbally what this process involves. It is as though this type of connecting does not have a place in the world of language.

Language

> *So sometimes I'll call working in this way like lala land because I don't have words for it. I can't verbalise it. I do try. That's where teaching has been a wonderful challenge because I need to verbalise it. Each of us will have a different experience of wairua flowing. I've had to use many ways of expressing this in my teaching - some people are challenged by the language (and the vowel sounds). I like to use both languages though, English and Māori, because I don't want to have it completely detached from the Māori way of health, but I want others to get the concept. I don't mean to mystify it, but take the word karakia, for example, for me the English word prayer implies the Christian faith and I don't mean that when I say karakia. (Jo)*

Jo experiences particular problems with the limitations of language, in this case using words which have taken on a meaning that differs from the original concept, as can be the case with commonly used Māori words. Although they have been translated into a close English word, the broad cultural meaning is lacking. As language and cultural understandings are so inextricably linked, it is not always possible to understand one without the other in isolation. "Language is both a medium and product of human culture…language is not a tool, it's a way of being…one is one's language" (Allen, 1995, pp. 176-177).

These limits of language also make it difficult for Jo to explain to others what the healing process involves for her. At the same time healing sits beyond language, as demonstrated by the difficulties of clearly verbalising and defining. Jo also believes that

the experience of healing is different for each individual, so not only is there the problem of not understanding the words, but the experience is different too.

Elaborating on a vivid experience, she shares this story of being with older people.

Going into the bush

> *Being with older people I often find myself offering them a drink of kawakawa tea or something like that. That seems to inspire them to let their heart out. They tell me that feeling of old school, of old medicine takes them to a time when they were younger and healthier. It leads to a very different conversation with them. We might talk about the foods that they haven't had since healthier times, in their earlier years when they were able to go and gather some particular seafood. Or when people would go into the bush and harvest certain things. When they eat that food again it somehow stimulates something in them that reminds them of the last time they ate it, when the body worked a whole lot better. So I've found they come to know a different sense of being, to what they came through the door with. Sometimes taking an old person into the bush with you, no matter how frail they are, to gather something to make a medicine, they're almost well before you give them the medicine. Just for the fact that you didn't consider them too old to come or that they had a hand in their own wellbeing, rather than handing it off to somebody else. You know following those kinds of personal interactions makes all the difference. (Jo)*

Being holistic in practice takes on a very simple quality in this story. Jo manages to connect her older clients back in time, to a time when they were well and this rekindling of memories helps them to remember their younger healthier selves.

Jo notes that they have a different way of being. She has encouraged that attitude through her respect for them and through the belief that they are capable of accompanying her into the bush despite the physical limitations of their frailty. She shows respect for her elderly clients as people and she is allowing them to participate in their own healing, a strongly empowering act. Jo's implies that she is perhaps unique in

treating these elders like this at a time when their activities are limited, physically but also possibly through the fear of those around them.

However, Jo also admits she is unsure whether it is the trip into the bush or the medicine itself that plays the greater part in the healing. As the land holds great importance for Māori and plays a key role in health, it is possible the healing comes partly from the connection to the land (Mark & Lyons, 2010).

Different ways of Rongoa

> *Sometimes somebody just needs a hand on their arm while we have a discussion. There are other times where taking somebody into the bush to make their own medicine is just another way of Rongoa Māori. So for me Rongoa Māori has a number of techniques, one of which is massage, another one is herbal medicines, another one of which is counselling, another one is karakia or prayer for want of a close English word. (Jo)*

Jo exhibits great flexibility and uses her intuition to determine what might be necessary for her clients' care. The "hand on their arm" indicates great care and time taken to listen. With any number of these techniques being effective however, it again raises the question of whether it is the technique or the relationship and the investment of time which facilitates the healing.

Rongoa Māori

Māori concepts are threaded throughout every one of Jo's stories. Her underlying philosophy permeates each story with consistency and strength. As in Heidegger's hermeneutic circle, the parts of these stories reflect the whole and through understanding the whole, the significance and of the parts becomes apparent (Dreyfus, 1991; Harman, 2007). For Jo, her whole practice springs from her beliefs. Her philosophy doesn't merely inform how she is in practice; it almost dictates how she is in practice. She communicates her ideas about practice in a very pragmatic, natural and accepting way. She gives a sense of still learning, of still being on her own journey.

Jo's stories focus on Rongoa Māori. It seems that her interpretation of being holistic in practice is close to Rongoa Māori, but with the added cultural context that characterises her practice and gives it a particular flavour.

Jo has some difficulty with language, evident at two levels – firstly there is an inadequacy of the English translations to fully convey what she understands from the Māori words, and secondly there is a sheer difficulty of confining some ideas into words. Although Gadamer (1995) says that we experience the world via our language (cited in Dowling, 2004) in this situation words seem insufficient and to an extent seem to understate the experience.

Chapter Seven:

Discussion

In this chapter I will discuss my deepened understanding of the experience of being holistic in practice as interpreted from the stories of the practitioners who participated in this study. I will link my findings with regard to current literature and I will identify the strengths and limitations of this study. The implications for both clinical practice and for natural medicine education and directions for future research will be outlined.

There is no one way of being holistic in natural health practice yet there are points in common. Being holistic in practice appears to evolve over time in a very personal process to become an expression of each practitioner's individuality. Each practitioner holds a particular view of health and healing which became apparent through the conversations and the telling of stories during the research for this study. Yet there is a manner of approach that seems to distinguish natural health practice as being holistic.

There is a distinction to be drawn between 'what' natural health practitioners do when they are 'being holistic in practice' and 'how' they do it, although these two points seem closely aligned in some instances. Exploring 'what' these practitioners do will contribute towards a better understanding of the key question in this study, the meaning of 'being holistic in practice' as well as identifying the peculiarities of 'holism' in a natural health context. 'How' practitioners achieve being holistic in practice seems related to the quality of the communication between practitioner and client and the subsequent relationship between them. A clearing or space is created for deeper communication. Specific embodied qualities of the practitioner that contribute to building this relationship and opening up a space for exploring, became apparent in my interpretation of the practitioners' stories. Qualities of listening, allowing time, empathising and caring, sensing and knowing, being flexible, preparing and being

authentic demonstrate a strongly client-centred approach. Such qualities of personal caring are not exclusive to holistic practice in natural medicine and may to some degree be evident in all areas of healthcare, but 'how' these processes are implemented may distinguish natural health practitioners' way of being holistic in practice. For example, Jo's explanation of Rongoa Māori where she describes how she may sometimes just touch someone, or take them into the bush or prepare a herbal medicine (in the story "Different ways of Rongoa").

The metaphor of the journey

A philosophy of health as a journey, was evident as the practitioners discussed both their own, and their clients' health using the term 'journey' quite commonly. This is consistent with the literature on health and healing, where the metaphor of the journey is prominent (Hsu et al., 2008; Kenny, 2012; McElligott, 2010). The process of drawing out a client's story is to hear and appreciate an account of their journey thus far, to the point when the practitioner joins alongside the client. If the client is considered to be on a health journey, then an equivalent metaphor applying to the practitioner being holistic in practice, might be that of a quest. A quest conjures images of an epic journey, with adventures and challenges along the way, facing the unexpected and not knowing whether the outcome will be successful or not. Such a quest in collaboration with another (the client) who will have control of what occurs along the way. Lee's story of the overweight woman coming to terms with her grief provides an example, where Lee and her client collaborate together, but she cannot know what will happen to her client in the long term (in the story "Just get on with it").

The features that distinguish this 'quest' of the natural health practitioner from that of allopathic colleagues, and the experience of 'being holistic in practice' relate to the extent to which the practitioner will explore and attempt to 'know' their clients and the focus on motivating their clients, all strongly underpinned by the natural health paradigm. The extent to which the philosophy of natural health directs the practice cannot be overlooked and it is at the core of this study.

The natural health practitioner invites clients to delve into various aspects of their clients' histories in order to identify the causes of their health problems. Practitioners

have an expectation of being in partnership with their clients through life and health changes over a long period, allowing them to develop a "global overview" of the client (Di Stefano, 1998). So, a certain amount of tenacity is required from the natural health practitioner to keep on the quest, for example, Jess's story of the woman who she saw for a long time, and whom she supported through a deep secret ("Taking time to talk"). Tenacity is substantiated in the breadth of stories the practitioners told in this study, of exploring deeper, of listening to what was said 'behind' the words, of building relationships and of their insights into their clients' lives. This action on the part of the practitioner fulfils the principle of natural medicine of trying to "identify the cause – *Tolle Causum*" (Pizzorno & Murray, 2005).

Part of the 'quest' is to motivate clients in "the healing intention" (Di Stefano, 1998) to stimulate the healing power of nature, 'the *vis'* from the natural health principle "*vis medicatrix naturae*" (Pizzorno & Murray, 2005). Although cognisant that it is a client's own journey, and that practitioners may not be successful in achieving their desired goals, they strive to encourage their clients to understand the consequences of their lifestyle choices, and the benefits that may occur when better choices are made. This role of the practitioner as motivator or educator with the client, often offering a new perspective, was noted in an Australian study where natural medicine educators were interviewed (Di Stefano, 1998).

The basis of the partnership between practitioner and client, and their quest for improved health is founded upon building a relationship conducive to healing and there are a number of ways this is facilitated by the practitioners.

Creating the clearing

> "The relationship between caregiver and patient is fundamental to the science and art of healing." (Ward, Cody, Schaal, & Hojat, 2012, p. 34).

The practitioners in this study used different ways of being with self and being with their clients to build a sound therapeutic relationship. While not always explicitly voiced, the stories show the careful steps they took to create a space in which their clients could feel safe and comfortable, for example in Jo's story of the woman with cancer who came home to say goodbye, and the way that her whanau were included in

her treatment (in the story 'Coming home'). Such a process is that of creating a clearing to provide practitioners with a spring board for delving deeper and to allow for moments of connection between practitioner and client. Creating the clearing functioned to empower clients, as Jess described her practice as being "educationally supportive" (in the story 'Supporting their journey'). Richard spoke about helping to "free them up" in order to "peel back the layers" (in the story 'Realising it's not the medicine alone'), preparing them for the next step of their healing journey. By creating this clearing, clients were offered a space to share their stories, the importance of which is highlighted by Richardson (2001): "stories not only provide context and meaning to our lives, they can be a tangible way of sharing thoughts and feelings that, in 'normal' conversations, we feel unable to express" (p. 137). Creating this clearing or sacred space emerged as an underlying theme throughout this study. The potential therapeutic benefit in this process alone is regarded by the practitioners as considerable.

Much of the relationship building, creating a safe space, the listening and questioning were focussed on the possibility of the clients having a 'breakthrough' when they suddenly identified for themselves what might have been the trigger, a contributing factor to their illness manifesting. The practitioners' stories contained such 'aha' moments when the clients realised their trigger, such as in Richard's story of "the family man" when the client recalls the death of his friend and Richard reports the hair on his neck standing up. Practitioners could not guarantee that a deeper cause was found, but the 'clearing' was prepared.

Heidegger (1953/1996) discussed the concept of the clearing with regard to discovering truth, referring to the concepts of openness, unconcealment and unveiling (Harman, 2007). While Heidegger applied this process to a philosophical search for truth, it is relevant for these practitioners guiding their clients in their search for cause. "The essence of truth is lettings things be, so that they can appear to us as what they really are, without our violently reducing them to distortions or caricatures." (Harman, 2007, p. 92). The Greek term *aletheia* is used and defined as "drawing something forgotten into visibility" (Harman, 2007, p. 92) which resonates with this process of the practitioners guiding their clients.

Also of relevance here is Heidegger's (1953/1996) theory of *dasein*, or being-in-the-world, which is by nature holistic, but it is also context-dependent. The processes these practitioners employed to help their clients to uncover 'cause' in their health histories, could be likened to exploring the state of *dasein*, an attempt to become more 'whole'.

There are a number of ways that the practitioners endeavoured to provide a safe clearing for the client, employing careful use of certain skills and qualities.

Listening

> "It is hard to imagine an intimate, close, or curative relationship where listening does not occur, or where one does not feel seen through the process of being heard"
> (Graybar & Leonard, 2005, p. 3)

Listening is a primary quality in building relationship. Practitioners spoke of listening to identify the core of each case, to locate a possible cause. Listening is about going beyond the words, as Jess described listening for any emotional involvement that she thought might be contributing to her clients' ill-health (in the story "Listening for the emotional component"). Lee reported the importance of what is not said, which requires a deeper kind of attentive listening.

Listening set a foundation of equality within the practitioner-client relationship and made the client feel valued. This is frequently one of the features consumers report as their reason for seeking natural health practitioners (Coulter & Willis, 2007; A. Mitchell & Cormack, 2005).

The case for a renewed focus on effective listening is argued from the context of psychotherapy, where it is perceived that other treatments threaten the key importance of listening in the therapeutic relationship (Graybar & Leonard, 2005). Listening is at the foundation of establishing good rapport within the client-practitioner relationship. Maintaining good rapport can result in "patient satisfaction, treatment compliance and client outcomes" (Leach, 2005, p. 262). Amongst other skills viewed as important in rapport are good communication skills, enthusiasm, confidentiality, trust, interest,

objectivity and attentiveness (Leach, 2005). These are evident in this study in the way the practitioners spoke warmly of their clients.

Allowing Time

Time seemed important on two levels - firstly there was the time spent in consultation and secondly and more ethereal, there were time connections with the past. Time spent with clients seemed eventually to lead to a deeper and more holistic consideration of the clients' health, with practitioners able to take a very comprehensive health history. Jess in particular noted the importance of this process of information gathering (in her story "Listening for the emotional component"). Adequate time allowed the clients not only to recount their story but also to the time to reflect on their health in a way they may not have experienced before. Time is cited as a favourable factor for consumers consulting natural health practitioners, and as a barrier in allopathic consultations (Di Stefano, 2006; Kubsch et al., 2007; A. Mitchell & Cormack, 1998; Vincent & Furnham, 1996).

Time can also be considered in the sense of connecting back to the past as recalling recognising the significance of past events, often believed to be a trigger for health issues. This is considered beneficial, as in Lee's story where her client realises the impact of major life changes and perhaps unresolved grief she had experienced in the past (in the story "Just get on with it"). Being-in-time is discussed as a timeless quality (van Manen, 1997).

Empathising and Caring

Empathy and caring were apparent as the practitioners described their first contact with clients. This was sometimes demonstrated through rituals of preparation as they created a safe environment, conveying trust and safety. The need to boost the clients' self-belief and of 'holding the client' conveying a sense of protection, were described, for example as Richard described the clients' need for self-belief (in the story "The alien in lodging"). Practitioners described showing empathy through their listening. Often this empathy was learnt through their own challenging life experiences. The importance of empathy was explicitly acknowledged as a key factor in relationship and it was suggested that empathy may be more important than the treatment itself.

Literature on empathy frequently states that patient outcomes are improved with good empathic relationships between practitioner and client (Shapiro, Morrison, & Boker, 2004; Ward et al., 2012; Webster, 2010). In a survey of users of CAM funded by the National Health Service in the United Kingdom, the perception that CAM practitioners as being caring was noted (Luff & Thomas, 2000). The focus on client-centred care and client inclusion, such as the way that practitioners explained their treatments, were appreciated by CAM clients (Luff & Thomas, 2000). Although Luff and Thomas's study was from the perspective of CAM consumers, being caring is a quality apparent in the stories told by the practitioners in this study.

Sensing and Knowing

The practitioners used their intuition to sense a deeper cause. Some recounted experiencing bodily sensations in the presence of their clients, when their 'knowing' was experienced through their own symptoms. Lee remarked on the importance of noting "what suddenly starts going on in your own body". While not mentioned the literature related to CAM, this phenomenon of embodiment is referred to in psychotherapy and involves the therapist exhibiting symptoms related to the issues discussed in consultation with their clients (Goulding, 2003; Shaw, 2004).

The validity of including intuition is questioned, however arguments defending its use appear in nursing literature (Green, 2012; McCutcheon & Pincombe, 2001; Smith, 2009; Traynor, Boland, & Buus, 2010). While it is difficult to arrive at a clear definition of intuition, the combination of feelings, knowledge and experience comprise an important assessment tool (McCutcheon & Pincombe, 2001). An Australian study into the clinical decision making process in naturopaths, intuition is highlighted as a core skill in providing client centred care as "an important component" (Steel & Adams, 2011).

The sensation of touch was used, yielding different information from that given verbally by the clients, an experience that Chris recounted (in the story "Tools to connect"). Chris also recounted how language seemed to have been a barrier, with the unspoken sometimes more accurate. As a different interpretation of sensing, the presence of the tūpuna in the room was recognised and acknowledged for their contribution to the

healing process (in Jo's story "Tūpuna"). While differing levels of sensing and knowing were apparent but each of these types of experiences – embodiment, touching and just knowing, all served to extend the practitioners' holistic understandings of their clients.

Being Flexible

Sensing and knowing led practitioners to practise with great flexibility, demonstrating an ability to discern their clients' beliefs. This flexibility was evident both in the treatments selected and in the way the practitioners aimed to ensure they increase their clients' understanding of the natural medicine paradigm, making the knowledge it more accessible and justifying their reasoning.

Further examples of flexibility include the way that Chris talked about "opening it up a little bit for them", suggesting that clients might need to look at issues that continually arise, but of doing so "in a way that doesn't frighten them off or threaten them" (in the story "Rising to the challenge"). Jo showed flexibility in the way she moved from working solely on a physical level with sports massage, into a more holistic mode with Rongoa Māori (in the story "Just a massage"). She was adamant about the difference between these forms of massage, and of offering the correct type of therapy to meet her clients' needs.

Such flexibility in practice stands out from an approach dependent on pre-defined treatment methods and disease protocols. Relating to clients in a flexible manner demonstrates being holistic, and addresses Murray and Pizzorno's (2005) core principle of '*treating the whole person'*.

Preparing

The process of centring and preparing to engage with clients was mentioned by Jo and Chris. They both took time to focus on their intention and to clear their minds from previous events. For both there was a spiritual element in the way that they did this. Part of this preparing or centring also involved intention or intentionality.

Intentionality is a more complex concept, described in simple terms as the focus of one person on the healing of another (Zahourek, 2005). In phenomenology Brentano (1874)

and Husserl (1891) use this term differently to explain the relationship between the mental and the actual object, extended to include the 'being-ness' of it by Heidegger (cited in Harman, 2007). The term 'presence' is perhaps simpler and more apt to describe what these practitioners try to achieve: "Presence is a state of opening oneself to the needs of another, without expectations or distractions. Presence does not require doing something; instead it is a way of being or being with someone" (Erickson, 2007, p. 160). The concept of 'nursing presence' uses a definition that covered the features of "uniqueness, connecting with the patient's experience, sensing, going beyond the scientific data, knowing (what will work and when to act) and being with the patient" (M. H. Wilson, 2008, p. 303). With the importance of developing effective ways of being with clients, this is equally as relevant in a natural medicine context.

Being authentic

The need to be authentic was apparent in the way the practitioners themselves practised being holistic and 'walking the talk'. The impact that their career choice had had on their own health and lifestyle was apparent, as Chris illustrated in her story entitled "Self-healing", where she recounts the moment where she realised she needed to attend to her own health. This was also evident in the amount of time practitioners invested in sharing knowledge with their clients, explaining how healing proceeds in natural medicine and in a vitalistic paradigm. Being authentic in this manner supports qualities of honesty and empathy and is desirable for building a sound therapeutic relationship.

Practitioners also showed a gentle assertiveness in managing their clients' care in a holistic manner. Moving clients into their deeper issues and asking searching questions demonstrated the practitioners' efforts to make sure that consultations remained holistic.

As a further example of being authentic, the practitioners all seemed to reflect deeply and with great ease about their practice. They monitored their own practices to check that they were being holistic. While it should be acknowledged that they had been asked for the purposes of this study to reflect about being holistic in practice, the depth and honesty in their responses suggest that these weren't spontaneous responses and that reflection was a familiar process. Reflection is recognised as a valuable skill for professionals (Norrie, Hammond, D'Avray, Collington, & Fook, 2012; Pearson, 2012).

With such reflection the practitioners seemed to be well aware of the difference between being holistic and when they failed to do so. Losing energy and feeling drained were cited as measures that an encounter was not a good one; whereas a holistic encounter seemed to enhance the practitioners' energy.

Being authentic and being holistic in practice also includes being able to address the spiritual element.

Acknowledging the spiritual

Perhaps the spiritual dimension in natural health practice, described so explicitly by some of the participants, is one of the distinguishing hallmarks of the breadth of the natural health approach to practise. Chris voiced her concerns about spirituality being easily ignored and not attended to and cautioned about an overly simplistic 'tick the box' approach to spirituality and holism in general'. Despite spirituality being theorised as a vital part of holism, communication around spiritual issues can be difficult particularly if there are vast differences between a practitioner's and a client's beliefs (Bush & Bruni, 2008; Davidson, 2012; D. L. Mitchell, Bennett, & Manfrin-Ledet, 2006). Consequently, the spiritual element discussed throughout the stories in this study was more from the practitioner's point of view and how each interpreted his or her own spirituality. The extent to which spirituality is addressed may be reliant upon its significance to the practitioner and upon the rapport between practitioner and client. There is a sense that spirituality is present, underpinning practice, while not necessarily emphasised, as in the way practitioners honoured their own spirituality by taking the time to centre themselves before seeing clients (in Chris's story about 'Preparing' and Jo's story of 'Connectedness'). It could be that the research question explored in this study did not elicit specific responses about spirituality. If a non-specific definition is given to spirituality such as "that which gives meaning and definition to our lives" (Davidson, 2012, p. 4), then it was evident that these practitioners described living a meaningful life with integrity and integrating this into their practice.

Jo with her Māori connections brought an added dimension of integrating spirituality into her practice, as she recounted sensing tūpuna[14] in the room when she massaged. Spirituality takes on different meaning in a Māori context and Māori cultural practices are entrenched with spiritual meaning (Durie, 2001). Spiritual wellbeing for Māori depends on strong interconnectedness with whanau[15], with the land and with whakapapa[16] (Mark & Lyons, 2010; McCarthy, 2005). An example in this study is Jo's story of taking the elderly back to the bush, so they could reconnect with their younger selves (in the story "Going into the bush").

Being in the natural health paradigm

Working in a paradigm, with differing underlying views had a huge impact on how the practitioners practiced, as their daily work was poorly misunderstood by their clients. Elaborating on their worldview took up a large amount of their time, explaining goals and possible outcomes, in order to convey the underlying philosophy of natural medicine to their clients. Chris spoke of taking her clients from their level of understanding and gradually introducing more emotional and spiritual elements, to achieve a more holistic perspective (in the story "Building relationship"). The educative element is aligned with the naturopathic principle of *docere*, of the practitioner as a teacher and is consistent with other studies in this field (Barrett et al., 2003; Di Stefano, 1998; A. Mitchell & Cormack, 1998; Pizzorno & Murray, 2005).

Being healthy and healing looked different in some circumstances. While health seems to be defined by most as the reintegration of the mind and the body and of the client 'being in touch with their body' at other times health can mean "being at peace" (Jo). Healing can be an acceptance, rather than reaching a point where physical healing might be achieved. This view of health, as with Jo's client with cancer, does not necessarily mean there is no illness present in the body, but rather that body-mind-spirit are reconciled, integrated with acceptance of an illness being part of the process of healing. Being holistic from this perspective meant evaluating and accepting all aspects of the past and present.

[14] Tūpuna - Ancestors
[15] Whanau - extended family group. The Māori view of family is much broader than the Western view of the nuclear family (Moorfield, 2012)
[16] Whakapapa – ancestry, lineage

Embedded in these stories were the practitioners' visions of what good health entails, and more so, knowledge of the process required to attain or re-establish a state of good health. The practitioners' strong beliefs in the process of regaining good health; of their clients' ability to achieve this, and of their own abilities to manage this process were all evident. There is an expectation that a client's acknowledgement of the triggering moment of their illness would serve to re-integrate mind and body, and their health issues, now better understood, should subside, although the simplicity of this approach was acknowledged and discussed.

This belief in the healing process leads logically into a discussion about the meaning response or placebo effect.

The meaning response

Practitioners alluded to the meaning response with their reflections on whether it is "the medicine alone that helps" (Richard) while others were aware of the impact of their attentiveness and "presence" on the client. Jo was very quick to inform her client when she felt the healing was "so much more than me". Jo gave examples of different ways that she practises Rongoa Māori listing "a hand on their arm" and a "karakia or prayer". In addition, the practitioners conveyed a sense of 'I can help you with this – I know what to do', instilling confidence in their clients. In each of these examples there is something extra that the practitioners know enriches their relationships with their clients; something extra that may be difficult to define, nevertheless is effective in bringing about healing in some form.

Efficacy attributed to a successful therapeutic relationship could be seen as partly due to the 'meaning response'. The phenomenon of the meaning response is also known as non-specific effects or the placebo effect (Di Blasi, 2005; Kienle & Kiene, 2001). With the potential for the meaning response to contribute to the healing process, some discussion to explore the meaning response in relation to the therapeutic relationship and being holistic in practice is justified.

Placebos, best known for their place in clinical drug trials, act as a control to distinguish between the 'actual' effects of a pharmaceutical agent and other reactions that research

participants may have. As such, the placebo effect has become part of a subtraction equation, subtracted from the overall result to measure the effect of the pharmaceutical agent (Ader, 2000). In this context the placebo effect is synonymous with failure and with this pejorative meaning and ensuing negative connotations it is tempting to avoid using it. However placebo comes from the Latin meaning "I shall please" (Harper, 2001-2012). The term was originally used when sugar tablets were given to an anxious patient in the hope of calming them, and they worked effectively (Parascandola, 2011). The underlying meaning is of something given by the practitioner in order to please the client/patient and thereby to affect a cure.

It is commonly accepted that at least 30% of healing may be attributable to the placebo phenomenon or the meaning response when the healer is sceptical, but this the percentage can rise to 70 – 90% when the healer is also enthusiastic about the treatment (Di Blasi, 2005; Kienle & Kiene, 2001; Moerman, 1997). Criticisms of the meaning response as being 'all in the head' can relegate it to a lowly level, negating its possible potential to maximise healing. Through anthropological studies traditional healing has been identified as having a greater meaning response component than Western allopathic medicine (Moerman, 1997). Natural health practitioners are known to openly acknowledge the importance of the meaning response, while other health modalities attempt to refute its significance (Richardson, 2001). Several researchers have suggested that integrating features known to promote the meaning response should be advocated to enhance healing (Ernst, 2001; Hawkins, 2001; Richardson, 2001). Factors that may contribute to improved outcomes are the practitioner's confidence; positive "diagnosis and prognosis" (Dellmann & Lushington, 2008, p. 14); the bond created between practitioner and client; the administration method for medicine; the use of equipment, and the time spent. The implication for clinical practice is that practitioners should maximise their enthusiasm and confidence when interacting with clients with the aim of improving outcomes. It seems imprudent not to do so when research highlights clear benefits.

Challenges to holism and natural health practice

Availability

There is likely a presumption on the part of clients, about the way that natural health practitioners work, based on their experiences within the allopathic world. With natural treatments crossing into allopathic medicine, and with increased availability of over-the-counter natural products in the retail market, there is an increased likelihood of such a presumption, creating an even greater and more urgent impetus for natural health practitioners to elaborate on their points of difference.

With many natural medicines becoming much better known and detailed knowledge of nutritional deficiencies also becoming better known, there are countless examples of the widening of practices and 'tools of the trade' previously only used in natural medicine being taken up by others in the health sector. This point has raised a caution about the dangers of professions paying more attention to their treatments at the expense of caring for their clients (Reilly, 2001). Previously natural health practitioners were identified by their artefacts of practice, as well as a differing philosophy, however with the availability herbal products and nutritional supplements and dietary information the sole point of difference is perhaps their philosophy.

Being on the edge

The practitioners spoke of the boundaries of their scope of practice. Chris believed that from her perspective, the mere nature of being holistic, places natural health practitioners in a position where they work in a similar scope of practice to other modalities. While there is a certain vulnerability for practitioners working in a way that is undefined by their scope of practice, it should also be noted that listening to a client's story is neither counselling nor psychotherapy, and can be justified as being part of an effective therapeutic relationship (Cunico, Sartori, Marognolli, & Meneghini, 2012; Graybar & Leonard, 2005; Webster, 2010).

The question could also be raised as to how deeply clients may wish to consider their health in light of emotional events, when they have selected to go to a natural health practitioner. If this deep looking at the holistic cause is not understood, then it poses a

risk of being quite surprising to clients, who may equate delving into the emotions in such a way as more within the scope of practice of psychotherapy rather than natural medicine. There are also associated issues of safety and of informed consent.

A further issue raised as a result of this study is the importance of safety for new practitioners. There were a number of instances which suggested that new graduates and practitioners must be very certain of the scope of practice and where there is need for correct referral. This is particularly relevant at this current time, where the possibility exists for the public to use natural health practitioners as their primary caregivers and has implications for natural health education.

The body as separate

Some of the practitioners referred to the body as a separate entity that, in illness, "fails" the client, becomes a battle site as body versus mind becomes a battle of wills. Practitioners spoke of bodies crying out for attention, giving warning signs that gradually become more serious until the 'owner' responds.

Although used as tools for the researcher to consider their findings, parallels can be drawn between the experience of being holistic in practice and Heidegger's theory of the hermeneutic circle (R. Geanellos, 1998a; Harman, 2007). While it seems a contradiction to separate the body out, in an obvious Cartesian split, in a study about holism, with the hermeneutic circle, the parts (the body) must be explored in order to gain an understanding of the whole. The conclusion of a thesis entitled "The Philosophy and Practice of Holistic Health Care" (Nelson, 2004) discusses this same point, concluding while true 'wholeness' is not achievable, that holism is the interplay between the parts and the whole.

***holism* versus Holism**

Perhaps the confusion around holism, calls for a distinction between *holism* (in italics) and Holism (with a capital 'H'); where *holism* is 'covering the bases' of attending to the physical, mental, emotional and spiritual. Frequently *holism* in a natural health context involves considering all body systems and their inter-relatedness and while it may include broader social and environmental issues, this is not always so. Holism could

perhaps be defined as when these issues result in some kind of realisation of cause, of a life event to be resolved and the result of a successful quest. Nevertheless, the distinction between *holism* and Holism is open to interpretation.

Research and evidence-based practice

Evidence-based practice is often understood in the context of natural medicine as quantitative evidence for the use of particular treatments. Research and evidence about treatment did not feature as a topic of importance for the participants in this study, albeit outside the realm of questioning. One participant mentioned her disillusionment that neither science nor natural medicine provided all the answers. While evidence for treatments is important, it must be considered in the context of 'being holistic in practice'. It is important to further the body of research in natural medicine, but it is vital that this is done in a way that honours the traditions of holism. This study contributes to evidence-based practice through exploring clinical practice and the experience of being holistic.

Strengths and Limitations of this study

Consistent with the methodology of hermeneutic phenomenology, this study had five participants for the purpose of deeply exploring the phenomenon of being holistic in practice. Conversations with the practitioners led to deep and rich data, likely to have been unobtainable using other methods. The depth revealed in this study contributed to the understanding of clinical practice in natural health.

It was not the intention of this study to arrive at any quantifiable indication of performance and success. In addition, it is not feasible to measure something as subjective as an exploration of a complex concept such as holism in this manner. No generalisations can be made of the whole profession and whether they practise in similar ways, however the knowledge may be transferable to other natural health practitioner contexts.

With one exception, the practitioners had many years of experience and it is possible that more recent graduates might be more entrenched in applying an evidence-based

approach with less individualisation and therefore less emphasis on holism (Although evidence-based practice and holism need not be mutually exclusive).

Recommendations

Implications for practice

The findings of this study suggest that a large component of being holistic in practice may involve exploring deep emotional issues for clients; therefore practitioners should be involved in formal mentoring programmes. There is also a need to reiterate and reinforce guidelines of when practitioners should refer to other health modalities. The scope of practice should explicitly say that exploration into emotional issues may be included; a point which may have implications for future registration.

At a broader community level there needs to be greater understanding of the meaning of being holistic from a natural medicine perspective. It falls upon the profession itself to clarify this point of difference with wider education and promotion, so the public understands what is offered by natural health practitioners. From this study it became clear how natural health practitioners offer the possibility to deeply explore health issues and the cause behind them, through carefully structuring the safe supportive environment of the clearing.

Implications for natural medicine education: The hidden curriculum

Many of the values and qualities described in the stories in this study are not easily taught through a formal teaching curriculum. While there is a plethora of newly published texts in natural medicine, many focus on evidence-based treatments, rather than exploring the issue of holism in practice. Many texts mention holism and a mind-body-spirit approach, but techniques to reach that ‘aha’ moment described in some of these stories cannot be located.

Research in the field of medical education critiques the discrepancies between what is taught as theory and what students actually learn through observation of their teachers with patients (Adler, Hughes, & Scott, 2006; Bell, Wideroff, & Gaufberg, 2010; Phillips & Clarke, 2012). Qualities such as human dignity, integrity, autonomy, altruism and

social justice have been identified as vital for nursing education (Fahrenwald et al., 2005). These qualities have been further expanded upon and taught in the nursing curriculum through exploration and comparison to relevant codes of ethics and legislation (Fahrenwald et al., 2005).

Values and attitudes are commonly passed on via modelling and are 'caught, not taught'. Known as the hidden curriculum, it has been described as "the values and messages that are learned by informal interactions between students and other team members" that may "impart inconsistent or even dissonant teaching about communication with patients and colleagues" (Bell et al., 2010, p. 354).

The qualities discussed in this chapter of listening, allowing time, empathising and caring, sensing and knowing, being flexible, preparing, being authentic and of creating a clearing come under this category of the hidden curriculum. While they may be modelled, or to an extent, taught, it is through students experiencing these qualities in the play of practice that they will really come to know them and have an insight into what being holistic in practice is like. It involves making the transition from illness treatments to client-centred care and from theory into practice.

Specific recommendations for teaching are to

- Actively ensure the teaching of the generic skills to engender qualities of listening, allowing time, empathising and caring, sensing and knowing, being flexible, preparing, being authentic and of creating a clearing form part of the curriculum
- Choose staff carefully who model desirable behaviour/etiquette
- Ensure there is a balance between the art and the science of natural medicine

Implications for on-going research

There is little research that has been carried out on the practice of natural health practitioners worldwide, let alone in New Zealand. As the profession of natural medicine grows, further research is needed to explore clinical practice.

Some areas for future study might include:

- Exploring whether the influence for greater proof in treatment is changing natural health practice over time and impacting on the way that new graduates practise.
- Similar studies on other health professions to further explore the interpretation of holism in other fields.
- Studies focused on communicating the 'how' of being holistic in order to benefit students and new graduates.
- Exploring measures that might be taken by professional bodies to ensure there remains a balance the core of being holistic alongside evidence-based practice and to ensure this is emphasised through the registration process.

Conclusion

This study explored the phenomenon of "being holistic in practice" in natural medicine. However treating the whole person is a lofty and ambitious goal. How practitioners exhibit being holistic in practice is an individual pursuit, unified by the philosophy and core principles of natural health. Practitioners seek to build unique and special relationships with each client, calling upon a variety of qualities/skills. Time and space is allowed for the client to re-connect and re-discover their wholeness, nurtured by the practitioner. Through skilfully building this partnership with the client, a clearing is created for the relating to occur deeply. The focus on communication is not only upon what transpires on the surface, in verbal communication, but also what occurs underneath through body language, the symbolic meaning of the language used and that which is left unsaid; all the while maximising opportunities to further explore causes of ill-health. Being holistic in practice constitutes a quest wherein the practitioner calls upon personal and professional qualities, as a way of guiding the client toward finding their optimum state of health.

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Appendix A

Glossary of Māori terms

Hinegaro – "mind, thought, intellect, consciousness, awareness" (Moorfield, 2012), mental health (Durie, 1994/1998)

Karakia – incantation or ritual chant(Moorfield, 2012)

Mauri – "life principle, special nature, a material symbol of a life principle, source of emotions" (Moorfield, 2012)

Mirimiri – Massage (Moorfield, 2012)

Pakeha – Māori word for a New Zealander of European descent

Rongoa Māori – "Natural remedy" (Moorfield, 2012). Rongoa Māori can also have a much broader meaning incorporating " *taha wairua"* - the spiritual dimension (McGowan, 2009).

Te whare tapa wha–translates as the four sided house. This is a model of health proposed by Dr Mason Durie in which all four 'walls' are needed to provide strength (Durie, 1994/1998).

Tinana – the physical body (Moorfield, 2012)

Tūpuna – ancestors, grandparents (Moorfield, 2012)

Wairua – "spirit, soul, quintessence - spirit of a person which exists beyond death" (Moorfield, 2012)

Whanau – extended family group. The Māori view of family is much broader than the Western view of the nuclear family (Moorfield, 2012)

Appendix B

Ethics Approval

MEMORANDUM

Auckland University of Technology Ethics Committee (AUTEC)

To:	ValerieWright-St Clair
From:	**Dr Rosemary Godbold and Madeline Banda** Executive Secretary, AUTEC
Date:	25 May 2011
Subject:	Ethics Application Number 11/104**Natural health practitioners' interpretation of being 'holistic in practice': A hermeneutic phenomenological study.**

Dear Valerie

We are pleased to advise that the Auckland University of Technology Ethics Committee (AUTEC) approved your ethics application at their meeting on 9 May 2011, subject to the following conditions:

1. Identification of the exact storage location for the data and provision of an assurance that the data and Consent Forms will be stored separately;
2. Provision of an assurance that the data and Consent Forms will be retained for a minimum of 10 years and then destroyed in accordance with the requirements for health related research;
3. Amendment of the Information Sheet as follows:

a. Introduction and identification of the researcher at the beginning of the section titled ‘An Invitation’;
b. Removal of the section on compensation;

4. Inclusion of the AUT logo in the advertisement.

We request that you provide the Ethics Coordinator with a written response to the points raised in these conditions at your earliest convenience, indicating either how you have satisfied these points or proposing an alternative approach. AUTEC also requires written evidence of any altered documents, such as Information Sheets, surveys etc. Once this response and its supporting written evidence has been received and confirmed as satisfying the Committee’s points, you will be notified of the full approval of your ethics application.

When approval has been given subject to conditions, full approval is not effective until *all* the concerns expressed in the conditions have been met to the satisfaction of the Committee. Data collection may not commence until full approval has been confirmed. Should these conditions not be satisfactorily met within six months, your application may be closed and you will need to submit a new application should you wish to continue with this research project.

When communicating with us about this application, we ask that you use the application number and study title to enable us to provide you with prompt service. Should you have any further enquiries regarding this matter, you are welcome to contact Charles Grinter, Ethics Coordinator, by email at ethics@aut.ac.nz or by telephone on 921 9999 at extension 8860.

Yours sincerely

Dr Rosemary Godbold and Madeline Banda

Executive Secretary
Auckland University of Technology Ethics Committee

MEMORANDUM

Auckland University of Technology Ethics Committee (AUTEC)

To:	ValerieWright-St Clair
From:	**Dr Rosemary Godbold and Madeline Banda** Executive Secretary, AUTEC
Date:	21 June 2011
Subject:	Ethics Application Number 11/104**Natural health practitioners' interpretation of being 'holistic in practice': A hermeneutic phenomenological study.**

Dear Valerie

Thank you for providing written evidence as requested. We are pleased to advise that it satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC) at their meeting on 9 May 2011 and we have approved your ethics application. This delegated approval is made in accordance with section 5.3.2.3 of AUTEC's *Applying for Ethics Approval: Guidelines and Procedures* and is subject to endorsement at AUTEC's meeting on 11 July 2011.

Your ethics application is approved for a period of three years until 20 June 2014.

We advise that as part of the ethics approval process, you are required to submit the following to AUTEC:

- A brief annual progress report using form EA2, which is available online through http://www.aut.ac.nz/research/research-ethics/ethics. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 20 June 2014;
- A brief report on the status of the project using form EA3, which is available online through http://www.aut.ac.nz/research/research-ethics/ethics. This report

is to be submitted either when the approval expires on 20 June 2014 or on completion of the project, whichever comes sooner;

It is a condition of approval that AUTEC is notified of any adverse events or if the research does not commence. AUTEC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are reminded that, as applicant, you are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

Please note that AUTEC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to make the arrangements necessary to obtain this.

When communicating with us about this application, we ask that you use the application number and study title to enable us to provide you with prompt service. Should you have any further enquiries regarding this matter, you are welcome to contact Charles Grinter, Ethics Coordinator, by email at ethics@aut.ac.nz or by telephone on 921 9999 at extension 8860.

On behalf of AUTEC and ourselves, we wish you success with your research and look forward to reading about it in your reports.

Yours sincerely

Dr Rosemary Godbold and Madeline Banda
Executive Secretary
Auckland University of Technology Ethics Committee

MEMORANDUM

Auckland University of Technology Ethics Committee (AUTEC)

To:	ValerieWright-St Clair
From:	Rosemary Godbold,Executive Secretary, AUTEC
Date:	22 June 2012
Subject:	Ethics Application Number **11/104Natural health practitioners' interpretation of being 'holistic in practice': A hermeneutic phenomenological study.**

Dear Valerie

Thank you for your request for approval of an amendment to your ethics application, which was approved by Auckland University of Technology Ethics Committee (AUTEC) on 20 June 2011. I am pleased to advise that I have approved the minor amendment to your ethics application allowing the request by a participant for their name to be published. This delegated approval is made in accordance with section 5.3.2 of AUTEC's *Applying for Ethics Approval: Guidelines and Procedures* and is subject to endorsement at AUTEC's meeting on 9 July 2012.

I remind you that as part of the ethics approval process, you are required to submit the following to AUTEC:

- A brief annual progress report using form EA2, which is available online through http://www.aut.ac.nz/research/research-ethics/ethics. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 20 June 2014;
- A brief report on the status of the project using form EA3, which is available online through http://www.aut.ac.nz/research/research-ethics/ethics. This report

is to be submitted either when the approval expires on 20 June 2014 or on completion of the project, whichever comes sooner;

It is a condition of approval that AUTEC is notified of any adverse events or if the research does not commence. AUTEC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are reminded that, as applicant, you are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

Please note that AUTEC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to make the arrangements necessary to obtain this. Also, if your research is undertaken within a jurisdiction outside New Zealand, you will need to make the arrangements necessary to meet the legal and ethical requirements that apply within that jurisdiction.

To enable us to provide you with efficient service, we ask that you use the application number and study title in all written and verbal correspondence with us. Should you have any further enquiries regarding this matter, you are welcome to contact me by email at ethics@aut.ac.nz or by telephone on 921 9999 at extension 6902. Alternatively you may contact your AUTEC Faculty Representative (a list with contact details may be found in the Ethics Knowledge Base at http://www.aut.ac.nz/research/research-ethics/ethics).

On behalf of AUTEC and myself, I wish you success with your research and look forward to reading about it in your reports.

Yours sincerely

Dr Rosemary Godbold
Executive Secretary
Auckland University of Technology Ethics Committee

Appendix C

Participant information sheet

Participant Information Sheet

Date Information Sheet Produced:

18th April 2011

Project Title

Natural health practitioners' interpretation of 'being holistic in practice': a hermeneutic phenomenological study.

An Invitation

You are invited to take part in a research project exploring how naturopath and/or medical herbalists interpret the concept of "being holistic" in clinic practice. Your participation in this project is entirely voluntary and you may choose to withdraw at any time.

I work within the education sector, in a Private Tertiary Establishment which teaches natural therapies. I am also Chair of the Education Sub-committee of the New Zealand Association of Medical Herbalists. This research is being undertaken in a private capacity for my study towards a Master's degree and is not directly associated with either of these organisations.

What is the purpose of this research?

The purpose of this research is to explore the concepts around how naturopaths and/or medical herbalists interpret 'being holistic in practice'. The report of the findings will be written up as a thesis for a Master's Degree. It is also hoped that the results may be published in a relevant health journal and may be presented at relevant conferences. You will not be identified as a participant in the study in any of subsequent reports or presentations.

How was I identified and why am I being invited to participate in this research?

If you received a letter by post or email, your name was selected from a list of practitioners from a professional association or you may have been informed about the study by a colleague or have seen an advertisement for this project in a journal or a website of a professional association. You have been invited to take part because you are a naturopath and/or medical herbalist with a minimum of one year of relevant experience in clinical practice and who is willing to join a journey of exploration into being holistic in practice. Other inclusions are living in New Zealand and fluency in English.

Unfortunately you will not be eligible for this study if we have any supervisory relationship or if I have knowledge of disciplinary proceedings.

What will happen in this research?

This project involves face-to-face interview, estimated to last between one and one and a half hours. It is possible there may be a second interview requested. The total interview time will not exceed 3 hours. The interview will be audio-taped. It will take place somewhere convenient for you.

What are the discomforts and risks?

While no discomfort or risk is anticipated through the interview process there is potential in any communication for moment of discomfort to arise.

How will these discomforts and risks be alleviated?

You may choose not to talk about subjects that you find distressing, or you may choose to withdraw from the interview, and/or to withdraw from participating in the project. In

addition a referral can be made to an AUT counsellor to discuss any concerns following the interview (for up to 3 sessions). You will be contacted the day after your interview to discuss any issues that may have arisen.

What are the benefits?

There are no immediate benefits for you taking part. You will however, be contributing to research on deepening the understandings in this area. You may find the interview experience, talking about your practice, worthwhile, enjoyable and/or interesting.

What compensation is available for injury or negligence?

In the unlikely event of a physical injury as a result of your participation in this study, rehabilitation and compensation for injury by accident may be available from the Accident Compensation Corporation, providing the incident details satisfy the requirements of the law and the Corporation's regulations.

How will my privacy be protected?

Interview recordings and transcripts will only be available to the research team and will be kept in locked filing cabinets. Passwords will be used on all computer files. No information identifying you as a participant in this project will be included in any of the project reports or publications.

What are the costs of participating in this research?

Any cost incurred for travel to the interview/s beyond your usual pale of work will be met in the form of a petrol voucher up to the value of $20. You can choose the date and time of the interview to minimise any loss of income due to engaging in the interview/s.

What opportunity do I have to consider this invitation?

Please respond to me by post or email within 2 weeks of receiving this information sheet. Should you not wish to proceed further with your involvement in this project, a non-response will be understood as a decline. Thank you for your time thus far.

How do I agree to participate in this research?

You will need to complete the Consent Form which was sent to out with this information. Once you have completed the consent form, I will contact you to arrange our interview time.

Will I receive feedback on the results of this research?

You may request an edited summary of your transcript. You may also choose to receive a summary of the findings at the end of this project. Please indicate on the consent form if you would like to receive the edited summary of your transcript and/or the summary of findings at the end of this study. Once these are available, they will be sent to an address you provide.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Valerie Wright-St Clair at vwright@aut.ac.nz or 921 9999 ext 7736

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTEC, Madeline Banda, madeline.banda@aut.ac.nz, 921 9999 ext 8044.

Whom do I contact for further information about this research?

Researcher Contact Details:

Robyn Carruthers,

Project Supervisor Contact Details:

Project Supervisor, Valerie Wright-St Clair

Approved by the Auckland University of Technology Ethics Committee on 9th May 2011 AUTEC Reference number 11/104

Appendix D

Participant Consent Form

Consent Form

Project title: *Natural health practitioners' interpretation of "being holistic in practice": A hermeneutic phenomenological study.*

Project Supervisor: ***Valerie Wright-St Clair***

Researcher: ***Robyn Carruthers***

- ○ I have read and understood the information provided about this research project in the Information Sheet dated 05 April 2011.
- ○ I have had an opportunity to ask questions and to have them answered.
- ○ I understand that the interviews will be audio-taped and transcribed.
- ○ I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- ○ If I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.
- ○ I agree to take part in this research.
- ○ I wish to receive a copy of my edited transcript from the research (please tick one):

  Yes ○ No ○
- ○ I wish to receive a summary of findings from the research (please tick one):

  Yes ○ No ○

Participant's signature:

Participant's name:

Participant's Contact Details (if appropriate):

Date:

Approved by the Auckland University of Technology Ethics Committee on 21 June 2011 AUTEC Reference number 11/104

Note: The Participant should retain a copy of this form

Appendix E

Confidentiality Agreement

Confidentiality Agreement

Project title: *Natural health practitioners' interpretation of 'being holistic in practice': A hermeneutic phenomenological study.*

Project Supervisor: ***Valerie Wright-St Clair***

Researcher: ***Robyn Carruthers***

- ○ I understand that all the material I will be asked to transcribe is confidential.
- ○ I understand that the contents of the tapes or recordings can only be discussed with the researchers.
- ○ I will not keep any copies of the transcripts nor allow third parties access to them.

Transcriber's signature:

Transcriber'sname:

Transcriber's Contact Details (if appropriate):

Date:

Project Supervisor's Contact Details (if appropriate):

Approved by the Auckland University of Technology Ethics Committee on 21 June 2011 AUTEC Reference number 11/104

Note: The Transcriber should retain a copy of this form.

Appendix F

Interview Questions

What is your understanding of being holistic in practice?

Tell me about a practice encounter when you felt you were holistic with a client.

Probing question: tell me about a particular client or a particular day.

Tell me about a time that was really challenging, that really challenged your views in this area.

Tell me about working with someone from another culture, or an older person or perhaps a child.

How did you learn the meaning of holistic or holism?

Can you think of anything else that would help be more holistic in your practice.

We have talked about a lot of things today, is there anything you would like to add?