Holism is less about eliminating root causes than tending our many branches

Reflections on causation in healthcare

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Attributing causes to human behaviour and predicaments may seem often essential and sometimes easy: it is frequently tricky. With the pursuit of 'root causes' this is especially so – the greater our efforts, the more we are likely to miss. An intimately observed example explains.

Seek simplicity, but always mistrust it.

– Alfred North Whitehead (1861-1947)

At a recent meeting,[1] and then in a subsequent document, it was claimed that holistic medical practice was distinguished by dealing with 'root causes' of illness, implying that mainstream biomechanical medicine does not. This claim may sound charismatically important and decisive – 'radical'! – but may prove to be more vague and misconceived than helpful. Clarification of our vocabulary, and the thinking around this, may help avoid consequent misnavigation.

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Thinking in terms of 'root causes' implies a hierarchy of influences: the metaphorical language easily alludes to a plant – so, we can suppose, the roots are the source-structure: their destruction will herald that of the entire plant. This hierarchical model works better for simpler medical events than more complex ones.

> **Example 1**. *Timothy anxiously consults Dr W with sudden deafness and 'a strange feeling' in his left ear. Dr W, on inspection, finds wax and arranges for its removal. The relief is instant and complete. Both Timothy and Dr W think of 'wax' as being the root cause of all his symptoms; why the wax has so accreted is not considered: root cause here is operationally, not philosophically, defined. Few would question this.*

But few problems in medical practice can be despatched with such decisiveness or economy. As we enter the more common situations of greater complexity, we find progressively less value and viability in the idea of root causes.

Example 2. *Isabella's asthma is worsening again. She has had asthma for thirty years, most of her life. Her mother had it, too, and her mother's family. This, together with her maternal family's tendency to eczema, led the doctors often to talk about 'immune hyperactivity' as a 'genetic tendency'. But Isabella's current life is certainly just as important: she lives near a heavily-trafficked arterial road in a council flat that has a recurrent problem with damp. She is poor and cannot afford to move somewhere more salubrious. Even worse is her smoking …*

'Why on earth do you continue to smoke?!' asks a solicitously irate Dr A. It is hard for Isabella to explain to Dr A in the little time he seems to have.

Isabella knows that both her smoking and her asthma have increased sharply since Ivan left her and their two small children for another woman. She feels 'choked' with angry grief and shamed confusion beyond her words of rational understanding. Even more innominate is her doomed sense of destiny: Ivan was not the first to intimately reject her. Before Ivan there had been Kurt … but her most grievous loss was that of her father – he had left the family, forever, when she was a toddler. Only much later did she find out about the other woman…

How can Dr A here discern root causes? If he attempts to do so it may tell us more about his world-view than about Isabella. A biodeterminist view will formulate immunomechanisms, a socio-ecological interest will talk of environment and social economics, a psychological perspective will centralise her damaged attachments and self-esteem.

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In my view, holism does not look for an algorithmic hierarchy of causes – 'root causes'. Instead holism seeks out unobvious, often implicit, connections to see where they may lead. Notably such speculation is the germ of play and philosophy, and the exploratory spirit of our best science. But holism in practice – by definition – must also be practical: Dr A must decide among, then choreograph, which of the myriad of possible causes he can influence. What among Isabella's deep tangle of life-injuries and losses will she be receptive to engaging and sharing? What can she bear? And how?

None of this is easy and requires a sharply focused yet widely-ranging mind guiding a warmly receptive heart. This raises another increasingly difficult question: how does Dr A secure the time, the essential head-space and heart-space in a working environment that now demands ever more management-directed goals and targets, audits, informatics and inspections?

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Hierarchical systems of causation make for simpler, diagrammatic types of explanations that are most easily understood and communicated. Unfortunately their truth is often far less than their appeal and accessibility. In the world of economics this leads to perilous policy; in the analysis of history it may yield compelling narrative but shallow understanding; in medical practice it vaunts efficiency of the explicit amidst blindness to the implicit. Our hierarchical systems may seem clear and orderly with the parts, yet lose sight of the subtle connections

that make the whole. Our inevitable confusion has a particularly painful current focus: why are our burgeoning systems of vigilance and management generating such sickness in ourselves, in our own working culture?

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Let us return to the metaphor that generates our language. A plant's branches and leaves are not just products of their roots, but generators of them – they are interdependent. The absorption and exchanges of gases, water, nutrients and solar energy in the plant are equivalents, not hierarchical. The healthy plant needs this synergism for its viability and growth. We can expand this analogy to our different forms of comprehension: to understand complex living forms it is often best to do so by concepts of synergy and matrices; to understand the inanimate world concepts of linear, hierarchical causation – Newton's billiard balls – is often more apposite.

Isn't this just academic, semantic? No – how we understand and communicate about different kinds of events in our world can have effects beyond our expected awareness and reckoning. The concepts and language of hierarchy and linear causation – unless we are very careful – incrementally displace those of synergy, organism and community: those things that identify us as living and human – resonant in our relatedness, unique in our individuality.

Example 2 continued. *Dr A grew to understand that he was unlikely to develop much healing influence or understanding with Isabella if he were to pursue the mooted holistic grail of a 'root cause'. As it turned out Isabella began to share her exquisitely tender grief with the doctor by a very indirect route. After he had championed her cause with her local*

Council, effective action was at last taken to eliminate damp from her flat. 'I didn't think anyone would do that for me: my father was never around to do anything like that …' Trust grew from there. Eventually she would tearfully disclose to Dr A the long and complex shadow cast by her lost father. In a long interview they entered the cauldron of her ancient grief together: not just intense and bewildered sorrow, but frightening rage, avoidant shame, inchoate guilt and then her lifelong predicament of primitive yearning locked inescapably to mistrust … and then the recurrent, now predictable, abandonments.

'I've never spoken like this before…' said Isabella – tired, relieved and at peace – to Dr A at the end of their hour together. This was, of course, just a beginning: encouraged by the doctor's suggestion she sought further counselling. Then, as she learned to trust more, her understanding and sense of self-agency grew. She wanted to take better care of herself: she stopped smoking and showed greater interest in how her drugs worked and how she might optimise them. This greater clarity of self and intent was reflected in her respiratory tract: her chest cleared and her peak-flow (lung capacity) measurements continued to climb.

At her last appointment Isabella came companionably with Lucey, her daughter, 'for company'. Dr A sensed something new and positive in and between them. Isabella beamed at the doctor in a way he had not seen before. He gently nudged her with a tilted head and quizzical smile.

'I've got a fella, doctor… It's all very different now, isn't it Lucey?' Lucey beamed and nodded with an early-teenage warm languor.

'I'm very pleased for you … I can see something of what it's doing for you.' Dr A looked first at Isabella, then at Lucey. The mother's happiness seemed also to have liberated Lucey.

'Well, if it weren't for you this wouldn't have happened for me, doctor.'

'Well, I'm not sure that…' Dr A started, an offering of humble propriety.

'No, doctor!' a newly confident Isabella cuts across him with impatient affection. 'No, really. By listening and understanding as you did, you started me being able to do that for myself. You and Rashid (the counsellor) help me, too, to trust myself and then others … But I didn't know all that before. I wouldn't have found out if you hadn't been interested and encouraging…'

As the door closes Dr A sighs with pleasure, gratitude and wonder. Unbidden, Isabella's words of a year ago come back to him: 'my father was never around to do anything like that'. He asks himself: how much of our healing influence comes from what we represent for others? Is it not through new kinds of experiences with others that we repair and replace that which has gone astray? He is thinking, too, of the artful, yet serendipitous, skills and human interchanges by which this may come about.

With Isabella he could only encourage such possibility; he could never make it happen.

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Such is Holism.

And where is the root cause?

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The secret of the world is the tie between person and event. Person makes event and event person.

– Ralph Waldo Emerson (1860), *The Conduct of Life*

Reference

1. British Holistic Medical Association. Annual General Meeting. London, 26.11.16

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