ABSTRACT. One of my main points in this study is that the knowledge of orthodox medical theory is an incomplete guide for practical action when relating to our patients' specifically human problems. By following a holistic perspective on patients' health and on our medical enterprise we will be more efficient as doctors. This standpoint is illuminated by means of two case reports. Instead of focusing on symptoms as such and letting them refer to orthodox medical theory, I explicitly relate to the patients as if they are conveying a personal meaning by means of experienced symptoms. The experience of illness could be a successful strategy on the existential level although destructive on the technical biological level. A holistic theory of health can give doctors a good conceptual base when relating to people whose presented illnesses are to be regarded explicitly as their way of making themselves understood. The doctor's understanding of the patient's illness, of the theory of health, and of how health is regained, is dependent on the doctor's having the courage to reduce the distance to the patient, the courage to participate and be changed.

Key words: holistic concept of health, interaction, liberating praxis, symbol science

1. INTRODUCTION

When in ordinary language we use the word practical we normally mean that which is not theoretical. I shall view the matter in a different way. By the term practical I refer to what is not technical. I use the word practical as the adjectival form of the noun praxis. According to the German philosopher Jürgen Habermas praxis is one of the three main human enterprises. The other two are work and self-reflection ([1], pp. 53–125). Praxis deals with our interactions, our symbol-using communicative activities aiming at consensus or mutual understanding. Self-reflection as a human enterprise leads when successful to a better understanding of one's own self.¹ When we work, i.e. perform technical actions, we aim at control of the world of objects.

To summarise, human subjects are involved in three fundamentally different enterprises. They reflect on themselves, interact with other subjects and use their instrumental capacity in relation to the environment.²

In accordance with this, a distinction may be made between health care praxis

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and health care work. In this paper the former is strongly emphasized. As a praxis, health care is governed by the general goal of a praxis, but, since it is health care, it is a praxis of care aiming at (i) understanding the health of patients and the conditions affecting it, and (ii) the generation of the same understanding in the patients themselves. Fulfilment of these two aims makes large demands of a special nature on the doctor’s self-knowledge and courage.3

The concept of health used in this paper is holistic in the sense that it relates to the existential concerns of a person. More precisely, the core of the concept of health concerned is the notion that health is a balance between will and capacity, or the adequacy of the capacity with respect to the will (Cf Nordenfelt [5], Pörn [6], Whitbeck [7]). It further assigns a central role to the will to make sense of one’s life through participation in a world of meaning4; the (most) vital goal of human beings is to understand and be understood, and to change and be changed on the basis of that understanding. Failure to realize this goal indicates a grave defect in one’s capacity, and understanding the defect is a demanding task. One strategy for achieving this understanding is that of seeing the defect as a result of a disease and seeking the confirmation of a disease expert that this interpretation is correct. Being the bearer of a disease and suffering it are seen as a way of bridging the gap between capacity and the will, at the point where it is most decisive. The paradox that looms here is not really a paradox -- that restoration or preservation of the wholeness of health is sought through the presentation of oneself, to oneself and others, as a person who suffers from a disease.

A praxis of care, centred on health understood in the way indicated, evolves in encounters using dialogues. According to Paulo Freire, the Brazilian pedagogue and philosopher, the participants in dialogues are devotedly preoccupied with reflection and co-action directed towards naming and changing the world [8]. I believe that this is right and, hence, that a dialogue-type doctor-patient encounter presents the basis for both health improvement and the development of the doctor’s knowledge.5

In order to illustrate my way of providing health care and way of relating to patients, I will give some examples from my clinical praxis. First I present a self-critical study of my own practice and then two encounters. The first encounter illuminates the importance of a holistic perspective when meeting patients whose symptoms seem to match the content of relatively well-defined classifications of disease conditions, in this case multiple sclerosis (MS). In my analysis of this encounter I highlight a participatory perspective – in contrast to an observational one – as the perspective of action that should guide the doctor in his assisting of the patient along the path to psychosomatic reintegration and thereby health. The second one deals with a case of suspected paranoia. My theoretical discussion aims at clarifying the contention that doctors may achieve more through communication explicitly aimed at understanding rather than