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The role of ideology in the use of holistic medical alternatives

Deierlein, Kathy, Ph.D.

City University of New York, 1992

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**THE ROLE OF IDEOLOGY IN THE USE OF HOLISTIC MEDICAL
ALTERNATIVES**

by

KATHY DEIERLEIN

**A dissertation submitted to the Graduate Faculty in
Sociology in partial fulfillment of the requirement for
the degree of Doctor of Philosophy, The City University
of New York.**

1992


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KATHY DEIERLEIN

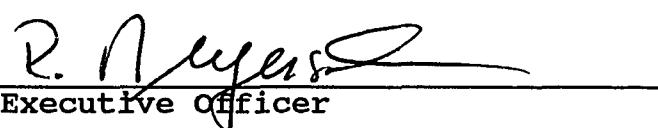
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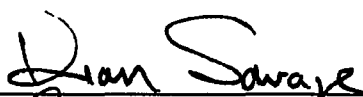
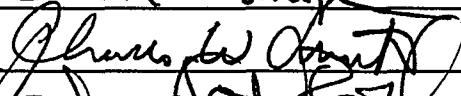
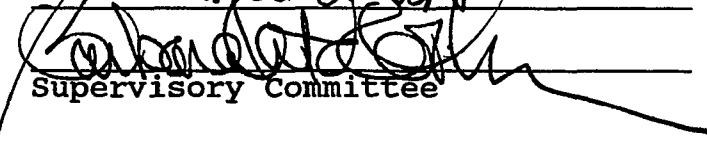
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Abstract

THE ROLE OF IDEOLOGY IN THE USE OF
HOLISTIC MEDICAL ALTERNATIVES

by

KATHY DEIERLEIN

Adviser: Professor Barbara Katz Rothman

This project investigates the connections between institutional change, the shifting of ideologies, and the transmission of values, by studying people who use holistic medical healers on a continuous basis. Interviews with 27 patients from a health clinic and course participants at a learning center revealed that the primary users of holistic medicine responded to changes in the delivery of conventional medical care by using a different medical system, and in the process became socialized to an ideology which is often considered "counter-cultural." However, their relationship with the holistic practitioner facilitates the transmission of values, some of which support dominant cultural values.

Individuals in the process of becoming socialized to holistic ideology move along a three-step career path (Becker 1963): first, by becoming desensitized to the conventional ideology; second, by having a crucial experience or meeting a referral agent who leads them to a holistic practitioner; and third, by incorporating the holistic language into their everyday speech, a process facilitated by an ongoing relationship with the practitioner. An ideological shift results from twin changes in language and belief.

Little empirical research exists on the use of alternative medicine; scholarly work on the subject has been rhetorical in nature and implies that individuals who switch to holistic medicine have already adopted the alternative views offered by those practitioners.

Respondents in this study, however, were unaware of any ideological differences between conventional and alternative medicine. While a new ideology did not initially attract them to try holistic medicine, it functioned to motivate their return by providing a language which enabled them to change their behavior and an articulated, integrated system of beliefs which made sense to them. A shift to the "new" ideology was due in part to their acceptance of individual responsibility for health, a value which has emerged in recent years as central to all medical ideology.

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CHAPTER 1: INTRODUCTION

At the most general level, this is a study about institutional change, the transmission of social values, and the process by which individuals shift from one ideational system to another. Social change, and the dynamic quality of social institutions, brings ideational change; public discourse is a collective activity which evolves in a universe of competing ideas, some of which grow more acceptable or popular, and some which disappear altogether. To address the way in which an idea or set of ideas comes to dominate over alternative explanations, we cannot isolate a particular institution but must consider the complex of all institutions: religious, political, economic, and familial, to name a few. Although such a study would be beyond the scope of this project, herein I address the relation between certain institutional activities, a particular cultural value, and a specific set of ideas to investigate the circumstances by which individuals make ideational shifts resulting in a change of ideology.

Certainly the circumstances would vary, depending on the substantive problem selected to investigate this question. Although all ideologies have political consequences, they are not only political. Ideologies are as various in theme as the institutions they develop within, and it is reasonable to assume that there are different paths to different ideologies;

for example, buddhism or catholicism or millenarianism. The data collected in this study revealed a three-step career which was necessary for individuals to shift from one ideology to another: first, a loss of faith in the dominant ideology; second, a crucial or traumatic experience which exposed them to a new ideology; and third, socialization and conversion to the new ideology through a change of language. By incorporating microsocial and psychological processes -- thoughts, feelings, behaviors -- into the data analysis, use of the career or life history links the behavior of individuals with institutional activity and macrosocial structures.

Substantively, this study concerns the relation between institutional changes within medicine (dissatisfaction with medical care, consumer rights in health care), the transmission of a cultural value (individual responsibility), and the growth of an ideology (holistic medical ideology). While changes in medicine in the last 20 years cannot be studied exhaustively, it seems that ideological shifts which have taken place in the economic, political and interpersonal spheres are connected to significant events in recent medical history.

GENERAL THEORETICAL OVERVIEW

The study of ideology has followed multiple conceptual paths. Probably one of the most theoretically misused concepts

in the field of sociology (Geertz 1973) the term is commonly used to refer to political and religious beliefs, but also to refer to beliefs which are false or distorted in some way.

For this analysis, I will look to rationalist theories of ideology; particularly ideology as a road-map guiding one through the complexities of social life (Geertz 1973) and also ideology as belief in norms adapted to an historic situation (Mannheim 1936).

Theories which define ideology as merely a deviation from scientific objectivity (Marx and Engels 1939; Parsons 1959) are not useful for this study. Irrationalist theories of ideology as false consciousness (Marx and Engels 1939) or ideology as the product of fanaticism (Aron 1977; Shils 1983) will also be inadequate because this study implicitly assumes that individual action is rational. Herein, "ideology" is used to refer to a group's set of beliefs that provides a way of looking at the world, or "worldview." Because it shapes ways of thinking about and making sense of the world, ideology might be considered a mindset or frame of reference (Katz Rothman 1989:26). More than just a set of beliefs, ideology includes notions of the political consequences of individual and collective action. Because the power structure and relations among medical systems has been analyzed sufficiently elsewhere (Lowenberg 1989), I will confine this to the study of people who become socialized to a new ideology.

Max Weber is well known for his work in the sociology of knowledge and the history of ideas, although he rarely used the term "ideology." More likely to use the terms "world image," "worldview," or "outlook" (weltanschauung), his contributions to the sociology of knowledge (Weber 1948) and the social psychology of world religions (Weber 1946) ask what, in the world of hundreds of competing ideas, makes one gather adherents? Why do individuals come to adhere to one set of beliefs over another? His theory has relevance for this study in three areas: the role of ideas, the search for meaning, and rationalization¹.

THE ROLE OF IDEAS

Weber's classic quote provokes us to ponder the role of ideas:

Not ideas, but material and ideal interests, directly govern men's conduct. Yet very frequently the "world images" that have been created by "ideas" have, like switchmen, determined the tracks along which action has been pushed by the dynamic of interest. "From what" one wished to be redeemed and, let us not forget, "could be" redeemed, depended upon one's image of the world. (Weber 1946: 280)

This passage does not mean that a given act is motivated by either interests or ideas, but that ideas function to define the situation in which interests are pursued. (Parsons 1947: 299). An act is not directly linked to a particular idea or interest, but acts occur within the context of a set of ideas, or in the foreground, where the background is a particular worldview. An act does not occur as an isolated event, but is always part of a larger set of beliefs or views

about how the world works. This leads us to a discussion of the search for meaning.

IDEAS AND MEANING

Weber points to "the metaphysical need for a meaningful cosmos" (Weber 1946:281) and suggests that individuals have an inherent need for meaning; those worldviews are constructed and adhered to which make the world make sense. Following institutional activity and social change, the current worldview may shift or a new worldview will be constructed to make sense of the changes.

This project investigates the conditions within which a person will shift to a new worldview. Might he or she be desperate or faced with a life-threatening situation? Perhaps. But the reasons and modes by which individuals shift their way of looking at and interpreting the world around them are too complex to include only those influences which are crisis-based.

For example, we have a need for the meaning of illness in our lives, not only in the case of terminal illness. Scientific medicine can no longer answer our questions about why did I "get" this illness, and what does it mean? It increasingly fails to explain to us the causes of illness, because the explanations according to that ideology have become too specialized, complex, and incoherent to a lay

population. For those causes which remain mysterious to us, a search for the meaning becomes that much more seductive.

RATIONALIZATION

According to Weber, the search for meaning follows a particular route in Western societies; that of rationalization, or the urge "...toward a comprehensive and meaningful interpretation of the universe." (Weber 1946: 51) Weber's concept of rationalization varies widely, but one way it is used is to explain the thrust toward calculability; that the world can be perceived as safe enough place if we can just figure everything out. The connection between Western culture and rationalism is not to be found only in science, or the goals of science, but in every "sphere" of value; every aspect of life in modern society has become rationalized to a great degree. We attempt to find meaning in our everyday life by trying to "figure out" what it is we need to know. Although this appears to be a materialist, rather than spiritualist, view, Weber contends that even the aesthetic, the erotic, and religious spheres of value have become increasingly rationalized. It follows that :

(T)he most important differences between systems of ideas are not so much those in the degree of rationalization as in the direction which the process of rationalization in each case has taken. (Parsons 1947: 123)

The important difference between conventional and holistic medicine for this study is not that the former is considered more rationalized than the latter, but the

directions in which each has rationalized: conventional medicine in the direction of scientific research and the professional interests of physicians, and holistic medicine in the direction of the patient and the interests of healers who treat them. The increased rationalization of holistic ideology is not just a randomly occurring event but a process connected historically to changes in the U.S. medical economy which have undermined individuals' basic trust and reliance on regular medical care. As these changes take place, ideology shifts to account for a new and more meaningful description of the world.

THE SUBSTANTIVE PROBLEM: Medical Ideology

For as long as physicians have been professionals, there have been healers who were "alternative" to physicians. As physicians became licensed, legitimized, and empowered by the state, they became the orthodox healers in society. The important point of this study is that of the many various "other" medical systems that exist alongside orthodox medicine -- such as homeopathy, shamansim, Chinese medicine, chiropractic, to name a few -- each has its own body of knowledge about how the body becomes ill and is healed.

Rather than being available to the average person, this knowledge is marginalized by fiercely competitive political strategies of the American medical system and by its dominant ideology of scientific medicine. The right to practice

medicine is restricted to those with scientific training and credentials, and appropriately so, for the protection of the general public. However, the physician as professional is empowered by the state to legally define and legitimize illness, a professional power which is controlled, i.e., kept away from other non-scientific healers, now matter how efficacious their healing methods may be.

From a sociological point of view, people do not use biomedicine because they believe it to be the best option from among many options, but because it appears to be the only choice. This ideological hegemony results from the claims of orthodox medicine to be the only scientific, hence valid, medical system. Orthodox medicine does not admit to the validity of other systems, although some physicians now practice and prescribe therapies from Chinese medicine, such as acupuncture and meditation.

The marginalization of such knowledge and labeling of all alternative practitioners as "quacks," stigmatizes medical systems whether they are efficacious or not. The process by which information about alternative medicines is marginalized is complex and beyond the scope of this study. However, the process by which information about holistic medicine is discovered by users and inculcated by healers, which enables individuals to shift from the dominant to an alternative worldview is the subject of inquiry for this research.

Almost no empirical studies have been done on either the use of alternative therapies in general, or holistic medicine specifically, probably due to problems of definition. Literature about the use of medical alternatives and holistic medicine is mostly rhetorical in nature, and merely describes it as a social movement or an ideology which is opposed to conventional medicine. Ideology seems important, but no scholarly work has addressed its role in the use of "other" medicines.

THE SPECIFIC SUBSTANTIVE PROBLEM: Holistic Medical Ideology

The use of holistic medicine, and the role of ideology in that use cannot be addressed without locating it in its historic context.

Changes in the political and economic spheres of medicine are connected to the growth of a consumer movement, a health movement, and the use of holistic medicine.

In the years following the enactment of Medicaid and Medicare in 1965, changes in medical market conditions forced people to take greater financial responsibility for health. The per-capita cost of medical care in the United States began to skyrocket, such that medical care accounted for 10, then 11, and currently 12 per cent of GNP. Whereas health care had traditionally been paid for by job-related medical plans, spiralling medical costs began cutting into company profits, causing employers to shift part of the cost on to each

employee. Competition among health insurers to provide the most economical benefits package encouraged comparison shopping for health care, creating the analogy of "patient as consumer" (Reeder 1972; Haug and Lavin 1981; Haug 1983).

Such cost shifting and comparison shopping served to save money by reducing physician and hospital utilization, but more importantly it created appealing incentives for people to cut down on or eliminate illness-related behaviors such as smoking, drinking, and overeating. Insurance policies began to unabashedly advertise reduced rates for healthier, lower-cost customers -- the ethical antithesis of what insurance was created for in the first place. Preventive health measures continue to be motivated by cost-cutting strategies.

These financial pressures favored not only the maintenance but the growth of that peculiarly American value of rugged individualism; that persons should be self-reliant and self-sustaining without exception. The concept of individual rights entails the notion that the individual, and not the community, social agency or appointed government, is responsible for their own well-being. It is an idea which permeates all institutional spheres, and devalues individual needs for social, communal, and institutional support.

But financial pressures and the consumers' rights movement in medicine were linked to another social movement that was gathering momentum; a larger health movement which suggested that a change of behaviors in smoking, drinking, or

eating, for example, can save you money and change your medical fate. Increased health consciousness followed -- a fitness craze of jogging, exercising and lifting weights, and nutrition consciousness through weight watching and cholesterol counting. No longer just the means to an end, such as to uphold one's social obligations, to perform tasks, to maintain one's job, health has become an end in itself. Health is a goal to be achieved. In the twenty-five years since Medicare/Medicaid, health as a goal-orientation has expanded to include emotional and spiritual "health" as well, as psychotherapy, New Age spirituality, Twelve-Step Recovery programs, and a host of other programs become newly popular. All strands of this movement toward more health have influenced one another.

After Medicare, changes in way medical care was paid for had repercussions for the insurance industry, for corporate health plans, and for medical providers. But for the recipients of medical care, it led to a decline in the quality and nature of the "doctor-visit." Those with continuous access to a general practitioner had a particular understanding of illness and disease, the social role of "sick patient," and the expectations of the physician's treatment. Many became dissatisfied as their medical care became increasingly fragmented among specialists, and some experienced a dwindling of their faith in their physician's ability to heal them.

As a social movement, holistic medicine emerges as more a collective expression of dissatisfaction with the quality of the doctor-patient relationship and less an expression of concern about the sociopolitical ramifications of changes in health care delivery and medical costs. While consumerism and the increase in malpractice suits and defensive medicine would seem to explain the growth of medical alternatives, dissatisfaction is not enough in and of itself.

At least among those who try holistic alternative healers, continued use depends on a career of three steps: first, a detachment from the conventional medical explanation of health and disease, making them open to suggestion for new explanations of illness and wellness; second, a crucial experience accompanied by the belief that conventional medicine could not help them and followed by a friend's recommendation to try an alternative healer. Third, a process of socialization to the holistic ideology was facilitated by an on-going relationship with a healer. The use of buzzwords and a change of language influenced their change of health behaviors and shift of worldview.

The new beliefs and ideology espoused by holistic users are often considered countercultural, but in many ways the ideas, beliefs and ideological components are a reflection of the dominant culture and often exceed it in championing its technocentric and individualist values.

THE SCOPE OF THIS THESIS

Part I consists of Chapters 1, 2 and 3. Chapter 1 begins with an history of the research interests that led to this project, followed by a description of the research methods used. Chapter 2 outlines a working definition of holistic medicine by highlighting it within the array of alternative medical systems and by defining it as an ideology which cuts across all medical systems and systems of health beliefs. It was necessary, for purposes of this study, to consider its relation to conventional medicine, all alternative medicines, New Age healing techniques, folk medicine, self-care and self-help. Chapter 3 utilizes a secondary analysis of statistics: although no longitudinal data are available, this chapter identifies indicators of the growth of alternative medicine within the last 20 years; I infer that these data include practitioners who identify themselves as "holistic" practitioners. Both chapters 2 and 3 address the relevant albeit scant literature on the holistic health movement.

Part II consists of Chapters 4, 5, 6 and 7 which focus on the interviews. Chapter 4 presents the illness "careers" of three representative respondents, providing an understanding of how individuals with diverse backgrounds come to exhibit similar behavior patterns, and a rich description of the circumstances which preceded their ideological shift. Chapter 5 describes the desensitization process, the ways that respondents lost faith in conventional medicine which became

a precondition to their acceptance of faith in holistic medicine. Respondents were typified as those who became dissatisfied with regular medicine, those who experienced a cognitive shift, and those whose family used unorthodox medical practices. Chapter 6 explains the process of socialization through language, conversion to holistic medical use and adoption of its ideology, with an analysis of the formal, that is, organizational, holistic language, metaphors, jargon and buzz words. Chapter 7 reexamines holistic ideology as expressed by the users themselves, to show that users adopt the values of rationality, meaning and control in their espousal of individual responsibility for health. This suggests that the use of holistic medicine, while appearing countercultural, is linked with and often goes beyond the dominant cultural values.

RESEARCH INTEREST

I first became interested in holistic medicine when I sought help for a skin problem from two women who called themselves stress reduction counselors. My first visit involved a lengthy questionnaire about my dietary habits and lifestyle, followed by a one-hour consultation which covered specifics such as family medical history as well as more general topics such as religion and philosophy.² Subsequent visits began with lengthy consultations, ranging from 20 to 40 minutes, after which I would receive massage therapy, and then

listen to a cassette tape of music with subliminal messages, supposedly useful in boosting self-esteem, increasing assertiveness, or modifying unwanted health behaviors such as cigarette smoking. Afterward, I would consult with the counselors for another 15 minutes or so before leaving. The cost of each visit in 1985 was \$45.

During my 14-month long "therapeutic" relationship with the two counselors, I learned about flotation tanks, iridology, nutrition, neurolinguistic programming, meditation and creative visualization. (My skin problem did go away, but I subsequently connected it to an allergenic food I had eliminated from my diet, and not my inability to relax.) Within that time, I was introduced to the gamut of health-inducing stress-reduction techniques I had never heard of and which the healers referred to as "tools" to bring about "self-healing." In retrospect, I realize that it was our long conversations, and particularly their language, that exposed me to some strange new beliefs about health and disease.

INTEREST LINKED WITH A RESEARCH TOPIC

Once I had used these techniques, I began to notice a difference between people who knew about them and those who did not. Those who did exuded a healthier-than-thou attitude, sometimes with and sometimes without the condescension. I began to wonder how they found out about options in health care, and more importantly, to wonder why most people in

general remained unaware of medical alternatives. If the world were fair, I reasoned, everyone would at least know about them. Whether they would choose them or could afford them or not was a separate issue.

I also wondered if my experience was part of a trend, or if I was imagining one because of my expanded awareness of holistic medicine. I looked for empirical sociological studies on people using holistic medicine and, initially, found none. I sensed that holistic health might be growing as a social movement out of the same discontents that found social expression in the 1960's and 1970's such as ecology, feminism, civil rights, and anti-war sentiments. I hypothesized correctly that dissatisfaction with conventional medical care was growing among health activists, especially women's health advocates who questioned the safety of biomedical procedures, rejecting the high-risk but low-benefit "invasive" technologies like radiation, surgery and drugs. I saw a burgeoning of self-help support groups organized around chronic illness.

The timing of my interests could not have been better, for the political economy of health care was rapidly becoming an issue that few could afford to ignore. It made sense to me that the various and growing dissatisfactions with regular medicine -- "It costs too much," "It's too impersonal," "Noone knows what's wrong with me," "The side effects are horrendous," -- were reasons enough for individuals to "vote

with their feet" by using medical alternatives in larger numbers. I reasoned that, as the stresses of modern life increase along with the failure of regular medicine to cure what ails us, medical alternatives and especially therapies which use stress reduction techniques should flourish.

But I also saw the economic developments (see above) connected to an emphasis on the individual's responsibility for illness and health (Crawford 1980). While a value of individualism subtly permeates all American social institutions, I noted that one of the places it was most clearly articulated was in the ideology of holistic medicine.

Next, it occurred to me that holistic medicine relies on theories of disease and health causation, some of which are different from conventional medicine; for example, that the mind and body are inseparable in health and illness. I wondered if the users of holistic medicine seemed so informed because they were, indeed, aware of different explanations of the disease and health process. After analyzing what I had seen, heard, and known about the politics of orthodox and unorthodox medicine, ideology seemed important in explaining how individuals are drawn to holistic medicine.

The final impetus for this study came from a hunch that a person's use of "irregular" medicine would be motivated by a rational strategy for seeking a practitioner whose health beliefs were different from a mainstream medical practitioner. The more I consulted the sociological literature, the more my

hunch grew that the political and ideological differences between conventional and alternative medicine were what motivated users to try holistic medicine. The empirical research that followed showed this to be unfounded.

RESEARCH METHODS

OVERVIEW

This project aimed to study the role of medical ideology and how it functioned in the lives of individuals who used a subset of medical alternatives known as holistic medicine. Because so little prior research had been done, an exploratory research design was indicated. This design included a content analysis of pro-holistic popular literature and organizational brochures, a secondary analysis of survey data on the use of alternative practitioners, and field work. The field work consisted of preliminary interviews with 5 respondents, and 27 semi-structured depth interviews with respondents selected on a random and non-random basis from a holistic clinic and a holistic learning center. Field notes were recorded and used in the data analysis.

Research Design: Qualitative Methods and an Exploratory Study

The dearth of literature and empirical findings on holistic medical patients (exceptions are Lowenberg 1989; Kronenfeld and Wasner 1982) presented the challenge of an ill-defined topic with no prior investigation on the relationships

among variables. This indicated the need for an exploratory study, not only because the phenomenon had never been studied but because the study of social change is methodologically tricky; at best, it requires hands-on, idiographic, historically specific, and ethnographically rich description. The anger of a patient who feels injured by a physician, the elation of a person who no longer suffers from pain, the devotion and loyalty of a patient for the healer who has "cured" her -- these are data which can best be collected qualitatively.

Preliminary interviews

Initially, 5 preliminary interviews were conducted with people recommended by friends and colleagues. I expected to find a high degree of dissatisfaction with medicine, but did not wish to impose my hunches on the study, and so I purposely did not ask about it. I merely asked about respondents' earliest introduction to holistic medicine, and then let the issues emerge. The relevant issues were therefore determined by a collaboration between the respondents and the researcher.

The first respondent had studied astrology and psychic healing. The second was a tai chi instructor who had learned about holistic medicine from a Jewish man who had become a born-again Christian. After a five-minute question and answer period, the interview turned into a monologue, with the respondent quoting chapter and verse from Bibles in three

different languages. I began to worry about the scope of this phenomenon being more than I could handle, especially in the connection between health and spirituality. Although both respondents were health-conscious, I saw no interesting connection between them. But the third preliminary interview gave me a road sign: all three had spoken in varying degrees about a relationship with a teacher/healer, and described their use of holistic medicine with a set of buzzwords or jargon. The existence of a vernacular seemed important. I questioned the degree and length of involvement with holistic medicine as a variable, and decided to attune myself for further indicators of the importance of language.

The concerns voiced by these early interviewees, and the range and depth of these issues would not have emerged from a study which sought to test hypotheses nor would they have been tapped by a survey instrument. The exploratory research design proved to be the appropriate design, because it led to a phenomenological understanding of holistic medicine that has, heretofore, not been developed.

Content Analysis and the Analysis of Secondary Data

The "Formal" ideology

I hypothesized that if language were important, the degree of involvement with holistic medicine would be related to the extent to which users' expressed beliefs and language reflected the holistic ideology. Needing a check list of

ideological components to investigate what each respondent knew, I did two content analyses.

To operationalize this, I looked for a "formal" version of the holistic ideology by content analyzing, with topic as the unit of analysis, 30 issues of East West Journal³ and 5 books (See Appendix A) by the popular authors Louise Hay, Bernie Siegel, Sondra Ray, Shakti Gawain and Ken Pelletier, as representative of popular literature "spokespersons" for holistic medicine. This yielded a list of 6 ideological components (See Appendix B).

Since language and imagery were emerging as a central vehicle for the transmission of holistic ideas, I then content analyzed, with word, phrase, and expression as the units of analysis, 10 brochures from various holistic education centers, foundations, and individual practitioners or medical centers.

The goal was then to compare the expressed beliefs and jargon of respondents in this study with the formal list of ideological components and holistic vocabulary. Data for the expressed ideology came from my field work.

Secondary Data

Meanwhile, a secondary analysis of data from Louis Harris and Associates was done to investigate the parameters of the use of alternative medicine. The survey, N=2000, yields a large data set of purely descriptive material, but offers

nothing in the way of interpreting the behavior. In fact, the report mentions the need for such a study. For that, detailed observations and a deeper understanding of individual cases are needed. Some say exploratory research should precede survey work merely to identify relevant ideas; others suggest that it should follow a survey and serve as the interpretive mechanism. As evaluation research, the Harris data was collected for use by the U.S. Government. It is used in this study only as an adjunct to field work, providing a glimpse at the parameters of alternative use, since no empirical study of holistic users had been reported in the social science literature.

Field work

Depth interviews were chosen as the best method of data collection, because respondents, when given the freedom to veer off on tangents, frequently mention topics which turn out to be fruitful for the study as a whole. Upon further probing or investigation, I discovered issues which I previously did not know were of importance to the group as a whole.

Depth interviews also allow for a large part of the research report and data analysis to come from direct quotes. A mark of successful qualitative research is the respondents' ability to recognize the research findings as an accurate expression of their lived experiences. The strength of the qualitative design and depth interview is its validity; the

amount of detail from each interview is such that I assume respondents have given credible reports of their experiences. The fact that patterns in the data can be found lead me to conclude that the overlap in their experiences is "true."

Interview Sites

Several years of involvement with holistic practitioners (see above) and holistic seminars gave me knowledge of well-known holistic centers in the New England and Middle Atlantic areas. To get the best cross-section of users, I incorporated both a learning center where no health services are provided and a health clinic.

A holistic health center in a suburb of a major metropolitan area granted me access and provided me with a sample of 14 non-randomly selected respondents. The clinic provides health care services of acupuncture, a specific type of acupressure, nutritional counseling, and chiropractic. The center also houses a school for training in acupressure.

The second site was a large, well-known holistic learning center located in the same metropolitan area, which provided me with a computer-generated list of 50 respondents selected at random from the entire membership list. From this list, I randomly selected until I had 13 people who agreed to participate in the study.⁴

For this research I considered a person to be a holistic user if they had ever used what they considered to be a

holistic practitioner⁵. Respondents ranged in age from 19 to 91, with heavier concentration in the 30 to 45 year range. More females (24) were interviewed than males (3) somewhat mirroring the gender difference in medical help-seeking behavior in the population as a whole. All respondents were white. Although data were not collected on income, the dwellings and communities in which they lived suggest that they were middle class.

Interview guide

The interview guide was a check list of topics, expressions and ideological belief-components culled from the content analyses described above. If no voluntary comments were made on a component, I probed toward the end of the interview to see if the expression had any meaning for them (for example, "mind-body connection"). Although I assured each respondent that no response was necessary if the expression had no meaning for them, respondents often tried to "fudge" some knowledge about the topic when probed. This method made readily apparent which aspects of holistic medicine they were familiar with, and those which they were not.

My field work was complete when it became clear to me that I had a theoretical grasp of the data and that additional interviews would not yield findings which were very different than those I already had (Wax 1971).

To summarize, the data for this study came from four sources: a content analysis of literature, a secondary analysis on survey statistics, transcripts of depth interviews and field notes.

These rich, descriptive data, supplemented by statistics which indicate the scope of the phenomenon in question, allowed for a comparison of the formal and expressed versions of holistic ideology and show the extent to which users have incorporated the holistic ideology in their lives. Although the individual is the unit of analysis, the research is not only about these particular individuals but also about patterns of beliefs or clusters of attitudes that emerge because of these data collection processes (Hakim 1987:26).

The liability of this study is that the small number of cases cannot be proven as representative of a wider population. Its geographic focus may make it beneficial by describing users in a major metropolitan area. From the findings of this study, I cannot make inferences to any other group, and no information is available on the size or demographics of the population of holistic users. Although its conclusions are somewhat tentative, this study has succeeded in identifying relevant variables which will be useful in the design of more cultivated research.

NOTES

1. Among Weber's varied uses of the term "rationalization" was: ".....'rationalization is thus measured negatively in terms of the degree to which elements of thought are displaced, or positively by the extent to which ideas gain in systematic coherence and naturalistic consistency." (Weber, 1946:51) emphasis mine.
2. I did not initially ask for their credentials, but later discovered that one woman was working toward a Bachelor's degree in psychology, and the other said she had a "Masters in Herbology." There is no such thing; certificate programs do exist which give the title "Master Herbologist." The herbologist was also a Kripalu-certified Yoga Instructor.
3. East West Journal is now published under the title, Natural Living Magazine.
4. Of 14 people contacted, one declined to participate in the study.
5. Three subjects who said they had used alternatives but did not consider the practitioners or therapies to be "holistic" were rejected from the study.

CHAPTER 2: SORTING THROUGH MEDICAL ALTERNATIVES

In general, medical alternatives are healing therapies practiced outside the context of biomedical care. For some investigators, "alternative medicine" refers to non-sanctioned therapies such as chiropractic, homeopathy, and psychic healing, whereas for others, "alternative health care" refers to nursing homes, HMO's, home health care and kidney dialysis centers since they, too, exist beyond the doctor's office (Graff 1986). Some would still include birthing centers and hospice centers, despite the fact that in the past 20 years, more use has made them less "alternative."

In the social science literature, alternatives have been defined ambiguously. This chapter will address that problem, and locate holistic medicine within the range of medical alternatives. It is conceptualized for this study as an ideology which cuts across all medical systems. Its relation to conventional and alternative medicine, New Age healing, folk medicine and self-help will be explored.

THE RANGE OF ALTERNATIVES

This study is concerned with the former (non-sanctioned) group of alternatives, a phenomenon whose description is fraught with ambiguities about what exactly should be included in the category. There are almost no terminological bridges to link various medical therapies, and consequently, literature

commonly refers to a polemic which pits biomedicine as the "real" medicine against the "other" medicine. The following nomenclature¹ illustrates:

allopathic	"	homeopathic
biomedicine	versus	alternative
biomedicine	"	ethnomedicine
conventional	"	unconventional
cosmopolitan	"	folk; indigenous
experimental	"	experimental ²
modern	"	traditional
official	"	unofficial
orthodox	"	unorthodox
pharmaceutical	"	herbal
reductionistic	"	holistic
regular	"	irregular or "fringe"
scientific	"	supernatural
traditional	"	non-traditional
Western	"	Eastern

Medicine is more complex than to be described in dualisms, more pluralistic than polar. A whole range of medical healing systems exist which vary in their theory, concepts, definitions and practices.

Confusion is likely because the way alternatives will be defined depends upon who is doing the defining; authors and scholars in the popular press, the insurance industry, professional health organizations, and the scientific literature use different vocabularies to describe the various healing methods.

One popular magazine, for example, considers alternative medicine to include homeopathy, naturopathy, herbal medicine, chiropractic and acupuncture³ while a second magazine includes Chinese medicine, native American medicine,

ayurvedic, chiropractic, homeopathy, holistic medicine, metaphysical or esoteric healing, and behavioral medicine.⁴ A third defines "new" alternatives as: acupuncture, ayurvedic, holistic medicine, and homeopathy.⁵

From a financial standpoint, insurance companies have to define medical alternatives in their description of reimbursable and non-reimbursable therapies. The insurance industry, as a whole, "looks to the American Medical Association as a yardstick to measure what is or isn't an acceptable treatment"⁶ and so its description of services in the "nontraditional benefits" category will usually include: preventive care, holistic care, hospice care, wellness programs, smoking cessation programs, alcohol and substance abuse treatment, dependent care, and long-term care.⁷ This list is almost entirely different from the alternatives mentioned above; again, the definition depends on who defines it.

From a political organizational perspective, a third example comes from the World Health Organization (WHO), which has established a department called the Traditional Medicine Program, urging nations to utilize their "traditional" forms of medical care (Jingfeng 1987:659). This example illustrates the context-specificity of the term "traditional." In the U.S., its use refers to modern, scientific, conventional medicine as the most commonly used system of medicine, but when used in the other contexts, particularly those involving

second and third world nations, it refers to local or indigenous healing methods and folk medicine. WHO-UNICEF⁸ concurred that "indigenous" healers and their medicine could be useful to the existing general health systems.

In the social science literature, Jingfeng (1987:661) points out that traditional medicine (TM) has often been referred to and associated with medicine "used by the poor and ignorant" and defines it as:

(T)hose medical systems possessing both a theoretical knowledge, either systematic or handed down verbally, which is effective in directing relevant medical practice of its own, having been proved scientifically, at least in some kind of disease. As to the systems of TM (traditional medicine), these are numerous, including among others..... Ayurveda, Chinese medicine including anti-moxibustion, Unani, Yoga, Qigong, osteopathy, naturopathy, homeopathy, chiropractic.

Here, the term TM is used synonymously with indigenous medicine.

Jingfeng's acronyms add to and highlight the confusion. He says: "Different terms have been used for modern medicine (MM), cosmopolitan medicine (CM), western medicine (WM) and scientific medicine (SM)," and he defines alternative medicine (AM) as: "An exclusive term for those medicines other than cosmopolitan or modern 'scientific' medicine."

Holistic medicine (HM), according to Jingfeng, is "the name generally applied to TM (traditional medicine)However, not all systems of AM (alternative medicine) are holistic;" and the term HM cannot be applied to all traditional medicine. To make matters more confusing, he

points out, there are "holistic claims" within MM (modern medicine). His use of abbreviations such as HM, TM, and MM only enhances the confusing terminology.

Other scholarly work in the social sciences (Aakster 1986) includes acupuncture, homeopathy, naturopathy, manual therapies, anthroposophic medicine, paranormal medicine, and mental therapies in the specification of alternative medical concepts.

Some (Patel 1987, Taylor 1984, Berliner and Salmon, 1980) use the terms "holistic" and "alternative" interchangeably. Others (Kopelman and Moskop 1981, Harrman 1981) conjoin holistic medicine with "new age" medicine. One study (Levin and Coreil 1986) uses all three terms-- alternative, holistic, and New Age -- to describe alternative health seeking behavior, and another (Kronenfeld and Wasner 1982) uses terms like "folk," "unorthodox," "alternative" and "marginal," as equivalents. Clarification is sorely needed.

Each of these examples -- the popular press, insurance industry, political organizations, and the scientific literature -- have their own agenda in defining alternative medicine and their own particular needs in coming up with useful categorizations. Popular press journalists and editors must keep a finger on the pulse of society with current data, and the growing number of magazine articles on alternative medicine⁹ is one indication of something going on in the population at large. The medical insurance industry is the

gatekeeper of medical care reimbursement; even though the majority of alternative therapies are not covered by health plans, one estimate puts the amount spent on alternative therapies at \$27 billion per year.¹⁰ Economically, insurers cannot ignore the growing numbers of practitioners licensed in various forms of alternative health care much longer. Politically, the World Health Organization needs a categorization scheme in response to political pressures from interest groups in third world countries, as a way of legitimizing local, non-Western medical systems. Other U.S. policy makers are interested in the hypothesized impact that alternative medicine might have on the conventional medical care system. And as a body of knowledge, a tiny social science literature grapples with issues ranging from medical politics in a capitalist economy to the social construction of health care beliefs, through a rhetorical rather than empirical focus on a slippery phenomenon which it attempts to make sense of but just cannot seem to operationalize.

Even before defining "alternatives," we see that there are possible political ramifications. But neither the language nor the criteria used to describe alternative therapies are consistent or organized into any generally accepted framework. Researchers and writers in need of a working definition have varying political interests in defining unorthodox medicine, and this may be the reason that

so few empirical studies exist on the use of medical alternatives, and among them, holistic medicine.

My intent is not to define alternatives in a particular way, but to identify the ambiguities that exist and then to explore the various parameters that criss-cross through the definitions of alternative medicine. There are at least three interrelated and overlapping parameters by which all medical systems and therapies vary: by the legitimacy of the practitioner, by the legitimacy of the therapy practiced, and by the theory of disease causation inherent in the model.

SCHEME A: BY THE LEGITIMACY OF THE PRACTITIONER

Alternative therapies could be categorized by the type of educational, state licensing and professional requirements, making all medical practitioners who are not licensed physicians alternative healers. Were it not for the professional dominance of physicians, other medical practitioners would not be thought of as "unorthodox." Non-professional practitioners are marginalized because of the legal monopoly by physicians to the practice of medicine and their power vested in them by the state.

Physicians as a group include all medical doctors, (M.D.'s) osteopaths, (D.O.'s) and naturopaths (N.D.'s)¹¹ who pursue an average of 6 years of formal education beyond college. Only a college degree is required of health paramedics such as physical therapists and physicians'

assistants. No college degree is required of nurses and chiropractors but they must complete a licensing exam. Massage therapists, the multitude of bodywork therapists (such as jin shin do, rolfing, and alexander technique, for example) and acupressurists must complete a one or two year training program, and licensing requirements for this group varies from state to state.

This categorization of medical practitioners indicates hierarchy and the power awarded to physicians because of their professional status, which depends, in part, on their education.

Medical education teaches students to suppress their emotions and interpersonal skills (Fox 1988) and instead to learn the scientific techniques and instrumental worldview needed to cope within their profession. Many enter medical school with a caring, altruistic spirit, but most experience a loss of idealism (Becker et al. 1958) when they find that empathy is counterproductive in the practice of medicine. Students must pass rigorous licensing examinations and be certified by state boards before becoming physicians.

Like other professional groups, physicians' status comes from having specialized knowledge which lay persons need but do not have access to. Their services are highly valued because their knowledge is expert and scientific. And like other professional groups, physicians gain control over the content and conditions of their work. This autonomy and

status is exchanged for a promise to the state and the public to provide excellent service, ethical care, and to be self-regulating as a group.

Medicine, however, established and maintained a degree of autonomy unlike any other profession, due to the nature of private practice and the physician's professional invisibility to outside observers. Historically, private practice physicians have worked for fees, not wages, with little or no disciplinary supervision. In extreme circumstances, actions were taken by state licensing boards to discipline doctors. Until Medicare, the American Medical Association protected physicians from government or outside interference in medical decision making.¹² But the federal government hired peer review organizations (PRO's) in 1972 to monitor physicians' care of Medicare recipients. In 1987, statistics from the Public Citizen Health Research Group¹³ showed PRO's failure to impose any sanctions on physicians in 23 states. But even in group practice¹⁴ where visibility among colleagues is greater than in private practice (Freidson 1975), physicians are reluctant to criticize one another and remain silent when medical mistakes are made, because they fear reprisal. Since each is likely to make mistakes in the future, physicians have a common interest in protecting one another (Millman 1976). This unspoken professional agreement existed even before malpractice suits became common, and has contributed to the ineffectual peer review system as it now stands.

Physicians, with power vested in them by the state, set the conditions and agreements about how all medical care will be administered and received. While professionalization is a process which is supposed to protect the public from untrained, unqualified medical healers, professionalism within conventional medicine also functions to protect the status, career and income interests of the physician, as well as providing the network to increase his or her opportunities for advancement in the field (Freidson 1970).

SCHEME B: BY THE LEGITIMACY OF THE THERAPY PRACTICED

Professionalism and legitimacy of the practitioner raises the issue of legitimacy of the therapy practiced. In a scheme that categorizes medical systems by the therapy, any healer using techniques which are not "medically approved" could be considered an alternative healer. For example, a massage therapist with no formal education, using Therapeutic Touch (approved by the medical profession) would not be an alternative healer, whereas a physician doing "chakra balancing" would. The Relaxation Response and similar meditation regimens, developed by physicians and medical researchers and funded by the federal government, and are now "medically approved," that is, commonly accepted by physicians as a group. Although scientific research could be done on the medical efficacy of chakra balancing or other healing techniques, it is not scientific validity per se that

determines legitimacy. In reality, those therapies become legitimized, not by randomized clinical trials and double-blind studies but by acceptance within the profession of medicine. Thalidomide, DES, and the use of amniocentesis in pregnancy are therapies which were never proven efficacious by scientific methods, but became legitimate through their popularization among physicians as acceptable forms of therapy.

Notions of legitimacy or illegitimacy of the therapy are connected to quackery, or the fraudulent pretension to medical skill. Although commonly associated with the sale of products like breast enlarger pumps, weight loss pills and colon-cleansing powders, inappropriate procedures and the potential for quackery exists in any healing situation, no matter what the practitioner's professional status. Charlatans in the medical profession, as well as alternative healers, have been exposed and arrested,¹⁵ but have a greater chance of covering their behavior due to their collegial relationships, as mentioned above.

SCHEME C: BY THEORY OF DISEASE CAUSATION

Although somewhat reductionist, a scheme for organizing alternatives could be developed which maps out the range of medical systems according to their beliefs and theories; for example, theories of disease causation, rather than a model

which bifurcates all medical systems into "biomedical" and "otherwise."

In biomedicine alone, there is a tremendous variation of belief.¹⁶ In general, biomedicine has been associated with germ theory and the biological aspects of illness. But in psychiatry, germ theory is considered insufficient to explain physical disease, even when the patient has been exposed to germs. (Some are exposed to the same germs and do not become sick.) According to the psychiatric model, not all diseases are physically caused or "germ-related," but all will have physical manifestations such as psychosomatic disorders, for example.

Chinese medicine and the use of acupuncture is based on the theory of chi, which is energy, and its balance or imbalance. Chiropractic is based on the idea that "subluxations" or an imbalance in the spine's position is the cause of disease. Naturopathy see disease as an imbalance of forces which cause toxicity or residues in the body.

In this scheme, every system of medicine is an alternative to every other. Alternatives would be conceptualized as based on belief rather than legitimacy, because while doctors, osteopaths and naturopaths have licensing requirements in common, they do not necessarily hold to the same theories of disease causation.

Some medical systems are based not on a disease-causation model, but a wellness model, where emphasis is placed on what

makes the patient well and how health is produced, rather than what makes the patient ill. In this study, those medical alternatives which emphasize a wellness ideology rather than cures for disease are identified as holistic medical alternatives.

This is important because although some people seek medical care for preventive check ups and tests, most do not go to a physician seeking ways to get even more healthy. Yet many people go to holistic "healers" because they are well and are seeking even greater health. Over the past 20 years, a shift in health values has occurred: for many, health has become a end in itself rather than a means to pursuing other goals (Parsons 1950, Guttmacher 1979). Health values take on a new tone especially among the alternatives: health, once valued as a means to an end ("I must be healthy so that I can work") is now valued as the goal itself ("I want to work at being healthy.")

American health values have always been distinctly individualistic; the Protestant ethic of self-reliance and "rugged individualism" is central to societal values about health. But individual responsibility for health becomes key in the shift from a focus on illness to wellness, and is central to holistic medicine and its ideology. If alternative medical systems are conceptualized by the ideology or worldview of which they are a part, we might define those

alternatives with the strongest ideological component as "holistic" medical alternatives.

FACTORIZING OUT HOLISTIC MEDICINE

Holistic medicine has become a catch-all phrase referring to a system of medical therapies, a belief system, a paradigm (Rosch and Kearney 1985, Coulter 1984, Gordon 1980), and a philosophy. A clearer definition of holistic medicine is needed as it exists within the range of various alternatives and as part of the conceptual schemes described above. Although few empirical studies exist on the use of holistic medicine (exceptions are Kotarba 1983; Kronenfeld and Wasner 1982), theoretical and rhetorical work in the social science literature describe it as a social movement (Fuller 1989; Barsky 1988; Rosch and Kearney 1985; Sirott and Waitzkin 1984; Berliner and Salmon 1980, 1979) and as an ideology (McKee 1988, Sirott and Waitzkin 1984; Kotarba 1983; Freund 1982; Koelman and Moskop 1981; Shapiro and Shapiro 1980; Guttmacher 1979; Berliner and Salmon 1980, 1979).

AS A SOCIAL MOVEMENT

Often regarded as a result of dissatisfaction with biomedicine, (Barsky 1988; Berliner and Salmon 1980, 1979; Rosch and Kearney 1985) the holistic health movement is seen as a collection of unorthodox forms of medical and non-medical practices dedicated to bringing about mental, physical and

spiritual healing of the whole person. As a social movement, it opposes a mechanistic view of the body and an overreliance on technology for healing (Barsky 1988) as well as biomedicine's failure to treat the patient as a whole person, to deal with multiple causes of disease, to consider non-physical aspects of healing, and its overreliance on pharmaceutical drugs (Rosch and Kearney 1985; Berliner and Salmon 1980).

Not all who practice or provide holistic care believe the same things. For the purposes of this study, however, practices and technique are considered holistic if they claim to adhere to the following principles:¹⁷

1. Health manifests from the interrelatedness of mind, body and spirit.
2. Health behaviors are defined positively in terms of wellness rather than negatively in terms of illness or disease.
3. Techniques should be natural or as non-invasive as possible, and draw upon the body/mind/spirit's "vital force," the or innate ability to heal itself. If this force is somehow blocked or disrupted, sickness will result. Healing is a process of establishing balance and enhancing vitality of the body/mind/spirit.
4. The primary responsibility for an individual's health and illness is that of the individual, rather than the practitioner.
5. The practitioner's responsibility is to teach the client about health. In the words of Hippocrates, "It is more important to know the person who has the disease than to know the disease the person has."
6. Jointly, the practitioner and client tend to the person's health which involves balancing his or her emotional, physical and spiritual needs.

Within the context of a social movement, holistic medicine can be seen as more than any specific practice; it is a set of agreements held by those who practice and use it, a

way of explaining health and illness that cuts across any medical system or paradigm. For example, we see "holistic medicine gradually finding favor among a larger number of MD's" (Goldstein 1987:104). This point escaped the early literature on alternative or holistic medicine; only Goldstein (1987) and Lowenberg (1989) mention that physicians from various specialties have incorporated holistic principles into their practice. In fact, a whole study could be done on the cadre of physicians, surgeons, and specialists who write, lecture and publicly encourage others to use holistic medicine.¹⁸

Although some physicians have embraced holistic principles, it would not be fair to suggest that boundaries are breaking down between conventional medicine and other healing systems. Holistic principles are most commonly espoused by alternative healers such as homeopaths, chiropractors, and massage therapists to name a few. Note, however, that if a chiropractor focuses primarily on muscle and tissue, without any consideration of emotional or spiritual healing, he or she would not be considered "holistic." Many chiropractors compete for patients and may advertise as holistic only in certain publications or to certain groups, hoping to avoid any stigma that may be attached to holistic claims.

Likewise, if a massage therapist has a goal of curing a client's ailments, he or she would not be practicing holistic

medicine, because goals and cures are clearly not a part of the holistic ideology, nor is the patient's "progress" the responsibility of the healer. Strictly speaking, a patient who blames a therapy's failure or any lack of progress on the practitioner is not thinking holistically, since the client is ultimately responsible for finding the real source of healing, whether it be through mental changes, behavioral changes, or otherwise.

DISTINGUISHING HOLISTIC FROM OTHER MEDICINES

As a form of alternatives, holistic medicine overlaps with folk medicine, self-care and self-help, and "new age medicine."

NEW AGE MEDICINE

Like the literature on medical alternatives, definitions in the literature on "new age" healing are blurry and indistinct. Levin and Coreil (1986) define 'new age healing' as a "heretofore unstudied subcategory of alternative healing."

Authors of popular literature¹⁹ say the New Age will officially arrive at the turn of the millennium, when, astrologically, the earth will pass into the Age of Aquarius (Levin and Coreil 1986:889). Popular literature describes the rising subculture as one whose members will change society through personal transformation. One way of effecting such transformation is through health and healing, and the "dawning

of the new age" has created a conflux of spiritual beliefs with the pursuit of medical healing, by "spiritualizing" such as chiropractic and massage therapy. Now, astrology, astral travel, and other metaphysical beliefs are pursued along with medical techniques, in the pursuit of transformation. For example, beliefs surrounding the use of the Australian-based technique called "rebirthing" include the non-necessity of dying, and the possibility of an infinite physical body.

It is difficult, if not impossible, to estimate the number of people using or seeking professional help to learn these techniques, because, first, many emotional and religio-spiritual health practices have become obscured in the New Age category, and second, there is no central organization or membership bureau.

That spiritual beliefs have had an enormous impact on alternative medicines is not surprising, given the connection they have with Eastern spiritual/health practices such as yoga and meditation or Chinese tai chi and meditation (See "Andy" in Chapter 4). But in biomedicine, too, physicians and nurses nowadays practice Touch For Health (laying on of hands), which involves psychic and spiritual healing techniques in the form of energy transfer between healer and patient. By incorporating Touch For Health, conventional medical treatment has moved a step closer to the non-physical aspects of healing.

There has always been an element -- or the possibility of an element -- of spirituality in all forms of medical healing. But the burgeoning interest in unusual and unorthodox medical techniques may coincide with the a burgeoning interest in unorthodox religions (Roof 1992) and the growth of quasi-religious movements (Roberts 1984). Consequently, the New Age movement is a confluence of these two "strands:"

While certain unorthodox healing modalities have always existed alongside of allopathy -- homeopathy and Christian Science, for instance -- it is only recently that Americans in large numbers have begun balancing their chakral energies, getting in touch with the One, channeling discarnate entities, experiencing the healing powers of interplanetary Brotherhoods, and curing their medical ailments by soul travel to different planes of reality. (Levin and Coreil 1986:890)

Basic metaphysics -- that we incarnate in this physical plane to learn lessons -- now adapts to healing beliefs: that we manifest illness to teach ourselves lessons. Indeed, New Age spirituality overlaps with holistic medicine by acknowledging the unity of mind/body and spirit. But unlike other forms of holistic healing, New Age believers maintain that certain healing techniques are based on an ancient wisdom which has been passed on to a select group of people, who are the New Age followers. Are most of the "new" alternatives (acupuncture, ayurvedic, homeopathy) "just twists on ancient themes?"²⁰ What distinguishes New Age healing from holistic medicine in this study is the belief in an esoteric knowledge handed down from the past, involving the resurrection of archaic healing modalities into the present day.

Levin and Coreil (1986:891) say "A distinction can be made between Shiatsu (the traditional Japanese finger-pressure massage) and 'new age Shiatsu,'" in that the latter is a contemporary interpretation of the former, an ancient healing system. In that sense, most systems of medicine -- such as ayurvedic, yoga and Chinese medicine -- could be considered part of New Age medicine, if one chooses to look at it that way, whereas homeopathy, chiropractic, or American biomedicine could not.

In some groups, the term "new age" is highly stigmatized because of its association with the unscientific realm, particularly occult, psychic phenomena, and parapsychology, for example. Consequently, the conjoining of New Age spirituality with more secular forms of "holistic" medical practice has led to the stigmatization of many holistic practitioners and will most likely retard the growth or legitimation of holistic medicine as practiced outside of the biomedical profession.

SELF-HELP AND SELF-CARE

Like its association with New Age medicine, holistic medicine has been affiliated with self-care (Sirott and Waitzkin 1984) because of its individualistic focus. Self-care is described as a process wherein "...a layperson can function effectively on his own behalf in health promotion and prevention and in disease detection and treatment at the level

of the primary health resource in the health-care system" (Schiller and Levin 1983). One study of holistic health association members found that self-care remedies were preferred over professionalized treatments for common ailments (Vissing 1987). But while they may both be related to individualism, however, holistic medicine is not synonymous with self-care, nor does it have a monopoly over those who self-treat. Self-care²¹ is commonly practiced by the population as a whole, and not all self-care is holistic.

Self-care differs from self-help in terms of agency; using self-care, the patient has full responsibility for diagnosis and treatment of illness and injury. With self-help (Back and Taylor 1976) one might learn self-care or self-maintenance techniques, but this would be secondary to the support group participation. Technically speaking, self-care is a strictly individual phenomenon, whereas self-help necessitates group support and involvement.

Fuller (1989) finds the self-help group Alcoholics Anonymous to be a "holistically oriented movement" and defines holistic medicine as a collection of unorthodox, non-medical, psychic and metaphysical forms of healing. This view reduces holistic medicine to the spiritual realm and eliminates the physical healing techniques commonly used, linking holistic medicine too tightly with self-help groups than empirical evidence would support.

Holistic medicine is loosely associated with self-care and self-help support groups that encourage "individual responsibility" for health. It is linked to self-care for those individuals who self-diagnose and self-treat with holistic therapies, but certainly not all self-treatment is holistic. By definition, holistic medicine will supersede self-care in cases where a practitioner is involved.

FOLK MEDICINE

Folk medicine consists of types of medical knowledge, practice and belief which is the common possession of the group and so rooted in tradition that they are taken for granted as the natural order of things (Saunders 1954, 1969). A rich interdisciplinary literature of comparative studies cutting across the social science disciplines documents the enormous cultural diversity in indigenous medical belief systems (Watson 1984; Kleinman 1980, 1984; Leslie 1976; Snow 1974; Suchman 1964). While the term "folk medicine" is not used synonymously with "holistic medicine," it is often used interchangeably with "unorthodox," "unproven," "questionable" remedies and alternative health practices (see Kronenfeld and Wasner 1982, for example). It is usually tied closely to the norms, attitudes, beliefs and values of a particular ethnic subculture; Curanderismo, for example, is a folk system used by Mexicans, Latinos and Mexican Americans. Unlike folk medicine, holistic medicine is more generic with no strong

connection to any one particular ethnic group over another, so that Ayurvedic (Indian yogic medicine) is an example of a folk medicine with principles which happen to correspond to holistic principles.

SUMMARY

A major concern of this study is to describe alternative medicines in all their variability. Literature about alternatives is fraught with inconsistencies and ambiguities; perhaps this is why, to date, almost no empirical evidence exists on the use of such healing practices. Different parameters which cut across the various therapies -- by professional credentials, by the therapy's legitimacy, and by theories of disease causation -- were reviewed.

Consistent with that, holistic medicine has been referred to as a paradigm, a philosophy, an ideology and a social movement. A working definition is hypothesized that defines holistic therapies as those which focus on wellness rather than illness, and which have a strong ideational component according to a model explicated in this chapter.

As a medical ideology it cuts across all medical systems, whether defined as alternative or not. Holistic therapies are practiced by the licensed healer as well as the unlicensed, and its use depends upon the views and beliefs of the practitioner and client.

As a social movement, it has been described as a collective expression of dissatisfaction stemming from perceived inadequacies of the conventional medical system. In the next chapter, I will explore the historic context of the growth of alternative medicine, suggesting that despite their differences, conventional and holistic medicine may be linked together by each ideology's emphasis on individual responsibility.

NOTES

1. From a synthesis of terms in several literatures. See also I. Press, "Problems in the definition and classification of medical systems" in Social Science and Medicine (1980) volume 14B: 45-57.
2. Referring to biomedicine, "experimental" suggests rigorous methods of hypothesis testing and clinical trials. Referring to alternative medicine, "experimental" suggests a trial and error approach to medical care.
3. Lydia Denworth, "Doctoring Without Drugs," in Newsweek Special Edition: How Kids Grow (Summer 1991), page 30.
4. See Jeanne Achterberg, "A Field Guide to health care alternatives" in Utne Reader (Jan/Feb) 1988, page 75.
5. Steven J. Finando, "Alternative Health Care Finds New Ground" in Business and Health (April 1988):34-36.
6. Sheldon and Schwartz, "Defining Alternative Therapies" in Business and Health (April 1988), page 30.
7. Richard E. Johnson "Managing Trends in Employee Benefits" in Business and Health (April 1988): 29.
8. UNICEF-WHO. Joint Committee on Health Policy, Report of the 20th Session held at the Headquarters of WHO, Geneva, February 4 - 6, 1975.
9. See the index of TIME Magazine, for example, for 1985-1992.
10. Claudia Wallis, "Why New Age Medicine is Catching On," TIME, November 4, 1991.
11. Not all naturopaths are physicians. Since naturopathy relies on the natural healing processes and remedies of food, diet and massage, some practice without any special training. The naturopathic physician, however, has a degree from a four-year graduate level naturopathic medical college. In states where they are regulated, these physicians must pass either a national or state level board examination, and their actions are subject to review by a State Board of Examiners.

12. The American Medical Association claims to protect the patient's right to choose the physician but its activities which prevent National Health Care serve to protect the physician's right to choose his or her patient.

13. See "Medicare Panels Accused of Laxity," The New York Times, October 27, 1987.

14. This outside intervention by the federal government and insurance companies coincided historically with a proliferation of group practices and HMO's (health maintenance organizations). Only then did physicians become more like salaried employees. Such proletarianization of physicians (McKinlay, 1985) has had some impact on physician autonomy.

15. Examples of the exposure of unprofessional conduct include a gynecologist accused of performing experimental surgery on unsuspecting women (see The New York Times, December 11, 1988), an infertility specialist convicted of fraud for inseminating patients with his own sperm without telling them (See The New York Times, March 5, 1992), and physicians accused of fraudulent billing practices for services never performed (see The New York Times, December 3, 1987; March 14, 1989; June 11, 1991).

16. The enormous variety of opinion and belief on "what works" within biomedicine has been studied. See especially Fox 1988 or Knafl and Burkett 1975.

17. Adapted and excerpted from Kopelman and Moskop, 1981 and Hastings et al. 1980.

18. Among the physicians espousing holistic medicine with published best-sellers: Bernie Siegel, Love, Medicine and Miracles, Harper & Row, 1986; Deepok Chopra, Quantum Healing: Exploring the Frontiers of Mind/Body Medicine, Bantam 1989; Herbert Benson, Beyond The Relaxation Response, NY:Times Books,

19. See, for example, The New Age Catalogue by the editors of Body, mind & spirit Magazine, NY:Doubleday, 1988.

20. Steven J. Finando, "Alternative Health Care Finds New Ground" in Business and Health (April 1988), page 36.

21. Denton (1978) found 81 illnesses for which people try self-treatment

CHAPTER 3: THE GROWTH OF ALTERNATIVE MEDICINE

The previous chapter discussed the lack of a consistent nomenclature and the absence of a well-defined organizing scheme for discussing various medical therapies. The dearth of empirical studies¹ on alternative medicine may mask its popularity. The few empirical studies that exist have noted the growth of metaphysical, nonmedical systems of health and healing (Fuller 1989; McGuire 1988) or the use of marginal therapies and practitioners (Kronenfeld and Wasner 1982, Harris 1987). Other authors suggest a growing enthusiasm and popularity for nutritional therapies, meditation, guided imagery and holistic health (Barsky 1988, McKee 1988), increased attention to holistic medicine by medical authorities (Goldstein et al. 1980) in the medical literature (Relman 1979) and physician involvement with holistic medicine (Yahn 1979; Goldstein 1985).

But the question is not only what it is, but why is it growing? In the following chapter, indicators of alternative medicine's expansion in the past 10 years will be discussed, followed by survey statistics on the use of alternative practitioners. Next, the growth of alternative medicine and holistic medicine will be linked to political-economic changes in mainstream medicine, to support the thesis that all medical ideology urges toward individual responsibility for health care.

INDICATORS OF GROWTH

Finding the contours of alternative medical help-seeking is difficult. One survey found that 26% of the population has tried one or more unconventional health treatments and estimated the total spent nationwide to be \$2.24 billion.² Another estimate,³ based on insurance data, says "...an estimated \$25 billion -- (is) spent on alternative therapies, unproven methods and outright fraudulent practices, which are increasing." A TIME/CNN survey⁴ done in 1991 estimated that alternative medicine is a \$27 billion-a-year industry, and reported that 30% of the sample (N=500) had ever tried some form of "unconventional therapy," half of them within the past year.

This range of estimates does not make sense and is probably due the use of different measures, for example, treatments as compared with therapies as compared with remedies. Nevertheless, there are several indicators of a growing legitimacy in the use of unorthodox health practices in the past 10 years. These indicators can be subsumed under two categories: An increase in types and number of alternative practitioners, and a growing literature to spread ideas.

INCREASED AVAILABILITY OF PRACTITIONERS

One indicator is the growth in the number of alternative practitioners such as chiropractors (Wardwell 1958, 1972;

Gesler 1988), acupuncturists (Wolpe 1985), osteopaths (Gevitz 1988) and homeopaths (Avina and Schneiderman 1978; Coulter 1984)⁵ along with a variety of health para-professionals (Rosch and Kearney 1985). An increase on the supply side may indicate an increase in the demand for their services.

Also rising is the number of alternative medical schools and programs which certify or credential the throngs of newly-trained homeopaths, massage therapists, acupuncturists, and unorthodox healers.⁶

Another indicator is that legal obstacles to the practice of chiropractic and acupuncture have eroded somewhat. After a long legal battle, chiropractic is recognized by the American Medical Association, although not held in high esteem. Acupuncture, once practiced in the United States by physicians, can be now administered by licensed non-physicians in certain states. Although physicians remain the sole legitimizers of illness by their ability to assess employability, pronounce death, or adduce insanity (Wolpe 1985) non-physician medical practitioners are growing in types and number.

Fewer financial barriers now exist for alternative practitioners than 10 years ago, since the number of private health insurance companies providing reimbursement for chiropractic and acupuncture increased during the 1980's.⁷ Whether this change is the cause or result of the growing use of alternative medicine remains unclear.

The legitimacy of holistic medicine is growing among physicians (Goldstein 1985); several techniques once considered unconventional, such as meditation, yoga, and biofeedback have become adjuncts to mainstream medical care. The formation of holistic medical groups by physicians with non-physician health practitioners has been documented (Yahn 1979).

A LITERATURE TO SPREAD IDEAS

Several indicators also suggest a growing legitimacy of unorthodox healing in the eyes of the public. The growth of book sales with "self-help: health" titles would indicate a growing public interest in alternative care, and some publishers say such titles have increased tenfold in the past decade.⁸

The number of popular books written by biomedical physicians and research Ph.D.'s which espouse behavioral medicine and the healing powers of the mind is skyrocketing, and authors like Bernie Siegel, Deeprok Chopra, and Joan Borysenko, to name a few, have become popular spokespeople.

Coverage by periodicals has grown, too; paid circulation for East West, a holistic health magazine, rose from 1,500 in 1971 to 80,000 in 1986 to 90,000 in 1990. For New Age Journal, a magazine which covers holistic health and spirituality issues, a seven-fold increase in paid circulation occurred, from 25,000 in 1980 to 175,000 in 1991. Body, mind

& spirit magazine⁹ boasted a readership of one-half million in 1988. It is unclear how much of the increase is due to successful marketing strategies, but again, supply and demand indicate at least some increase in consumer interest.

THE USE OF ALTERNATIVE THERAPIES AND PRACTITIONERS

There is some recognition in the social science literature that the use of alternative therapies is more prevalent than was previously noted (Kronenfeld and Wasner 1982; Wolinsky 1980; Riley 1980; Casel 1976). If folk medicine, self-treatment with over the counter remedies, and home remedies were taken together as "popular medicine," it would account for the major source of health care in the U.S (Wolinsky 1980:291). One study cites that:

Currently, Americans use large numbers of both home remedies and patent medicines. It is estimated that Americans spend over one billion dollars for self-medications and that over \$50 million a year is spent on remedies of folk origin such as ground raw bones and alfalfa. The last ten years have included the widespread growth of the health food or natural foods movement. While part of this growth is related to wider usage of various chemicals and additives in foodstuffs, much of this growth can also be interpreted as the acceptance of folk medicine beliefs, since both medical and nutritional orthodoxy argues that 'health' foods are no healthier than most typical food products. (Kronenfeld and Wasner 1982: 1120)

While studies on folk medicine are numerous, relatively little recent scholarship has been done on the utilization of alternative practitioners as defined by this study (exceptions are Cowie and Roebuck 1975; Kronenfeld and Wasner 1982; Wardwell 1958, 1972.) and therapies (exceptions are Kronenfeld

and Wasner 1982; Harris 1987) to indicate how prevalent the use of alternative therapies and practitioners is.

THE USE OF THERAPIES

One study of 98 arthritis patients and their use of unorthodox remedies¹⁰ found no statistically significant relationship between education and income and the use of unorthodox remedies, (Kronenfeld and Wasner 1982:1122) and reports that:

(T)he use of unorthodox remedies is something which almost all arthritis patients do..... All types of people use a large array of remedies and most people turn to these after having initially consulted medical doctors and frequently try them simultaneously with more orthodox approaches.

A large-scale survey (N = 1,514) done for U.S. Department of Health and Human Services (Harris 1987) defined "questionable" treatments as those whose effectiveness is not supported by scientific evidence,¹¹ and found that more than one-fourth (26.6%) of the adult American public reported having ever used one or more such remedies. Since only 15 treatment areas were tested¹², this statistic "probably underestimates the full extent of the use of questionable treatments."

Like the Kronenfeld and Wasner study, use of questionable treatments¹³ is not related to educational level; nearly one-third of college graduates used one or more questionable treatments. Moreover, while such use is not positively associated with independent socioeconomic variables or demographic factors as age, health status, or number of doctor

visits per year, the use of questionable treatments does vary with attitudes toward medical physicians and their practices. Users tend toward a more negative view of regular medicine than non-users. The study shows that 23% of the adult population believes that orthodox medical practices are not the most effective treatment for most serious diseases.

This evidence points to the need for further research about attitudes in the general population toward medicine, because:

.....the notion that (only) persons with low income, low education or from a different cultural background use unproven remedies is inaccurate. (Kronenfeld and Wasner 1982:1123)

Measuring the use of alternative medicine is difficult when few boundaries exist to separate the use of therapies from potions, remedies, alixirs, treatments and various "health-inducing" products as described above. If the use of medical alternatives is operationalized as those therapies used in conjunction with the use of a practitioner it would yield a more concrete measure of use. In that regard, the following statistics describe the contours of alternative medical use in a more specific way.

THE USE OF ALTERNATIVE PRACTITIONERS: STATISTICAL DATA

Statistics on a small, independent survey (N=500) done in 1991 ¹⁴ show that, among those who have never sought help from an alternative practitioner, 62% say they would and 29% say they would not seek it if conventional medicine failed to help

them. Of those who had used an alternative practitioner, 84% said they would go back, and 10% said they would not. Respondents reported seeking help from the following therapists: chiropractor (used by 31%); acupuncturist (6%); herbalist (5%); homeopathic doctor (3%); and faith healer (2%).

These recent results are not very different from the survey just mentioned (Harris 1987) which defines persons who provide health care advice and treatment outside of the medical model as "alternative practitioners." A list of seven types of alternative practitioner representing a range of physical to spiritual (non-physical) realms of healing was used, and respondents reported consulting them for health or treatment as follows:

chiropractors (21%)
nutritionists (15%)
health product salespeople (5%)
religious counselors (5%)
spiritual healers (3%)
herbalists (3%)
acupuncturists (3%)

On several socioeconomic variables, the survey data show that women and non-whites have a slightly higher tendency to use alternative healers. Less education is not associated with a tendency toward use; in fact, college graduates reported slightly more use than non-high school graduates of spiritual healers (4% - 3%), nutritionists (18% - 14%) and herbalists (5% - 2%). The point is that they are very similar.

Survey data on attitude variables yield important findings for this study. Data on the type of practitioner used were cross-tabulated with respondents' attitudes toward conventional treatment, which ranged from "very positive" (orthodox) to very negative (unorthodox). As expected, those with unorthodox attitudes use alternative practitioners more frequently, but the difference increases as therapies go from physical to spiritual (non-physical aspects of healing.) As compared with those who are very orthodox, the very unorthodox are twice as likely to visit a chiropractor (30% - 13%), four times as likely to consult a healthproduct salesperson (9% - 2%), seven times as likely for spiritual healers (7 - 1%) and ten times as likely to seek religious counsel (11% - 1%).¹⁵

The effect of attitude toward conventional medicine becomes stronger as one moves toward the less orthodox practices (Harris 1987:97), suggesting that the more a practitioner deviates from the biomedical model, the more he or she will attract clients whose attitude toward conventional medicine is "very negative." This is one of two major findings for the purposes of the study of holistic medicine.

The other major finding of the survey is that, in general, the American public does not have a strong, positive orientation toward the conventional medical model (Harris 1987:44). A strong association was found between dissatisfaction with conventional medicine and the use of alternative practitioners, but if dissatisfaction is pervasive

among the population at large, why do only some individuals use alternative practitioners and others do not? This question will be addressed in the section on social movements.

FACTORS IN THE GROWTH OF ALTERNATIVE MEDICINE and Dissatisfaction With Structural Conditions Surrounding The Delivery Of Conventional Care.

Not only is there some confusion as to what constitutes alternative medicines, but also why its use is growing. Popular magazines and medical journals speculate that because conventional medicine is more efficacious at treating acute rather than chronic diseases, people use alternative medicine as a last resort, hoping for a "cure" for their chronic illness that conventional medicine cannot give them. This argument, however, views use as idiosyncractic behavior rather than a social phenomenon. Explanations for an increased use of alternatives are more complex, but do seem to focus on several types of dissatisfaction with health care delivery: with mainstream medicine's inefficacy, with the costs of medical care, and with the quality of the doctor-patient relationship.

Much of the disenchantment with mainstream medicine's inefficacy stems from therapeutic failure or worse, a therapeutic vacuum for certain illnesses, particularly chronic illness. But a certain amount also stems from the increased expectations toward conventional medicine for the treatment of risky stress-related behaviors such as alcohol abuse, drug

abuse, overeating, cigarette smoking and unsafe sex. As attention to these deviant behaviors increase, they become medicalized (Zola 1972; Fox 1977; Crawford 1980; Conrad and Schneider 1980) as "health behaviors" by explanations which use a disease model and suggest medical supervision as the "cure." But because these problem behaviors are more often of an emotional or psychological rather than strictly physical nature, biomedical care may not be the most efficacious method of treatment.

Another source of dissatisfaction with medicine is costs. Whereas health care has traditionally been paid for by employee medical plans, spiraling health care costs have cut into company profits, causing employers to pass part of the medical plan's cost over to the employee. This "cost shifting" has resulted in more comparison shopping for health care, and is accompanied by an analogy of the "patient as consumer" (Reeder 1972; Pope 1978; Haug and Lavin 1981.) Such cost shifting and comparison shopping reduced physician and hospital utilization, but more importantly it was supposed to provide incentives for people to cut down on or eliminate risky illness behaviors such as those mentioned above. Preventive health measures encouraging early diagnosis of illness were motivated by cost-cutting strategies. These efforts are connected to an overarching ideology which emphasizes the individual's responsibility for illness and health (Crawford 1980).

Much dissatisfaction with the detached quality of the doctor/patient relationships (Ben-Sira 1976, 1980) is felt by those who find the "high-tech" atmosphere of modern medicine too cold and impersonal. In the 1970's employee enrollment in prepaid health plans grew; generally, in Health Maintenance Organizations, patients are unlikely to have a continuous relationship with one physician, and more likely to see different physicians with each visit. In general, people find such health care adequate (Pope 1978; Mechanic 1976), but are not content with the level of personal interaction between client and practitioner (Freidson 1980).

There may be different reasons for the growth of different alternatives; acupuncture over chiropractic, just as an example. Some growth factors (availability of practitioners, for example) may be more relevant to certain alternatives than others. An expansion in the use of one therapy like massage, for example, may or may not be related to the expanded use of another, such as acupressure. But while divergent therapies may appeal to different audiences (Taylor 1984) dissatisfaction seems central to the growth of alternative medicine as a whole.

The survey data support this conclusion, but show that no particular socioeconomic or demographic variables are significantly related to its use. If dissatisfaction -- a negative attitude toward conventional medicine -- is prevalent in the population as a whole, but only some people use

alternative medicine, dissatisfaction cannot be the sole or sufficient factor in the growth of alternatives. To look more closely, we look at the use of holistic alternatives as a social movement.

COLLECTIVE BEHAVIOR AND THE HOLISTIC HEALTH MOVEMENT

THE IMPORTANCE OF IDEOLOGY

While the tremendous variety in types of healers and practitioners makes it hard to find "any agreed-upon definitions, concepts or practices" (Guttmacher 1979) the growth of holistic medicine as a mass movement is seen plainly as a result of dissatisfaction with scientific medicine (Guttmacher 1979; Berliner and Salmon 1979, 1980; Leonard 1977). These authors never explain their focus on holistic, rather than alternative therapies. What, then, distinguishes holistic medicine from all alternatives as a social response to dissatisfaction with mainstream medicine?

It was pointed out that the crucial reasons for dissatisfaction are inefficacy, costs, and the doctor - patient relationship. My data show that costs were not a prohibitive factor in respondents' use of conventional or holistic medicine. In fact, they spend large sums in one year on holistic treatments, and some probably spend more than they would on conventional medicine. Rather, these data show that problems within the doctor-patient relationship are associated with holistic use, but it is the inefficacy factor -- that

mainstream medicine can no longer explain health and illness in ways that makes sense to these respondents -- that brings a loss of faith in the physician's ability to heal. The ideology of scientific medicine emerges as the root of the breakdown of faith in the conventional healer.

Collective behavior comes about as a result of shared experiences among a group of individuals who previously had no connection to one another. Generally, those who come from different circumstances and share a set of experiences may become connected by the meanings they impute to the situation, and comprise a social movement. As a social movement, holistic medicine emerges as a group expression of disappointment with previously taken-for-granted assumptions about the way the world works, specifically in terms of illness. Physicians can no longer meet patient expectations and gratify their needs in the ways that physicians used to, because of the social structural changes within medicine (see Chapter 1). As a social movement, holistic medicine has been apolitical; it is not highly organized and has no centralized membership through which to mobilize participants for a political agenda. It has no leadership structure, although it has spokespeople. As a social movement it may be in the early stages of development, but is developing around a highly organized counter-ideology which has been central to its growth thus far. Instead of a leader, its participants are loosely connected by a worldview

and a language which allows for shared meanings of common experiences. ¹⁶

Although this ideology is mentioned in the literature (McKee 1988, Sirott and Waitzkin 1984, Kotarba 1983, Freund 1982, Kopelman and Moskop 1981) its role in the holistic health movement is bypassed; its function remains vague and free floating. It is explicated as a reformist ideology and as a victim-blaming ideology.

AS A REFORMIST IDEOLOGY

Some researchers suggest that the holistic movement can be viewed as a reformist response to the capitalist crisis in medicine. Whereas germ theory and the reductionist ideology of scientific medicine neglect the social determinants of disease and serve a capitalist, for-profit health care system, holistic ideology, in its most idealistic form, is a systems approach to health in which all parts of the system - body, mind, spirit, environment and society -- are interrelated (McKee 1988). Thus, in its rejection of biomedicine, the holistic health movement could be a potential vehicle for anticapitalist sentiment. In reality, however, "to date it has been, at best, apolitical" (Berliner 1979, 1980). Although holistic medicine is not profit-driven to the extent that conventional medicine is (McKee 1988), its ideology functions to foster the commodification of health needs to the same extent or more. Data in this study show that the ideological

components learned and expressed most strongly by research respondents were those which focus on individualist beliefs and obscure the social determinants of illness.

AS A VICTIM BLAMING IDEOLOGY

Several authors have criticized holistic medicine as a reformist ideology which shifts responsibility for disease and illness away from the social system and onto the individual (Sirott and Waitzkin 1984; Freund 1982; Guttmacher 1982; Kopelman and Moskop 1981; Shapirb and Shapiro 1980; Berliner and Salmon 1980, 1979). Stemming from a broader critique of society (Ryan 1976) these critics point to a victim-blaming function of holistic medicine in the component which stresses patient responsibility, because this can be interpreted as holding the individual responsible not only for "causing" his or her illness, but for the ability and failure to recover from it as well. Like other victim-blaming ideologies, it is criticized for sometimes placing blame on personality weaknesses of the individual who cannot or will not make the desirable changes in their health behavior.

THE FUNCTION OF IDEOLOGY IN SOCIAL MOVEMENTS

While some literature describes the holistic movement as having goals for social change, and other literature considers it as an ideology, the literature fails to link the two, especially to address the role of ideology in the social

movement. Ideology seems central, but we are not told know how or why.

An ideology has several functions for social movements; first, it provides a set of agreements for consensus; second, it calls attention to the need for change; and third, it allows for the communication of ideas.

First, as a set of agreements describing a group's point of view, an ideology reinforces the initial participant's feelings and places them within a coherent framework. For example, individuals who become frustrated by the physician's impersonal "bedside manner" may find validation of their feelings from others who feel similarly. This validation gives "voice" to their complaints and may even heighten their sense of dissatisfaction -- if, for example, they reinterpret their past experiences once they agree upon the source of anger or frustration.

Second, the ideology calls attention to changes which must be made and the means for making them, in order to address the dissatisfaction. If these changes are not made, the social movement can become reformist rather than revolutionary; that is, the ideology creates a layer of agreement over a preexisting problem, rather than getting at the root of the original problem. Reformist or revisionist movements merely gloss over social problems or smooth them for a while, but do not produce lasting social change.

If the original problem isn't solved, for example, by educating physicians to have bedside manners, then upholding the agreement that "we deserve to be treated humanely" will require opinion leaders who continuously spread the word and keep the agreement alive. This points to the third function: an ideology has an educational purpose; it can be written, published and circulated to widen its effect and possibly increase its appeal. When no leadership network structure exists, a social movement can still develop, provided that each individual is the source of his or her own commitment. In that case, ideology replaces the leadership structure and function to provide and uphold a set of meaningful agreements. Therefore, a social movement can grow in the absence of an organizational structure, or centralized membership list, or a leadership network, provided that an ideology functions to articulate the fears, frustrations, and anxieties that lead to the social discontentment in the first place.

This is particularly useful for this analysis of the holistic health movement -- an unstructured collective with no leader -- because of the centrality of individualism in the holistic ideology. One could argue that holistic medicine seeks to avoid relationships based on domination and control rather than to foster atomism, but the data show that individualism lies at the heart of the ideology, and has stirred the debate about its reformist rather than revolutionary functions.

THE ROLE OF IDEOLOGY IN HOLISTIC MEDICINE

For the purposes of this dissertation, holistic medical alternatives are defined as those with a strong ideological component. If alternatives, particularly holistic alternatives, grew because of dissatisfaction with the delivery of mainstream medical care, what is ideology's role in holistic medicine? Do those who try certain "alternatives" do so because they are aware of different explanations of health and illness or inherent in holistic philosophy? Those who turn to alternative systems do not do so because they are persuaded by new theories of disease causation. (Avina and Schneiderman 1978). Do they go consciously seeking a different kind of practitioner/client relationship which they suspect the alternative therapy will give them?

Dissatisfaction with mainstream medicine exists in the population at large, and there are those who may have lost faith but have not turned to alternative medicine. Then why do certain people try it? If holistic alternatives are the ideological expression of dissatisfaction, how central is ideology to the people who use it?

My research will attempt to show that ideology does not play a central role in the reasons why people tried holistic medicine, but played an important role in keeping them involved. Dissatisfaction is only part of the first step in a three-step process where people come to try and continue to use holistic medicine. The "path in" to the on-going use of

holistic health starts with dissatisfaction, but also involves a key person or crucial experience, and results in socialization to the ideology through language, usually learned through a quasi-relationship with a medical and or spiritual healer.

Dissatisfaction is not enough, in and of itself, to compel a person to try holistic medicine; it is the loss of faith in medicine's ability to work miracles or effect a cure or to merely bring comfort, or whatever the expectations may be. But such "desensitization" only lays the groundwork, so that when a crucial experience follows, such as an accident, or a particularly unmanageable flare-up of a chronic illness, or possibly when an acquaintance with a good-luck story suggests trying holistic medicine, the chances increase that the person will try holistic medicine for the first time. The data in this study will show that when these two steps combine, they are most often followed by socialization into the language and beliefs inherent in the holistic ideology, and that this is most likely to occur in cases where the person has an attached or devotional relationship with a metamedical healer. My data suggest, in case after case, that it is not ideology which leads people to try holistic medicine -- in fact, most are unaware of any ideological differences whatsoever between medical systems -- but it is ideology that pulls people into continued use by giving them a language as

well as a meaning and belief set with which to make sense out of a previously incoherent set of medical experiences.

While dissatisfaction appears to be the basis for the growth of holistic medical alternatives, or all alternatives, perhaps, it merely lays the groundwork for a larger experience of desensitizing to mainstream medicine's explanations of illness and disease or its underlying ideology, and functions only as part of a multi-step process to increase the probability of holistic medical use. Ideology, underestimated only as rhetoric in the literature, becomes increasingly central to socialize people into becoming holistic "true believers."

SUMMARY

Scant data and nebulous definitions make it impossible to know which medical alternatives have grown in the past 10 years. Different therapies may appeal to different audiences. Since the literature does not distinguish holistic medicine within the range of alternatives, it is possible, for example, that only some alternatives have grown and not others. Nevertheless, certain indicators, such as increased availability of alternative practitioners and the legal right to practice, point to change. Changes in the political economy of health care, increased specialization among physicians, consumerism in medicine, and other factors are linked to the growth of alternatives, and point to a social

movement arising from dissatisfaction with mainstream health care: the holistic health movement.

But it was qualified that dissatisfaction is just a part of another issue -- desensitization to mainstream ideology, which may explain the hypothesized increased use of holistic medicine as defined by this study. Although ideology is central to the holistic health movement, this research found that it is not what attracts people to try holistic therapies for the first time. Ideological components, such as explanations and theories of disease causation, do not function to draw people to holistic medicine but function to keep them coming back once they have try it.

NOTES

1. A 1987 survey entitled "Health, Information, and the Use of Questionable Treatments" found that, while "(T)he use of questionable or fraudulent health treatments may be widespread,....there are no valid population-based estimates of the prevalence or pattern of questionable treatment because all available studies tend to be small, local and frequently institution-based." Louis Harris and Associates, page 5.
2. Louis Harris and Associates, 1987, page 157.
3. Mark Sheldon and M. Roy Schwartz, "Defining Alternative Therapies" in Business and Health, April 1988, page 30.
4. By Yankelovich Clancy Shulman, cited in TIME magazine, "Why New Age Medicine is Catching On" by Claudia Wallis, Nov. 4, 1991.
5. See, for example, Jane Brody, Personal Health Column, "The back to nature movement stirs a revival of interest in homeopathic treatments," The New York Times, March 2, 1989.
6. See East West Journal 1989 Education Supplement, volume 19, no.4, page 71.
7. See Carmella M. Padilla, "Insurers Balk at Expanding Benefits to Cover Alternative Health Care" The Wall Street Journal: August 10, 1987.
8. Otto Freidrich, "New Age Harmonies" in TIME Magazine, December 7, 1987.
9. By the editors of Body, mind & spirit Magazine, New Age Catalogue, 1988, NY:Doubleday.
10. Percentages used as follows: topical lotions 80%, specific diets 54%, jewelry such as copper bracelets 38%, vitamins 24.5%, and trips (to health spas or mineral springs) 12% .
11. Judged so by an advisory panel of Food and Drug Administration staff members as "not acceptable by scientific standards." A product is deemed scientifically acceptable if in the opinion of the staff a body of scientific evidence exists to support the product's effectiveness. Such "evidence" does not distinguish between books, journal

articles or the personal experience of medical scientists, and the "opinion of staff" is rather sketchy. The definitional process is one example of the way in which medical knowledge is socially constructed.

12. The 15 treatment areas involved the following products:

- to relieve stress
- to remove wrinkles or rejuvenate skin
- relieve pain
- prevent disease
- reduce cholesterol
- increase strength
- reduce risk of cancer
- stop smoking
- eliminate body poison
- slow down aging
- restore hair or promote hair growth
- enhance memory
- remove cellulite
- improve sexual performance
- increase bust size

13. The survey also measured demand for services due to chronic illness, reporting that 64% of Americans report 1 or more chronic illnesses, and 34% report 2 or more, from the following list:
 high blood pressure, arthritis, chronic backache, migraine headache, stomach ulcer, nervous/emotional, diabetes, and cancer. The study concluded that "the widespread distribution of chronic conditions in the population provides a market for questionable treatments."

14. A telephone poll of 500 adults taken for TIME/CNN on Oct. 23, 1991 by Yankelovich Clancy Shulman. Sampling error is plus or minus 4%. "Not sures" were omitted from the statistics.

15. Louis Harris and Associates, 1987, page 97.

16. Even as a social movement, there is no way to estimate the number of holistic followers since many of the activities of those who consider themselves holistic users actually get confounded with other social movements, particularly New Age spiritualism, environmentalism, AIDS activism, and 12-Step Recovery programs.

CHAPTER 4: THREE CASE HISTORIES

The previous chapter discussed a connection between the growing use of alternative practitioners and dissatisfaction with conventional medical care, and hypothesized a link between dissatisfaction specifically with the doctor-patient relationship and the use of holistic medical alternatives. My data will show that dissatisfaction alone is not a sufficient factor to explain the use of alternatives, but is the first step in a three-step process: dissatisfaction, or "desensitization" to conventional ideology, a key person or crucial experience which leads the person to try holistic medicine, and socialization to the ideology through "buzz words" or nomenclature, often within the context of a continuing relationship with a healer.

Following are sketches of three clients who sought and used holistic practitioners for medical reasons, based on a construct of "modal" personality (Devereux 1963); an explanation of the parallel actions of individuals despite variation in their psychological motivations. In this case, a variety of personal medical biographies was found. The search to investigate and analyze motives for using holistic medicine and ideology's role in that use revealed that the motivations are many and varied, but these individuals seek needs-gratification by participating in the same collective act. Their continued use of holistic medicine, and becoming

part of the holistic health movement, is most likely to occur within the context of a significant relationship with a healer. Ideology is imparted to the client in that relationship, but language serves to carry the ideology even in the absence of the healer-client relationship. Data suggest that while ideology is not a factor in attracting people to holistic medicine, it is likely that those who learn it will continue with the original therapy and seek out other holistic alternatives as well.

Most respondents in the study seemed to have an unusually deep interest or knowledge about health and medicine, and fell loosely into three groups. The first are **those who were troubled by chronic illness** and have had more than average exposure to conventional medical care due to frequent visits. The second group are **those with extraordinary medical knowledge**, either because they are a (conventional) medical professional or have a family member who is a medical practitioner, or because they are undergoing formal training in an alternative practice, such as massage therapy. The third consists of **those whose family system incorporated alternative health beliefs**, through the use of chiropractors, for example, or through a specialized knowledge of medicinal herbs, and describe themselves as having always known about alternative medicine.

Each case history is based on an interview with a respondent who was representative of the larger group. Names and details have been changed to protect subjects' identities.

CASE #1: CHRONIC ILLNESS AND DISSATISFACTION / "Julie "

Julie is a 32 year old white female who was diagnosed as a type 1 diabetic at age 17. She has been on insulin since then, but in 1983 she and her husband decided they wanted a child, and went to a specialist at a nearby teaching hospital to check on Julie's condition and the possibility of her getting pregnant. He said she could not have children because her blood sugar was bad, and recommended that she take more insulin.

The specialist and she embarked on aggressive therapy but for the next two years, she became progressively worse. Finally, in 1985, she was evaluated as hypertensive with a nephrotic syndrome and a urinary protein deficiency. She was also hypothyroid, for which she took synthroid every day. She had a history of severe proliferative retinopathy with vitreous hemorrhages -- or bleeding behind the eyes. The treatment she took for this condition was several thousand batreptomies, or laser treatments, to vacuum blood out of both eyes. Moreover, she had severe autonomic neuropathy presenting as gastroparesis and bowel dysfunction, which disabled her from digesting her food, and she suffered from daily morning vomiting since 1980. In addition to synthroid, she took

insulin treatments and diuretics daily. Her hemoglobin was abnormal. Doctors predicted the best case scenario to be approximately two years until kidney dialysis. Both she and her doctor tried nearly every form of aggressive conventional therapy, but in light of her worsening condition, the specialist then referred her to a clinic in Massachusetts for diabetics.

Julie felt she had no other choice. She could not hold down food, was bleeding behind the eyes, and believed that the diabetes had destroyed her thyroid and her nervous system. When Julie asked the doctor if he thought she would get the help she needed to get better from this clinic, his answer was "Truthfully? Not really."

One day, Julie's mailman noticed her looking especially bloated and miserable. He suggested that she try a nearby holistic health center. Although he had never been treated at the clinic, he took tai chi classes at the center. Moreover, his wife, Marge, had had chronically cystic ovaries, and thought she had no choice but to follow the doctors's suggestions -- at age 25 -- for a hysterectomy. However, she visited the health center "because she had nothing to lose" and within about two months the cysts were gone. Julie knew nothing about holistic medicine, but she also felt she had nothing to lose by trying, and possibly something to gain. Instead of going to the recommended clinic in Massachusetts, Julie visited the health center in 1987.

The first therapy involved weaning her off diuretics and gradually replacing a 72 hour insulin dosage with a 24 hour insulin 10 units of nph. The therapist had suggested that the diuretics were "teaching her kidneys that they don't have to work," and that diuretics and insulin were harmful to her health in the long run.

The second therapy was acupuncture, which she calls "energy medicine." She explained that, because energy flows through the body, certain points can be massaged or stimulated with a needle. Once energy gets blocked, other parts of the body don't get the energy, and they begin to deteriorate. Acupuncture opens channels and restores the flow of energy throughout. While many are apprehensive about the experience of acupuncture needles, Julie's experience with daily insulin shots eliminated this fear and she was receptive to the idea of acupuncture. She had several treatments, and responded well. As she began to feel better, she was changed to acupressure which is similar to acupuncture but done with the practitioners' thumbs.

Acupressure, like shiatsu, is so subtle a form of manipulation that many people describe feeling the same afterward or just slightly more energetic or "clear." But Julie's experience was different; she felt a lot of sensation during the treatment and much better after. When the therapist would touch a pressure point in her foot, she would sometimes feel pain in her pancreas. At other times, she

would feel it in her back, in the kidney area. She had a sensation of pins and needles which connected areas being touched with areas that weren't, and this convinced Julie that "meridians" -- or energy pathways -- were real. Prior to receiving acupressure, her kidneys were so inflamed that she could not be touched there. Once, when she felt a tremendous amount of heat on her back she was told that the energy was coming out of the kidneys. Afterward, she claims, she was able to be touched over the kidneys.

The third strategy was nutritional therapy; she was put on a very restrictive diet. Now, she prepares special food available only from health food stores, and must take it wherever she goes. After a few months, she became discouraged by the abnormality of the diet, especially around holidays, weddings and parties. But she found the encouragement to continue the regimen, despite its difficulty. Encouragement came from the therapist at the health center; she not only treats Julie physically, but talks to her during the acupressure treatment. While Julie lies on the massage table, the therapist begins the acupressure and then asks how things are going, or asks if there have been any upsets in Julie's life this week. Sometimes the "counseling" is as simple as bits of folk wisdom, such as "life's ups and downs will never go away." Nevertheless, Julie feels that the therapist has helped her to adjust to the new lifestyle and diet. Aside

from acupuncture, diet, and exercise, Julie prays for her health. She says:

Most people pray for what they want. I pray as if I already have it. I thank God for the good health I already have. I have a lot of gratitude and I'm trying to keep positive attitude. If you believe that you can do something, you can.

She claims her religious views had no influence in her decision to try holistic medicine, but her maintenance of a positive attitude enabled her to investigate something different.

There are two interesting facets to Julie's understanding of her own disease; a belief that "you are what you eat" and your health is the result of what you do. Nutrition combines with mental attitudes and perceptions in making or breaking health. Julie's motto is "You are the person who makes your life conditions." Since beginning the holistic regimen, her beliefs about a genetic cause of illness have changed to beliefs centered more on the role of attitude in illness causation, and the "meaning of illness." Although she has refined these ideas in her relationship with her healer, she says she was very open to them to begin with.

She refers to Type I Diabetes as a genetically determined and germ-based immune deficiency which came over her because at at 17, she was a "type A personality," an overachiever trying to accomplish too much. In the drive to succeed she became run down which, she believes, made her susceptible to germs that caused the diabetes. While she does

not believe that she made herself sick on purpose, she believes her illness, like most illnesses, was a product of her own lifestyle.

She feels that lifestyle and a lack of understanding contribute to illness and disease. When a "type A personality" suffers from hypertension, it is because they work too hard and are driven to be the best; typically the corporate manager, for example. The drive to succeed, if accompanied by an unhealthy lifestyle and a lack of understanding about illness, makes the heart fail, not because the person wants to be sick but because they want to be the best! Ulcers come from constant worry. Ulcer victims have a driven energy to worry, which produces acid and acid produces holes. Worry wastes energy that's needed by the body because it is not an action but needless suffering over things one cannot control. For another example, colitis sufferers are those who repress anger. Anger is normal, but when repressed, it begins to rule the person. Julie believes that if people really understood the role of emotions in their lives and their illness, much suffering could be avoided. About illness, she says, we cause it but we do not cause it on purpose. If we learned more about ourselves and our human capacity, we could cure ourselves of most illness.

For Julie, "the answer is not outside of you, it's in you. You have to handle your own life." As she points out, most diabetics understand that better than most because they

must take responsibility for and manage their illness on a daily basis.

Telling Others

Subsequently, when a family member noticed a dramatic improvement in Julie's health and appearance, he gave Julie's phone number to a woman who was worried about her 18 year old diabetic son. She wanted help, which Julie resented, because, as she puts it,

She called me as if I had an answer. She asked me what I had been doing that I had such a turn around. I told her if he wants to talk to me, I'll tell him. Or I'll tell you where the health center is, if you want to tell him there's a place he can go to.

But she was adamant that the boy, and not the mother, should be seeking help. She said:

There's no miracle, no magic food that I eat that makes me better. No magic drug, No magic doctor. He's got to want to live. And he's got to do it himself. But maybe he was feeling smothered. I told her maybe if you step back.....because sometimes in their anger about the disease, diabetics rebel.

A diabetic's hostility is something Julie understands only too well. She often receives telephone calls from other health-seekers, but doesn't advocate holistic health for everyone, because of her understanding that a person's belief system is key. As she says, "If you believe a doctor is helping you, then you are being helped somehow."

Although she has decreased her insulin, she would never recommend that to anyone else. She says:

You can't say to a diabetic "you could really lower your insulin, but you can't have any bread products" when that person lives on macaroni, because they wouldn't do it. And if they wouldn't do it, then they need the insulin. They might be worse off.

Those diabetics that she does talk with about holistic medicine are those who already feel dissatisfied with conventional care, and mention a need to "find something else," because Julie needs to be convinced "that the person has the strength to go off on her own and do her own thing. Then I would tell her what I found."

Relationship with a healer

Holistic ideas are spread not only via the lay referral network but also from healer to client. Although a therapist administered acupuncture to Julie, it was a healing sensitive -- a woman who can "see" with her hands -- that oversaw Julie's treatment. Like the other patients with debilitating chronic illness who go to the center for health care, she was amazed and curious about the healer's ability to know things about Julie that Julie never told her. Upon meeting, she recounted Julie's correct medical history without seeing any charts or medical records. The healer is commonly described as having psychic powers with respect to medical diagnosis. She speaks metaphorically with Julie, for example, about sugar cravings and a weakness in the kidneys. She teaches lessons about restoring balance to life. Although no clients seem to understand the phenomenon, they regard the healer with

deference and are committed to an ongoing relationship with her for the purposes of health maintenance.

Desensitization: Dissatisfaction

Julie has much resentment toward conventional medical care. She resented being compared to a statistical chart:

They show you statistics and tell you what your life is going to be like. They make us think we are all the same. But the doctor doesn't know me, my belief in God, how hard I work for things.

She is also resentful of several physicians' opposition to her efforts to conceive a child. She was convinced and determined that she would "beat the odds," and to restore herself to a healthful condition that would enable her to become pregnant.

She proudly refers to her refusal to believe physician prognosticators as "denial." She said:

I don't smoke or drink. I work out. I ride my bike. I want to put my mind to getting pregnant. Do they know me? Do they take that into consideration?

When told she would lose her kidneys and that it would be impossible to complete the pregnancy, she ignored the warning.

Denial? Yes. I think denial is excellent. If you don't deny these things, how will you ever move in another direction? Doctors don't have a crystal ball! The doctors become angry with me because they knew I wasn't listening to them. They said I was in denial, and they were right. If I didn't deny them, I wouldn't have sought something else and I wouldn't have gotten better. I would have sat there waiting for my kidneys to fail so I could go on dialysis. To deny their verdict is good, because their verdict is wrong.

Her desensitization to the conventional medical explanation of things resulted because when doctors talked about the statistical norm, and not her as an individual, she felt they could no longer help her. She complained, "They were talking about the statistics of me being like everybody else. Well, I'm not like everybody else." Julie's case illustrates that health is relative: because of diabetes, she considers herself less healthy than the average person, but admits to having higher standards than most people. She lifts weights, exercises vigorously, and pokes fun at her girlfriends who "huff and puff going up the stairs." She does not feel normal but she does feel healthy.

A problem arose when she tried to find an obstetrician who would give her prenatal care but would not require her to undergo what she felt were unnecessary tests and procedures such as amniosentises and sonograms. When she told them she uses holistic medicine for her primary care, she says, "They get very shaky. Each doctor said I shouldn't get pregnant. There they go with the crystal ball again."

The reason Julie is so upset about the check-ups ties in with her feelings about medical "statistics." She said:

My girlfriend went through hell when she was pregnant, because the doctor said the baby was small for its gestational age, and it might be growth retardation. She was beside herself! The baby was 2 cm off the chart. Now, that baby is beautiful. But my girlfriend had to go through 3 weeks of thinking her baby might be retarded. My sister went through the same. The child turned out to be petite. But before she was born, my sister was told she was not the right weight, she's too small, she isn't the same as what the norm chart shows she should be.

Needless to say, Julie has enough apprehensions of her own about the precariousness of her future baby's well-being, and it is no surprise that she does not want anyone making predictions about the outcome. While some might perceive her determination as selfish, others might interpret this as heroic.

Julie articulated the difference between medical care in the "good old days" and now:

Years ago, we had family doctors - G.P.'s. A G.P. would know the family. When the person came in, this was a whole person. The doctor could say, "Well, your mother had such and such, or I know your husband's been drinking." He would know the family situation. So he was treating the person. And he was treating the whole body. Now we have doctors who only look at tissues, they only look at bones. They don't know you from a hole in the wall. They don't know if you're a hypochondriac. They don't know anything about you. And they'll give you pills. In the old days, a G.P. would know -- this is a hypochondriac; she's always here for something. He might talk to her; talk her out of it, give her aspirin. Whereas, this new doctor will say "Well, let's rule out lymphoma. Let's take every type of test".... and he will just give pills.

Julie thinks people continue with holistic medicine because they are dissatisfied with being

....a file and a number and a piece. A piece of bone, a collection of parts. People are scared, and people are dissatisfied. Doctors are practicing by lawsuit, and everybody's getting medical care but nobody's getting health care, and that's why there a big need for holistic health. People are frightened because doctors shouldn't practice piece by piece on us.

In addition to providing an example of a person with a chronic illness, Julie is also an example of those whose frustration with conventional medicine turns to extreme hostility. This suggests a possible a connection between the two.

CASE #2: A COGNITIVE SHIFT / "Laura"

Laura is 42 and married with two sons. Before she started nursing school in 1970 she had no awareness of holistic medicine, but through her training she was exposed to the early work of Dolores Krieger who had just begun to explore the spiritual needs of the terminally ill patient. After Laura graduated, she began working in a hospital, where Therapeutic Touch -- a method of touch for healing, also developed by Krieger -- subsequently became popular among nurses. Her first inkling that there were healing techniques other than those espoused by biomedicine occurred not in nursing school but when Therapeutic Touch first started becoming popular.

In 1977 she began working in the dialysis unit of a large local hospital. Laura had been suffering with headaches all through nursing school and now they continued. After seeing a neurologist, and two ear nose and throat specialists (one who recommended surgery), she went to an allergist for allergy testing whom she found through the phone book. The allergist was unable to help, but her husband was an acupuncturist and a cardiologist. Although Laura had no book knowledge about acupuncture at the time, she rejected other available methods used to treat pain: she had heard about hospital-based pain clinics, but was turned off by the idea of injected medications. She had heard that acupuncture was used to treat pain and involved no drugs.

She investigated the possibility of getting relief with the acupuncturist, who recommended 8 treatments, the maximum needed to know if the treatments would help. The treatments relieved the pain; after seven treatments she remained pain free for several weeks. He went on vacation, and shortly thereafter Laura tried a local acupuncturist whose treatments did not work for her as well as the first set of treatments, and she stopped going.

In 1981 she saw a notice for a seminar on Stress Management for Nurses, to be held at the holistic health center. She had no idea that it involved an alternative approach. She attended the seminar just 2 weeks after her last acupuncture treatment, liked what she heard about holistic medicine, and made an appointment to begin there as a patient.

Beside the headaches, she had a chronic case of atopic dermatitis (eczema); when she became pregnant with her second son, it became an acute case of erythroderma, an inflammation that affects the skin over the entire body and which is treated by conventional medicine with cortisone. Laura refused the cortisone, believing that while it helps the obvious condition associated with inflammation, it might also cause an imbalance in her hormonal system or cause side effects to the pancreas or the spleen. A dermatologist told her she needed hospitalization, bed rest, and cortisone to be administered internally.

Her whole body swollen, she looked like a burn victim and was in tremendous pain. As Laura put it, "It was hard just to go minute to minute much less from day to day. And then I had a child and a newborn to take care of, besides." Cortisone cream applied locally would help but only for short periods of time.

When she began treatment at the health center, she saw an Oriental acupressure therapist, who told Laura she could be healed slowly, over a period of time. The therapies employed were:

- Acupressure therapy: From which Laura saw a "very definite change" in her condition immediately. In the few hours that followed, her skin would get worse but within 24 to 48 hours, she would experience a tremendous relief from the condition. The condition subsided approximately a month after beginning treatment. Laura continues with acupressure once a week as her schedule allows.

- A drastic change in diet: Laura's headaches ceased 2 weeks after she eliminated dairy products and sugar. Laura says that her certainty about cause and effect is what enables her to stay on a restrictive diet, and that she has gotten used to it over time.

Relationship With the Healer

Like all others who receive acupressure therapy, Laura speaks to the healer about her "emotional inner workings."

Prior to acupressure, Laura was in psychotherapy, but was never quite sure what issues were being addressed, whereas her visits to the health center enable her to "vent" her feelings about the relationship with her husband and her expectations of others. She and the healer talk the whole time during acupressure, and have built a relationship which Laura sees as essential to healing.

I think I have never met anybody like her before in my life. She has a great understanding of many things that nobody understands. She's given me information about myself that's always correct, about things I don't always see all by myself. She gives me an example that has a full understanding of exactly what's going on for you. And you can see it very clearly, if you're looking to see what it is.

She'll tell a lot of people a lot of things, but not everybody is willing to hear it at the time. She's told mothers that the child's problem is not really the child's. That it's the mother! And she's right. I've seen it with myself and my children. I used to have to boil brown rice to make a cereal that my first one would drink, because he was colicky. And I was tired and I have to prepare this stuff instead of getting it out of a can. And the problem -- yea, he had a problem, but the problem is over here too. Because I don't have the energy so I'm irritated and I'm running around feeling overwhelmed because there was so much to do and you can't do it all and you're really out of steam. So it was really over here, but you could be blaming a lot of other things instead of seeing what your role in something is.

Laura, like so many other patients at the center, talks about the healer's extraordinary knowledge about healing which no one understands. When asked if Laura considers the healer to be a psychic, she sings her response:

Almost like a psychic...except that -- I hate to put a label on it, because that word gives you this ooo-oooo-ooo kind of feeling of distrust.

Trust is the one word that could summarize the nature of the relationship; Laura follows her teachings and suggestions nearly to the letter:

With Oriental medicine, and when I see someone like (the healer), I'm not studied in that field and I'm not that well-versed. I have some information, but not in-depth information of the way Oriental diagnosis works, the energy system. Its very in-depth information. Very complex, so that when somebody tells you something and you don't have that knowledge for yourself, it falls somewhere in between believing what you're told but not necessarily having all the information for yourself. In Western medicine, I have more of a handle, even if it says "cause unknown." But in Oriental medicine, I don't have the knowledge. But I do have the trust. Everything she has told me about myself has turned out to be correct.

Although her knowledge about Oriental medicine may be wanting, Laura considers her knowledge about her own body to be detailed. She speaks about the connection between emotional states and her "energy level." Like Julie, she believes that everything you put into your body has an effect on it, and "you are what you eat."

Desensitization: A Cognitive Shift

While most dissatisfaction with conventional medical care is expressed from the patient's point of view, Laura had a dual perspective from being both patient and the provider. Her experiences as a nurse gave her a broader outlook on the pitfalls of overreliance on conventional medicine:

When I was in nursing school, I saw a lot of people that were sick; I just felt there wasn't an approach that took care of the patient adequately, an approach that satisfied me. I felt that everything was too piecemeal. A surgeon took care of what was wrong with the part that needed to be operated on, and he discounted a lot of

other things. The internist took care of some things, and the patient had to be referred to another medical person for some other part of his body. If it was his foot or if it was his gall bladder, the patient had to see different people.

And these people didn't coordinate very well. So I saw a lot of people on medications that weren't any good for them, because no one person knew all the drugs he or she was taking.

I saw that patient responsibility was lacking. Many times, a very independent person will come to a health care setting and not be offered the proper information on how to follow through and take care of themselves. They listen to what the doctor says. The doctor doesn't give them complete information, and they take what the doctor said as "The doctor said it, it must be okay." Which is reasonable because you should trust your physician. But a lot of information, when it comes to medications, is not given to patients. They don't know what the problems associated with medications can be. And no one tells you about these drugs. People get sicker from these things.

Like Julie, Laura is not the type to give up in the face of adversity, and describes herself this way:

I saw surgery being done that didn't have to be done. I saw surgery that turned out bad because of mistakes that were made. These kinds of things made me very unhappy that I was even involved in medicine, except that I had a feeling for taking care of patients and for doing what I could for them. I felt there should be a better approach to health and to taking care of people. So I was in the right field but dissatisfied with what was available for people. I've always been dissatisfied with just taking what comes your way without doing something about it. There's usually an effort you could make that might enable you to go beyond.

Telling Others

Laura hopes to resume the training in Swedish massage which was interrupted by her last pregnancy. Although she does not converse with her patients about holistic medicine, she occasionally gives a mini-acupressure treatment to her

dialysis patients who are frequently in pain. Conversing with her colleagues, however, is a different story. She says:

There are other staff members that have gone to acupuncture or chiropractors, two other nurses beside myself were involved at the health center. The other 2 nurses investigated it because of me. They were friends of mine. When I returned to work there this year, I found the receptionist going to one of the acupuncturists I knew, and other people going to chiropractors, a variety of things like that. Some people were going for massage therapy....

The funny thing is to see peoples' reactions when the subject of acupuncture comes up. It happens a lot over lunch. If someone has a complaint and says what they've pursued to get better so far, and if I feel comfortable with the person, -- there are some people I wouldn't bother to say anything to -- but if I feel comfortable enough, I'll say something to the effect of "For that type of thing, you might be able to get some benefit from acupuncture. It treats pain very well." Maybe for a back pain, it can relax a muscle right away. And people will do a variety of things.

Some will ask for more information. But often I can see the look on their face it's a conflict for the person. I think the word, just the word (acupuncture) causes an emotional response, an emotional reaction in people. It's like they withdraw into themselves.....I get looks that say "We're not really talking about this" or "Somebody didn't just offer me some information that might be helpful."

Laura believes that of the people who try holistic medicine, the majority have tried everything suggested by mainstream medicine, but still search for a way to get better. If they're feeling bad enough, she says, they will pursue alternative methods. She suggests an element of risk in the way she describes this:

Until they feel backed into a wall, they don't go out on a limb. For many, the use of holistic medicine is a last resort.

But she also sees as a minority those who come, not out of illness, but seeking wellness; these people are well-read,

and they come wanting to know more about what they've read. She says, "Something about holistic medicine sparks some kind of interest and some kind of meaning."

With all that she has learned about Chinese medicine since developing the relationship with her healer, holistic medicine has a spiritual component for her. She says

With Chinese medicine, if you hang around it long enough, you can't miss the yin yang kind of symbols. A lot of it I started doing and learning after I started being treated. That's where my interest in spirituality, cosmology, really found a place.

Yet she feels it is probably devoid of spirituality for most people:

If a person is on a spiritual path to begin with, has some connection with their own spirituality, and has questioned "who am I? what am I doing here? where am I going?" and if they've come across holistic health, they will see a connection.

Acupuncture, by itself has no spiritual component. Although the study of Chinese medicine has a strong connection with spirituality, acupuncture in the U.S. is not presented that way. If you go to an acupuncturist, there's nothing spiritual in that. All in all, for the use of holistic medicine, spirituality is not what people are attracted to.

I don't think people really connect holistic medicine and spirituality unless they end up with something like I did - in the right place at the right time, where it's offered in some context that puts them together. I don't think a person pursuing spiritual interests looks to holistic health in particular. They may come across it, or there may be some part of that population that is more holistically inclined. But I think they would need some sort of introduction to that field to make any type of connection.

Individual responsibility

Unlike most of the women interviewed, Laura does not see a gynecologist regularly. She sees an internist for

antibiotics when an infection cannot be treated with holistic therapies, and uses a pediatrician for the children, "because there's no way around it."

Although conventional medicine also emphasizes individual patient responsibility now more than in the past, Laura has learned about it mostly through holistic medicine. She says:

....it's an up-front kind of thing (with) people I've spoken to, and patient responsibility is right up there on the front line. They (patients) are helped to understand that getting better has to do with them, what they're going to do. Not that somebody is going to make them better. They (therapists) can suggest things to help your body be in the correct position to heal itself. Correcting imbalances, or adding something to the system that will allow it to heal itself. So it's really up to the person, as far as what they're going to do.

I had headaches for nine years straight, from the time I was in nursing school. They had worked it up -- the regular medical people -- and sent me to every kind of doctor to do with the headache. Everybody treated me for the headache and everybody said they thought they could fix it. Everybody didn't fix it. Neurologists gave me dilantin, and said I must have a seizure disorder. Ear, nose and throat doctors said I needed to have nasal surgery and have my nose fixed and polyps removed. They gave me pain medication to help my headaches, which I almost got hooked on. I went to several to get varying opinions about whether I should go to surgery or not. A second ear, nose and throat doctor told me it's probably just allergies, and treated me for allergies, which I didn't have. I even had a doctor tell me that my EEG looked like somebody who had encephalitis, and I came home crying, thinking that I was going to die. No one fixed anything.

So through a nine year process, it left me figuring that I'd better know a lot myself. And I need to have the questions versus just listening to what somebody's going to tell me. If you have enough information and education you might be able to work your way around things and not get into too much trouble.

I'm not saying we shouldn't have Western medicine. I think it's called for. But a lot of times, there's less invasive things without the side effects and the tragedies that happen.

CASE #3: RAISED ON ALTERNATIVE HEALTH BELIEFS / "Andy"

Born in North Carolina, Andy is 39 and has lived in various cities throughout the U.S. Since Andy's mother was knowledgeable about the use of herbs for medicinal purposes -- knowledge acquired from her mother -- he has known about medical alternatives since childhood, and considers medicinal herbs to part of a family tradition. But he also had conventional care, including all the childhood vaccinations, and has never had any chronic illness.

He began the practice of yoga at 15, and meditation at 18. During the 1960's he befriended other vegetarians and those looking at alternative health care, mainly through herbs.

Around 1973, while involved in yoga and meditation groups in Miami, a friend introduced him to a licensed massage therapist who was also an acupuncturist. He was aware of acupuncture, but had never used it. Now he wanted to try it because he believed it might help him with some weight and digestive problems he had. The acupuncturist assured him it would help, and he says that it did.

In 1976, he moved to Los Angeles, where he began working for a theater producer who was about the same age as Andy, and they became friends. Andy soon discovered the man was dying of cancer, and suspected that the chemotherapy treatment he was undergoing was killing him. He grew progressively more ill despite chemotherapy. Andy claims that the man died, not

from cancer, but by accident from an air bubble during a blood transfusion he got while hospitalized.

Andy admits:

Perhaps there are some things that I distrust about the medical profession; they really don't have a grip on some things as they would like you to believe. There are a lot of things they can't cure; they are treating symptoms. In his case, I felt he was a victim to his own beliefs and the medical professional, which he kept going back to, paying them lots of money.

Earlier, Andy tried to encourage his boss to see the acupuncturist, but his boss refused. "He believed the doctors," Andy mourned.

In the early 1980's a friend told him about a nearby holistic/New Age learning center. He took several seminars including a one-day workshop in Polarity and pursued advanced training in it. Polarity is a therapy based on the principles of reflexology; feet and hands are believed to be like miniature maps of the entire body, and the therapist attempts to move the energy from one area of the body where it is blocked to another where it is needed, by massaging the feet and hands. It is similar to acupuncture but uses a different "map" of meridians or "energy channels."

Polarity, like many therapies to come about from interest in New Age phenomena, is not a licensed therapy; some patients are dubious about it and some practitioners find it difficult to develop a clientele for Polarity alone. Eventually, Andy would like to become a licensed massage therapist, so that he can incorporate Polarity techniques into

the "traditional massage without it even being an issue, without even telling anyone."

Beliefs

Andy's beliefs about medicine are rooted in his childhood but his current beliefs about health and illness go beyond an holistic ideology to metaphysics, a philosophy which focuses on the spiritual (non-physical) elements of life, and has become associated with many New Age healing techniques, such as Polarity.

For Andy, physical illness is an indication that a mental or spiritual issue needs attention. While herbal, acupuncture or touch therapies are valuable, to him they are ways of "tricking the body" into continuing to function while an underlying problem calls out for attention. He claims that because of his experience in yoga and meditation he has come to believe that all illness is psychosomatic on some level. Germs and viruses are real, but they are a manifestation or by-product of a spiritual message.

For example, illness is something that happens when your body or psyche is trying to tell you something. On the subconscious level, an individual may have something to gain by having an accident or breaking a leg, such as "time out" to look at one's life, or to bring attention to the fact that one is moving too fast. Depending on the circumstances, illness can call attention to what is being ignored in one's life, and

thus heightens awareness. Illness serves to teach us a lesson or to give us a message or to improve our lives, and in that sense can be seen as a "gift."

Health, on the other hand, comes from living in balance with oneself and one's environment, and being emotionally aware. It cannot be overstated that belief in the role of emotions in healing, and health as the result of releasing suppressed emotions are central to Andy's belief system. Essentially, the emotions move to center stage in this part of the ideology.

To process anger, for example, one must be honest about anger rather than repress or deny it. Instead of suppressing anger, one should ask themselves "why am I angry and why am I reacting this way? Repressed anger might cause an upset stomach or back pains or would manifest somewhere in the body because mental and emotional states are inseparable from the physical body. This view holds that the body is a vehicle or storehouse for all one's memories and repressed emotions. Stored emotions, as illness timebombs, can be healed by techniques such as Polarity, Jin Shin Do, Brethwork, and various New Age "healing therapies" which claim to "release the emotions" and bring about emotional and spiritual healing of traumas of the past. These therapies are extremely attractive and inviting to those with childhood traumas of incest and other experiences of physical abuse.

The common explanation behind these techniques is that those childhood traumas which occurred at a pre-verbal age caused emotions too painful to be experienced and memories too painful to be recalled. These repressed emotions and memories are "held" or stored as a physical memory in the body, and if not treated, will cause illness. The therapies employ deep breathing and other techniques to enable the patient to release the emotional block. In cases where there is no actual memory, but only the emotion, the patient is told simply to feel the emotion, to breathe deeply, and to let it go rather than to judge it or try to suppress it again.

Relationship with a healer

In 1986, Andy met an acupuncturist from whom he received treatments and with whom he studied Chinese herbal medicine. He describes the relationship as "friends" but consults her when he has to make a medical decision for himself. While Andy did not articulate the on-going, supportive nature of this relationship, he hinted at it in constant references to the acupuncturist.

If he feels out of sorts or like he is coming down with a cold, he treats himself using herbs. But he also sees the acupuncturist for "a tune up." He believes in a healing energy which can be passed on from one person to another. He sees the acupuncturist as needed, and decides for himself when to take certain herbs, depending upon what's going on in his

life at any given time. Often, he calls the acupuncturist, describes the symptoms, and asks if she agrees which herbs would be correct to take. Andy relies on the healer's therapy less often than either Laura or Julie does, and his relationship is less intense and devotional. But while his reliance on the healer is less, the degree to which he mandates responsibility for illness and health is much more extreme and may offset the ways in which he has allowed himself to rely on the healer.

Women outnumber men in use of holistic therapies, and it is interesting that although there were few men in this study, none of them described an on-going relationship with a healer in the same terms that women did. Gender's role in men's relationship or lack of relationship with the holistic practitioner is part of a larger trend that men use less health services than women in general (Verbrugge 1985). It is tempting to suggest that men would be less likely to enter into a practitioner/client relationship than women, or less likely to enter such a relationship with a female than a male holistic healer, but there is not enough data to support or refute such an assumption.

Responsibility for Illness

Like nearly every other respondent in this study, Andy feels he is in the minority of those who take real responsibility for their health:

Most people want to take greater responsibility, but tend to look outside themselves for the source of illness, by saying, for example, "my boss is making me sick" or "I caught a cold on the subway, someone was sneezing."

He acknowledges how difficult it is to understand the ways one is responsible. In his circle of friends, however, he is "just average" -- most of them use and/or practice alternative medicine and are as adamant about individual responsibility as he is.

Andy has incorporated metaphysical philosophy into his language, especially into his explanations for the creation of illness. He says:

We are educated by our family experience into a certain way of looking at the world and our place in the world, including what kind of illnesses we'll have. Our minds and our bodies do everything to reaffirm what we want to believe about the world. And that we can mentally or spiritually make ourselves well or put ourselves into a state of health; sometimes our body needs to be "tricked" into getting over an illness.

When I was coming down with a cold, I thought "I really don't have time for a cold right now." I have to trick my body however I can through acupuncture or herbs to say "Right, well these things are making you well so...."

I had been feeling overwhelmed about a lot of things going on in my life. I had so much to deal with that I was saying to myself -- this is how I look at it now -- if I get a cold, I could call everyone and say "I can't make it. I can't do this. I can't see you. I can't talk to you." But on the other hand there were important things I wanted to do, so although I don't have time for the cold, I'll take a look at where I'm taking on too much and back off a little bit.

If I can see that my body is giving me a message, and if I look at the message, I don't need to go through (with) having the cold....I'm seeing the symptoms, I don't need to have the illness. And whatever my body is trying to tell me, I'm going to look at it.

Victim Blaming

In part, these beliefs have led many critics to describe holistic medicine as "victim blaming." The best example is a story Andy told of a friend who had died recently of AIDS after having been sick for 5 years:

He would not go to my friend, the acupuncturist, who sees AIDS victims and gives them advice on diet. He would not see her because he judged alternative health care as being flaky or not authentic. But he also had enormous benefit from being sick. Why? Because he loved the attention. He had all of his friends coming over and saying, "Oh, poor Charles. He really looks bad today." He fed on that. Even before he ever contacted AIDS -- I knew him for 10 years before that -- he was very often the kind of person that, if you asked him "How are you today?" - (then he would say) "Oh, I have a headache. Oh, I don't know how I'm going to get through this day."

I saw the way he dealt with his illness. He loved having people come and see him in the hospital, bringing him flowers or whatever. And no matter how awful he felt, he would sit up in the bed, and receive. He couldn't do that before the illness; he couldn't get that kind of love and attention. He used the illness to get that attention.

This doesn't mean I don't have compassion for someone who is ill. It's just at some level they are creating that illness as a learning process and part of that process is learning to receive the love and compassion that others have to give. I tried not to judge him. I brought him candy and magazines, many times! Not as many times as he would have liked, but.....

Desensitization: Growing Up With Alternative Beliefs

Andy is not adamantly opposed to conventional medicine; in fact, he acknowledges its progress in many areas, and seems less disgruntled than the majority of respondents. He uses conventional care when he needs antibiotics, for broken

bones, and whenever he feels it is necessary. He told an interesting story that:

One year, I broke both of my wrists. I fell down a flight of stairs, actually. I take responsibility! I was going too fast in my life, and it slowed me down. So, I went to a specialist, clearly a case where I found the need for an MD to do his thing. Herbs aren't really going to help you with broken bones. You can eat certain foods that will help the healing process, but herbs are not only what's called for. When it's a structural thing, I need someone to x-ray me.

Like so many others, Andy describes the ideal healer as one who would know about many systems of medicine, and can pick and choose the healing techniques most appropriate to the medical problem at hand. He would prefer "an M.D. who was aware that there are holistic practitioners doing other things and one who prefers to be consulting with those people." Andy did not have a general practitioner, but he did have health insurance to reimburse his expenses for conventional medical care.

CHAPTER 5: DESENSITIZATION AND DISENCHANTMENT: CHANGING
ATTITUDES TOWARD CONVENTIONAL MEDICINE

Case histories in the last chapter illustrated that respondents have in common their use of alternative practitioners, but that they do this for different reasons. Pain, chronic illness, the use of acupuncture, the constant search for something "more," shows how social movement participants exhibit similar behaviors despite their diverse reasons and motivations for seeking medical alternatives.

The first was a woman severely debilitated by chronic illness who felt she had "nothing to lose" by trying alternative medicine.¹ She was clearly dissatisfied with her past experiences. The second case was a respondent who, from working as a nurse, recognized the pitfalls and limitations of scientific medicine without really knowing what the alternatives were. Hers was a shift in cognition more than satisfaction-level. The third case was a respondent whose upbringing led to sub-cultural or counter-cultural health beliefs, and he accepted only parts of the biomedical ideology. It might appear that the common characteristic among them is dissatisfaction with conventional medical care, as the literature suggests. Closer examination suggests, however, that desensitization to the mainstream ideology has made them ideologically susceptible to holistic medicine. Dissatisfaction was not the solitary impetus, but it was major.

The experience described by Julie is doublesided: on one side is a negative attitude toward mainstream medicine. On the other is a desperation and a sense of urgency that made her willing to try anything. The type of respondent she represents accounts for the majority of people in this study. While Laura and Andy had some of the negative attitudes, neither was desperate; Laura suffered headaches for ten years, and Andy was even more casual about seeing a holistic healer for the first time. Cases like Laura's or Andy's were fewer, but their experiences were key because they pointed the researcher to recognizing that loss of faith, and not merely malaise, is the first step to actively choosing alternatives.

No matter what the reason -- whether respondents were dissatisfied, or had a cognitive shift, or "always knew about alternatives," only when their experiences led to an undermining of the biomedical ideology, did they go through the socialization process or second step of the "career."

I will briefly describe the extent of dissatisfaction with medicine in the U.S., followed by data on two types of dissatisfaction expressed by users in this study: instrumental and affective. Then I will address the importance of desensitization over dissatisfaction in the use of holistic medicine.

DISSATISFACTION: STRUCTURAL CHANGES AND SOCIAL MOVEMENTS

The popularity of medical alternatives has expanded and contracted both recently and historically (Inglis and West 1983; Starr 1982; Ehrenreich and English 1973) in proportion to conventional medicine's successes and failures (Taylor 1984). In the last 20 years, popular disillusionment with conventional medicine as dangerous or inefficacious has taken the form of a consumer movement, but it must be located in a context of larger political developments and other social movements.

Social movements questioning the efficacy, cost effectiveness and power relations within medicine were preceded by a larger development of social movements in the 1960's which engaged the energies of environmentalists, feminists, civil rights activists, anti-war demonstrators and students. Especially those in the students' movement fought the idea of hierarchy and voiced a distrust of bureaucratic structures. Authority relations were affected in some social institutions, but it was not until the late 1970's that changes in the political economy of health care constrained the physician's authority, and thus the doctor patient relationship, in a way that had repercussions in the health-seeking population.

The consumer movement in medicine questioned the dangers of overprescription and overmedication with drugs. Health advocates, particularly within the women's health movement,

questioned and investigated the safety and necessity of biomedical procedures, rejecting the high-risk but low-benefit "invasive" technologies like radiation and surgery (Ruzek 1979; Taylor 1984). The women's movement also questioned the nature of woman's relationship to her doctor, in terms of imbalances of power and decision-making that typify those relationships. One author² said:

Patients -- consumers -- no longer choose to regard their doctors as gods, hiring them, taking their medicine whether it works or not, and sometimes their guff, too, and then shutting up and paying the bill. Patients tend to believe they have a right to good care and to good information, meaning they want a complete return for dollars spent.

Among the various studies describing the "patient as consumer," (Reeder 1972; Haug and Lavin 1981; Haug 1983) the above quote suggests a connection between the quality of care received and the amount one has to spend on quality health care. These studies also suggest a connection between health care costs and dissatisfaction with health care in general.

COSTS

Opinion polls (Shapiro and Young 1986) regarding Americans' satisfaction with health care show that 59% of those surveyed in 1978 by the Roper Organization felt that the cost of their medical was somewhat or very unreasonable.³ Another survey done in 1982⁴ found that 68% of those surveyed felt that, among "everything that has to do with health care,

medicine and doctors, the main problem in the United States today is costs."

Data in this study show that prohibitive costs of regular medical care were not a motive for trying holistic care. Finances, however, may operate as a prohibiting factor in the decision to use holistic therapies, most of which are not reimbursable through health insurance plans.

QUALITY AND AVAILABILITY OF MEDICAL CARE IN GENERAL

Higher levels of patient satisfaction were found when the source of care is available (Davies and Ware 1981; Gray 1980). A survey by the Roper Organization in 1983 found that 83% were very satisfied or fairly well satisfied with the quality of the medical care they get, the same percentage found in 1978. The same survey found that 84% were very or fairly well satisfied with the availability of medical care when they need it (Shapiro and Young 1986). In general, it does not seem people are dissatisfied, overall, with the quality and availability of their medical experience.

PHYSICIAN PERFORMANCE

However, a survey done in 1983 (Shapiro and Young 1986) found that only 38% agreed that "doctors spend enough time with their patients." In the same survey, 66% agreed that "People are beginning to lose faith in doctors" in 1983, and in 1984, the percentage rose slightly to 68%. It could be

inferred from these data that the U.S. population is more dissatisfied with doctor patient interaction than with their experience of medical care as a whole.

TYPES OF DISSATISFACTION

While some have studied patient satisfaction with the overall aspects of medical care, such as tests, procedures and one's own medical condition (Linn 1975), others have focused more specifically on patients' evaluations of physician behavior. For example, Ben-Sira (1976, 1980, 1982) studied client satisfaction and dissatisfaction with the doctor's instrumental and affective behaviors. Affective behavior, or the client's expectation that the physician cares about the patient's well-being, was found to be a decisive factor in satisfaction with the medical interaction (Ben-Sira 1976). But the patient's decision to seek medical care and adopt the sick role (Parsons 1964) includes a normative expectation that the physician has the technical, professional skills to cope with the patient's problem. This instrumental-behavior component to client satisfaction depends on his or her evaluation of the physician's technical competence. Instrumental factors were found to be secondary to affective ones in the association between physician's behavior and client dissatisfaction.

There is some question as to whether patients have the ability to assess a physician's technical competence when they

do not, themselves, possess such medical expertise. Yet, Kirsch and Reeder (1969) found that patients' evaluation of physician performance was based upon the same criteria the medical profession acknowledges as indicators of better quality medical care delivery.

For the purposes of this study,⁵ types of dissatisfaction with conventional medicine will be analyzed along those two axes: those of an affective nature, and those of an instrumental nature. Much of the data collected suggest that a "loss of faith" resulted from the patients' experience and discovery of the abilities and limitations of allopathic medicine. These data support Ben-Sira's finding that frustrations from physicians' affective behavior outweigh those from instrumental behaviors; affective types of dissatisfaction were expressed more often, more vehemently, and with more conviction and hostility. Because the grievances about affective behavior are better understood in light of the latter, I will review instrumental types first. Then, complaints follow about the impropriety of drug therapy, which were so numerous that a special category was developed to include them.

DISSATISFACTION ASSOCIATED WITH INSTRUMENTAL BEHAVIOR: CLIENT SATISFACTION WITH PHYSICIAN'S TECHNICAL COMPETENCE

Many of my respondents seem to be on a path to greater participatory involvement in their health and medical decisions, and seek health knowledge not only from the

practitioner but from other media, such as books, magazines, television and radio. Their assessment of physician's instrumental behaviors are an important topic for this study. Regarding the physician's competence, complaints fell mainly into three categories; first, that medicine is too specialized; second, the physician "can't help me with my illness"; and third, medicine is too reductionist, and merely looks for a quick cure.

Instrumental: Medicine is too specialized

The complaint from respondents that conventional medicine is too specialized correctly corresponds to the professional stratification in conventional medicine. Specialists in the United States outnumber family and general practitioners four to one.⁶

Nine respondents volunteered that when they were troubled by an illness which was difficult to diagnose, they visited a physician who referred them to a second, and sometimes a third specialist. The frustration of receiving numerous diagnoses for an illness that is nebulous and hard to pinpoint was described by one respondent:

I used to get a lot of bloating in my stomach, and lower back pain on one side, and I went to the gynecologist and she suggested perhaps I had a Pelvic Inflammatory Disease.....She gave me some medication and it wasn't going away, so she suggested I go get a sonogram. So I went to get the sonogram, and the doctor there, the radiologist, said, "Perhaps you pinched a nerve because I don't really see anything wrong with you." So I left there disappointed. Then, I decided to go to an Internist, because everybody at my job was going to an

internist, and I thought, "Well, maybe the internist can help me." He said it was a spastic colon. So one said (Pelvic Inflammatory Disease) P.I.D., another said its a pinched nerve, and the other one said its a spastic colon. If I would have gone to another one, what it could be!

Although it was this respondent's idea to seek help from the internist, respondents reported bouncing from specialist to specialist as a result of physician referrals. In most cases, the respondent was left with a feeling that regular medicine had many different and supposed "cures," but none of them the right one. In all cases, respondents came to feel that the physician did not hold the solution to their problem.

In the interim, between feeling the frustration of seeking answers from different specialists yet seeing no results, and the time that it occurs to them to "look elsewhere," that is, to alternatives, these respondents complain about being "made to feel they were crazy." These complaints are more appropriately categorized as responses to the physician's affective behavior and will be addressed in a later section.

Instrumental: Physician can't help me with my illness

The realization that medicine is not able to find a cure for their illness happens gradually. The "medical run-around" might not be so frustrating if patients were to see a light at the end of the tunnel, or to feel that a cure is imminent if just the right therapy can be found. But many detoured to alternative medicine because, at some point, they realized

that modern medicine does not have the knowledge to resolve their health problem.

Seven respondents complained about annoying illnesses for which they could get no help from biomedicine, but which subsided as a result of ongoing visits to the holistic healer.

One said:

I would get so frustrated when I was in Pennsylvania -- because all my family lives in Ohio -- of them not finding anything. At one point, I flew home to Ohio and saw some doctors that my relatives went to and went through tests in the hospital in Ohio. And no one ever found anything. I had tests twice, maybe ten years apart. I had CAT scans, I had...I kept going, to hope that somebody would find something. I tried different doctors. Different states. And the only time that I ever first, first got any kind of relief was when I went to Connecticut to see the nutritionist.

One respondent suffering from a skin condition remarked:

If I had gone with what's ordinarily available, the cortisone would make me better for a while. But it wouldn't have fixed the condition. Whatever was wrong with me would still be wrong with me. I was going to end up still being sick. So whatever was wrong had to be gotten at the root. I had to fix it from wherever the problem arose from. Cortisone would not do that. There wasn't anything specific that they (physicians) could tell me or that would help me out.

Instrumental: Too reductionist; medicine looks for a quick cure

Although only one person used the phrase "too reductionist" in their criticism of conventional medicine, seven respondents articulated the idea in some way, suggesting an awareness about ideological differences between conventional and alternative medicine. These respondents

complained that regular medicine merely looks for a single, quick or temporary cure:

I don't know how physicians really think, but it's so easy to write a prescription for drugs than to really see or investigate what's wrong....

A doctor gives you Mylecon for gas. They don't tell you to eat differently....

(My use of holistic medicine) just sort of evolved through a deeper understanding of myself and things that I was working through emotionally. For instance, there was such a connection to what was going on physically, and I recognized that connection. So (it) just felt strange to go to a doctor and have him address just one problem when I knew it was from a more total picture -- something they probably couldn't look at.

Awareness of medicine's reliance on a "quick cure" is expressed in conjunction with the unacceptability of drug therapy. One woman said:

Western medicine and physicians haven't been trained to have any type of fear or respect for anything from the past. They understand that an antibiotic fixes an infection. They understand that if you take too many antibiotics, they may not work for you. Okay? But they don't have any other options, so they give antibiotics. There are other ways of taking care of infections through traditional medicine that doesn't subject you to the side effects of antibiotics..... (physicians) they're only taught up to date information. They're not taught that you can treat diarrhea with camomile tea. Why give kaopectate?

Doctors don't really think that if the patient has a headache, stomach ache, some bleeding gums, itchy complaints, those are things that are worth investigating. Those are not diseases. They don't try to find out why the patient has these things. They just give you a couple of Tylenol, an Advil. They can't tell you "Don't eat nightshade vegetables, (because) you have arthritis." They can tell you take ibuprofen. It's different.....

When asked what she thought was the cause of disease, she remarked about an irony:

Source of disease is, to me, a Western medical term.....(but) the cause isn't usually the thing they're after. They generally treat symptoms.

And finally, nearly every respondent mentioned their experience of the difference between conventional medicine merely for physical symptoms, and the emotional-physical combined focus of holistic medicine. A college student whose daily routine and sleep patterns were disrupted by a severe bladder infection said:

(M)y infection.... turned out to be physical and emotional.....Western medicine I feel just deals with the physical.

DISSATISFACTION ASSOCIATED WITH AFFECTIVE BEHAVIOR: DOES THE CLIENT FEEL (S)HE HAS BEEN TREATED APPROPRIATELY AND HUMANELY?

Ben-Sira found that when a client has fewer clues to assess the physician's technical competence, he or she will look to the physician's affective behavior instead. In this data, patients' ability to judge a physician's technical competence, as mentioned earlier, did not depend on the patient's educational level or their degree of medical knowledge but on whether the patient had enough interaction with the physician to see and evaluate his or her behavior.

Dissatisfaction with affective behavior fell mainly into three categories: first, complaints about being treated like a statistic; second, complaints about being made to feel "it's all in my head," and third, complaints about the

physician's behavior as disrespectful, specifically toward condescending mistreatment of women patients.

Affective: Being Treated Like a Number

The association between being charted, measured and treated like a number was expressed by five respondents. One said:

With the doctors I was seeing, I was beginning to feel like another number. Like another chart. Last year, I had to go alot for my blood pressure, and I noticed doctors were interested in my numbers, the medication amounts, prescription levels. Not a wonderful way to be treated. The way I was being treated - I didn't feel like a person. (I am) Not a statistic, not a chart. (I feel) Like a collection of symptoms. Not like somebody who has a lifestyle, or needs to talk.

Even before then, I was starting to get a different feeling about doctors. They collect the money, their advertising, etc. -- it's not about caring.....(At the health center) They care about how I feel emotionally. It's the kind of support you can go to and get help professionally. They don't just brush you aside, as if to say "Thank God she's gone. On to the next person."

Another said:

Doctors don't know everything. They show you statistics and tell you what your life is going to be like. How are we all the same? It's impossible.....All they have is medical charts of "this is the norm" and "this is what's happened in the past" and this is all they go by. They don't look at the individual at all.

Affective: As if it's all in my head

It was mentioned earlier that frustrations arise when the patient has had frequent interaction with the physician but sees no results of the therapy. Six respondents complained about being "made to feel they were crazy," by medical doctors, which became a major impetus in their decision to try

the holistic health center. They expressed resentment when the physician or specialist doubted the symptoms they repeatedly described. Complaints about such inappropriate treatment can be summed up as "I was treated as if it were all in my head."

One said:

The radiologist looked at me like I was coccoo. He said, "Well, honey, sure. I'm sure you have that pain, but nothing shows up (on the sonogram)" And I felt like maybe (he thought) I was a little crazy.....I mean, I felt something. And he even said, "I'm sure you feel something" like, what am I making it up? What am I? One of these neurotic people that you meet in the street that thinks every little thing is something?

The insinuation that it's "all in their head" adds insult to injury of the inability to get the help they need from conventional medicine, which eventually leads them to seek alternatives, especially for respondents who are in pain. Many begin to open up to the idea of exploring other medical options:

The doctor couldn't really do much for me. The doctor suggested I see a psychologist! But I knew this isn't something I'm making up. This is real pain. I knew there isn't anything they can do. The doctor offered me no offer of help. It was like "Sit it out and it will go away." Very frustrating! I function better when I do something. So I went home from that visit, and said "Well, what are my alternatives?" (Here at this health center)with this condition, I've never heard "It's in your head" or "It will pass" or "It takes time."

The respondents most willing to "try anything" or who claimed to try holistic medicine because they felt they had "nothing to lose" were those who suffered from constant pain. One respondent became a polio victim as a child, and still suffers tremendous pain now in her later years:

I went to a psychologist because I thought I was going nuts. Because they felt there was something wrong with me because I -- the way they were making it is (as if) "I don't have pain." I'm making it up in my mind.... They examine you and they look you over, and they say "There's nothing wrong" or "We can't do nothing," you know. Then you give them a hundred and fifty dollars. Or a hundred and eighty dollars and you're sitting there like a jerk to them. I hate to say it but you're sitting there. When I go to see a doctor I go with full hopes. You know, I'm that way. [hopes of what?] Of doing something to alleviate the pain or making me better or, you know, something in that order. I always go with that hope."

Affective: Physician's Behavior as Disrespectful

A noticeable difference expressed by twelve respondents between the regular medical and the holistic medical experience had to do with the way they were treated; to be treated as a chart or collection of symptoms rather than a "whole person," and to be condescended to because they were women. One said:

They weren't treating me like a person. I hated it. Oooo, I hated it. And I felt like a prisoner of it. I had to get out of it, I was so negative. It was horrible. And to this day, I have a problem with the medical profession.

Being put under another's control is a big factor. It started to occur to me, in a real way, because being a woman I went to that woman's way of [she says in a high pitch, squeaky voice:] "Be quiet, Do as you're told. And just keep things running." So now, I think, "No. This is my body." I have to deal with the pain if something goes wrong. It's me that's going to suffer. If they're going to cut off my leg because I got a toothache, I'm going to hobble around. They're not going to hobble around. I couldn't deal with the fact that they wouldn't listen to how I felt about this and what else hurt me and what did this really mean?

Another, who was a nurse, said:

My son is also allergic to dairy products. I made sure I found a pediatrician that wasn't going to talk down to me, because this is what happens. You talk to physicians and (they tell you), "Oh, no, that can't be right."

Seven complained about physicians' disrespect for women.

For example, one mentioned that:

One had the audacity to say, "Honey,..." -- he actually said honey -- "you have a pinched nerve."

Three women were offended and surprised by disrespect they experienced from women physicians. One said:

When I was 19 a woman gynecologist smacked my behind to tell me to move down (on the table). Like I'm a piece of meat. I felt like (she) should be helping me. She was out of line. But, at the time, women weren't accepted in the medical profession. Women had to be tougher and harder.

The following quote came from a woman who identified her health problems as stemming from thyroid, after seeing several specialists and finally, an acupuncturist/healer, and illustrates the distinct connection between complaints about inappropriate treatment -- the "it's all in my head" syndrome -- and the complaints specific to mistreatment of women by male physicians:

I started going to all these doctors, at \$250 \$300 a shot, and they kept saying to me "You're a woman, you're very nervous. We'll put you on valium."You could think you could be having a brain tumor. I don't know what I had. No idea. Absolutely no idea. They were saying tension, stress. You know, that kind of (those) famous words. Everything you blame on when you're a woman is stress. So, nobody was helping me. And it was getting worse.

Prior to discovering the root of her problem, her symptoms made her appear as if she were hyperactive, which

were misperceived by physicians as "nervousness." This respondent claimed she was restored to health by two women who she sees on a regular basis: a woman internist who prescribes medication to regulate the thyroid, and a woman acupuncturist who uses various spiritual healing techniques.

DISSATISFACTION WITH DRUGS

Dissatisfaction expressed as a general distrust of pharmaceutical drugs was communicated emphatically by so many respondents (18) as to rate its own category. Because women are more likely to receive prescription drugs per year than men, and twice as likely to receive prescriptions for psychotropic drugs (Verbrugge 1985:162), this is an important statement by the sample as a whole (N=27) which was comprised mostly of women (N = 23).⁷

Some complaints were lodged about drugs being ineffectual and much dissatisfaction was expressed about the self-doubt and confusion of unexpected side effects:

...(With holistic treatment) you don't get your penicillin every time you cough. My kids took so much penicillin, they have yellow teeth. Yellow teeth, there's proof to you! Because every medication - (when) a woman takes Penicillin or Tetracycline for a bladder infection, what happens? She gets a yeast infection every time. Why? Because it's taking something out of her.

Another woman concurred about the cycle infections from taking antibiotics:

What happened was I was having these chronic yeast infections, the medication that would cure the one (bladder infection) would cause the other, it seemed. And so this was like going round and round and

round.....I remember going to a pharmacy once, and giving the guy the prescription. And he looked at me, and he said, "Boy," he goes, "I'm glad I'm not married to you." I mean, he wasn't being vicious. He said, "this never stops, does it?" I must have looked at him funny because he kind of looked at my face and he went, "I really didn't mean anything' you know? But it was kind of like, you know, even this outside person was seeing my life as "My god, doesn't this ever stop?"

One respondent expressed her concern in light of physicians' training and the technology of Western medicine:

In Western medicine, physicians haven't been trained to have any type of fear or respect for anything from the past. So, they understand that an antibiotic fixes an infection. They understand that if you take too many antibiotics, they may not work for you. Okay? But they don't have any other options, so they give antibiotics. There are other ways of taking care of infections through traditional medicine that doesn't subject you to the side effects of antibiotics.

Side effects

They gave me a drug to stop my vomiting. I went into a severe depression. Insomnia. Crying. Finally, my mother said, "What medicine are you taking? Is one of the side effects depression?".....Nobody told me. They don't call back and see if you are having any side effects. That's another thing about the family doctor..who made housecalls. These doctors (these days) can't keep track of everybody. Nobody checks up on the medicine they prescribe. If you don't call back, then they (the doctor) assumes you're alright.

Dangers

A pressing concern, however, among nearly all respondents was the dangers inherent in prescription pain relievers. Considering that a high proportion of respondents had come to the health center because of chronic illness accompanied by pain, this is an especially grave concern among them:

Someone had given me something once -- I can't remember -- a medical doctor had given me and I can't even remember why, now. It could have been related to the pain

here. Some medication that, my mouth was continually dry, and I could not concentrate. I felt I was out of my body looking in. Someone would ask me a question, and I was in a fog. I was like, "I've got to really think about this." And after a while I just said, "Forget it. I'll take the pain." Because I can't run a company and function this way, where I was working. I was driving and I was so relaxed, and I said, "Gee, I'm really not paying attention. I can get into an accident." And then I thought, "So what?" That's how I felt! And I went, "Whoa!"

And then, when I called the doctor and said I'm having these problems, he says, "Yeah, but it's taking the pain away, isn't it?" [She laughed] Yeah, but I'm gonna die, too! I didn't care if I hit somebody. I actually had that feeling. I was like, okay, I'm going to ram into somebody. So what! I was always leery of the adverse effects and the other problems I would get from something.

Types of dissatisfaction often compound, as the following illustrates; the respondent felt overprescribed with pharmaceuticals, felt frustrated by medicine's inability to help her, and was becoming aware that it did not have the answer to her particular problem:

I was taking a lot of pills. I was taking a lot of medication - everybody (physicians) gave me another medication. I had all kinds of dope and sleeping pills and pain killers and I had a closet full of, all kinds of, hundreds of -- when I say hundreds of dollars worth of stuff, you know, to sleep, I couldn't sleep - then I was in a lot of pain with my knee and hip.... I was in terrible pain. It was getting worse. I was in terrible pain and nobody seemed to be able to relieve the pain. I was going from doctor to doctor. All they were giving me was you know, dope, to....all it does is cloud your mind. It doesn't really alleviate -- I didn't want to -- alleviate the pain through dope. I wanted to alleviate the pain from its cause. But nobody seemed to know what to do with me. They sent me from one place to another.

PERSONALITY

There is no control in this exploratory study for respondent's personality or psychological disposition with

respect to dissatisfaction in general. Linn (1975) investigated the degree to which dissatisfied patients are dissatisfied with other aspects of their life, and found satisfaction with medical care to be positively correlated with satisfaction of living in one's community. Although the respondents in this study lived in middle to upper class suburban neighborhoods and in distinctly upper class urban neighborhoods there are not enough data to presume the level of satisfaction or dissatisfaction they experience in their respective communities.

Rather than disgruntled personalities, the overall data suggest that respondents are determined, in character, to working on their medical problems and their solutions. One respondent said:

I'm the kind of person that has to do something about a problem; take control or take action. So I thought it's time to call the (health center) and see if they could help me.

Another respondent, quoted earlier, said:

I function better when I do something. So I went home from that visit, and said "Well, what are my alternatives?"

Such drive or determination could be the mental antecedent for their willingness to take on greater individual responsibility, which is central to the holistic ideology. Again and again, respondents expressed notions that can be summed up as, "You cannot look to others to make you well. You have to want to help yourself."

DISSATISFACTION AS ANTECEDENT TO A LOSS OF FAITH**EXPECTATIONS: WHAT CONVENTIONAL MEDICINE CAN AND CANNOT DO**

Scientific medicine is curative medicine and has been referred to as allopathic medicine. "Allopathy," meaning "other suffering" stems from the belief that an alien or other or outside enemy attacks the body; hence, germ theory developed as an explanation of the way to attack and defeat germ intruders with chemical substances and/or surgical removal. Through the development of surgery and drug therapy as scientific methods of curing disease, allopathic medicine gained in popularity for its ability to evoke seemingly miraculous cures.

But just as scientific/allopathic/conventional medical knowledge developed around the delivery of acute care, it is most effective for that and for crisis intervention: surgery, the management of trauma, acute bacterial infections, and any type of crisis-oriented medical emergencies. It is less effective, however, in treating chronic (ongoing) degenerative diseases including certain types of cancer, allergies, and autoimmune deficiencies. Its success in treating viral infections is questionable. Research has focused more on physiological outcomes, and hence scientific medicine is also less effective in the treatment of mental illness and illnesses in which the mind plays a role in creating susceptibility to disease⁸. Not until the growth of behavioral medicine, which calls largely upon holistic

principles for causal explanations, has research on psychosomatic illness been supported by mainstream medicine.

Seeking conventional treatment for ailments which are not effectively handled by conventional medicine can lead a patient to feel disappointment after he or she sees no change, or frustration when a runaround from one medical specialist to another yields no positive results.

Another result is the loss of faith in the doctor as a reliable and trustworthy professional, which can come from seeking help for an ailment which cannot be effectively managed by conventional methods, or from seeking help for an ailment which could be effectively managed by biomedicine, but is handled inappropriately or ineffectively by the doctor.

CHRONIC ILLNESS

Conventional medicine is less successful in producing efficacious and satisfactory results when treating chronic illness than acute illness. Morbidity and mortality rates show that chronic illnesses like cancer, hypertension and heart disease have replaced acute, infectious diseases as the major causes of death in the United States.⁹ Patients suffering from chronic illness or illnesses with no visible symptoms, and which get labeled as "psychosomatic," are likely to be dissatisfied with biomedicine's inability to effect a cure and with the physician's attitude of "it's all

in your head." In this study, eight respondents were chronically ill including two who had cancer.

LOSS OF FAITH IN THE CONVENTIONAL MEDICAL IDEOLOGY

For these respondents, dissatisfaction with medical care is followed by a loss of hope in allopathic medicine's ability to "fix" the problem and a loss of faith in regular medicine as a health option. Loss of faith occurs, often gradually, through a realization that underlying conventional medicine is a body of knowledge that explains illness in cause and effect terms that no longer make sense to these patients, in light of their recent health and medical experiences. They begin to question why medicine doesn't work, and they begin to suspect there is "something more" out there. One respondent said:

How I found out about holistic medicine? Because I felt there had to be something else. When I went (to the doctor) for my kids and for myself (we got) medication every time we got sick. I could see that I was so dependent on the doctor, I was afraid to make a move without the doctor saying so. And then I started to notice they're repeating the same thing every time. The kid's sick? Tonsillitis, tonsillitis. They were using rote....All of this was going on, and I was like -- this can't be all there is. I was singing Peggy Lee's "Is that all there is?"

....So, I had heard this guy on TV, he has a place in California? Maybe it's Esalen that he's connected with, okay? They have the community where they teach and heal, people go there from all over. All kinds of healers go there. So I'm saying "there's something (available) where people look at people as people." There can't be a whole world that is disregarding that we have life flowing through us. I saw him on T.V. and I was like, "There's a place like this. I can find it." (The TV show) triggered of my being able to say to people, "There's somewhere in this world for me, and I'm going to find it."

The gradual loss of faith in one ideology makes room for the growth of another: fertile ground for a new explanation as to what brings health or illness; a new explanation that makes more sense in light of their chronic illness or crucial experience or whatever. It is about growing away from one ideology and toward another.

WAYS OF BECOMING DESENSITIZED OR LOSING FAITH

While the American public does not have a strong positive orientation to conventional medicine (Harris 1987:44) and many are dissatisfied for various reasons, not everyone chooses to do something about it. Obviously, all respondents in this study not only expressed dissatisfaction with regular medicine but chose to take some action. Twelve respondents expressed their dissatisfaction in hostile terms. Nine others expressed dissatisfaction but were more resigned to biomedicine's "inabilities" to help them. Six others were only mildly dissatisfied, and in fact, some of them also heralded its strengths.

DETERMINED TO CHANGE: DISSATISFIED AND HOSTILE

One way of grouping respondents is to include those who expressed a strong repugnance of biomedicine by stating their initial expectations regarding the physician's responsibility for alleviating their problem. They felt dissatisfied from

the "runaround" from specialist to specialist, none of whom was able to alleviate the problem.

Included in this group are three people with chronic illness and two with iatrogenic illness, who feel they have been seriously harmed by medical treatment and suspect or wonder if they would have been better off without it. For example, in one case hip surgery was performed; the patient claims the experimental surgery was botched, and that she got hepatitis from a bad blood transfusion.

The mistrust of prescription drugs seems to be a major factor in "turning people off" in this group to conventional ideology. Six said they felt as if they had been harmed by drugs prescribed inappropriately, four of whom also complained that the doctor did not "follow up" in a concerned way about the prescription's efficacy or side effects.

People in this group were suspicious that the physician, if placed in a similar health dilemma, would use alternative medicine for himself or herself, but would recommend biomedical treatment to others to stay within their legal and professional boundaries.

Hostility was expressed about issues including their perceptions of physician's disrespect through gestures, language or tone of voice, which they interpreted as signs of "oneupmanship" in the doctor-patient relationship. They complained of the imbalance of power inherent in that relationship, and preferred what they had come to see as

greater equality in their relationship with the holistic healer.

Individuals in this group showed some signs of shifting away from the conventional ideology; their language indicated that some of the holistic jargon and euphemisms had been learned. However, although they claimed to have assumed greater responsibility for their own health and medical care, they still seem unsettled about medicine's inability to find a "cure" for them.

DETERMINATION TO CHANGE: A COGNITIVE SHIFT AND RESIGNED TO MEDICINE'S LIMITATIONS

Nine respondents form a group who listed complaints about the medical care they received, but in a non-hostile or non-blaming way. Five people in this group had chronic illness. They expressed an acceptance of the shortcomings of scientific medicine in terms of other peoples' problems as well as their own. They acknowledged that the beliefs upon which conventional medicine are based are faulty, reflecting a cognitive shift in their understanding of medical systems. At this point, they consider it unreasonable to visit a physician for something that cannot be taken care of by biomedicine, and acknowledge that the physician's inability to help the patient is not his or her "fault."

Like Laura in Chapter 4, many in this group grow dissatisfied and experience a shift because of extraordinary knowledge about medicine acquired because they are medical

professionals or paraprofessionals, because they are studying some form of health practice such as massage or acupuncture, or because they have an immediate relative who is a physician. Still others have had frequent interaction with the medical world due to their chronic illness, and develop an awareness of medical efficacy which surpasses the average person's.

If they do have occasion to visit a physician, for whatever purpose, these respondents question and investigate everything recommended to them by the doctor. And if the physician recommends avoiding unconventional healers, a loss of faith in that advice would remove the stigma of using such healers or override the fear from unfamiliarity of their practices.

Surprisingly, the frequency of individuals' expressions about greater individual responsibility for health was not much higher than the first group. Like them, people in this group are aware of conventional medicine's limitations, but overall, their the language suggested a stronger awareness of the ideological differences between medical systems. While individuals in both groups are dissatisfied and express a loss of faith, those in this group seem somewhat more conscious of the fact that their beliefs are shifting.

MILDLY DISSATISFIED AND/OR RAISED WITH ALTERNATIVES

Six respondents expressed only minor dissatisfactions with medicine. Ironically, four of the six were those raised

in families which used chiropractors and alternative healers in addition to or in place of physicians, or had a medical belief system which incorporated natural healing and folk medical beliefs. In fact, they were the only respondents to use positive remarks when talking about their encounters with various physicians in the past.

None were in a continuous relationship with a physician, but each stated clearly that they have used and would use conventional medical practitioners when they deemed that the appropriate medical path, as in the case of mending a broken bone or obtaining routine gynecological tests such as pap smears. One respondent said:

I have to say I like him more than any gynecologist I've ever gone to. He'll answer any question you give to him. He doesn't shut you off or ignore you. He is the most gentle person I've ever been to. But, he's not big on diet or anything related to that.....He's, I would say probably in his late 50's or early 60's. I go back to him, because I've been to other gynecologists, who, when you ask them a question about your body, they don't seem to answer, but they talk around it. And he is willing to answer anything, go into detail and explain anything you don't understand about what he finds or any question you have about your system. And he's extremely gentle.

A priority for her is information sharing as well as a physician's gentle demeanor in the extremely awkward situation of the annual gynecological exam.

Like those in the second group, these individuals seemed to have a better than average understanding of bodily processes and the efficacy of various medical techniques. All six cases indicated more awareness of the ideological differences between conventional and holistic medicine, but in

all cases no "shift" seemed apparent, probably because, on some level, most had "always known about" holistic medicine.

THE IMPORTANCE OF CONTINUITY OF CARE

As mentioned earlier, patient satisfaction is positively associated with the availability of care (Davies and Ware 1981; Gray 1980). But even more could be said for a continuous relationship with one's practitioner. A higher degree of satisfaction was found among patients who have their "own physician" (Gray 1980). Davies and Ware (1981) found that continuity of care is correlated with satisfaction but these findings are limited to the dental-client relationship, and they may not apply to regular medical care. Most importantly, several studies show that the patient's satisfaction is a factor in building a continuous relationship, and not the other way around (Marquis et al. 1983; Roughmann et al 1979). In fact, more patient visits tend to be associated with dissatisfaction (Mirowsky and Ross 1983). Ideally, satisfaction would result from the combination of more efficacious treatments and less use of services (Twaddle and Hessler 1987).

The finding that satisfaction precedes continuity of care has implications for this study, because the data show that patients are most likely to continue their use of holistic medicine when they have a relationship with a healer that is significant to them. That is, the data suggest that

respondents' shift away from the mainstream ideology, and their learning and use of the new ideology's language, is facilitated by an ongoing healer-client relationship for which they expressed not only satisfaction but a certain level of devotion as well as a personal commitment to holistic medicine.

The fewer the clues that a patient can call upon to assess the practitioner's technical competence, the more the patient will rely on the practitioner's emotional response to assess of the medical interaction (Ben-Sira 1976). The practitioner's skill in making patients feel comforted and cared for increases the likelihood that the patient will be motivated to return. As mentioned previously, satisfaction precedes continuity of care.

Ben-Sira (1976) also found that when a patient is dissatisfied with a general practitioner, he or she will be more inclined to turn to an agent of **affective** support than to an agent of high professional competence. Of critical importance to this study, this finding suggests, and my data show, that once they are dissatisfied, clients will place affect over technical skill in the decision to use and continue with a new health practitioner.

SUMMARY

Unlike literature that portrays holistic medicine as a social movement springing solely from dissatisfaction with

medicine, or particularly as a consumerist reaction to skyrocketing medical costs, this study found that people who "detour" to holistic healers become dissatisfied for several reasons. One is because they have had a bad experience with the medical care they received in the conventional medical setting. Some blamed the medical establishment or held them responsible, as in the cases of iatrogenically incurred illnesses, whereas others did not blame. Dissatisfaction, then, is not always accompanied by blaming the physician. For some people, not one incident but a series of upsetting interactions with the medical doctor takes place, found most commonly in cases of chronic illness. Many of the respondents in this study were those who, for various reasons,¹⁰ had a good deal of exposure to medical healing on an on-going basis. The experience and knowledge they gained over that period of time may have put them in a position to be more critical of medical shortcomings than, say, someone who visits the doctor once a year for an annual check-up. Although their reasons for first trying alternative medicine vary, most users voluntarily expressed a general distrust of or dissatisfaction with conventional medicine.

But while dissatisfaction is a major factor, it is not the crucial element in the path to continued use of holistic medicine. Not everyone who is dissatisfied with medical care chooses alternative medicine. But among those who do, dissatisfaction is the distancing mechanism which leads to a

demise of the respondents' commitment to the mainstream medical paradigm. The belief in the conventional medical ideology is undermined or eroded when dissatisfaction leads to a skepticism about scientific medicine's explanations and performances. Much trial and error with few efficacious results serves to distance patients away from their old, conventional beliefs, gradually shifting them to the holistic ideology, which makes more sense of their health and illness experiences. This shift, which coincides with socialization to a new ideology, takes place through language and is most likely to occur in the context of a continuous healer-client relationship. That socialization process is the subject of the next chapter.

NOTES

1. A survey done by Louis Harris and Associates, 1987, reports that the majority of those who use alternative practitioners do not go as a last resort.

2. See August Gribbin, "The Arrogance of Physicians" in National Observer, July 26, 1975.

3. Sample size was 1000 or more.

4. Kane, Parsons and Associates, Inc. for the American Medical Association as follows:

1981 (55%)

1982 (62%)

1983 (65%)

1984 (68%)

5. The data which follow reflect respondents' unsolicited comments about their dissatisfaction with allopathic medicine. No questions were asked such as "How do you feel about medical doctors?" or "Tell me, have you experienced any dissatisfaction with regular medicine?" All respondents expressed some dissatisfaction. Overall, respondents were much more articulate and adamant about this issue than the other issues they spoke about.

6. In 1982, approximately 83% of all physicians in office practice classified themselves as being in a specialty other than general or family practice. See Health Care Delivery in the United States edited by Steven Jonas, M.D. 1986. NY: Springer.

7. Three of the four men in the sample had no complaints about prescription drugs.

8. Andrew Weil, M.D., Natural Health, Natural Medicine, Boston, Houghton Mifflin Company, 1990: page viii.

9. In 1984, chronic diseases accounted for six of the ten leading causes of death in the U.S. See Monthly Vital Statistics Report (March 1985) vol.33, no. 12.

For the decline of infectious diseases and the increase of chronic illness, see John B. McKinlay and Sonja M. McKinlay, 1990, "Medical Measures and the Decline of Mortality" in The Sociology of Health and Illness, Third Edition by Peter Conrad and Rochelle Kern, eds. NY: St. Martin's Press.

10. Eight had chronic illness and three had a relative in the biomedical field. Nine were health paraprofessionals: two nurses, a chiropractor, a physical therapist, a Polarity practitioner, an acupuncturist, and three licensed massage therapists who also incorporated Brethwork and Jin Shin Do.

CHAPTER 6: SOCIALIZATION AND CONVERSION TO THE NEW IDEOLOGY

What is it that motivates people to leave behind the security of their culturally common faith in regular medicine and pursue the uncertain path of helpseeking from a faith healer, shaman, or otherwise uncredentialed health provider? The last chapter examined sources of loss of faith in conventional medicine; the majority became dissatisfied with medicine's failure to cure them, a smaller number were exposed to medical knowledge and cognitively recognized its shortcomings, and another small group consisted of those who grew up in families which rejected part or all of the biomedical model. Although individuals in the two latter groups are far fewer in number than those who became dissatisfied, it is because of them that we are able to recognize disenchantment, and not merely dissatisfaction, as the precondition to continued use of holistic medical alternatives. Because cases of dissatisfaction are so numerous, it is tempting to assume that the ways people come to find out about holistic alternatives are, too. However, my data show that the paths of entry are quite limited, as are the ways in which people come by the continued use of holistic medicine.

For these respondents, continued use followed basically the same path; a sequence of experiences or a three-step "career path" was common to them all. The preliminary stage, desensitization, paved the way for a gradual but explicit

detachment from biomedical ideology and a loss of faith in the physician. The second stage was a critical juncture, whereby a crucial experience and/or key person was pivotal in the respondent's decision to try holistic medicine. In the third stage, respondents adopted the norms, attitudes, values and beliefs of the new ideology over a period of time, and changed their health behaviors as well as the language they use to describe their acquired views and self-perceptions.

The transmission of ideology by conventional medical professionals in their face to face interaction with patients has been noted by Ehrenreich and Ehrenreich (1974), Zola (1975) and Waitzkin (1989). The shift in language, beliefs and ideology among people in this study was facilitated by continuous visits to the holistic practitioner and it is hypothesized that these healer-client relationships are significant in that they may hold the holistic health movement together in the absence of a centralized membership/leadership structure. But even those respondents who relied more on self-care and had no practitioner-dependent relationship seemed to learn holistic jargon, euphemisms and metaphors through books, classes, workshops and seminars, and then carried the ideology to those who may be in the earlier stage of desensitization.

In this chapter, I will explain how that path -- the conversion to a new ideology -- reveals a socialization process, to enlarge our view of the processes by which

ideologies are learned and by which individuals come to shift from one ideological frame to another.

THE CAREER PATH

Once desensitization has begun, it becomes a precondition for two more components in the career path: a crucial experience or key person, and socialization to the beliefs and language of holistic ideology.

CRUCIAL EXPERIENCE OR TRANSITION PERSON

Every respondent in the study came to try holistic medicine because they had had a crucial experience involving medical care, or because a holistic health center or practitioner¹ was recommended by a friend or acquaintance.

The data on how people found out about holistic medicine can be summarized as follows: 10 people had a crucial experience, 14 people were referred to a healer by a friend, family member or health professional, and 6 initially found out about holistic medicine through radio, television, newspaper, or an advertised health seminar, and then sought out a local holistic health center or practitioner from a telephone book. 2 people had "always known" about holistic medicine.

The crucial experience of a medical emergency was a turning point for ten respondents. Four of these reported a serious injury (automobile accident, a fall, sports injury and

hip injury) where they ended up in a conventional medical setting with a physical therapist who recommended they seek out a holistic practitioner. The other six experienced a sudden worsening of a chronic illness or a diagnosis of imminent surgery, which functioned as the final impetus for pushing them "over the edge" and into a holistic practitioner's office, attempting to find an alternative way to treat the problem. Four of these six had the crucial experience combined with a friend who suggested a particular holistic practitioner during the crisis of shortly afterward.

The suggestion of a lay referral agent (Freidson 1960, 1961) such as a friend, acquaintance or family member was enough in and of itself for 10 cases, and a psychotherapist or spiritual counselor was the referral agent for three of these ten cases. (13 cases were in or had ever been in psychotherapy.) This key "transition" person or sponsor was someone who knew of or used a holistic healer and encouraged the respondent to try holistic medicine for their medical problem.

SOCIALIZATION TO THE BELIEFS AND LANGUAGE

In the first part of this section, several issues which are essential to the socialization process will be reviewed: first, a significant relationship with one healer; second, a change of language; third, a change of views and self-

perceptions about health; and fourth, a change of health behaviors.

A Significant Relationship With a Healer

Respondents in this study who spoke at length about their conversion to holistic beliefs described the importance of their relationship with a healer in devotional terms. Concentrated learning of holistic principles seemed to occur in this type of relationship; other less intense healer-client relationships were described, but less frequently. The relationship relies on the patient's complete faith in the healer's abilities and recommendations. Three people -- all clients of the same healer -- expressed so strong an attachment to her that they were reluctant to move out of the geographic area and are dismayed at the thought of being without her. One said:

I'm sure I'm coming across as being totally anti-doctors. There is a place for doctors, but I choose if there's any other option available, to not go to a doctor because I'm afraid of what they're going to do to me. I would always select a holistic practitioner. Every now and then I think "what if I were to move away?" And the major, major reason why I don't want to leave this area is because of (the healer). (She does not) practice anywhere other than down in Florida. And that would be the only other place I would want to live, and I don't really want to live there. Because I would hate to sever my ties with (her).

When asked if she would be inclined to try another holistic center, she replied:

Well, I would, yes, because I would be away from the one I trust completely. There are different kinds of holistic medicine. It's not all the same. Different kinds

of modalities. I believe very strongly in the ones I have experienced that I know work.

Like several others, she distinguishes between her reliance on holistic medicine (as legitimate) and her wariness of New Age healing techniques, such as crystals (as suspicious), and said:

(the difference between New Age and holistic medicine) is so subtle that you could get into some of that on the fringes without even knowing it. The idea of switching to another quote unquote holistic practice -- because I went to an acupuncturist in California, and while I found no fault with what he did, some of his beliefs were not the same as the beliefs of the acupuncturist at the health center. Not that there was anything necessarily wrong with him, but I had no faith in him, I'll put it that way. Whereas I would completely put my life in her hands, I feel that strongly about what they do here at the health center.

Another respondent explained that healing was assisted by her trust and confidence in the healer. She had been sexually abused as a child, and came to holistic medicine because of chronic bladder infections which disrupted her life. Through her relationship with the healer, she came to see a connection between her specific illness and the repression of sexual emotions. When asked whether it was the acupressure or talking which released the emotions, she said:

I think it's a combination. I've come out of (acupressure) feeling very happy at times, I've come out feeling very angry; it depends on what we were talking about. I came out where I cried hysterically for an hour, sometimes I've come home and gone to sleep, I was just wiped out. It depends -- it's both. They don't like to separate the physical from the emotional. So while they're treating you, they're talking to you. To me, I can't separate it. Whether it's (the acupressure) that's releasing the emotions as opposed to just talking. I can't say it's all from the talking.

Although the respondent had previously considered going to a nearby womens' crisis center for therapy, it was not until the healer suggested it that she made the decision to go:

I had been discussing this (with someone) for a couple of months, but I was very resistant to the idea of doing that again. When it came up (in a discussion with the healer) that "here is somebody that can help you, and if you don't like the person, you can always get somebody else" I decided that's what I should do, because (the healer) helped me a lot, but for the in-depth counseling I needed someone else, even though I still go back and talk to (the healer).

The difference between her reluctance before and her willingness after is directly related to her feelings of self-responsibility, which like others parts of the ideology, she learned from working with the healer. She said:

(With this healer and therapy) the person helps you but you have to do a lot for yourself. It's not like "you heal me." You have to take responsibility for yourself and help heal yourself."

American people go to the doctor, they say "heal me, but I'm not going to do anything for me. You take the responsibility for making me better, but I won't. And the only thing I'm doing for my responsibility is going to you. It's your job."

The following expresses the essence of her relationship with the healer:

I have seen other (healers) but she's the one I prefer. Because she knows my history. I have a bond with her.....She understands what I'm talking about. Not that the others don't, but when I go to someone else, I don't tell them what's bothering me. Ill talk to them about things in general, but I can't really tell them, just because I prefer telling (my healer so that) I don't have to get into everything again. So it works better that way.

The data in this study do not support the existence of a genre of "true believers" prior to trying holistic medicine, but show that individuals who start out as novices may move toward "true believing," and that a commitment to the healer-client relationship makes likely the continued commitment to the ideology.

Persons who quit using holistic medicine soon after initially trying it have not been included in the data and are less readily available to investigation. But those who continue to use holistic medicine exhibit a "continued commitment." And this adherence may have nothing to do with efficacy of the treatment; for example, one woman claimed she had "no more bladder problems" since visiting the healer, but I then observed her while she used the ladies room 3 times in approximately 20 minutes. But whether or not the holistic therapies and regimen alleviate the symptoms is not the issue.

The main concern in this chapter is that users move toward the "holistic user" identity by learning the language of the holistic ideology, and this occurs most frequently in the context of a healer/client relationship, a finding which lends support for more general theories about the importance of the doctor-patient relationship. But the subject of language change is key whether a client depends on a healer or not.

A Change of Views: Users' Compare Their Health Beliefs With Others'

Most respondents in this study felt that their new health beliefs were more reasonable or accurate than those of the general population. Paradoxically, most respondents saw a growing trend toward greater health awareness in the population, but all expressed the belief that the general population is ignorant about what makes for "true" health.

One said:

I think I am ahead of them. See, the average person does think of their health sometimes, but they do nothing about it. Like, they'll think about it but they'll go on and smoke. They know that it's no good for them, I'm sure they know that. And they know what they're eating is not good. But they'll go right out and eat fried food or they'll continue smoking, but I don't. Once I read something....I might have done it before, but if I go and read something on it tomorrow, that'll be out.

Another said:

My views are probably different, probably more left of center. The majority of people don't know very much about health and what kinds of things. They just know when they're sick and they go and they want to be cured.

Now, some people are becoming more health conscious. People are becoming more aware as they look for ways to reduce stress. They exercise more, they make a point to learn more about nutrition. They are trying to deal with the illnesses that come from living in this stressful society, with the fast pace that we keep. It used to be acute illnesses that killed everybody off. But now, our big concern is chronic illness. The illnesses of our times are chronic illnesses which come from living in such a fast paced, stressful environment. Trying to keep up with it all. But for most people? I'm more left of center than most people.

Another said:

I think I'm in a minority. Most people want to be responsible, in general to be responsible for their own lives. (But) They avoid taking responsibility, they avoid issues in their own lives, of seeing "how I have allowed

this to happen to myself." They would rather look outside of themselves to place blame somewhere...."he made me do this" or "my boss is making me sick" or "I was exposed to a virus on the subway, someone was sneezing." People want to look outside of themselves rather than take responsibility.

Comparing her beliefs to those held by the rest of the population, one woman said:

Opposite ends of the spectrum. I believe if you're eating healthy, you'll feel better. And if you're dieting, I mean it all goes hand in hand. I have these people at (work), for example, that are very fat. They're very heavy, and they can't breathe. So they smoke. And they do all this stuff. And my eyes sometimes roll. And they'll ask me (about my health food lunch) and then say, "Oh no, I don't want to do that. It's too much work." Or they'll ask me "Oh, could I try that? How much was that?"

(If it's) \$5 a pound for this sauce I bought from the health food store, they say "Too expensive. I'll just eat what I have." In other words, (I think to myself) "so you eat the garbage, and you pay less money for the garbage, and I'll pay more money." They make fun sometimes, I take out all my little (containers). I don't have time for a lot of cooking. The health food stuff takes a lot of chopping and cutting, so I go and I buy everything for lunch. And they say "What's that you're eating? Oh, God, what is that?"

Meanwhile, I'm not sick. And they have breast cancer and ulcers and they can't breathe, and high blood pressure, and obese; and she has varicose veins, the other one, that are popping in her legs. So, lady, "if this is what you want...."

The centrality of good diet and nutrition were mentioned repeatedly, and often these concerns were voiced in conjunction with the topics of stress and environmental pollution -- a pessimism about staying healthy without taking a more active health stance. One said:

I'm in the minority in what I think about health. For example, on (vacation recently) there were no people who would know about holistic medicine. There aren't a lot of people who follow good nutritional pathways where they

eat only fish and chicken. There's a consciousness of good eating but most people eat the same stuff they always have. I'm in the minority on the kinds of foods I eat, like no sugar, additives, no prepared foods. I eat small fish which have less chance of mercury poisoning, and chicken.....

Or another:

I have to pay attention to diet, eat organic foods, and because the water supply is no good. Pollution was wrecking me; I used to get allergy shots because of the pollution....

And finally:

I think more and more people are reaching out and saying there's got to be a better way. Well, the whole ecological, you know, way we're living. The environment, now, everybody's suffering. People don't breathe outside. The air is so polluted. Well, we've got to do something about it. So at this point, I think I'm not in a majority. But I think we are, as the years go on, we're going to have to be -- this (health action) has to be the way it will be, to live a better life.

A Change of Views: Users' Identify A Shift in Health Beliefs

Respondents did not necessarily attribute a shift in their views to their work with the healer, but all expressed an awareness that their views were different now than before using holistic medicine. One said:

Since I'm coming here, everybody says "You look so good!" I'm not a health nut now, but I've become more health conscious about being healthy, as far as eating. And my insides feel good -- my inner being or whatever they call it? Feels good.

I like the place. And I know this is a better way of life, using holistic medicine. Health -- if you see some of their ideas, I agree with them more than anything else I have ever heard.

My views have changed. It used to be, if I was ill, it was a bother. I was never ill, so I didn't think about it. Now, I think of illness as the absence of health. If you don't take care of yourself mentally, physically, spiritually, you could have an absence of health. If you're too stressed, that could cause it. If you don't eat right, that could. If you don't stay positive... It's a general feeling. Healthwise, I would rate myself as a ten....

Another said:

Illness is.... a lesson to be learned, and the illness brings it to your attention. That's definitely my view. Pain and some illness. I wouldn't presume to talk about all illness because I don't know. (These views) definitely came to me as a result of (my) experiences....

She refers here to two experiences. First, she was:

....in and out of hospitals all during my childhood for testing and diagnosis.... from infancy on. I think that the fact that I had a lot of negative experiences in the hospital system as a kid predisposed me to look elsewhere.....(for help with my health).

She was desensitized to regular medicine's inabilities during her childhood. Then, a second crucial experience came later when her terminally ill husband and she sought help from a physician who agreed to use alternative therapies (while simultaneously treating the patient with conventional medicine) not to reverse his cancer but to relieve his pain and make him more comfortable toward the end of his life. She witnessed horrific treatment of patients while spending extended periods of time at the hospital bedside. Her socialization to holistic medicine continues; at the time of the interview she had just completed her first year of training in acupuncture.

New Beliefs: Telling Others

The socialization process also depends, in part, on word of mouth which as mentioned earlier seems to be a primary way in which people are influenced to go and try holistic medicine for the first time. But even those who did not find out about it from a friend said they had recommended it to other people.

One said:

Every single person I have sent there -- and I have sent a lot of patients there -- oh, lots and lots. Every single one has come back raving about the place, and they in turn are sending people.

But respondents discriminate in their decision to tell others. At the health center, which does not advertise, word of mouth was extremely important² in the socialization process. In most cases, the friend took the respondent's suggestion to try the health center. Typical of several, one referrent said:

Well, first of all, I only recommend (this healer) to people who are, themselves, candidates for that kind of care. Not everyone is. Lots and lots of people prefer to go to an M.D. and be given a pill. You can't be a candidate for holistic medicine unless you are willing to accept responsibility for your own health." [how do you know who is and who isn't?]

By talking to people. People who take a lot of medicine generally are not candidates for the health center, because they are hooked into taking medicine and they believe that the medicine will.... this is the first thing they look for if they have a problem is another pill to take. And they're not really looking for alternatives. I always ask a person, "If you were told to change your diet or to change certain things that you do, would you be willing to do these things?" And a lot of people aren't. Because caring for your body in a holistic way is more time consuming. Special diets. It takes me longer to prepare some of the things I have to prepare.

New Beliefs: Stigmatization or "People Give Me Flak"

Trying unorthodox ways of healing was not always easy for these respondents. Although most became excited by finding new ways of achieving good health results, they all learned -- through trial and error -- not to tell "just anyone" about their discovery. As the quote above suggests about "candidates" for holistic healing, respondents learn that not everyone will be receptive to their process of finding something new. They often mentioned "getting flak" from friends and family who were not amicable to alternative medicine, and while they seemed bothered by this, their way of coping with the disapproval was to stand firm in their conviction:

Well, I don't think I can say I agree with (others), becauseI don't believe in that orthopedic operations. I feel there should be some other way we can be cured, I think I have found it in this (healer and health center.) As far as the rest of the people in the country, I don't know what some of them -- even people I have spoken to -- now they're interested in what I'm doing. But they haven't tried anything like it, maybe because they're afraid to. I don't know why. [Friends of yours?] Yeah. Women that I golf with.

As I say, when I'm explaining what I'm doing (using holistic therapies) they look at me like "there's something wrong with her."

Everybody I meet, they say "Oh, I know so and so had the (hip) operation. Oh, you didn't have your hips operated? I know SO AND SO went, and they're doing fine. Why don't you go?" And I say "Because I'm doing well where I'm going."

Of those who mentioned being misunderstood by others or bothered by those who still believe in orthodox medical intervention, all believed that theirs was the correct knowledge about health and healing.

A Change of Health Behaviors and Practices

All respondents described, in detail, behavioral changes they had made and views they had taken on about diet and dealing with stress. One said:

In other words, if he said, smoking is unhealthy and smoking is poisonous, and I explored it and reasoned it out that nicotine or cigarettes are poisonous, then I could no longer do it. Not that I would become perfect. I didn't smoke at the time. Oh, I did smoke very lightly in high school and college. I gave that up. It was a very small amount. I quit a few times. I made up my mind to quit. That was before karate. If I hadn't quit, once I started karate I would have given it up then.

The point is, if you know something is untrue - like "this is unhealthy" then you'd be untrue to yourself to continue to do it. The question is evaluating information on what a healthy lifestyle is, and living in accord with that.

Many expressed an attitude which can either be described as health optimism or even health elitism. When queried about why some people might be more health conscious than others, respondents consistently placed themselves above others in terms of self-discipline with respect to health behaviors. One said:

It's horrendous what most people eat and live with, and their view of things is extremely limited and narrow. And they keep it that way, being threatened at the possibility of having to change or doing anything. And they look at that as a deprivation; they couldn't have their pizza or their other things which I love but I don't eat, because I feel better without it.

I want the optimum physical performance for my body. And also I want to feel good and be healthy. If I know (eating dairy is) more burden than good, aside from momentary taste bud stimulation, I won't do it. People look at having to give something up like that with an attitude of deprivation, they feel threatened and they don't want to give that up. Most of it is attitudinal and psychological. They'll keep that narrow view.

One respondent, who was preparing for graduation from a massage therapy training program said:

I think a lot of it is, we are trained for the quick fix. I think that's part of the mentality in health right now and what needs to change and what is changing. People are into going to the doctor, (and saying) "Give me medicine, make it better. Fix me up." So it's very much working with the symptoms.

Whereas the work I do, and a lot of the alternative stuff, works toward getting to the root cause. What are the patterns that are making you have this back pain? A lot of the work I do, the work is very individual. It changes very much from person to person, in terms of how you work or what comes up because it's everybody's individual process. You are going to come in with one type of back pain, I'm going to come in with another type of back pain, they're going to be from different reasons.

Another respondent said:

Some people just don't take care of themselves. And they'll smoke. They abuse themselves. And they just have a terrible attitude about it. Eating and the way you take care of yourself has a lot to do with it. Staying healthy. Sleeping. Not being so run down..... People just go and go and go. We're not supermen or superwomen. (With holistic medicine) you're more aware and when you take care of yourself and sleep a certain amount of time and you don't smoke. Nothing in excess. You can do everything in moderation. You don't have to quit living. But I think it makes you a healthier person if you do everything in moderation versus the people that abuse everything.

A CHANGE OF LANGUAGE

It is through language that we learn about the group we are part of. Language unifies, socializes and standardizes us. Not only does language make social interaction possible and easier, but having a common language is a prerequisite for expressing common interests and establishing social solidarity among those who speak it. A group of people held together by

a common interest"tends to develop peculiarities of speech which...function (to) distinguish the group from the larger group" (Sapir, 1974: 53-54). Our language connects us to other members of our group, and if a subculture takes on a different language, it sets itself apart from the larger culture. Thus, subcultures and countercultures develop languages of their own. The use of a vernacular identifies the speaker as part of a "speech community," and makes the group, as well as membership in it, psychologically real.

Sapir says:

The extraordinary importance of linguistic differences for the symbolization of psychologically real as contrasted with politically or sociologically official groups is intuitively felt by most people..... He (or she) talks like us is equivalent to saying, "he (or she) is one of us."

One way in which users learned the ideology is through language: acquiring a set of symbolic phrases and jargon and buzz words to express the ideals worth focusing on in order to change their behavior. In this analysis, Geertz' (1973) view of ideology as symbolic and metaphorical will be relied upon. The data show that metaphor is one device by which we construct and most importantly, communicate the new ideology.

Before examining ideology in the next chapter as expressed by respondents, the rhetoric of the formal ideology will be considered within a broader context of the self-help movement and a more general self-help ideology. The holistic vernacular as it appears in pamphlets and organizational

brochures will be compared with that of the Twelve Step Programs, such as Alcoholics Anonymous (A.A.), Al-Anon, Narc-Anon, and Overeater's Anonymous.

AN ANALYSIS OF FORMAL HOLISTIC VERNACULAR

Self-help and the Notion of Control

The self-help ideology as a therapeutic resource (Suler 1984) provides an individual with coping strategies that can be integrated into their everyday life. The language of self-help is one which encourages people to overcome powerlessness, by feeling and using their own strength to resolve problems. Suler (1984:30) says: "Personal experiences are restructured within a cognitive framework.... so that events which may be anxiety-provoking and unfamiliar may be translated into a more familiar and understandable form." (emphasis mine)

The Twelve Step programs, which originated from a societal need to address the problems of alcohol addiction, use a disease metaphor to link together addictive behaviors with illness: alcoholism, spending, gambling, overeating, drug abuse, compulsive sex, and others. The 12-Step model explains these behaviors as symptoms of a progressive disease which have made the addict's life "unmanageable," and which can never be cured but only arrested through abstinence. An individual must get group support to change the "insanity" which results from the unwanted behaviors. In addition to the group membership, one must work the "steps" of the program in

order to "recover." By definition, this requires the individual to "come to believe that a power greater than ourselves" will restore that person to "sanity."

The Twelve Step programs, all based on the parent A.A. model, are referred to as spiritual programs. Only by turning his or her will over to a "higher power," can an individual begin the process of recovery. The program "promises" that one's life will take a turn for the better when one gives up trying to control the situation and "turns it over" to the protective higher power which oversees one's fate. Whereas the term "higher power" is essential, the term "God" is seldom used, because the notion of God as a loving, caring father doesn't square with members' images of their alcoholic fathers. The ideology of this type of self-help program consist of beliefs that define the nature and causes of the problem, ('addiction is a disease for which there is no cure') and the values that specify goals to be striven for (Suler 1984): one's recovery is only possible through a higher power.

Holistic Language Compared

There are several similarities between the 12 Step and holistic medical ideologies; both appear to gaining popularity; both rely on ideal visions of what a problem free life could be like to goal-orient their followers; both contain numerous suggestions for behavioral change; and both

use a self-help language that speaks to people's needs for empowerment in the face of disease.

The major difference between the two ideologies lies in the empowerment / control factor; rather than giving up the willingness to control one's life (as in A.A.) the holistic language is about taking back the control for one's life. Whereas both languages speak of empowerment, the 12 Steps speak about empowerment from without -- "turning one's will over to a power greater," -- whereas holistic ideology speaks of power from within.

Power From Within

The terminology used in the "formal" ideology (from books, pamphlets, and brochures) illustrates the holistic notion of taking control of one's health. This connects with notions of patient responsibility which are central within the holistic ideology. Pamphlets and brochures³ communicate norms about the role responsibilities between healer and client: phrases like "medical treatment and self-help" enforce the expectations "based on.....a cogent philosophy that acknowledges the patient as participant."⁴ Norms governing the healer's behavior include a concern for the well-being of the patient, beyond the normal levels of human concern, yet "the healer should develop the skill of "concern without detachment." The "exceptional patient"⁵ is one who responds to the crisis of illness by assuming control of their lives,

developing a fighting spirit, achieving peace of mind, and actively participating in the doctor-patient relationship.

One booklet reports that:

To work on one's own health, additional information and instruction is needed beyond what is provided during medical consultations. To meet such needs, staff assist clients in choosing classes and seminars on holistic health and personal growth topics.⁶

Another brochure describes biofeedback as "available as an introduction to introspection and self-directed change," the emphasis always on what one can do to make oneself well. One brochure suggests that "the practice of creative imagery assists you in contacting your "inner healer/guide." ⁷

The value placed on individualism and self-healing is high, and patients would ideally learn to: rely on their "inner reality," "intuitive voice," "voice within," or "the healer within;" tap their "inner resources of healing;" look to "inner guidance for the healing process," "the silence of (their) intuitive heart," "the inner teacher - that part that already knows how healing happens," and meditation as "the bridge to look within."⁸

While these phrases hint at spirituality, there is no mandatory relationship with a caring, providing, overseeing God. Unlike some self-help languages which rely on notions of individualism, the holistic language is not about turning control over to anyone, a higher spiritual power or otherwise. It is about taking back and using control, by tapping into one's inner "resources."

This language does not place a value on leaving the outcome up to anything or anybody else but taking responsibility, taking charge, and taking over. Words suggesting empowerment are central to the holistic language.

SUMMARY: LEARNED POWERFULNESS?

Very often, an experience of powerlessness from a frustrating medical experience or crucial diagnosis is followed by new notions of power and control, which become important motivators to holistic users. Loss of faith in one medical model is a precondition so that when a crucial experience or sudden worsening of illness occurs, respondents do not accept, as fate, the information they received in the doctor's office. Thus they seek solutions elsewhere. New notions of power and control are imbedded in a language which influences beliefs and behaviors, socializing holistic users to a faith in a new medical model.

Seligman et al. (1968) found that dogs placed in an experimental situation where they could not avoid receiving shocks, would not try to escape the shocks once the escape barriers were removed. About the relationship between fear and learning, the researchers applied their theory to humans, suggesting that people "learn" to become helpless when faced with insurmountable obstacles, and remain so even when the obstacles are removed. Helplessness sets in when one feels out of control, or that control of a situation has been taken

away. Seligman also suggested that a person who experiences helplessness in one situation may be more likely to act helplessly in other situations. I hypothesize that respondents in this study see holistic medicine as a way out, or a way to make sense of a previously senseless situation. At some point, they reject a loss of control over their medical decisions, and "detour" toward what they perceive as greater mastery in decision making.

Kobasa (1982) found that among business executives and lawyers, those with a great deal of stress protected themselves from illness by attitudes that make up the "hardy personality." One of these attitudes is of control, the opposite of helplessness. Respondents in that study believed they had influence over the events in their life; theirs was an attitude of competence, mastery, and agency. They did not see themselves as victims of circumstance; in short, they rejected the role of victim.

In my study, the prerequisite for inclusion in the sample was that the respondent had used a holistic healer at some point in their lives. Consequently, reasons they gave for first using holistic medicine were more likely to be out of medical necessity. But this study shows that the majority of users were only minimally aware or not aware of holistic medicine until they gradually learned about it from the healer, and suggests that such a relationship played a

significant part in their continued use, as well as their learning and espousing more of the ideology.

In general, the "use" of holistic medicine can encompass a whole range of activities; some see a practitioner because they seek personal growth and greater self-awareness; some go to holistic health spas for rest and relaxation or a vacation; some go to holistic centers for health paraprofessional training (such as acupuncture or massage therapy); and some go to holistic education centers for exercise classes where they practice tai chi chuan or yoga. But while the majority engage in these health maintenance activities now, these types of activities were not the ways by which respondents in this study came to their initial encounter with holistic medicine.⁹ Many people learn about holistic medicine from books, television shows, and magazines, but their continued involvement with holistic medicine is sustained by an understanding of and conversion to the ideology, facilitated by a change of language.

The next chapter shows that the expressed form of the ideology, like the formal version, is highly focused on rationality and control, indicating that respondents' norms and values, while appearing "countercultural" are located firmly in the dominant, technocentric culture.

NOTES

1. The types of practitioner first sought by these 27 respondents were: acupuncturist (in 4 cases); acupressurist (8); chiropractor (3); physician using holistic therapies (7); and spiritual or psychic healer (5).
2. The health center from which respondents were selected participates in and sponsors local health fairs and health outreach programs, but does not advertise with radio, television or newspapers.
3. From the brochure by Ron Dushkin, M.D.: "Wholistic Medicine: Caring for the Whole Person," obtained through Kripalu Center, Lenox, Massachusetts. Also, from The Center for Holistic Medicine, New York, New York brochure.
4. A 1990 brochure from the American Association of Naturopathic Physicians entitled "Naturopathic Medicine."
5. See Bernie Siegel, M.D., a surgeon whose best selling book Love, Medicine and Miracles, (Harper & Row, 1986) is based on holistic principles.
6. Quote taken from a brochure from The Center for Holistic Medicine, New York, New York.
7. See Ron Dushkin, *ibid.*
8. This list synthesized from an analysis of terminology used in catalogs of classes and seminars held at Interface in Watertown, Massachusetts and by Omega Institute for Holistic Studies, Rhinebeck, New York.
9. New Age phenomena is a related trend, but not necessarily a precursor to the use of holistic medical practitioners. Those who first learn about holistic medicine through a practitioner might then be open to investigate New Age spiritual modalities and healers. But the reverse seems unlikely; these data suggest that people using New Age healing techniques would be unlikely to incorporate holistic language, embrace the holistic ideology, and change to new health behaviors, without the career path of prior detachment from the mainstream ideology, a crucial experience or transition person, and a socialization process.
To qualify, respondents in this study were primarily concerned with medical, not spiritual, healing and sought a

holistic practitioner; but only one respondent cited any influence of New Age phenomena on her "openness" to holistic health views.

CHAPTER 7: HOLISTIC MEDICINE: A "COMPETING" IDEOLOGY?

INTRODUCTION

In the last chapter, it was pointed out that continued use of holistic medicine involves a path of desensitization, a crucial experience or key transition person, and then socialization to the holistic ideology. Socialization to holistic beliefs, norms, attitudes and values is facilitated by a change of language, the language of holistic ideology, which is learned by all who embrace holistic medicine but seems most likely to be learned by those who have an on-going relationship with a healer. It was suggested that there is an interactive effect between learning the language and the growth of the ideology. The data in this study show that ideology is not what attracts people to try holistic medicine or use a holistic practitioner, but plays a central role in motivating individuals to use holistic care for medical problems and health maintenance.

It was pointed out in chapter 2 that the holistic ideology is based on a model of health care with six key components. But chapter 6 shows that the language, or "formal ideology" as culled from an analysis of books and pamphlets reflects the need for control and a fixation with individual responsibility. While appearing counter-cultural or sometimes highly deviant, the holistic ideology is in many ways an outgrowth of scientific medicine, namely through the themes of rationality and control.

IDEOLOGIES: TWO THEORETICAL PERSPECTIVES

Geertz (1973) points to two different theoretical perspectives to explain ideology: interest theory and strain theory. Interest theory explains ideology in terms of conflict or struggle; that ideologies are used to get or maintain power. Ideas are sometimes weapons. Rooted in Marxian theory, interest theory draws upon the analysis of social structure, and emphasizes that ideologies are used to advance the economic power and privileged status of those who profess it.

Strain theory, on the other hand, explains ideology as a remedy, an effort to restore equilibrium, a way to flee anxiety. Strain and interest theory are not necessarily mutually exclusive or contradictory; an ideology can simultaneously smooth inconsistencies and advance interests (Geertz 1973; Gieryn 1983). But I see each perspective as useful to explain certain types of ideology. Ideologies arise out of different circumstances, and therefore, not one theory can explain the existence of all ideology.

As mentioned earlier, the holistic model has been portrayed in both the scholarly literature and the popular media as a response to the dominant medical model, lending support for interest theories. Physicians are never disinterested economically, politically, or ideologically in protecting their professional medical "turf" from the encroachment by alternative practitioners and quacks. Five

respondents in this study feared reprisal from medical professionals in the form of refusing services, not answering telephone calls, or alerting other physicians.

It is easy to see how a polemic arose around the notion of competing ideologies of conventional and holistic medicine, but they are more similar than what may appear on the surface. While holistic medicine could be explicated by either theoretical model, data in this study lend support to strain theory.

CLEARLY DIFFERENT: THE MACHINE METAPHOR AND MEDICAL IDEOLOGIES

In her analysis of the conflicts surrounding procreation, Katz Rothman (1989) points repeatedly to language to illustrate the way "interest" ideologies of patriarchy, capitalism and technology become imbedded in our ways of thinking about the world. Everyday expressions and taken for granted phrases such as "products of conception," "having a child of own's own," "female plumbing," etc., are reflections of these ideologies, and serve - by our unconscious use of them -- to legitimize the domination of men over women and children. She reminds us that ideologies as pervasive as these shape our ways of thinking by the very words, phrases and metaphors used to explain and maintain hegemony in an industrial society like ours.

An ideology is a system of ideas that uses belief and value terminology -- unique phrases are conjured up to express

what is real (beliefs) and better (values), and therefore creates its own new sublanguage. Ideologies often make use of tropes, words used not in a literal sense; for example, metaphors ("A mighty fortress is our God" or "War is hell"), similes ("She is like a rose"), and analogies ("The heart acts as a pump"). The machine metaphor provides an in-depth example of the connection between language and thinking, as a prelude to the analysis of medical ideology.

New ways of explaining and thinking about the world followed the invention of the machine in the sixteenth century, and language began to conjure images of everything and anything functioning "like a well-oiled machine." One machine metaphor in particular changed our language and thus our thinking entirely: the image of the body as machine. For example, we hear the heart likened to a pump with valves, or the word "tissue," an analogy borrowed from the textiles industry and used by scientists to explain living matter. Science and technology have developed side by side, supplying industry with knowledge and resources, and infusing language with mechanical words and images.

In the 19th century technologies increased and displaced spiritual explanations of life. In medicine the microscope and stethoscope enabled physicians to learn more about how the body functions (Miller 1978; Rossdale 1965) without having to rely on patient input about symptoms and ailments (Reiser 1978). As medical theory became more removed from the

everyday experience of the patient, and patient input became subordinated to instruments, illness became localized to component body parts (Rossdale 1965; Reiser 1978). Localization of illness made the machine-like body a site of disease entities to be detected by the physician, and later, by the specialist (Rossdale 1965).

The increased technology and increased specialization in medicine allowed physicians, as "experts," to increasingly impose their language and imagery on conceptualizations of the body. By tracing the use of medical terminology, we see an historical connection between the ubiquitousness of machines, and the objectification and secularization of the body. As the body ceased to be sacred, and became the object of medical discourse, it became more and more controlled by scientific medical regimens (Turner 1984).

As Katz Rothman (1989) points out, what becomes valued under an ideology of technology are order, rationality, efficiency and control. The ultimate value in this way of thinking is the efficient use of resources for the pursuit of goals (Katz Rothman 1989:51). She says, "The ideology of technology encourages us to see ourselves as objects, to see people as made up of machines and part of larger machines" (Katz Rothman 1989:28). More specifically, the body is seen as a resource for the achievement of certain ends. Whether we admit it or not, the machine metaphor has permeated our ways of thinking about the body, medicine, disease, illness, and

health. With this notion of body objectification and bodily control¹, the machine metaphor as regarded by holistic users will be reviewed.

THE MACHINE METAPHOR AND THE EXPRESSED HOLISTIC IDEOLOGY

It is the machine metaphor which overarches all medical systems as understood by Americans. We think technologically. Several respondents were aware of the body as machine metaphor, and used it as the antithesis of what they believe:

I believe that people don't understand that they're attached to their bodies....My grandmother said it. She actually said it in these exact words the other day. She sees her body as a car that she can take to the doctor like you take it to the garage and get it fixed. She actually said it, and I had never ever said this before, she said it all of her own accord. And she meant it.

I'm laughing because I have used that image, and people I know use that image as the exact opposite of what we believe is the way the system believe the way to health is. And I'm laughing because it's just the quintessential image of the person separate from their body. And the helplessness of it.

And there it was, someone who actually said it. And bless her, she really believed it. She wasn't saying it to be flip or clever, but. And obviously, it did work for her for years and years and years.... but she said it because it she was upset because it's not working now. [Why?] Because she just went through a bad illness and she couldn't take her -- she tried to take her body to the doctor. And get it fixed and it wasn't working. The fix wasn't working. She wasn't getting the immediate lube job. [How did she respond to that?] She was very angry, she was very upset. And what I think it asked her to do a little bit was question her belief in and her expectations from medicine and medical care, and what that whole system is all about. And what her relationship is with her body. Which is what happened to me but on a much more all-encompassing and enormous level.

Another said:

And again with the general public, I believe there is a tremendous... along with the image of the car ... you can

take it to get it fixed, and the fact that "Oh, it's your fault why I'm ill; -- its because of (something) completely external to me".....there is a tremendous prevalence of people not -- I'm going to use another buzz word -- of people not taking responsibility for themselves and for their own bodies and for their own environment.

One male respondent used the metaphor inadvertently:

For the most part, I am, being into karate and other things, I want the optimum physical performance for my body. And also I want to feel good and be healthy. If I know it's more burden than good, I won't do it. Anymore than I would do something damaging to my car. Most people are more aware, maybe some men are, of their cars and optimally treating cars, what they put into it - - their best oil and gas, than their body. It's only because of their view being that narrow (that they think about it that way).

Yet another used the machine metaphor to describe a physical process:

You'll get the congestion in your lungs or whatever, so when the bowels empty, the liver detoxifies somewhat, because its got less pumping and work to do. **There's a little motor in there....**

Undoubtedly, language has influenced these users' expressed beliefs about their body. They must be considered in context, however, and more about the mind/body connection will be addressed later.

And undoubtedly, the machine metaphor illustrates the differences between medical models. The following chart² conceptualized each medical model as having different priorities; note that health is the top priority on the holistic side of the chart.

**Conventional Medical Model -
Concepts of Disease and Health
Disease**

An aberration caused by pathogenic agent, or "germs" such as bacteria or irritant, which can be identified by and will manifest in a set of symptoms. Contact with a pathogen yields disease.

Health

Health is indicated when disease is absent. When a health problem arises, somatic (physical and physiological) symptoms are considered and evaluated in relation to the statistical norm, socially constructed from the majority of cases that present themselves to the physician.³ It is assumed that sanitary conditions, moderate exercise, and proper nutrition are necessary to health.

Diagnosis & Therapy

Diagnosis is morphological. Medical advice must be followed, and the prescribed therapy (drugs, hospitalization, surgery) must be carried out in order to kill off the pathogen.

The Physician

Technical medical expert possessing the knowledge of diseases and skills to cure them. Physician's role is to correctly diagnose and then prescribe the therapeutic regimen which will eliminate the disease.

The Patient

Patient is a passive recipient of medical advice. Patient's role is to cooperate and comply with physician's instructions, and to modify behaviors that are counterproductive to the prescribed therapy.

**Holistic Medical Model - Concepts
of Disease and Health**

Health

Integration of mental, physical and spiritual activities bring harmony, the result of balancing opposing internal and external forces. Health is multi-dimensional; physical healing is only one aspect. Physical health requires proper sanitation, nutrition and exercise.

Disease

Indicates disharmony between the individual and his/her environment. Disease is a somatic message indicating disruptive external and/or internal forces, e.g., a cold may be the result of improper stress management, not getting proper rest, trying to achieve too much, not slowing down, etc.

Healing

Requires awareness of the underlying or "root" problem, and adjustment to reintegrate the mind, body, spirit. Practitioner's expertise and patient's awareness are interactive.

Role of the Practitioner

Teach the patient how to manage illness and how to maintain a better balance of mental, physical and spiritual wellness.

Role of the Patient

Patient as active participant is responsible for the outcome of attempts at healing. Since most diseases are behavior related (the result of mental and spiritual activities with physical outcomes) the patient must develop the discipline to exhibit only those behaviors which foster good health.

The chart shows one of the ways in which holistic medicine has been portrayed as the "other" to conventional medicine. But a comparison⁴ of other components shows the ideologies are quite similar in some respects:

1. Both holistic and scientific medicine make claims to truth and excellence

Robert Park wrote a book review in 1925 about the history of medical science as "the processes by which something approaching a scientific technique for dealing with disease has gradually dissociated itself from purely magical, religious practices and religious ritual."⁵ Of central importance to the ideology of conventional medicine is its grounding in science⁶, and the reification of the belief in medical science as truth and reality. Because the practice of medicine is controlled by the state (see Chapter 2) and is restricted to those with professional power and expert knowledge, the belief in medical excellence helps to justify patterns of professional dominance by "experts" (Foucault 1972) although medical research and practice is far from excellent.

A similar belief, or at least the hope, exists among users in the power of holistic principles that, when followed faithfully, will deliver results. Almost unlimited power is in the hands of the person who chooses and creates his or her own reality.

2. Both holistic and scientific medicine seek rational control of the body

Rationality in science and the social value of control through technology has led to both the desire and belief that scientific medicine can and should correct physical characteristics that do not correspond to the statistical norm. The object of medical research aligns with notions of physical perfection of the human species.

Although holistic users seldom expressed notions of physical perfection, the formal version suggests that perfect health is accessible to everyone who is willing to work at it.

3. Both ideologies emphasize the role of behavior and individual responsibility for health

Theories of the doctor-patient relationship (Parsons 1951) emphasize the normative expectations inherent in each role, and that the patient is expected to seek professional help in exchange for the exemption from responsibility for his or her illness and routine social obligations. Although many have critiqued this model, it has been widely used in the analysis of medical help-seeking behavior. In the 1970's, however, increased financial burdens from skyrocketing health care costs in the post-Medicaid/Medicare years (see chapter 3) resulted in discourse which questioned the role of behavior and lifestyle as a major contributor to illness (Fuchs 1974; Knowles 1976), promulgating notions of individual responsibility for illness. A finger was pointed at risky

behaviors such as smoking, drinking, and overeating, suggesting that most illness is preventable, but deemphasizing the illness-generating conditions of society (McKinlay 1986). Role theory would suggest that responsibility for the disease and its cure is partly the physician's, but financially it is completely the patient's.

Holism has been called an ideology of choice as well as a victim blaming ideology. Although only one component of the formal ideology, individual responsibility for health was by far and away the most frequently and clearly articulated component expressed by respondents. Implied in these beliefs is that the individual, then, is also responsible for illness. As an "ideology of choice" (Lowenberg 1989) beliefs range from a milder to a more radical version. In the mild version, elements of choice are implied within statements of responsibility, but individuals are not condemned for illness. A more radical set of beliefs preaches the importance of thoughts in determining disease, health and death, and uses phrases like the "will to live" and "choosing a particular disease state." Words of volition, will, and agency are key. This view assumes that the patient has a wide range of control, and has been accused of ignoring the social and environmental effects on illness, suggesting that we create or choose our health, we create our own reality, and that everything we have and are at this moment is a result of what we have created for ourselves thus far.

To a certain extent one's behavior and lifestyle is a determinant of wellness. One respondent explained:

The acupuncture has worked on me when I've been in pain, the acupuncture, the (other therapies). But, see...it's an overall thing.... you have to want to help yourself is what it comes down to. I think in a lot of cases, everybody is looking for the one pill that will cure them and they can do what ever they want. And that's what a lot of it is. Just like everybody's looking for that one button on the computer to correct all your work. If I lift something the way I'm not supposed to lift it, if I do exercises that I'm not supposed to do -- like, I had taken some yoga classes here and I have to modify the exercises because of my background. If I were to do it the way they do it, I would hurt myself again. If I were to lift incorrectly, I would hurt myself again. If I eat incorrectly, I get sick again. So I have to work on it, I have to be willing to want to make my, keep myself healthy. I see a lot of people coming here (to the health center) where they were told to do something, did it, felt results, didn't want to do it anymore, went back (to their old ways), and don't want to be bothered.

You know. Who can cure me? Who can just give me that one pill, (so that) I can eat whatever I want and I can lay in bed all day and never do anything? That's what I think a lot of people are geared toward.

But when lifestyle and behavior becomes an explanation for the cause of illness, accusations of "victim blaming" come forth. Each of these respondents struggle with the issue of moral blame in illness:

I think smoking makes people ill, and that's something they can correct, themselves. Smoking is your fault. I would say cases that aren't your fault to the point of I'm sure there are a lot more ill people who live in (this city) as opposed to way out in the country that have more fresh air, cleaner water, cleaner living, and less stress conditions. You can say in a way, it's not your fault, because it's not realistic to say, "Hey, move. And go to a better place," because you just can't do that.

To me, there are so many factors that can affect your health, it's incredible. People.... You get to the point where you feel, [laughing] "I can't eat anything, I can't drink anything, I can't breathe the air

Everything's contaminated, has pesticides.... You know, and you have to say, "Okay, that's the way it is" and do the best you can.

I can't say you make yourself sick on purpose, but you do make your own health. Most people don't believe that. They believe it's the will of God. It's not the will of God. If you can make yourself sick you can make yourself well.....

As Lowenberg points out, there is a range among respondents as to the articulation of who is responsibility for what. In general, the use of holistic medicine appeared to bring many positive changes on an individual level to the respondents in this study. However, its use may actually prevent changes on a societal level, because it reduces pressure to bring sorely needed political change to the medical system as a whole. The use of holistic medicine allows some to ignore socially and politically induced sources of illness such as unsafe workplaces, an unhealthy environment, and manufacturers such as tobacco companies, pharmaceutical companies, and corporate polluters and their role in illness manufacturing.

Some would suggest that holistic users are more socially conscious than others. One respondent argued:

I feel more people are taking responsibility for themselves, do not want to be dependent on other people. This is what I was saying before about the general population doesn't want to be responsible for their own lives. They want to look outside for blame but I think more and more people, as they're becoming aware, are wanting to be independent and take responsibility for their own lives, and so they are looking for ways in which they can create an ecological lifestyle for themselves; ecological by looking totally at their environment and making sure everything in their

environment is as balanced and their choice rather than something that just haphazardly happened. Making positive choices about the world that they want to live in.

It is possible that taking responsibility for one's illness is a way to ward off feeling powerlessness and victim-like. As suggested in Chapter 6, respondents' perceptions of illness changed to incorporate new beliefs about the behavioral, not just physical and environmental, factors in health and illness. Respondents' self-perceptions describe their processes of giving up the victim stance and assuming responsibility. I have termed their process "learned powerfulness."

Sasz and Hollendar (1956) critiqued Parsons' model of the doctor-patient relationship as one based on the activity/passivity of parent and child. Once free of the conventional medical model, respondents reported assuming a more mutual-participatory stance with respect to their own medical decisions. They reflected on the role of their behavior in health and illness (see Chapter 6).

4. Both holistic and scientific medicine require medicalization of life and the commodification of health needs

When a behavior becomes reconceptualized, redefined and labeled as a medical problem, medical vocabulary expands into areas of life previously not controlled by medicine (Zola 1972; Fox 1977). This medicalization is usually associated with formerly deviant behaviors such as alcoholism or drug

addiction, but includes everyday occurrences and common life events such as childbirthing or aging.

Few authors have addressed a similar expansion in terms of wellness behaviors and an obsession with health (exceptions are Zola 1972; Fox 1977; Parsons 1979). The commodification of health needs has done for the wellness expert what medicalization has done for the physician, by expanding the demand for their services. In the same way that the labels 'healthy' and 'ill' have become relevant to an ever increasing part of human existence (Zola 1972:80) many have become hypervigilant of their health status and well-being.

COUNTERCULTURE OR HYPERCULTURE?

When considered in light of both ideology's reliance on control and rationality, the two models seem similar. Although holistic medicine has been equated with a back to nature movement, technological thinking has influenced holistic ideology, especially its formal language.

The formal language is one of techniques and modalities, explicitly suggesting that the individual must learn to heal herself, and to assume control over her "mindbody." I argue that the formal version is a product of technocentric ideology: it is a language of taking control. Like technological ideology, holism stresses (personal) resources for the pursuit of (health) goals. By comparison, the ideology as expressed by these users -- many of whom are/were

still in the early learning stages -- shows that the theme of individual responsibility filtered through all issues they spoke about.

The following is a consideration of these issues in light of two components: that illness has meaning, and the spiritual component.

Illness has meaning

I considered that those who expressed this thought had adopted more of the ideology than others, because this idea involves not only an unusual and highly deviant belief about illness, but also one that is difficult to explain because it involves an irony. In other words, whereas illness is usually seen as a bad or undesirable state, here the idea gets turned around. Respondents who subscribe to this belief think of illness as a gift, an opportunity to learn a lesson, because illness has a message which is meaningful and subconscious, and that we/our body creates illness so that we might find the message for ourselves and learn from it.

One respondent who had been sexually abused came to see her chronic bladder infection as a way of forcing herself to confront her avoidance of sexual relationships. She spoke of the emotional and spiritual components of the illness:

.....(I was) sexually abused. And I had no recollection for many years until I started to go for acupuncture, and started to talk....I started connecting with my emotions, like there are a lot of things from my childhood I had suppressed, and had not....had totally blacked out.

It kept me from having a relationship with the opposite sex. I was having such a problem but you couldn't really get into a deep relationship with someone, there is just really no way. Because of the problem.

So I protected myself, like, "You see, now I don't have to get involved with anybody so I can keep myself distant." I can't get involved if I have an infection.

Although she referred to the spiritual component of the illness, she was not raised in any particular religion, and said that religion did not influence her decision to use holistic medicine:

I believe in God, but I don't really believe in a particular religion. So none of that really had any role in this. The role I had in this is I wanted to get myself better. And I knew this was the only way to do it. It had nothing to do with religion....

Another respondent explained illness as a lesson to be learned from:

My assumption is -- and it's a broad assumption to make -- my assumption is that people tend to see sickness as something that happens to you from the outside that you take something from the outside to get rid of. Take a pill to get rid of a cold. I probably look at it more as internally generated, and I definitely view illness as a metaphor for some unexperienced.... some area of unconsciousness that we somatize. That's one way I look at it. I also look at it as sort of revolutionary. There are lessons to be learned in everything and sometimes we don't see them if we don't want to see them.

Let's see, if they come around and they knock softly and we don't hear the knock sometimes we make, we create something that will get our attention and sometimes, like a typical type A personality who runs like crazy and works like crazy and can't slow down, will create an illness that forces them to slow down, you know, heart attack or something, that forces them to pay attention to what they're not doing and how they're not taking care of themselves.

Some respondents did not refer to this idea in the context of spirituality, and others did. One respondent mentioned illness as a catalyst in her life without thinking of it as spiritual:

Getting sick actually gave me the opportunity to do two things. First of all coming (here to the health center) which has changed my life. And second, getting into a support group. Beforehand, I wasn't feeling good about myself. I was doing less than I wanted to, even though there is really good therapy here (at the health center).

A psychologist leads the support group. She said I came now because I was ready. Before, I thought of it as something nice to do. Now, it's necessary. Before, I didn't take the time to look at what was going on in my life. Now, I do. [Why necessary?] I learned I had the time, I learned to prioritize. I discovered what was important for me, not for my husband and not my for kids. For me. It's necessary in the sense of part of total healing.

I didn't think in terms of energy and healing before. Now, these are concepts I'm pulling into perspective about what I want and where I'm going.

But another respondent expressed a similar thought, in connection to spirituality:

We create our own realities. We set up, we are taught, educated into it by our family experience into creating a certain way of looking at the world and our place in the world, including what kind of illnesses we'll have, and that our body our minds and our bodies do everything to reaffirm what we want to believe about the world. And that we can mentally or spiritually make ourselves well or put ourselves into a state of health; sometimes our body needs to be "tricked" into getting over an illness. [How would you do that?] By getting it to let go of whatever stress or suppression its holding about the emotional or spiritual issues that we're dealing with. That those are the real issues and they manifest themselves physically in illness or accidents.

Many addressed the connection between individuality and uniqueness; individuals are not all the same when it comes to

illness. If illness has a meaning for you, it's yours and cannot be generalized to other people.

One reason why the idea of illness as having meaning is espoused is because it is intrinsically connected to the belief in the body's innate ability to heal itself. None of the respondents were recovering from a terminal illness; however, a case history⁷ was written about a medical nurse diagnosed with stage IV malignant melanoma -- one of the more deadly forms of cancer -- which tells of her complete recovery, due in part, to her search for the causes of her illness, including taking time to reflect upon the purpose of her life.

The authors show that the whole family was involved in the patient's healing process, and that she did not do it completely on her own. She attributed her recovery in part to them, but the focus seems to be on her change of diet and lifestyle. The nutritional counselor Michio Kushi, of macrobiotic fame, told her "You made your cancer, and you can cure it."

Although it is doubtful that Kushi meant to impart blame to the patient, one can see from such a quote where accusations against holism as victim blaming ideology come from. Victim blaming is a serious potential threat to women's well-being when it is suggested that physical illnesses as bladder infections or various types of cervical cancers are "illnesses women brought on themselves to teach themselves a

lesson;" it obscures the role other factors might play in their illness, such as the unsafety of the environment or untested birth control devices. When recovery from emotional traumas due to rape or sexual abuse come to be seen solely as women's responsibility, the intended consequences might be to empower women but the latent consequences of such a view are that it diverts attention from the perpetrator to the victim. A perfect example is to favor martial arts classes for women; while women should be able to defend themselves against attackers, this thinking obscures the fact that men rape and turns the focus to "women should defend themselves."

Like the woman mentioned earlier, another incest survivor's issues were with illness as meaning, repression of emotions as the cause of illness, individual responsibility, all at the same time:

You see, I was an incest survivor. There's so much I didn't remember about it until I got sick. I've been able to deal with the emotional issues by going through all this. You know, cervical cancer is a female cancer. I was Stage 4 cancer. Now, I've learned to take care of myself and take charge of my life.

The cancer is teaching me about taking charge of my life. Childhood stuff was bogging me down. Cancer frees you or it can kill you too, if you let it. Now I live my life the way I want. I'm taking care of my needs, not their needs (friends who deserted her as she began using extreme alternative anti-cancer therapies.) They had their own beliefs and they wanted me to follow their healing methods. Emotionally I worked it out on my own.

Note that she took a traumatic situation and explained it in a way that expressed empowerment for herself. The belief in individual responsibility as an empowering component to the ideology, in illness as a "time-out," an opportunity to

self-reflect and to establish priorities in one's all too busy life, connects the individual with a spiritual purpose. Since illness brings vulnerability and dependence on others, respondents questioned their significant relationships, as in the preceding quote.

The Role of Spirituality

Only three respondents in this study mentioned religion or spirituality without being probed. Even then, there was a consensus that spirituality had not influenced their decision to try holistic medicine in the first place. One respondent explained that:

I think you can be involved in holistic measures for the way you run your life, totally oblivious to the fact that there could be a spiritual aspect. I think it could be totally devoid of that, and probably is for most people. If the person has some connection with their own spirituality, and has questioned "who am I? what am I doing here? where am I going?" then, if they've come across holistic health, they see a connection. A more natural type of connection, so that holistic health would then encompass the spiritual aspect.

But that isn't the part most people would be open to unless its something they've already thought about; they would initially not even see that that's being offered as a direction. [So that's not what people are attracted to?] No, I don't think it is.

Another said:

There are people that, without holistic health, investigate philosophical systems. There always have been. In ages past, they were all underground. Even alchemy, they say, really was a cover up for philosophical groups that had to keep what they were studying under cover. I don't think people really connect (spirituality and holistic medicine) unless they end up with something like I did - in the right place at the right time, where it's offered in some context that puts them together. I don't think a person pursuing spiritual

interests looks to holistic health in particular. They may come across it, or there may be some part of that population that is more holistically inclined. But I think they would need some sort of introduction to that field to make any type of connection.

Furthermore, the few that indicated it to be part of their healing process were inarticulate or hesitant to venture into a discussion of spirituality. They were much more likely to talk in terms of "energy." These were people who were training to be or already were massage therapists, and their comments always referred to the positive or negative energy connection as an inevitability between healer and client.

THE ROLE OF IDEOLOGY: IMPLICATIONS

Respondents' continued use of holistic medicine seems better explained by strain theory than interest theory, as described above. Some people had a need to take on an ideology that was consistent with a new situation or the change brought on by a stressful life event, such as a chronic or terminal illness. If the patient is thrust into the situation of needing a new system by which to explain the illness in the first place, it makes them susceptible to an alternative way of thinking about the consequences and possible options or outcomes that might bring relief or change.

Many wanted to challenge the biomedical verdict that theirs was a bleak fate of being ill and medicated permanently or even indefinitely. Some rejected surgery as an option. I

hypothesize that these are individuals who needed a new belief system; they rejected the old one as unacceptable or ineffectual, and they happened upon a new one that would bring some integrity or new meaning to their life. They were ready for a medical model that could explain the world in terms of what they wanted for themselves. For them to try holistic medicine, it should be a model that explains things in terms of their power and control over their experience. It must make sense to them in light of their recent medical problem or diagnosis.

This was expressed well by one respondent:

I was open minded. I was willing to try acupuncture. I was willing to try biofeedback.... If I got there and it didn't work for me and it didn't make sense to me I wouldn't have continued. I would have said, "Ah, this is a bunch of baloney." There's a difference between not working and not making sense. Ahhhha! Things don't always work the first time. Some processes of recovery take a long time. You don't just take an aspirin and (get better).

Just because it doesn't work the first time doesn't mean that you throw it out, because sometimes the baby's in that bathwater. But the reason I would stick with things is because they made sense to me. What made sense to me was when I would come into a new experience whether it was acupuncture or biofeedback or whatever, and the practitioner would give me a two or three paragraph explanation of what was happening. You go in there, and they'd say 'Look, this is what biofeedback is about and this is what we're going to be doing for the next four sessions.' And they'd explain something that had to do with the interrelationship and interconnected between body and ideas (or) mind, and emotions. And that these parts all fed off of each other. And they're all inextricable tied together. You didn't just go and fix the body. And these ideas, when I heard them, I went, "yes, of course!"

Among those who had been diagnosed by medical doctors as having severely debilitating diseases, comments suggest that at no time did they accept it as their fate; rather, they rejected a belief in the diagnosis but said that the event was a major impetus in their decision to try holistic medicine. Whether this actually happened, or they reinterpreted the story in light of a new ideology, is difficult to analyze since it can only be done in retrospect. One result of continued use of and commitment to holistic medicine may be that the desensitization to biomedicine may actually increase in importance to them as they develop a repertoire of ideas and shared horror stories about its failures. As they develop a new language and techniques for developing a "healthy mind and body" they may also learn phrases and terminology that express their past dissatisfaction with their old doctors. As these holistic patients interpret and reinterpret their previous medical histories and the histories of their friends with a new, holistic language, the stories they tell themselves are recreated into new stories.

Several respondents reported experiencing an emotional jolt and facing overwhelming feelings of loss of control during and after a major transition or crucial experience in their life (an accident, bad injury, a diagnosis of cancer). One of the functions of an ideology is that it can bring meaning to otherwise incomprehensible social situations. Ideologies arise when sociopsychological strain is present,

but cultural resources to make sense of the strain are absent (Geertz 1973). On a societal level, the state of scientific knowledge in medicine has endowed patients with the expectation that miraculous cures are possible; however, when individuals suffer from an illness which scientific medicine cannot relieve, and when they lose faith that relief is possible from scientific medicine, they experience the strain but lack the resources to make sense of it, given mainstream medicine's explanations and theories of cause and effect. Within a period of time, faith in most of the knowledge system breaks down.

While I believe that ideologies are always "stories we tell ourselves," I see a distinction between those stories we tell ourselves to rationalize our control over other people and situations, as explained by interest theories, and those we tell ourselves to rationalize when we have no control over our own situation, as explained by theories of disequilibrium and strain.

SUMMARY

On the surface it appears that holistic ideology arose in response or "counter" to the dominant medical ideology. But based on the responses of those who use holistic medicine as to why they sought out alternative medicine in the first place, many were overwhelmed or devastated by some sort of medical "verdict" and one way of coping was to change what

they believed in. This chapter points out that while often portrayed as an alternate or counter-culture view, holistic medicine is connected to the dominant cultural through a language containing metaphors and images of technology. Notions of control, self-control, individual responsibility, techniques for healing, all point to the rationality so characteristic of post-industrial society. Although users express ambivalence about modern medical technology, they implicitly want the control that it brings. While rejecting the means of scientific medicine, they accept the ends.

Some have noted the exploitation of illness for private profit as a feature of health systems in Western capitalist societies through the commodification of health care needs (Waitzkin 1974). Others have suggested that alternative forms of healing will grow only as long as they "resonate with ideological changes in the economy" (Berliner 1982:164). This study has shown that holistic medicine gains support from the dominant culture in the value placed on individual responsibility, and sometimes goes beyond the dominant medical ideology in the value it places on rationality and control over illness and health.

NOTES

1. In an excellent analysis of the ways bodies are controlled in a capitalist economy, Peter Freund points out that the subversion of "improper" bodily noises and functions causes certain illnesses to develop, for which medicine has developed many a remedy.
2. Adapted from Guttmacher (1979) and Waitzkin (1981).
3. See Freidson (1970:275).
4. Adapted from Waitzkin's model (1981) which analyzes conventional medicine only.
5. Robert E. Park. 1925. American Journal of Sociology 30, 5.
6. The history of how germ theory came to dominate medical science and how scientific methodology became the norm for the education and practice of medicine has been studied extensively. See, for example, Brown 1979; Berliner 1975; Waitzkin 1981; and Starr 1982.
7. See Macrobiotic Miracle - How a Vermont Family Overcame Cancer, 1984, by Virginia Brown with Susan Stayman, Japan Publications.

APPENDIX A: A SAMPLE OF AUTHORS

From a list in the October 1986 issue of East West Journal entitled "Health Best Sellers" I selected a sample of authors who:

- 1) are considered to be leading spokespeople in holistic health, and
- 2) were mentioned by my preliminary interview respondents, and
- 3) have given lectures or seminars within the past five years at one of the following education centers: Interface, Omega Institute or the Open Center.

The following list of authors and book titles was used for the content analysis:

Lynn Andrews, Medicine Woman (1983)

Herbert Benson, The Relaxation Response (1975)

Norman Cousins, Anatomy of an Illness (1979)

Shakti Gawain, Creative Visualization (1978)

Louise Hay, You Can Heal Your Life (1985)

Bernie Siegel, Love, Medicine and Miracles (1986)

Chogyam Trungpa, Shambala: The Secret Path of the Warrior (1984)

APPENDIX B: A WORKING MODEL

A content analysis was done on: 1) a random sample of 30 issues of East West Journal for years 1984-1989; 2) The self-definition and focus as described by East West in their Writers' Guidelines and in the 15th Anniversary Issue article entitled "The Way We Were 1971 - 1986: A Retrospective;" and 3) A sample of 5 writers (See Appendix A).

The following was then conceptualized as a formal, working model of holistic ideology:

I. CAUSE OF ILLNESS - Stress and excesses associated with modern living. Inability to love oneself. Improper food/diet/nutrition, in conjunction with a lack of self respect manifests in a number of ways, one way is illness.

II. ROLE OF BEHAVIOR IN PRODUCING ILLNESS AND PROCURING HEALTH - The patient must take responsibility for the recovery. Health awaits in healthier nutritional habits and a change in thinking: faith, a fighting spirit, affirmations (positive mental messages repeated over and over), visualizations, meditation and relaxation.

III. MIND BODY CONNECTION - Mind, body and spirit are interconnected in disease and health. The mind mobilizes the body's capacity to bring on or ward off illness. Love, hope, laughter and will to live have therapeutic value. Psychoneuroimmunology illustrates that thoughts and feelings have a physical outcome.

IV. THE ROLE OF SPIRIT in the mind/body connection - Every spiritual path is valid. The spirit enables the healing process through faith, hope, love, confidence, will to live. A higher power in the universe is connected to inner guidance. One can receive inner guidance by asking. One can manifest almost anything by visualizing it, if it contributes to one's higher purpose.

V. HEALER-CLIENT RELATIONSHIP

The role of the doctor or healer is to encourage the patient's will to live and mobilize the natural resources of body and mind to cure disease. Healing is an art; the patient decides on and carries out the therapy with the assistance of the healer. Healers should realize that motivated patients are the most likely to get well.

VI. SELF HEALING

Can be accomplished through a will to get well, changed thinking, changed behavior, and visualizing the results. Healing imagery, affirmations. No therapy will work without the mind's decision to heal the body.

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