Selves in practice: Identity formation through the practice of alternative medicine

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Selves in Practice: Identity Formation through the Practice of Alternative Medicine

by

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presented in partial fulfillment of the requirements

for the degree of

Master of Arts

The University of Montana

June, 2000

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6-28-2000
Selves in Practice: Identity Formation through the Practice of Alternative Medicine

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Alternative medical therapies have been increasingly utilized in the United States in the last ten to twenty years. Identification with the alternative medicine movement entails the adoption of its beliefs, which, in turn, requires living those beliefs through practice. Through their adoption of alternative medicine beliefs and practices, subscribers exemplify identity formation through practice.

Semi-structured interviews were conducted with twenty-one alternative medicine subscribers and three non-subscribers in Missoula, MT, Whitefish, MT, and Evanston, IL. Informants were queried about their characterizations of alternative and conventional medicine, how they gained knowledge of alternative medicine, and their conceptions of health, illness, healing, the body, and the person.

Analysis of informants’ responses and language revealed consistent and unique beliefs and practices among subscribers to alternative medicine that were absent from the non-subscribers’ narratives. Subscribers to alternative medicine hold unique beliefs about health, illness, healing and the body. They particularly emphasize a holistic philosophy and personal agency. Their practice of alternative medicine goes far beyond the treatment of physical illness; it is incorporated into the subscribers’ lifestyle.
Table of Contents

I. Abstract ii

II. Chapter 1: Introduction 1-17
Hypotheses and Theoretical Models, History, Literature Review, Methods, and Organization

III. Chapter 2: 18-30
Informants’ Characterizations of Alternative and Conventional Medicine

IV. Chapter 3: 31-47
Discovering Alternative Medicine
The Practice of Alternative Medicine

V. Chapter 4: 48-69
Informants’ Conceptions of Health, Illness, Healing, the Body, and the Person

VI. Chapter 5: 70-79
Alternatively Speaking: The Metaphors of Alternative Medicine
Subscription

VII. Chapter 6: 80-83
Conclusion: Limitations and Future Research Potential

VIII. Appendix: Alternative Therapies Defined 84-87

IX. Bibliography 88-91
Chapter 1:

Introduction, History, Literature Review, Methods, and Organization
Introduction

This thesis is a qualitative study of the beliefs and practices of alternative medicine subscribers in the contemporary United States. Through non-structured interviews, I isolate a consistent set of beliefs and practices characteristic of alternative medicine use. The prevailing themes throughout my informants' narratives are holism, agency, and the dialectical relationship between conventional and alternative medicine beliefs and practices.

"Holism," within the alternative medicine movement, is a perspective which sees the person as a conglomerate of body, mind, spirit, and emotion. "Agency" is the term I use to encompass the overwhelming emphasis my informants place on being active participants in their whole health, from health maintenance practices for their physical selves, to the acute and continuous attention they pay to their non-physical selves.

My informants contrast their holistic philosophy and emphasis on agency with what they see as a fixation on only the physical aspects of the person and a dependent relationship between physicians and their patients in conventional medicine.

For the purposes of presenting my material, I had to divest the two themes, but to my informants, holism and agency are mutually interactive in their lives: they both believe in and practice the holistic philosophy and the agentive stance.

Hypotheses and Explanatory Theoretical Models

How do Americans characterize conventional and non-conventional medicine? What compels them to utilize alternative therapies? How do they learn about alternative medicine? How do they practice it? Finally, is there a specific and consistent belief
system among patients and practitioners within this movement, and, if so, what are its components? These were the questions I intended to answer at the outset of my research. As the following chapters show, the most striking and pervasive characteristics of the alternative medicine movement were a holistic philosophy and a strong emphasis on personal agency. Their belief system was also evident in their unique vocabulary, which I examine in Chapter 5.

Once I had isolated the specific beliefs and practices of the alternative medicine users I spoke with, a new set of questions arose around the adoption of alternative medicine beliefs and practices. What draws some Americans to join the alternative medicine movement and not others? How can I account for the varying degrees of subscription among subscribers to the movement? How can I explain the strong emphasis on agency and practice within the movement? The work on motivation described in Roy D’Andrade and Claudia Strauss (eds) collection *Human Motives and Cultural Models* (1992) helps to answer the first and second questions, and the variant of practice theory espoused by Dorothy Holland, et al, in their (1998) *Identity and Agency in Cultural Worlds* addresses the third question.

D’Andrade has formulated a model of what motivates people to adopt what he calls “cultural schemas” (1992:28). He believes the cultural schema model bridges the gap between “culture and action” (ibid:23). Cultural schemas are characterized as “a procedure by which objects or events can be identified on the basis of simplified pattern recognition” (ibid:28). He borrows the term “cultural model” from Dorothy Holland and Naomi Quinn (1987) and “cultural system” from Melford Spiro (1987) and uses them synonymously with his “cultural schemas.”
While researching American conceptions of personhood, D’Andrade noticed that some aspects of cultural schemas can be motivational in nature. He explains how cultural schemas become “goal-schemas” through Spiro’s model of “internalization” (ibid:36-37). Spiro argues that there are four gradations of internalization, which correspond to the degree in which the cultural model has directive force. “At the first level of internalization, a person is acquainted with at least some part of the cultural system without ‘assenting to its descriptive or normative claims’ (ibid:36). The second level of internalization is characterized by the acquisition of cultural beliefs as “cliches – the person ‘honors’ the directive force of the model ‘more in the breach than the observance’” (ibid:36). At the third level, a person has truly internalized the cultural system as a “‘personal belief system’” so that “‘cultural systems are not only external to the actors (they are not only represented in external symbols and other signs), but are internal to them (they engage their minds and influence their action)” (ibid:36-37). The final level is one in which “‘the cultural system is not only internalized, but it is highly salient. That is, the actors hold it with especially strong conviction because it engages not only their minds, but also their emotions’” (ibid:37). Thus, cultural schemas or models can motivate actors when they have been internalized.

I found Spiro’s model of internalization very fittingly accounted for the variation in subscription that I noted among individual subscribers, as well as explains why my non-subscribers hadn’t become subscribers, even after having been exposed to alternative medicine: they had not internalized the cultural system and thus were not motivated to either adopt the beliefs or the actions promoted by the alternative medicine cultural schema.
Spiro's model does not, however, describe the mechanism through which some individuals internalize cultural schemas while others do not. This question has pervaded anthropological research on "the relation between culture and personality," according to D'Andrade (ibid:37). He argues that the question is so complex because of the numerous and multifarious means through which schemas are adopted:

Preadaptive socialization experiences, mutually supporting interrelations among cultural schemas, fit between cultural schemas and self schemas, opportunities for pursuing appropriate goals, cultural representations about how schemas should serve as goals, etc., can combine together to create cultural schemas that motivate the individual with great power. Added to these intrinsic motivations, the extrinsic forces of conformity and external reinforcements, including positive and negative sanctions, can combine to form extremely powerful instigations to action (ibid:38).

I believe D'Andrade's solution to the question of what causes motivation, though not elegant, is realistic and appropriate in explaining why some people adopt a given cultural schema and others do not.

The emphasis on personal responsibility in thought, belief, and action within my informants' narratives led me to practice theory as an explanatory theoretical model. Practice theory can be very broad and much of it applies to my data. In an attempt at simplicity, I chose the variant of practice theory espoused in Identity and Agency in Cultural Worlds (Holland, et al. 1998).

The authors of this work are concerned with individual identity formation. Practice is the lived, active process through which identity is formed: "we begin with the premise that identities are lived in and through activity and so must be conceptualized as they develop in social practice" (1998:5). They further specify "[t]his self-in-practice occupies the interface between intimate discourses, inner speaking, and bodily practices formed in the past and the discourses and practices to which people are exposed,
willingly or not, in the present. It authors or orchestrates the products of these sites of self” (ibid:32). My informants expressed a desire to, and, occasionally, successes in practicing what they preach. In so doing, they are exemplifying “selves in practice.”

Identities also serve to influence the extra-personal world individuals live in: “[identities] are important bases from which people create new activities, new worlds, and new ways of being” (ibid:5). Later in the book, Holland, et al, elaborate on the concept of “worlds,” focusing on the mutually influential relationship between individual identity and so-called “figured worlds” (ibid:41). “By ‘figured world,’ ... we mean a socially and culturally constructed realm of interpretation in which particular characters and actors are recognized, significance is assigned to certain acts, and particular outcomes are valued over others.”

The alternative medicine movement is such a figured world, created and sustained by the beliefs and practices of its subscribers. Specifically, to use the above terms of Holland, et al, the “particular characters and actors” recognized within the movement are the mind, body, spirit, and emotions; self-aware people; or people “doing the work” to attain holistic health. The “certain [significant] acts” are health maintenance practices, personal responsibility, and “paying attention” to oneself. The “particular outcomes” that are “valued over others” are getting to the cause of a physical problem vs. simply treating the symptoms; taking responsibility for oneself vs. giving up one’s personal power; and the realization and maintenance of health on all levels, not just on the physical.

Holland, et al describe identity formation as a process through which “[p]ersons develop more or less conscious conceptions of themselves as actors in socially and culturally constructed worlds, and these senses of themselves, these identities, to the
degree that they are conscious and objectified, permit these persons . . . at least a modicum of agency or control over their own behavior" (ibid:40). Practice theory very fittingly describes the process of identity formation for people in multitudinous figured worlds, but I feel it is especially suited to alternative medicine subscribers in that these persons are more likely to be conscious than non-subscribers of how they are forming their identities through their beliefs and practices.

History

The last ten to fifteen years have seen a dramatic rise in popularity of so-called “alternative,” “complementary,” or “non-conventional” medical therapies in the United States. One recent survey finds that between 1993 and 1997 the number of Americans using at least one alternative medicine therapy jumped from 34% to 42% (Eisenberg, et al. 1998). This study also found that the number of visits to alternative medical practitioners in the U.S. in 1997 exceeded those to conventional doctors and that “expenditures for alternative medicine professional services” exceeded “the 1997 out-of-pocket expenditures for all U.S. hospitalizations” (ibid). By these and other researchers’ estimations, the popularity of alternative medicine therapies is not just a passing fad.

The therapies and healing philosophies today classified under the title “alternative medicine” are incredibly diverse in both age and scope. Included under this term are some of the oldest medical systems known to humanity. Ayurvedic medicine was founded 5000 years ago in India and has only become prevalent in the U.S. in the last ten years through the popular works of its celebrated representative, Deepak Chopra (Perfect Health, 1991; Quantum Healing: Exploring the Frontiers of Body, Mind, Medicine,
Traditional Chinese medicine also has a long history in its native land, but it was relatively unknown and unused in this country until the last fifteen to twenty years. Other alternative therapies that are enjoying great popularity today, such as Feldenkrais and Rolfing, have only been developed in the last century.

The healing systems that comprise alternative medicine are also diverse in their technique and philosophy. Encyclopedic reference books on the subject of alternative medicine tend to divide the therapies into categories based on similarities in focus. The most common categories include medical “systems” (Feuerman and Handel 1997:iii) or “health models” (Allison, 1999:xxvi) that include Ayurvedic medicine, Chinese medicine, homeopathy, and naturopathy; “skeletal manipulation methods,” like chiropractic or osteopathy (ibid:xxvi); “bodywork,” including massage, Rolfing, and reflexology (Feuerman and Handel 1997:iii); energywork, such as Reiki; “sensory therapies,” that include aromatherapy and color and light therapy (ibid:v); “self-regulatory techniques,” i.e., hypnotherapy, meditation, and imagery techniques (ibid:v); and “movement therapies,” like yoga, T'ai Chi Chuan, and Feldenkrais (ibid:iv). Within these categories, the philosophies of the therapies are similar, but among them they may differ widely, so that an alternative medicine subscriber may consult an acupuncturist to have their vital energy or “chi” balanced, or they may follow the principles of reflexology and apply pressure to specific places on the soles of their feet to treat back problems.

There are, nonetheless, features that unite most alternative medicine therapies in opposition to conventional medicine, as practiced in the U.S. Marc Micozzi sums up the common threads in his Fundamentals of Complementary and Alternative Medicine (1996). Micozzi contrasts the features of conventional medical philosophies with those of
non-conventional medicine. The philosophies of the former are based on “objectivism,”
“reductionism,” “positivism,” and “determinism” (1996:3), while non-conventional
therapies emphasize “wellness,” “self-healing,” “bioenergy,” and a “focus on the whole
person as a unique individual” (1996:5-7). These features of both conventional and non-
conventional medicine will appear again in my informants’ characterizations of both in
Chapter 2. Descriptions of the alternative medicine therapies mentioned within this paper
can be found in the Appendix.

Considering the prominence of conventional medicine in the last century, the
present-day popularity of alternative therapies is indeed noteworthy. This paper focuses
on the latest wave of American interest in alternative medicine therapies.¹

Since it appears that the alternative medicine movement is more than a passing
fad, what does its success indicate about the present and future status of medicine in the
United States? Beyond the realm of medicine, are Americans generally undergoing a shift
in perspective and practice in regards to agency? My research suggests that Americans
who subscribe (in contrast to simply utilizing alternative therapies) to alternative
medicine philosophies are drawn to those major themes discussed throughout this paper –
attention to and respect for those aspects of the whole person that are routinely ignored
within U.S. culture (both in conventional medicine and without), and a recognition and
reclamation of personal power and responsibility. The alternative medicine movement

¹ Since Americans have been utilizing certain therapies that are now termed “alternative” for longer than
conventional medicine has been in existence, a thorough investigation of the history of American interest in
each therapy included under this title is beyond the scope of this paper. Several authors have written on this
topic, and I would refer interested parties to Robert Fuller’s Alternative Medicine and American Religious
Life (1989), and J.C. Worton’s “The History of Complementary and Alternative Medicine” in Essentials of
Complementary and Alternative Medicine (Jonas and Levin, 1999).
becomes, then, an example of how a culture is transformed by the “selves-in-practice” that people it.

Another way in which alternative medicine subscribers may be transforming contemporary American culture is through their language. To Lakoff and Johnson, in their seminal work on metaphor, *Metaphors We Live By*, “[m]uch of cultural change arises from the introduction of new metaphorical concepts and the loss of old ones” (1980:145). The adoption of new metaphors both indicates and results in new and different conceptualizations which have the strength to affect cultural understandings on a broad scale.

By evaluating the beliefs and practices of the alternative medicine subscribers through Holland, et al.'s model of identity formation, the alternative medicine movement comes to represent an example of how individuals within a culture choose and form their identities through their practices. Furthermore, the broad-scale subscription to alternative medicine, as evidenced in the statistics on use, could represent a shift in, to use D’Andrade’s term, contemporary American goal-schemas around health.

**Literature Review**

The increasing use of alternative medicine has not gone unnoticed by the medical establishment. The Eisenberg, et al, study is but one of many quantitative studies published in leading medical journals in the 1990s. The majority of these studies focus on the use, motivating factors, and money spent on alternative medicine by Americans, with Eisenberg, et al. (1993), Eisenberg, et al. (1998), and Astin (1998) being the three most
widely known within both conventional and non-conventional medical circles, as well as among the alternative medicine users I interviewed.

The growing popularity of alternative medicine has also been of interest to federal social policy-makers; one researcher views alternative therapy use as part of a broader cultural trend toward self-care (Riessman 1994). In the face of ineffective medical treatments for chronic conditions, increasing consumer demand for choices in health care, and a “broad social context of questioning professional authority,” Riessman feels “it is probably no accident that approaches outside the mainstream are so attractive (1994:53-54).

Most of the studies on the recent explosion in interest in alternative medical therapies in the U.S., and especially those funded by the medical establishment, have focused on the motivating factors that lead a person to utilize alternative therapies. The most popular hypotheses deal with the efficacy of the two healing approaches. These hypotheses start from the assumption that people are motivated to use alternative medicine when conventional medicine fails to give them results. The efficacy explanation doesn’t fit with the overall pattern of my informants’ use of alternative medicine because it is, by nature, a non-holistic explanation: it assumes that relief of physical symptoms is the main reason people seek medical treatment. On the contrary, my informants are drawn to alternative medicine because it treats the whole person. They avoid conventional medicine precisely because it dwells on symptomology and neglects the non-physical aspects of the person. Further, these studies did not give enough attention to the beliefs, attitudes, and behaviors of alternative medicine users and the potential influence they have on the choice of provider.
There are four studies that do address this aspect of the alternative medicine boom. Furnham and Forrey (1994) were the first to question the efficacy argument as the main motivating factor in alternative medicine use. They conducted a comparative study on "The Attitudes, Behaviors and Beliefs of Patients of Conventional vs. Complementary (Alternative) Medicine" and found that alternative medicine users do have distinctively different beliefs about health, healing, illness, and agency than non-users. The survey results show that alternative medicine users have more faith in the competence of alternative medicine practitioners and the effectiveness of their treatments; more awareness of anatomy, physiology, and health; philosophies of health that are congruent with alternative medicine philosophies; and more of a sense of control over their health than non-users.

A 1998 study by John Astin published in The Journal of the American Medical Association (JAMA) found that the holding of certain beliefs and values, not dissatisfaction with conventional medicine, predicted the use of alternative medicine. The alternative medicine users surveyed fit within a certain "value subculture" (as defined by P.H. Ray in The Emerging Culture, 1997), termed "the cultural creatives." Cultural creatives are characterized by: a "commitment to environmentalism; commitment to feminism; involvement with esoteric forms of spirituality and personal growth psychology, self-actualization, and self-expression; and love of the foreign and exotic" (Astin 1998:1549).

An Australian study also found that alternative medicine use is related to the values and beliefs of its consumers. Mohammad Siahpush's 1998 Journal of Sociology article reviews three popular hypotheses that attempt to explain the popularity of
alternative medicine. He asserts that the rise in use has more to do with the emergence of what he calls the "postmodern value system" in the Western world than with dissatisfaction with "medical outcome[s]" or "medical encounter[s]" (1998:58). The values inherent to the postmodern value system are: an affinity and reverence for nature and "natural" products; suspicion of and disdain for science and technology and their influence on medical treatment (especially drugs and invasive treatments); a holistic perspective that "view[s] health as multifaceted involving an integration of body, mind and spirit;" a "rejection of authority, especially scientific and professional authority, and [a] demand for participation" in their own health care; an emphasis on "individual responsibility" in health maintenance; and a desire for choices in treatment (ibid:60-62).

These three quantitative studies provide valuable data on the role of beliefs and values as "predictor[s] of attitudes towards alternative medicine" (ibid:58) or as "potential reasons for seeking complementary treatment" (Vincent and Furnham 1996:37). However, the questionnaires and statistically-oriented analysis they used limited the depth of their investigation into the specific beliefs, values, and practices of alternative medicine users.

The final study I would like to discuss is the only qualitative study, as well as the only one to focus on practice within the alternative medicine movement. Schneirov & Geczik's (1998) study, Technologies of the Self and the Aesthetic Project of Alternative Health, asserts that the beliefs and practices of alternative medicine users, which they call "alternative health bodily regimes," have an "aesthetic core, a quest for perfect harmony and balance" and that this quest impels users to participate in public life either as overt activists or, more generally, as embodied "source[s] of resistance to dominant
institutional arrangements” (1998:435). They interpret their findings through Foucault’s theories on “technologies of the self.” Though their conclusions are compelling and original, I feel they put too much emphasis on fitting the data into their theoretical models, selecting only those examples that confirm their hypothesis, at the expense of an in-depth examination of the entire range of beliefs and practices within the movement.

The rise in popularity of alternative medicine suggests a shift in some sections of the U.S. population’s beliefs about health, illness, and healing. Alternative medicine is enjoying such popularity in the U.S. today because it satisfies a desire for a more holistic and agentive approach to health. Many of the motivating factors proposed in other studies were indeed present in my data, but the reason people stick with alternative medicine seems to be less about effectiveness in treating the physical body and more about giving attention to the whole person and empowering them to take their health into their own hands.

**Methods**

I have had an intellectual and personal interest in alternative medicine since the early 1980s. At that time, I was drawn to writings on metaphysics and Eastern religion. I felt a compatibility with the philosophies I discovered there, and subsequently began to explore more pedestrian approaches to increasing self-awareness and personal growth. During that exploration I continually encountered alternative medical therapies, and I eventually became so intrigued that I moved to Salt Lake City, Utah to attend a six-month training in massage therapy. During my time in massage school, I was immersed in the
beliefs, philosophies, values, and practices of alternative medicine and its devotees. It was impossible to ignore the unique worldview of the alternative medicine community.

Though I ultimately determined that I was not interested in practicing massage therapy professionally, my intellectual interest in it and other alternative medicine therapies remains. It was a struggle to decide upon a thesis topic until a classmate advised me to think about what topics interested me personally: the unique beliefs, values, and practices of alternative medicine users immediately came to mind.

My research focuses on and elaborates upon the alternative medicine beliefs and practices. Semi-structured interviews and qualitative analysis yielded the most information. I conducted 24 interviews, choosing respondents based on suggestions from friends, faculty, and the respondents themselves. Sixteen of these individuals live in Missoula, MT, five live in Whitefish, MT, and two live in Evanston, IL. The majority (20) of my informants are self-proclaimed alternative medicine subscribers. Nine of the subscribers are alternative medicine practitioners (three acupuncturists, four massage therapists, one chiropractor, and one Rolfer), and the remaining eleven are alternative medicine consumers. The final three respondents were individuals who: a) do not know much about alternative medicine, b) do not use alternative medicine regularly, and/or c) are skeptical about alternative medicine. Though neither group is representative of the broader American culture, I was better able to discern the beliefs and practices of the alternative medicine users by contrasting their responses with those of the non-users.

None of my informants’ real names are used in this paper.

The questions I asked the interviewees varied depending upon which of the three groups they belonged to: professional subscriber, non-professional subscriber, or non-
susbscriber. The questionnaires also went through some transformations during the course (one year, from Spring, 1998 to Spring, 1999) of my data collection as well as in individual interviews.

Despite slight variations in questions, the most important themes to cover throughout all the interviews were: a) their conceptions of alternative and conventional medicine; b) how they found out about alternative medicine; c) their beliefs about health, healing, illness, and the body; and d) their health care practices. Through discursive analysis as well as through an analysis of prevalent metaphors, I was able to discern the beliefs, values, and behavior characteristic of alternative medicine subscription.

One final note on my method involves terminology. I, as well as my informants, use the term “alternative medicine” interchangeably with “unconventional medicine” or “complementary medicine,” though I’ve tended to use the first term most consistently.

My informants and I also use multiple terms for the standard, dominant medicine in this country. These include “Western medicine,” “conventional medicine,” “traditional medicine,” and “allopathic medicine.” The final term refers to the principle of allopathy, which is “the method of treating disease by the use of agents that produce effects different [or opposite] from those of the disease treated” (Webster’s New Universal Unabridged Dictionary, 1996:57). I initially used “Western medicine” in my interviews, but later decided “conventional medicine” was a more fitting term and therefore use the latter term most frequently in the body of this thesis.

Another term that the reader will consistently encounter is “modality.” This word is synonymous with “therapy” as it is used to describe specific types of healing treatments within the field of alternative medicine. It applies to both broad and specific
categories so that, for example, both massage therapy in general and sub-fields of massage, such as deep tissue massage or Reflexology may be called modalities.

The modalities that I have included under the title alternative medicine are diverse and plentiful. I found early on in the interview process that my informants had very similar understandings among themselves of what qualified as an alternative therapy. Therefore, I let my informants tell me what they believed were true alternative therapies. Often, their definition overlapped with that of the major researchers of alternative medicine, i.e., any "medical interventions not taught widely in U.S. medical schools or generally available at U.S. hospitals" (Eisenberg, et al. 1993:246). These most often included, but are not limited to, massage therapy and its multiple variations, chiropractic, acupuncture, homeopathy, naturopathy, and energy healing. In other cases, modalities they included were decidedly non-"interventional," such as meditation, yoga, or visualization techniques.

**Organization**

The organization of this thesis is as follows: in Chapter 2, I explore my informants' characterizations of alternative and conventional medicine; in Chapter 3, I describe how my informants learned about alternative medicine; Chapter 4 examines the specific beliefs and practices of my alternative medicine users in regards to the body, health, illness, and healing; in Chapter 5, I examine the language of alternative medicine subscribers and what it reveals about their underlying philosophies and beliefs; Finally, I will conclude in Chapter 6 with the limitations of my research and areas for further research.
Chapter 2:

Informants' Characterizations of Alternative and Conventional Medicine
Alternative Medicine Subscribers’ Characterizations of Alternative Medicine

Alternative medicine subscribers, both professionals in the field and non-professionals, were generally in agreement in their characterizations of alternative medicine. The predominant features were proactivity or empowerment (non-professionals were more likely to use the former term while professionals used the latter), personalized care, and a holistic approach.

To those who use alternative medicine, being proactive means taking responsibility for one’s mental, physical, and spiritual health. They put a high value on self-education and “working on oneself.” There are recurring references to the victim-like attitude they perceive in most conventional medicine subscribers. Two of my informants, Lana and Susan, were drawn to the empowering qualities of alternative medicine because they believe the dependency that conventional medicine fosters can be deadly. “My mother, she was so dependent on doctors and, I think ultimately, that’s why she died so young [of cancer]” (Susan). This passivity is sometimes considered a personality flaw or a societal problem, but most often it is ascribed to the paternalistic and controlling practice of conventional medicine.

Alternative medicine users appreciate and expect that alternative medicine practitioners will facilitate their self-empowerment by educating their clients about their bodies, their health, and the healing philosophies at work in their modalities. One alternative medicine user, Catherine, described the educational experiences she’s had with alternative medicine practitioners in the past: “I think you get much, much greater education with alternative medicine because you learn about the healing method. You
learn about how it works, why it might work, where it comes from. You learn about yourself and how your body will use that.”

Both alternative medicine users and practitioners described the personalized treatment intrinsic to their interactions. This quality is strongly contrasted with the generic and impersonal care they find ubiquitous in conventional medicine. The personalized care associated with alternative medicine is, at least in part, a product of the next common description of alternative medicine: a holistic approach.

The alternative medicine practitioner gets to know their client well because the diagnosis and treatment used in most modalities requires that they know much more than physical symptoms. For example, because he believes a person’s physical well-being is tied to their lifestyle, mental attitude and spiritual well-being, Larry asks his clients about their habits, perceptions of their own wellness (or illness), and whether or not they pray or meditate.

Holism, as a concept, pervades nearly all of the alternative medicine movement’s beliefs and practices and is repeatedly referenced in my informants’ narratives. The holistic philosophy can be summarized as a perspective on the person as a composite of physical, mental, emotional, and spiritual components. Each component is equally valid and crucial to overall health and the neglect of any one component can lead to illness. The holistic philosophy endorses integration of the separate components, and alternative medicine modalities are very much concerned with attending to the whole person.

The alternative medicine subscribers I interviewed, whether professionals in the field or simply consumers, agreed on these characterizations of alternative medicine. There was one glaring difference, however, between the two groups. Six of the nine
alternative medicine practitioners were displeased with the terms “alternative” and/or
“complementary” medicine, while only one alternative medicine user mentioned a
discomfort with them.

The professionals dislike the terms for a variety of reasons. Michael, an
acupuncturist, defended his practice at length in, at times, an affronted tone. To him, the
term “alternative” implies a new and somehow naïve medicine, which is not an accurate
description of acupuncture: “I practice one of the oldest forms of medicine in the world;
some of the wisest minds created it.” The term, “complementary,” was also inappropriate
to Michael because it implies that the modality can only serve as a complement to
conventional medicine and could not stand on its own: “I practice medicine that’s
complete.” Based on its age, he feels that acupuncture would most accurately be termed
“traditional medicine.”

Another threat to acupuncture’s validity comes from it being grouped under the
“alternative medicine” label along with, in Michael’s words, “woo-woo stuff” –
alternative medicine modalities he feels are medically questionable because they aren’t
based in tradition or training and have a strong New Age slant:

... there’s a lot of this ... stuff out there ... in alternative medicine that seems a
little bit too not based in fact and not based in ... years and years of tradition,
and it’s a lot of New Age ‘woo woo’ stuff, and most of us don’t want to have
anything to do with that. It’s not that some of that stuff may not work, but most of
say, ‘ok, don’t come trudging around my front door.’ I’m practicing something
that I’ve got a lot of years of training in. I had to go to school as many years as a
medical doctor. I had to have a baccalaureate, all that stuff. I don’t want to have
that ‘woo woo’ stuff hanging around me.

In contrast to these modalities he claims his practice, along with chiropractic,
homeopathy, and Ayurveda, is a “whole science” of medicine.
Larry, a chiropractor, also feels his practice shouldn’t be labeled “alternative” or “complementary” medicine. Unlike Michael, his resistance to the title “alternative” is based on the number of users of alternative therapies. Apparently citing the Eisenberg, et al., study on alternative medicine (1998), he claims “twice as many people went to alternative . . . providers than medical doctors in ’97, so it would seem in reality that they’re [conventional medicine] the alternative.” Like Michael, his problem with the label, “complementary” is that the word implies an incompleteness. He disagrees. To him, chiropractic “stands on its own” and “speaks for itself.”

Liz, a massage therapist and holistic health educator, also finds both terms “controversial.” She gives no explanation for her discomfort with “alternative”, but the label “complementary” is problematic to her because alternative therapies “do[n’t] have to complement anything, [they] can be all you need,”

Connie, an acupuncturist, believes our ways of describing different medical traditions are relative and inaccurate. She finds it ironic that in the United States, we have dubbed conventional medicine “traditional” medicine and much older therapies “alternative” because, based on their ages, many so-called alternative therapies are much older than conventional medicine. To her, the term “traditional” suggests long-standing. Connie also noted the relative nature of the term “alternative.” “[Chinese medicine] is alternative to mainstream here, but it is mainstream on the other side of the planet.”

The one alternative medicine subscriber who mentioned a discomfort with the labels was George, a family practice M.D. George utilizes alternative medicine personally, is openly critical of conventional medicine, and has been an advocate for alternative medicine within his profession. George, like Michael and Connie, doesn’t like
the term “alternative” because it implies that the modalities it defines are new, when in actuality they are much older than conventional medicine. As he puts it, “I think we’re [conventional medicine] alternative to the traditional medicines,” specifically, Chinese and Ayurvedic medicine.

Another acupuncturist, Rhonda, agreed with me when I told her other practitioners I had spoken with had complained about the labels. Like Michael she feels acupuncture shouldn’t be grouped with New Age modalities, stating “[Oriental medicine] is as far from New Age as you can get.”

Professionals on both sides took issue with the terms while not one of the non-professionals mentioned a discomfort with them. Possible explanations for this difference could be the fact that, unlike the professionals, the non-professionals don’t have a vested interest in the practices. They are not confronted with the task of trying to compete with conventional medicine financially or for recognition and validation. The non-professionals also have not invested the time and energy in training and education, and it’s possible that the professionals were taught to be defensive about the labels during the course of that training.

Informants’ Characterizations of Conventional Medicine

Alternative medicine subscribers characterized conventional medicine practice as: reactive, rather than preventative; controlling, not proactive; and impersonal. It’s treatments were described as drastic and potentially dangerous, generalized instead of individualized, and overly dependent on drugs and surgery. They portray conventional medicine’s philosophy as reductionistic in it’s view of the body, motivated by profit.
instead of a desire to heal, and plagued by bureaucratic and corporate greed and influence.

According to many informants conventional medicine is reactive rather than preventative because it treats conditions after the fact instead of emphasizing preventing them in the first place. A common phrase describing this phenomenon was, “treats the symptom and not the cause.” The treatments they use are “masking instead of healing” (Lana), and “fixing something sort of temporarily and taking away the pain of something but not healing what’s causing the problem” (Catherine). Angela used the analogy of “putting a band-aid on a broken arm” (Angela). Other descriptions of this phenomenon were “sick care,” rather than “health care” (Larry), and “crisis medicine” (Michael). Connie made the point that even those conventional medicine treatments that are called “preventative” are not actually preventing anything. The example she used was mammograms. “Mammograms aren’t preventative, there’s nothing about them that’s going to prevent breast cancer. They’re diagnostic, that’s all they are. They are not inherently preventative.”

Conventional medicine was also characterized as not proactive in the sense that doctors are often paternalistic or controlling, not educating their patients about their bodies and how to take care of their own health. “We’ve got a . . . dominant medical paradigm that says that ‘You don’t know your health. You don’t know your body. Let us be the experts. Let us tell you what to do.’” (Connie). Emphasizing the lack of commitment required on the part of the patient, Larry noted that in conventional medicine “the cure comes from the outside in; the cure is not something that requires any kind of personal growth, the cure is . . . something done to you, not something that you do.” Liz
believes that money is the reason behind doctors not educating their patients: “if doctors educated their patients then their patients wouldn’t get sick so then they wouldn’t need their doctors. Yeah, I don’t think they’re very empowering.” She quotes John Robbins, author of *Diet for a New America* (1987), and *Reclaiming our Health* (1998), as saying “a sick America is a profitable America.”

Some alternative medicine subscribers felt conventional medicine was impersonal because doctors don’t take the time to get to know their patients as people. Laura prefers the personalized treatment she receives from homeopaths to being treated by conventional medicine as though she were “just a number” or “being processed through a mill or something.” Catherine also mentioned feeling “processed” by the system and describes her experiences in hospitals as being “just like a bunch of sheep lining up getting their vaccinations.” A few informants believe that conventional medicine focuses on the illness instead of the person (Laura, Liz).

Most informants feel Western medicine is reductionistic in its conceptualizations of the body, and in its philosophy of healing. As opposed to the holistic approach of alternative medicine, conventional medicine is preoccupied with the physical and doesn’t acknowledge the spiritual and emotional components of the person. To Karen, “the emotional, holistic part is missing.” For Lana, conventional medicine “almost negates” the spirit and mind by “just going after the body.”

Not only does conventional medicine reduce the whole human to simply the physical body, the physical body itself is further reduced into parts. The body is seen as divided and disconnected, “a series of parts and systems and less as an overall unit” and
treatment therefore becomes “a process of breaking it down to it’s parts and working with that” (Larry).

The specificity of conventional medicine leaves little room for a more connected or interactive body. Two informants, Carmen and Rhonda, gave examples of conventional medicine diagnosing and treating co-existing symptoms as isolated problems that were later diagnosed by alternative medicine practitioners as different manifestations of the same condition.

According to my informants, the reductionist philosophy of conventional medicine translates into its practice. Health is measured purely by lack of pathology, diagnosis is based in physical causes of illness, and treatments are too specific.

In the opinion of the alternative medicine subscribers, conventional medicine considers health to be a lack of physical problems, as indicated by test results and observation. Therefore, conventional doctors would not be apt to consider non-physical indicators of health. As Lana says, “if someone’s really, truly healthy sometimes it’s just a presence of mind, it’s a spiritualness, so many different things, and how do you measure that? See that’s the problem for me with the AMA [American Medical Association] is if you can’t measure it it’s not important.”

When diagnosing patients, allopathic doctors are only interested in the physical causes and effects. To Catherine, doctors are too focused on the specific symptoms: “they don’t look at your whole person often and go, ‘o.k., what’s the big picture here? What’s going on?’” Carmen believes that, with the exception of stress, which is “the only outside factor that they’re going to consider . . . they [doctors] don’t accept some of the causes of illness that I would assume are probable . . . they won’t go into that at all.”
Conventional medicine treatments are also reductionistic in that they are focused on the localized symptoms and on short-term results. As Joan puts it,

the way they look at medicine . . . it's almost like, 'let's try and find a fix. Let's do it now.' And it could be using medications that have a lot of side effects that aren't good for people and that could actually cause more problems in the long run, even though they might be taking care of a particular problem in the short run.

Ellen goes further in her belief that prescription drug-use snowballs as doctors treat the side effects caused by the original prescription with more drugs. “So somebody goes in and takes the prescription and all of a sudden they’ve got a tummy ache and . . . [then] they’ve got liver problems so they go back to the doctor. ‘Oh, well here, you can take this thing and this thing will fix the liver’.” When this specificity of treatment is taken to extremes conventional medical practice can appear short-sighted and illogical.

The most extreme insult to my informants done by conventional medicine is the (potentially unnecessary) surgical removal of organs. Many of them expressed their concern about this possibility. In light of her mother’s unsuccessful dealings with conventional medicine, Catherine has become cynical about their cavalier treatment of the body:

it’s been interesting to watch my mother because . . . she’s had a lot of endometrial problems and after her hysterectomy lots of stuff, and hormone therapy, and appendix, I mean all this stuff . . . . Having wrong diagnoses by Western medicine, and having things taken out that didn’t need to be taken out. That’s typical – ‘oh, let’s just take it out.’

According to two informants, part of the explanation for this short-sightedness is that conventional medicine is over-dependent on the use of scientifically proven diagnostic and treatment techniques. Liz was incredulous that a hospital gave her mother a bone scan when she had already been diagnosed with cancer. “A bone scan is injecting
radiation into your bones. And I think if you’re dealing with cancer that’s the last thing you want to do. If it’s already in her bones she’s gonna die from it so why bother finding out by making her potentially sicker in the long run?” George complains that conventional medicine limits its effectiveness and lacks common sense by falling victim to what he calls “the tomato effect.” The expression comes from the experience of early European settlers in the United States who stopped eating tomatoes because they were told they were poisonous even though they ate them in their home countries with no ill effects. George says there are multiple other examples of the tomato effect in the history of allopathic medicine. The one he used was the history of arthritis treatment in conventional medicine:

Nobody knew why aspirin took down swelling in arthritics, but it did. It made ‘em feel better. And there was a period of time, I think it was the 40s or 50s . . . where they believed that arthritis, because of a scientific study, was caused by bacteria. And since aspirin is not an antibiotic, it should not be used. So they stopped using aspirin. And it was, ‘you don’t use aspirin for arthritis. You use an antibiotic, or some sort of sulfa drug for arthritis.’ And they totally disregarded the experience because they couldn’t prove it scientifically and they didn’t understand the mechanism. That’s the tomato effect; where we do not use our experience.

Because of conventional medicine’s preoccupation with scientific proof and its lack of respect for a person’s mind or spirit, both George and Lana claim they feel it is not a healing profession. Lana states repeatedly in her interview, “I don’t think doctors are healers.” George validates her opinion from the inside perspective: “[physicians] don’t see themselves as healers. They see themselves as allopathic physicians based in science. They try to see themselves as an exact science, as very scientific; I don’t believe they are at all. I’d like to see ourselves as healers, but they never see themselves as healers.”
These were the extremes of conventional medicine bashing. With one exception, Lana, all of my informants were reluctant to denounce conventional medicine completely. Most felt it is highly skilled in treating acute or life-threatening conditions and not one informant advocated its elimination. The informants were also very likely to note the exceptional doctor that broke the mold. The qualities attributed to this type of doctor were strikingly similar to the qualities ascribed to alternative medicine practitioners: caring, personal, edifying, supportive, and generous with their time.

Several informants made comparisons between doctors of today and doctors in the past; they felt that in the past physicians had a more intimate and long-term relationship with their patients and that now they are either unwilling or unable to have this intimacy with patients. George felt that a combination of systemic changes and greed has contributed to the lack of time physicians spend with patients. According to George, "it becomes a volume deal. The more managed care [patients] they have, the more payments they’re getting per month, the more money they’re getting per month, and the more incentive they have not to see the patient.” Three other informants had specific complaints about insurance companies. Doug was convinced that insurance is the final barrier to the mainstreaming of alternative medicine. He, as well as Lana, felt insurance companies deny claims in a bureaucratic run-around based on making money. Peg said the insurance industry is “horrible” because it restricts both the “professional sovereignty” of physicians and the patient’s freedom to choose a practitioner.

The other target of scorn within the conventional medical system was pharmaceutical companies. Informants expressed their disgust with the influence the pharmaceutical industry has on physicians. Laura expressed her belief that physicians are
“brainwashed” by pharmaceutical companies, Michael stated that one source of the problems with conventional medicine is the financial interest pharmaceutical companies have in medical schools, and Ellen claimed the predominance of prescription drug use in conventional medicine began when John D. Rockefeller’s financial backing of an increased emphasis on pharmaceutical use in medical schools.

The characterizations of conventional medicine given by non-subscribers to alternative medicine overlapped with the subscribers’ in many areas. Like the alternative medicine users, they had more critiques than praise for conventional medicine. They specifically complained that it is expensive, impersonal, profit-oriented, influenced by insurance and pharmaceutical companies, over-reliant on prescription drugs, and sometimes ineffective.

The differences between the subscribers’ and non-subscribers’ critiques of conventional medicine were in the areas of belief. The latter group’s complaints had to do with conventional medical practice, not its philosophical stance or beliefs about health, illness, healing, the person, or personal responsibility. Those issues that dominated the alternative medicine subscribers’ critiques, i.e., a lack of holism, proactivity, or prevention, were entirely absent from the non-subscribers’ critiques.
Chapter 3:

Discovering Alternative Medicine and The Practice of Alternative Medicine
Discovering Alternative Medicine

My informants told me that they acquired knowledge of alternative medicine through a combination of experience, word of mouth and self-education. I believe that the majority of alternative medicine subscribers have a philosophical, spiritual, or emotional resonance with the beliefs and practices of the field that was triggered when they were exposed to it. Four of my informants (three of which are alternative medicine professionals) explicitly described this process. Kim says the principles of alternative medicine have been “an awareness all my life but I’m just coming into it now.” Ellen and Rhonda (both alternative medicine practitioners) have a more directly spiritual take on it. Ellen says the belief system of alternative medicine has always resonated with her because it is a “belief system I know I’ve lived before.” Rhonda also seems to be describing a past life experience with the belief system evinced by alternative medicine when she says “I think I’ve done it [acupuncture] before.” Purely on a professional level another practitioner, Connie, says that she was always drawn to helping people through a combined mind-body approach to healing. She looked unsuccessfully within Western medicine before discovering acupuncture via training in massage therapy.

Most of the people I interviewed said they were introduced to alternative medicine when Western medicine failed to effectively treat a physical problem. There were a few different reasons these informants felt Western medicine was unsatisfactory. For some, Western medicine couldn’t find an explanation for their physical problem and thus had no treatment to offer. This was the case for Lana, who, after consulting Western physicians about her symptoms for years, was diagnosed by an alternative medicine
practitioner with candida. Rhonda also could find no relief within Western medicine for what she was convinced was a severe bladder infection because the tests they ran turned up no bacteria. Out of desperation, and upon a friend’s recommendation, she was successfully treated with acupuncture.

Other informants were diagnosed by Western medicine but refused the recommended treatment because they felt it was too drastic. Michael injured his back and was told by conventional doctors that unless he had surgery he would be plagued with problems forever. He opted for alternative medicine treatment and none of the medical professionals’ predictions have come to pass. For Susan, her son’s chronic ear infections were not going away with the standard Western medical treatment, antibiotics, so she took him to a massage therapist who successfully cured him.

As I will explore further in Chapter 4, there is a common belief within the alternative medicine movement that illness has a purpose. Some of my informants expressed an appreciation for the illnesses that were un-resolvable by Western medicine because they were forced to try alternative medicine and as a result came to a better understanding of themselves.

So, for many of my informants, their interest in alternative medicine originated with the successful treatment by alternative medicine therapies of a physical condition that Western medicine couldn’t address. Most of these informants were compelled by a personal interest to further explore alternative medicine (some of them going so far as to become professionals in the field). Many of them told me they gained their knowledge of alternative medicine through self-education. They sought books on the modalities and
their philosophies of healing, they read articles in magazines and newspapers, and they, in general, paid attention to stories about alternative medicine in the news.

Those informants who weren't motivated to try alternative medicine because of a physical crisis were exposed to it by friends, acquaintances or family members. Recommendations from friends or family seem to give hesitant users the reassurance that they need to try an unfamiliar therapy.

A few informants were brought up with alternative medicine, or at least without a dependence on Western medicine. George was raised with a very self-sufficient approach to health that he feels he has carried with him throughout his life and into his practice of Western medicine.

Two other informants were also raised in alternative medicine-friendly environments, but said they had to go through their own process of discovery with it before they could appreciate its viability and benefits. Catherine describes her family's approach to health as "progressive," "proactive," and "simple" and says they used "natural methods" to treat illness and believed that one's mind affects one's health. Despite her progressive upbringing, Catherine says her faith in alternative medicine was strengthened through her experiences with it as an adult. "I needed to physically go through a process and feel stuff happen with my own body and go, 'whoa, this really works, this is really true.'"

Angela's mother used homeopathy to treat herself and her children, but Angela says she was dubious about the therapy until she came around to alternative medicine on her own in adulthood. "I resisted her philosophy for so long, just, you know, rebelled, 'they're just sugar pills!' . . . And now, finally, I'm realizing as I become a more whole
person, a happier person, I’m realizing that it’s just . . . it’s really, it’s great, important; it’s the way to go.”

I suspect that most of my informants had an unrealized inclination toward the philosophies of alternative medicine that was actualized when they either went through a health crisis or were exposed to the modalities through contacts. Verification for this suspicion comes from the non-subscribers, each of whom have consulted with an alternative medicine practitioner but didn’t follow through with the recommended treatment and/or were skeptical about the practical and philosophical bases upon which the therapies are based.

All three non-subscribers base their opinions of alternative medicine on its effectiveness. Both Ken and Jerry believe the effectiveness of many alternative therapies is the result of “the placebo effect.” Bridget concurs, but without using the same terminology: “with something like acupuncture or if you’re using hypnosis or something like that, I believe that they can work if the person believes they’re going to work.”

The non-subscribers’ personal experiences with alternative therapies were mixed. Ken tried massage for his back pain and when the pain returned after one day he decided massage was not all it claimed to be. Jerry successfully used chiropractic for a time, but he stopped going when his symptoms were alleviated. Bridget visited a naturopath and was advised to alter her diet but she lacked the self-discipline to do so and thus was not certain it would have been an effective treatment for her condition. Generally speaking, the non-subscribers demonstrated a much more passive approach to their own health, skepticism about the effectiveness of alternative medicine, and a lack of resonance with the healing philosophies espoused in non-conventional therapies.
The Practice of Alternative Medicine

The practice of alternative medicine is very diffuse: most of the alternative medicine subscribers that I spoke with had incorporated alternative medicine philosophies into their daily lives to a surprising degree. Their practice of alternative medicine goes far beyond ridding themselves of physical discomfort. They consult books, the Internet, friends, and alternative medicine practitioners to educate themselves about health and the body and they put into practice the dietary and lifestyle recommendations they learn about through their research; they diagnose themselves and often treat themselves with herbs, homeopathy, acupressure, or visualization techniques; and they consult alternative medicine practitioners for both health maintenance and for relief of symptoms. If all alternative medicine options fail to address a health problem, my informants will consult Western medicine.

Since the practice of alternative medicine covers so many areas of my informants’ lives I will break up this chapter into sections. Section one explores the ways in which professional and non-professional subscribers practice alternative medicine. Section two examines the practitioners’ professional practice.

Section One: Alternative Medicine Practice

Many of the beliefs discussed in the chapter on alternative medicine characteristics are apparent in the practice of alternative medicine. In particular, there is a prevailing sense of agency and holism. According to my informants, the philosophy of health promoted by alternative medicine endorses personal responsibility for, an awareness of, and a commitment to one’s mental, emotional, spiritual, and physical
health. When one practices this philosophy one gains a sense of competency, control, and self-awareness.

Most informants contrast the passivity they perceive in most Western medicine users’ attitudes toward their own health with the alternative medicine doctrine of personal responsibility. For Joan, embracing her personal responsibility came about only after she began experiencing alternative medicine for herself. One of the most positive results of that experience, to her, was

... realizing that each of us has the power and the control to make the choices we need to make to go ahead and make our lives better. You know, people have to realize that they need to be an active participant. You can draw on resources from all kinds of different types of practitioners to help you with things, but ultimately it’s your choice, it’s your decision, on how you want to pursue that. And people need to feel that they have that right, and you know, they have those choices to make. And the choices that you do make will affect your life, and your lifestyle in the long run.

Personal responsibility means being committed to one’s well-being on a daily basis. As Lana puts it, “with alternative health it’s not a quick fix. It’s a lifestyle change, and it’s a dedication or an involvement that you need to make yourself.”

Another corollary of personal responsibility is being in tune with yourself. Both Connie and Karen feel a person’s health requires an awareness of your whole being. When asked how she describes health, Karen said, “being in touch, being in relationship with yourself, your spirit, your body.” Connie advises that the key to good health is to “pay attention.”

Rather than feeling burdened by the constant monitoring of and attending to their physical, mental, emotional, and spiritual well-being, many of my informants seem to enjoy the results of their efforts. There is a strong sense of competency and responsibility inherent in my informants’ practice of alternative medicine. Catherine is pleased with
how in tune she’s become with her body: “it’s not like I’ll feel something and then I have to go to somebody to tell me; I can usually just sit with my body and figure out what it needs. It’s really instilled a really neat intuitive self-proactive approach to my health.” She has been so inspired by this discovery of her intuitive abilities and agency she feels she’d like to “... teach about it, and help other people feel that, and realize that they have this ability to take it into their own hands and sort of, understand more.”

Many of my informants made some mention of the sense of personal control they feel in regards to their health now that they’ve been using alternative medicine. Carmen says her experience with alternative medicine has left her feeling “so much more in control of my body.” Once she received a satisfactory diagnosis and treatment recommendation from an alternative medicine practitioner, she’s been happily treating herself: “It’s nice that I can make the pills myself. I can just go to the store, buy the herbs that I need, make the pills myself. I feel so much better, and I can just keep it up. I don’t have to go back to the doctor once a year [to get a new prescription].”

The holistic philosophy of alternative medicine is apparent in many areas of my informants’ practice, from self-diagnosis to self-treatment. Most feel that their physical health depends on and reflects the health of their mind and spirit.

Some explicitly state their belief that physical symptoms are at least related to, if not caused by, emotional, mental, or spiritual problems. Looking back on her past physical problems with the new perspective provided by her exposure to alternative medicine philosophies, Catherine feels “... every consequence that my body’s felt I can totally trace it to an emotion that was going on.”
There is a literal quality to the holistic self-diagnosis practiced by alternative medicine subscribers. Liz and Carmen gave two good examples of this phenomenon. When I interviewed her, Liz’s mother was being treated for cancer through Western medicine. Liz had a lot to say on the subject of how conventional medicine was addressing the illness, but she also discussed how her mother was dealing with it. She has little hope for her mother’s recovery because she feels cancer is a physical manifestation of buried emotional issues and her mother has not addressed those: “what’s been eating at her all these years? You know? Why did she get cancer?” “If she could really identify what brought the cancer into her life it could just go away.”

Carmen described to me an example of her holistic self-diagnosis. One day shortly before our interview she woke up with a severely stiff neck. She said her immediate reaction was to try to remember if she’d done anything physically the day before to cause it to be so stiff. Then she began to look at the problem from a more holistic perspective, asking herself, “what do I need to be dealing with that I’m not dealing with that’s causing me not to be able to . . . physically move my head? What am I not looking at? What can’t I look at? What’s in my periphery that I’m not turning to see, and that is making me physically debilitated?” To Carmen, the cause of her stiff neck is not limited to the physical realm. It follows that, to both Carmen and Liz, as well as many more of my informants, it is important to not just treat the physical symptom, but use the symptom as a tool to examine one’s mental and emotional state of being. This was one of the many criticisms of conventional medicine’s practice: by focusing only on the physical symptoms the real cause of the symptoms is not treated and is therefore likely to continue to cause physical problems.
If physical symptoms are manifestations of emotional, mental, or spiritual problems, it follows that by maintaining one’s mental, emotional, and spiritual health one’s physical health is positively affected. As Catherine describes it: “I think so much of it is your mind and your emotions and what you’re doing with the rest of yourself that helps control your health.”

This holistic philosophy is most often realized through personal practices, such as yoga, visualization, Tai Chi, meditation, or communion with nature, that connect a person to their mental, emotional, and spiritual sides. Liz said she uses alternative medicine to treat her mental and emotional health: “I use it for depression, being overtired, or confusion, and sometimes when I’m feeling really good.” Catherine uses visualization to help her body heal; she imagines “light inside, like the sun shines inside your body for awhile. I imagine that a lot.” She also uses visualization preventatively, seeing herself as “healthy and strong.”

A small number of my informants told me they have or would seek out a professional to treat a spiritual or emotional problem. There’s a good possibility that more don’t seek out professionals solely for emotional or spiritual problems because their whole selves are addressed as a part of their preventative and palliative visits to alternative medicine practitioners.

All of my informants said they would use conventional medicine to treat acute problems that they feel can’t be addressed by alternative medicine, but their use of conventional medicine differs from non-users of alternative medicine in that they exert more control over the interactions. Joan has not given up her conventional medicine general practitioner because she feels she can maintain her sense of control with her. She
goes in to see her with questions she expects to have answered, and her G.P. is open to her using alternative medicine.

There was a wide range of possibilities for course of action in the face of illness among my informants, ranging from a refusal to visit conventional medicine practitioners except in the most extreme acute situations - “if I had a medically necessary surgery” (Liz) - to the more temperate picking and choosing of treatments – “ultimately I take information from both sources and make my own decisions based on the information” (Susan). What unites all of their practice, though, is personal control over their treatment.

A few of my informants said that the knowledge and sense of agency they feel now would have made their past experiences with conventional medicine treatments very different. Pam had radiation treatment for cancer and says, “If I had known then what I know now I would never have done radiation treatment. Or if I did decide to I would have done a whole slew of nutritional therapies in conjunction with it that I didn’t know about then.” Lana says her past experience with a surgery left her feeling disturbingly out of control and that if she ever requires surgery again she would approach it quite differently: “if I get operated on again, I’m gonna know all the facts, I’m gonna go in there, I’m going to be confident, it’s going to be my choice, my decision.”

Section Two: Practitioners’ Professional Practice

There was no major discrepancy between how the alternative medicine practitioners and non-professional subscribers practice alternative medicine in their personal lives. Many of the same principles and beliefs carry over into the practitioners’ professional practice. Specifically, using a holistic outlook in diagnosing and treating the
client, and empowering the client through education are the main features of the professional practice of alternative medicine.

**Holism**

Most alternative medicine modalities operate under the assumption that a person is not healthy just because they have no physical symptoms. True health happens when a person’s mental, emotional, and spiritual components are all in balance and working together. Connie says “your emotional side, your spiritual side, your physical side... All of it is important and all of it has a bearing on your health.” Larry describes health through a paraphrase of the Dorland’s Illustrated Medical Dictionary (1994): “not merely... the absence of disease and infirmity but [the] optimal physical, emotional, and spiritual expression of health.”

The holistic philosophy of health is a principal feature in the alternative medicine practitioner’s practice. They believe that physical problems can be manifestations of more insidious mental or emotional issues and thus would make an attempt to unearth and, if they feel they are qualified, address those underlying problems. Connie says her diagnostic routine can include looking for latent emotional problems:

It’s like sitting down and really listening to what’s going on, and listening behind what’s going on for the person... [I]s there unexpressed grief or anger that’s going on that needs to be addressed too? Are there family dynamics that are going on that are gonna need to be completed before the person’s really going to be able to make progress, because of the amount of stress that’s going on for them? It’s like, maybe what you need to do is work on their stress and then deal with whatever else is going on later. So, a lot of it is matching what you have to offer to what their needs are. And sometimes maybe you can’t quite give them what they need right then.

Ellen takes it a bit further in her practice as a massage therapist:
If someone has cancer and you can feel in them that they’re really angry, you’ve got to treat them for the anger or they’re never really gonna get well. You’ve gotta treat the whole person . . . . And that doesn’t mean one person has to do that but, you know, you take somebody and you guide them out into these different realms and treat the whole person. So then when you get done, you have a healthy person.

Within the holistic health philosophy, physical symptoms may indicate non-physical causes, but the reverse is also possible. Doug says that the physical act of massage can affect the non-physical: “often times through the process of working on the body these stored memories and emotions come up.” (Doug)

Another way the holistic philosophy applies to alternative medicine practice is within the physical realm exclusively. For example, according to Liz, in the philosophy of healing espoused by Breema bodywork one area of the body may be injured but can be treated by manipulating another part of the body. “Breema believes that your body will receive whatever appropriate touch it needs no matter where I touch you. Like, if I touch your knee but your shoulder needs work, your cells don’t know that they’re different. Your cells don’t know, ‘oh, I’m a knee cell,’ or ‘oh, I’m a shoulder cell’.” This concept of the interrelated and internally interactive physical body is common in many alternative medicine modalities and will be further explored in Chapter 4.

Empowerment

When asked what their objectives are for their clients, most practitioners said their first order of business is to address and resolve whatever issue their client presents with when they come to them, whether it be physical, mental, emotional, or spiritual. Jeff says his goal for his clients “depends on what that client is there for. If they’re having an issue
with pain, you know, hopefully we want to see that begin to resolve. Or if they’re there for self-awareness for them to start to become more self-aware.”

The practitioners told me the most common reason people came to them was pain. Michael estimated that at least 75% of the people he sees at his acupuncture clinic “come in with pain.” This state of affairs is frustrating to some of them because they feel their modality was designed, and is most effective when used, to assist in a person’s proactive health maintenance, not merely as a palliative. Larry says both chiropractic and acupuncture in the U.S. are currently being used for pain-relief, which was not what they were designed for: “neither system was ever intended as a pain-relief model, they’re [acupuncture] moving chi and energy and trying to balance you and chiropractic is removing nerve interference so they can function better. They’re really both, I would say, maybe the only two more proactive health modalities around.”

Not all alternative medicine patients are seeking pain-relief. Connie is encouraged by the occasional client who comes to her just out of curiosity or for maintenance: “You know we do have people come in just because they’re curious or because they want a tune-up, that’s absolutely part of what we do; and if we can get people to think along those lines it’s great because then they don’t have to go to the point of dysfunction.”

Beyond pain-relief, nearly all of my professional informants said they would like to positively influence their clients’ practice of health maintenance by educating them about their bodies and healthy lifestyles, as well as giving them the encouragement and the tools to become more proactive. “That’s what we’re trying to do is empower people, to teach people how to take care of themselves” (Ellen). And Larry: “I also try to really
educate them in terms of the benefits of practicing health prevention and getting proactive about health.”

There was a slight discrepancy among practitioners about how many people are willing to continue to go further into health maintenance after the pain is gone. Connie apparently has an influential approach with her clients because she says she often sees them go beyond pain relief into broader health changes: “It’s really my goal when I work with people is to have them look beyond that. And most people are willing . . . [A] lot of my patients go beyond pain-relief and into just general good health promotion.” Doug’s experience, however, has made him more skeptical: “I’d say that’s a real small, real small percentage of the population that continues the work after the pain is gone.” More often than not, though, practitioners feel they do have a positive influence on their clients’ becoming more proactive about their health.

One way practitioners apparently get people to shift from reactive to proactive health maintenance is through education. Karen feels people generally will be more apt to take responsibility for their health if they have more information. “I think that when people get information they start making more of a commitment because they understand it.”

Trust is another tool practitioners use to motivate clients and to impart their knowledge. The trust and comfort Karen’s clients feel with her enhances the flow of information: “I think a lot of people feel, you know, comfortable connecting with me, and so I’m willing to give a lot of information, and they’re willing to take it in.” Doug has experienced a similar openness in his client relationships:

I think another [professional] goal is this element of trust and honesty. We do a lot of joking around here [at the clinic]. I think it’s really important because we’re
people too, and I have my aches and pains and I have my low times and my high times, and I share that with my clients. I don’t know if professionally it’s appropriate but people tell me things that they probably wouldn’t tell their psychiatrist. Because there is an element of trust, and they feel like they can share with me.

In a few instances I asked practitioners how they could sustain their income if they are successfully teaching their clients to heal themselves. They responded that the continued utilization of their services is assured because the emphasis is on health maintenance rather than on treating the client only when they are ill.

Both alternative medicine professionals and non-professionals stated their opinion that, unlike conventional medical doctors, alternative medical practitioners are not intent on making a profit. One practitioner described her own and her peers’ practices as "modest." “Any massage therapist or people that are doing the work, we don’t make much money, but we work because it’s what we like to do” (Ellen).

Alternative medicine practitioners put a strong emphasis on cultivating a personal and equal relationship with their clients. Many made mention of their facilitative, as opposed to authoritarian, role in their interactions with clients: Connie’s goal for her clients is:

- to help them achieve what it is they want to achieve. To do my best to help them get to that place. . . to help them to get what they want out of it. And so if that’s pain relief or it’s stress management or if it’s dealing with emotional stuff or decreasing heavy menstrual bleeding, you know, they’re the ones that guide the treatment. It’s not my agenda.

Larry voiced a similar philosophy when he said “they set the rules,” and “it’s not something I do to somebody, it’s something I’m somehow assisting them in doing for themselves.”
Some professional informants were adamant about their non-authoritarian status in the practitioner-client relationship. "We find what [the] common objective is together. We decide what we want to do together. Medicine's not a dictatorial thing." Ellen voiced a similar respect for her clients: "I don't ever force anybody to do anything. I mean, it's not like, 'you have to do this.' For the kind of work that I do I can suggest if you want to do this, but it's up to them. I honor somebody's free will." The impression that emerges from these statements is professional modesty.

The practice of referring is another variation on professional modesty. Many professional informants said they will refer a client to another professional, whether alternative or conventional, if they feel their skills aren't appropriate for a particular client. "I think, innately, a person that comes to me knows what they need. They might not stick with me but they may need me for a while. I might be a resource to refer somebody else, another modality" (Doug). Another reason a practitioner might refer is because they don't believe their modality is the only way to treat everyone: "I do like to give people hope, though, you know, I don't like to say, 'there's no hope for you.' Unless, of course, we've tried what we've tried, then usually I want to refer, maybe there's still some hope over here" (Michael).

In summary, the alternative medicine practitioners I spoke to describe their practice as nurturing a supportive, trusting, and equal relationship with their clients and position their practice in opposition to their notions of conventional medical practice.
Chapter 4:

Informants’ Conceptions of Health, Illness, Healing, the Body, and the Person
Health

Describing alternative medicine users’ conceptions of health, healing, and illness is a complicated matter because the prevailing themes, holism and agency, are so intertwined. One quote in particular summarizes the difficulty in separating out these two themes. In answer to my question, “how would you describe health?,” Liz responded, “being conscious of our emotional, spiritual, and physical states of being and making choices that support the best state of comfort for each.” Variations on this theme came up in descriptions of healing and illness, as well. To many informants, illness can occur when a person neglects or doesn’t take responsibility for some aspect of their whole being: “your body manifests problems just because of either a spiritual or a mental issue you’re not dealing with” (Carmen). Angela feels healing happens when a person chooses to treat their whole person well, feeding their body good food, giving themselves love, and doing those things that make them happy. Despite this intermeshing of concepts, I will attempt to isolate the alternative medicine subscribers’ perspectives on health, illness, and healing.

Health, to my informants, is more than the absence of physical symptoms. Though physical health is very important to them, true health is a state wherein one’s physical, as well as mental, emotional, and spiritual states are all in balance and functioning in harmony. Susan gives a holistic definition of health: “health to me is the whole package: mental, physical, and spiritual.” Catherine concurs: “[health is] super holistic, it’s everything, it’s my (if you can separate all the things, I don’t think you really can but) it’s my mind and it’s my spirituality, my emotional state, my body’s strength, my muscles, my bones, my immune system. When all of those things are working
together, and present” (Catherine). Doug also describes health in holistic terms: “you have to look at it in terms of mental, spiritual, emotional, and physical. And there has to be balance. And without that balance there is dis-ease [sic] or illness.”

“Balance” is a very inclusive term. It means doing everything in moderation and giving every aspect of yourself care and attention, not privileging one over the others. It applies to the purely physical, in the case of eating a balanced diet; to the emotions, in experiencing the full spectrum of emotions; to the mind, in giving it some time of rest, and to the whole being; in not concentrating on one area at the expense of others. A few informants mentioned athletes as examples of an imbalanced person. “You can have like an Olympic athlete that people would think is really healthy but they may have excluded all other aspects of [their] life to be physically set for an event. So everything else is totally out of whack” (Jeff). This type of person is not healthy, in their eyes.

Balance is not static. Like a tight rope walker, a balanced person must be constantly compensating for the continual tendency to fall to one side or the other. My informants accept that people do go to extremes all the time, but they stress being aware of one’s behavior and doing one’s best to equalize the excesses:

health really is about balance in all aspects of life. Sometimes we have to go to extremes and do extremes, and then you have to sort of rest after that, or get some more balance in there to whatever it is. You know, eat well if you’ve been eating rotten for a week because you’ve been under [stress]. But the whole idea is not to get to those places. Yeah, we call it ‘homeostasis’, the body’s trying to keep all these checks and balances, well, life’s like that too (Michael).

The alternative medicine subscriber’s goal appears to be a homeostatic state, but there were hints that extremes were necessary at times. Balance can sometimes include what might be considered negatives to non-subscribers, such as illness, or sadness, or working through issues that they believe have or could make them ill. To Catherine, the
experiencing the occasional flu or cold isn’t a bad thing: “sometimes you need to be sick, it’s just natural for our bodies. And we have to be sick; it’s just a good, healthy thing for our immune system and for every part of our body, you just have to be ill for a couple days.”

Both Liz and Catherine have accepted the idea that certain severe illnesses are meant to kill us. “I kind of feel like, well, my body has found this and it needs this. If I’m ill I will either fight it naturally or I’ll die. I don’t want to artificially extend my life if it’s not meant to . . .” (Catherine). Liz expounded on her acceptance of illness while discussing what ailments would bring her to consult conventional medicine:

I think if I was told I had uterine fibroids I would be totally seeking alternative care to work with why this energy’s here in my body and how I can ask it to leave. Or accept that it’s there. But it would have to be life-threatening for me to seek Western medicine, and only in certain cases of life-threatening because I also believe certain things are designed to kill us. I think we save too many lives in this country.

I will explore the concept of “the purpose of illness” further in the following section on illness, but, for now, this concept serves as a good example of how inclusive some informants’ definitions of balance can be.

To attain balance and health, one must be in tune with and take responsibility for themselves, as well as put some effort into maintaining balance: “if you don’t take that quiet time every day you don’t even know what’s going on with your body, . . . psychologically, physiologically, or whatever way” (Lana). Several people gave the answer “pay attention” to the question, “What is your key to good health?” This shows how important awareness is to alternative medicine users. They stress “being conscious” of what they subject their whole selves to. Liz’s key to good health is: “[h]appiness and consciousness of what we put into our bodies and what environment we put our bodies in.
Not just our bodies. When I say our body I mean our body, mind, spirit. Our being.

Making conscious choices of what we subject our whole life system to.”

Ellen stresses not only the discipline involved in maintaining balance, but also the continuous nature of the process:

you can create balance, but it takes some thought, it takes some effort . . . And we have to be conscientious about it. It’s something we always work at. It’s not we’re just gonna one day get it and it happens. No, it’s something we will do always and ever, . . . being conscientious of knowing how we have to live our lives. Taking some time to think about it (Ellen).

In keeping with the emphasis on individualism within the alternative medicine movement, several informants said health is a relative term; a person is healthy if they believe they are healthy, if they are happy and comfortable with themselves. After pronouncing the Olympic athlete imbalanced, Jeff amended his conclusions: “but that same person, he may feel that he’s where he wants to be. So, for us to judge if he’s healthy or not using our parameters is not fair.”

This is one example of a notable contradiction in the alternative medicine philosophy of individualism. Much like a religious zealot, an alternative medicine devotee feels they have found the best way to live, and even though their philosophy states that they should let others find their own way, they get frustrated by the seeming apathy and disconnection non-subscribers have in regards to their health. Their philosophy says that everyone is responsible for themselves and needs to travel along their own path of self-discovery unmolested: “I think we all have these little journeys to go on, and I don’t think you can turn that over to somebody else. They’re not part of your journey, they don’t know what’s going on” (Lana). Yet, it can be very challenging to practice that philosophy while watching a loved one stumble along a path the subscribers
sees as a dead-end. Later in our discussion, Lana was lamenting over her brother’s apathy and closed-mindedness in dealing with his health problems:

my brother has lived a life on antibiotics – I don’t even know how they work anymore. It’s just insane. . . . I said, ‘Dave I’ve got some occicilium, do you want to take some?’ And he’s like, ‘no, I’ve gotta wait until I hear what the doctors say and then . . . .’ And then I just got, you know, I wasn’t gonna get angry but it was just like that’s just such a stupid answer. But, that’s just where he is. . . . I mean, you need to try all options and you need to be aware of all options.

Being self-aware and in tune with one’s whole being has many levels, ranging from deciding what to eat to career choices. Catherine feels a balanced body will “tell” you what it needs and that you would be wise to listen and act on the tip:

I think a lot of it is intuition and listening to what . . . ‘cause everybody has a different diet that they need and sometimes you just crave spinach for a whole week, sometimes you crave cheese for a week, and that’s what you should eat, cause you’re craving it, you know? And when you’re healthy your cravings usually tell you correctly what you need; but if something’s out of balance usually cravings aren’t on.

Ellen chose to become a massage therapist because it not only fit logistically into her life, but also because she felt it was right:

how I got into massage was, I was thinking about maybe becoming a physical therapist. But that was gonna require a number of years of schooling, and I happened to have been at that time, . . . a single mom with four kids, and it just seemed impossible. And then I met a gal who had just graduated from a massage school . . . ., and she just had moved to the area. [I] started talking to her and, like everything else in my life, I got an intuitional chill that ran through my body. And she was going to a school close by to where I was . . . . And I just got a chill and knew that that’s what I could do.

Many informants feel that our culture doesn’t encourage self-understanding and that they have had to learn how to pay attention to their whole self. Though no one explicitly stated that an alternative medicine practitioner had taught them how to be more self-aware, most informants seem to have learned this skill through their exposure and interest in alternative medicine, generally. “It’s all kind of occurring at once for me, just
kind of, really becoming aware of my body and changing my diet and being more
conscious of stuff. I’m a lot more clear-headed and centered” (Kim).

**Illness**

If balance is the predominant characteristic of health, it follows that illness would
be a state of imbalance. Indeed, this was the most common definition of illness. Karen
puts it this way: “an extreme or chronic imbalance . . . creates disease.” The picture that
emerges from our conversations is one where the person is composed of various energies
- mental, physical, emotional, and spiritual - which combine to form a complete human
system. When all the energies are balanced there is health. Illness results when an
imbalance in any one area, or among areas, is not addressed.

This holistic perspective on illness contributes to the unusual perception of the
physical body as the template upon which the non-physical self is reflected. As I
mentioned in their critiques of Western medicine, many of my informants feel that
physical problems are actually symptoms of inner non-physical causes. There are a few
good examples of this alternative perspective on illness: Lana: “stomach issues have been
all my issues, and it’s my mother’s issues. And she said to me the other day, . . . ‘oh
honey, you’ve inherited my stomach problems,’ and I say, ‘mom, I didn’t inherit the
problems, I inherited the issues that caused the problems.’” Illness, then, can be a
reflection of an issue that the person has not given enough attention to: “sometimes I
think that your body manifests problems just because of either a spiritual or a mental
issue you’re not dealing with, you know, it’s gonna come out in a different way”
(Carmen). In Carmen’s conception, the physical body is like the earth’s crust – molten
“issues” erupt on the physical level as illness.
Along these lines, multiple, seemingly unrelated physical problems can be explained as various manifestations of the same source problem:

I think [illness is] actually stuff going on spiritually and energetically and if we don’t listen to that part of ourselves our body gets sick and points it out. And, I think, if you don’t notice it in one area it’s going to show up in another area. I know people who are constantly going from one injury to another and I’m sure it’s all the same thing. They’re just not facing it or listening to it or intuiting it (Liz).

When my informants are ill, they are likely to look behind the ailment for the cause, and they will not limit their search by focusing on physical causes. Many subscribers believe minor ailments like colds are the body’s way of telling us to slow down, so healing from a cold may only require rest and a conscious decision to give ourselves attention: “illness is a way of your body getting in touch and if you’re able to do it right away, as soon as you feel something come, and you just go away or do whatever it is that you feel like you need, the [condition] is definitely [improved]” (Catherine). Even in cases of severe illness, the alternative medicine subscriber is likely to look at their mental attitude, what they had been exposing their bodies to, or what they had not addressed emotionally for insight into the source of the illness. In my conversation with Kim, I felt compelled to ask her what she thought caused cancer. She gave this response:

maybe it’s something that’s been... a trauma or something that happened, or that you’re not comfortable with a part of yourself, something that’s eating away at you, maybe something that happened in your early childhood that really affected you that kind of took form as negative energy inside of you, created bad cells, clumping somewhere in your body.

The alternative medicine professionals I interviewed are also apt to consider non-physical contributors to illness in their professional practice. They fit the description Dennis K. Chernin gives in his essay, “Holistic Medicine: Its Goals, Models, and
Historical Roots” in *Spiritual Aspects of the Healing Arts* (1985): “the holistic doctor sees the intimate relationship between the body and mind and sees that almost all disease involves an emotional component. Practitioners will be interested not only in a person’s sore throat or ulcer but also in why that person got sick and what contributed to the over-susceptibility, on both the physical and emotional levels” (Kunz 1985:110).

Though the emphasis was markedly on the non-physical causes of illness, my informants aren’t naïve about more orthodox explanations of the source of illness. Two of the alternative medicine professionals, Larry and Michael, were the most mainstream in their descriptions of the source of illness. They both consider the non-physical in disease etiology, but they are more likely to see them as contributing factors, rather than causes. Larry gave the following response to my question, “what do you feel causes illness?” “I feel that it’s some kind of physical, emotional, or chemical stresser, not because they are all nervous system stressers, but because all of the stressers are dealt with by your nervous system.”

In his response, Michael, again, seems to be defending his practice against charges of being naïve or unscientific:

it depends [upon] what paradigm you’re working in, and how you are made up emotionally, or psychologically, or spiritually - what’s going on there. And . . . emotionally, whether you’re angry or sad or constantly frustrated or worried all the time, certainly plays a part in an illness; and what your fears are about the illness, they certainly play a part in how you react. But you don’t blindly go in and say, you know, ‘bacteria have nothing to do with disease. Viruses have nothing to do with disease.’ They do, that’s obvious.

All in all, though, the majority of my informants have a more esoteric outlook on the etiology of illness.
The most striking thing about my informants' beliefs about illness is their acceptance of it. The alternative medicine subscribers expressed their belief that illness is normal and necessary. They don't see illness as something random or outside a person's intentions or participation. Since she began subscribing to alternative medicine philosophies, Lana's perspective on illness has changed: "instead of saying, 'oh, that's too bad' now I say, 'I'm not surprised.' I mean, if I look at this whole situation, yeah, it makes a lot of sense, you know? . . . when I get sick or when something happens I start asking . . . , 'o.k., what message am I supposed to be getting?'"

Illness is considered, at the least, normal, but is often given special treatment in the alternative medicine philosophy as a tool for self-understanding and growth. "Illness challenges you and teaches you. . . . I probably wouldn't have ever discovered any of this if I had been healthy. I needed to be sick in order to get to it" (Lana). This informant went so far as to call illness a "gift."

The main purpose illness serves is as a red flag that a person is out of touch with or neglecting some part of themselves: "illness can be a good indicator to let you know there's something going on, something needs to be changed, you need help with something to get you through that" (Joan). As discussed above, the farthest extreme of acceptance was the few informants who would opt not to intervene in a life-threatening disease situation.

My suspicion that alternative medicine subscribers had an unconventional outlook on illness was confirmed when I asked the three non-subscribers about the origin of illness. They were far more likely to describe illness in purely physical terms using concrete examples: "in general, illness is just something that's really wrong, and it can be
a physical injury, like, a broken bone or something like that, is an illness too. I just think that it’s something that debilitates a part of your body so you’re not able to function normally, or at your full capabilities” (Ken).

Though the alternative medicine subscribers said illness is normal or serves a purpose, most would take steps to try and heal. In the next section I will explore their beliefs and practice around healing.

Healing

Again, if health is balance, and illness is imbalance, healing, logically, requires correcting imbalance to bring the body back into a harmonic state. Healing is a natural process, to my informants. The body is the place where the healing happens and the active agent in the process: the “hero,” in George’s terms. But the process sometimes requires some outside assistance: “the body . . . sometimes needs a little boost to provide a more healing environment. It might have a deficiency in an area that . . it needs, so therefore, when you give it to it, it boosts the body to do it’s own natural healing, to do it’s own processes” (Laura). The boosts given to the body are not the healers though, they simply serve to augment the body’s natural abilities.

Because of the emphasis on the body’s innate healing ability and in light of the prevailing focus on agency, it is not surprising that my informants are likely to take healing into their own hands. Many times they treat themselves, but if they feel they need further assistance they will consult alternative medicine practitioners who are more likely to use gentle and non-invasive techniques. The self-treatment interventions they employ are not likely to be focused on the medicinal. Often, the main emphasis is on changing
the circumstances which led to the imbalance, or creating a “healing environment” (Laura).

Not surprisingly, the healing environment includes the physical, mental, emotional, and spiritual. Letting the body rest is a popular healing technique, taking time for oneself away from stressful situations or over-activity. To Catherine, rest is the definition of healing: “[healing is] rest, a feeling of rest . . . from busyness and exterior [things], too much distraction, I think distraction lessens.” The mental environment should be focused and positive in order to assist the body: “you’ve got to see and visualize yourself as whole and vital and healthy, is kind of the way I do it” (Larry). Emotionally, the healee should be using their intuition and indulging their desires: “that is a really, I think, an enormous healer, just knowing, realizing what makes you happy. You know, and actually doing those things. Being in charge of your own happiness” (Angela). Praying, meditating, or other spiritual practices also contribute to the total healing environment. “I ask [clients] if they pray or meditate. I think that’s a good idea. ‘Cause I think if anything can help that helps you. Pray or meditate on health, not sickness” (Larry).

Thus, in practice, if a person feels their cold was caused by over-working, the healing environment that would be most effective would be taking some time off. If a person has a more serious disease, like cancer, the healing environment could be making alterations in lifestyle, changing rigidly held beliefs, and confronting buried emotional issues:

I think of my mom’s cancer. If she could really identify what brought the cancer into her life it could just go away. And yes, the body would still have to repair and go through all that stuff, but it’s totally different than saying, ‘well, we’ve done
chemo so we just killed all the cells and now only the good ones are coming back.' It's not the same thing (Liz).

They emphasize that healing is a process; it usually takes time to substantively heal, unlike in Western medicine where the emphasis is on the "quick fix" – the speedy elimination of symptoms. Discussing a common attitude among his clients, Michael feels he needs to educate them about the nature of healing: "I think people do want quick fixes. It helps if you explain to them that [the] changes that are going to occur may be very subtle and gradual."

It's not that alternative medicine subscribers enjoy suffering; they would definitely seek out pain relief, but not at the expense of learning the lesson they feel they were supposed to get from the illness. By scurrying to the doctor for relief at the first sign of a problem, one misses out on an opportunity for growth: "it's almost like you bypass the reason that the illness happened, the message that you're supposed to get" (Lana). The healing process therefore becomes a path to self-discovery and personal growth. As Chernin says: "'getting well' is only the beginning of a life-long journey toward wholeness and health at all levels, spirit, mind, and body" (1985:114).

The Body

Once again, holism came into play in my informants' descriptions of the body, though the range of what "holism" signifies is broader than in other topical areas of our conversations. The predominant variant of holism that we've seen throughout the foregoing material was also present here in that they see the body as more than simply a biological entity; it also includes non-material thoughts, feelings, and spirit. It is difficult to conceptualize these non-physical components as part of the physical and most of my
informants did not elaborate upon the description. Peg was the only one who was explicit: “everything is all one body, an energy body which manifests as emotional, physical, and mental energy” (Peg).

Holism also appears in a more localized way in their perception of the body as an interactive whole. They concentrate on connections rather than isolation. Some note the ways in which parts of the body can be mutually influential, so that, as Rhonda describes it, a sore knee could be related to an ear problem, or a manipulation of one area of the body can influence another area that is not proximate to it. Others stress how the physical and non-physical aspects of the person influence each other: “emotional and mental health affects physical health and vice versa” (Peg). I see their belief in interconnectedness as another version of the holistic philosophy because it is so inclusive. John Welwood validates this in his article “Rediscovering Basic Wholeness” in the (1985) collection *Spiritual Aspects of the Healing Arts*: “. . . true wholeness is never a summation. It is a state of internal integrity that exists as the *very nature* of any organic system, from a cell to a tissue to a whole person. The parts of any whole are each of them also whole in themselves” (1985:171).

The emphasis on interconnectedness is a crucial component of the healing philosophies of some alternative medicine therapies. Chinese medicine uses quite elaborate diagnostic techniques based on the belief that there are organ systems within the body that can be observed and treated through other areas of the body that are temporally quite distant from the organ itself. By a careful examination of the tongue, for example, acupuncturists can isolate imbalances in organ systems: “the tip of your tongue represents your heart area” (Rhonda).
Not only do the different aspects of the person interact and affect each other, but the physical body reflects the non-physical aspects. The body serves as the medium for the expression of the inner self’s state of being. Therefore, as I described in the section on illness, physical symptoms can indicate the presence of problematic emotional, mental, or spiritual issues.

In *Flexible Bodies* (1994), Emily Martin discerned an emergent cultural interest in and recognition of complex systems in her research on American conceptions of the body, immunity, and health. The characteristics of complex systems are the “field concept,” which “implies that ‘reality consists not of discrete objects located in space but rather of an underlying field whose interactions produce both objects and space’;” “[self]-regulation,” “nonlinearity” between cause and effect; and “sensitivity” to “fluctuation and change” (1994:118-119). My informants generally did not describe the body in the same terms Martin identified. However, the emphasis on holism and interconnectedness could be interpreted as a variant of a systems-orientation. Indeed, some informants seem to use the word “system” as an umbrella term for the physical being – “I think health is that inner sense of everything working together. . . . and so, I guess illness would be those places of breakdown in the system” (Connie), “I think of health as kind of a total system, you know, wellness within the system, and if one of the parts becomes more or less then you’re going to get some disharmony and create illness” (Carmen) – or for the person as a whole – “[alternative medicine] treats the whole person” (Angela).

There was only one informant, Pam, who explicitly mentioned “interacting systems” in her discussion of oriental medicine’s anatomical understanding. She also
mentions systems theory as an illustration of the holistic philosophy: “we’re learning from systems theory that everything’s connected to everything else.”

Besides the widespread holistic interpretation of the body, there were other common characterizations of the body. Several informants describe the body as a vessel. To Jeff, the body houses the soul. To several others, the body appears to be the place where memories and emotions – our “baggage,” as Kim puts it – are stored. Catherine learned while receiving a massage that she “holds” and “stores” emotions in her stomach area.

Other references to storing things in the body were less specific, but the language they use implies that the vessel is deep. Lana believes that most people are afraid to confront painful emotions so they “push [it] down.” Burying emotions may seem to be the easiest way to deal with them, but they won’t go away, they’ll “keep coming back up” (Lana) in one form or another until they are “[brought] to the surface and worked through” (Kim).

Not only do they conceive of a body with depth, but their frequent references to “inside” and “outside” suggest that the body is bounded: that the physical body is the armor protecting the non-physical parts of the person. When one’s emotions, thoughts, or physical habits have been unregulated they cause cracks in the armor through which illness can enter: “it’s like you make a little opening in yourself somewhere for [illness] to come in. And as soon as you do that then it’s in” (Catherine). Liz said viruses “slip in when we’re down.” Larry felt conventional medicine treats “from the outside in.” Regardless of whether the physical symptoms were caused by physical or non-physical things, illness could not take hold if there wasn’t a break in the body’s defenses. These
references to the body’s boundaries correspond to those Martin identified in her research; the non-scientists she interviewed described “an internal system of protection that . . . exists to ward off continual threats” (1994:67).

Martin also noted that militaristic language was often used to describe the immune system, though the use of this language was most prevalent in the 1940s and 1950s and has nearly been replaced in the 1990s by the complex system motif. Overall, the use of militaristic terms in descriptions of the body was limited among my informants, but there were a few exceptions. In a conversation about the effects of over-use of antibiotics, Lana referred to antibodies as “good guys.” Doug uses battle language in his discussion of “life lessons”: “some lessons that we get . . . are just kind of thrust upon us, they blind-side us.” Interestingly, the most profuse use of war metaphors came from George, the conventional M.D. He continually used the word “combat” in his descriptions of allopathic medicine, and “defeat” in his synopsis of visualization strategies for cancer treatment. The prevalence of war metaphors in George’s interview suggests to me that his medical training made use of such conceptualizations.

A more positive take on being bounded is the possibility of transcending the boundaries. Several informants feel their experiences with alternative medicine have made them more “open” to new perspectives or to emotional expression, and “openness” in general is held in high regard.

The body was also described as a divine creation (George), a complex and dynamic vehicle (Connie), and, surprisingly, as a machine. Five informants made reference to a “tune up” when describing health maintenance, but only one used any other mechanistic descriptions, and he did so skeptically. Describing the role of diet in health,
Michael said, "if you put bad fuel in, it doesn't work so well. In some ways there's that mechanistic, the body's like an engine, it [the body] isn't but, certainly nutrition is a big part of health."

Beyond the specific descriptions, there was evident respect and reverence for the body. For George, the consequence of believing that we are created in God's image is living differently: "everybody takes their health for granted, but if you can stop and think, spiritually, about what your body is and that we are [made] in God's image, then we may have a different take on it: 'Oh, this is a holy thing. I can't randomly do this to my body.'"

The less religiously inclined informants also practice their beliefs about the body. Once they began to pay attention to their body's requests, they couldn't help but indulge them, and they found that doing so increases their overall happiness. Both Angela and Catherine described this phenomenon at length. "A lot of [attaining health] is . . . making sure that I'm . . . really conscious about what I'm doing. And consciously doing what I love to do. And it's not that, I mean it is hedonistic to say that, in a sense but, it's not. When you're doing what you love to do . . . you feel right there. And that's health" (Catherine).

Unabashed self-indulgence is also a prominent feature in Angela's description of healing. In response to the question, "what's happening as you heal?" she responded:

I think you are just making choices to be a more loving person to yourself, and you make the choices to feed your body in a positive way, whether it be vitamins, herbs, medicines, or just things that make you happy. That is a really, I think, an enormous healer, just knowing, realizing what makes you happy. You know, and actually doing those things. Being in charge of your own happiness.
There is some apparent disdain for the prevailing neglect of the body in American culture. Michael feels most people spend more time, money, and energy maintaining their cars than they do their bodies. Connie is dismayed that the last few generations of Americans have gotten the message from conventional medicine they can do anything they want to their bodies without repercussions.

The non-subscribers I spoke to do seem to have a less reverent attitude toward the body than alternative medicine users in practice, but in many ways their descriptions of it were similar. Jerry definitively describes the body as a machine, but notes the mutually influential interaction of mind and body, as well as the superiority and the distinctiveness of the human body: “that’s the thing about the body is it’s the most durable machine ever made. I think it’s kind of an amazing thing. People can function when they’re sick, when they’re not working. The difference is, I guess the body has a mind, which has a will.” Bridget described the body in purely physical terms but tentatively expressed a suspicion that there is more to the person than biology: “it’s skin, and organs, and bones, and muscles. I mean, without it, where would we be? But I don’t think it makes all of us either.”

During the interviewing process, there was a striking difference, not only in content, but also in understanding, between the subscribers’ and non-subscribers’ responses to the questions “how would you describe health/illness/healing/the body?” The former group unhesitatingly gave consistent descriptions while the latter group seemed to have difficulty understanding the questions. The following dialogue with Jerry about health is a good illustration of the confusion all three non-subscribers demonstrated in response to these questions (my questions are in bold print):
How would you describe health? As in being healthy? Yeah. What is healthy to you? [Laughs] Not sickly, I guess. What does it feel like? I don’t know. I’m probably not the most healthy person in the world. What do you think it would feel like? Well, I guess I would consider myself in good health, overall. What does it feel like? It feels good. More specifically? I don’t know. What does being healthy feel like? It’s kind of hard to explain because, not overall being unhealthy there’s no real comparison. I mean, it’s like an unhealthy person and you never feel good, when you feel good there’s a difference. But when you’re generally healthy I don’t think there’s a . . . there’s no comparison so that’s kind of a hard question to answer. How about just in theory, what do you think health is? Like, what are the characteristics of health? A healthy person – what do they look like? What do you think they feel? Um, [laughs], that’s a strange question, Molly. I suppose they should feel fortunate, they’re healthy.

The Person

I did not directly ask my informants how they perceive the person, but a few made mention of it, and in many cases, the descriptions of the body appear to be directed at the person. The overwhelming emphasis is on the person as a whole being: a conglomerate of the physical, mental, emotional and spiritual: “when I say our body I mean our body, mind, spirit: our being” (Liz).

One way this whole person is conceived is as multi-leveled, as is indicated by their use of the word “level.” Talking about the healing that is done in alternative medicine, Rhonda says “it’s healing on a more deep level,” suggesting the non-physical level of the person. She further states that although surgery may be life-saving, “it’s going to screw other things up and you’re going to have to pay for it later on another level.”

Liz agrees that there is more to healing than the physical: “the healing process may be described biologically, like what actually happens, but on an energetic level it’s so much more vague than that.” Both Liz and Rhonda are practitioners of alternative
medicine, but the same sentiment is heard from a non-professional subscriber: “it might mean that you have to do some self-healing on a different level” (Kim).

Another more subtle, but equally prevalent description of the person directly contradicts the holistic perspective. I repeatedly heard references to a divided self, wherein a part of the self is somehow separate or removed from the rest of the person. Karen repeatedly described the deplorable phenomenon of being “removed from ourselves” by cultural restrictions of behavior. The preferred state of being, which is part of her description of health, is: “being in touch, being in relationship with yourself.”

In Lana’s descriptions of her mother’s generation’s interactions with the medical industry, she implies that one can be so removed from one’s body that it can be given away: “people just gave their bodies to people instead of taking care of themselves.” In contrast, she and her alternative medicine peers are “claiming back” their bodies from conventional medicine.

The way it is described by some, one gets the impression that the part of the self that is separate is the care-taker of the rest of the person, especially the body. The caretaker has an obligation to pay attention to and indulge the needs of the self, almost as a parent would care for a child. The phrases, “listening to,” “paying attention,” and “being aware” were very common. “Our body is telling us something about us, something we really need to pay attention to” (Lana). “Our bodies do that, they tell us when something is really wrong. And if we’re not listening, it’ll really scream” (Liz). “Becoming aware of who you are, what your needs are” (Kim).

Of course, listening implies that there is something to be heard, and, indeed, several informants appear to believe in a conscious, mindful body. Catherine hopes she
would be able to accept a fatal illness because she believes “my body has found this and it needs this.” Their descriptions of bodily communication are not literal, however; they are a way of viewing illness in a different light, as messages from the body.

My only explanation for this disconnected conception of the person is that alternative medicine subscribers are trying to make a point about contemporary American culture: that we are out of touch with ourselves and neglectful of our needs. To subscribers, true integration of all aspects of the person requires a continuous awareness of each aspects’ status.
Chapter 5:

Alternatively Speaking: The Metaphors of Alternative Medicine Subscription
The metaphors that my informants use are distinctive. We have already encountered the overt or conscious beliefs and values that characterize alternative medicine use, i.e., holism and agency, as well as some of their unique conceptualizations of the body. I believe there is more to alternative medicine beliefs and practice that can be discerned through an analysis of the unique metaphors and phrases consistently and pervasively used. Scrutinizing the unique language of alternative medicine subscribers provides insight into potentially unspoken or unconscious beliefs and values within the movement as a whole.

George Lakoff and Mark Johnson have done extensive research into metaphoric language in their *Metaphors We Live By* (1980). In these works, they examine specific metaphors in the English language, noting how they shape the speaker’s conceptualizations and inform their behavior. “Our conceptual system . . . plays a central role in defining our everyday realities. If we are right in suggesting that our conceptual system is largely metaphorical, then the way we think, what we experience, and what we do every day is very much a matter of metaphor” (1980:3).

The alternative medicine subscribers I interviewed consistently used uncommon metaphors that can be grouped into three broad categories: movement metaphors, work metaphors, and location metaphors. In addition, they also displayed a general attentiveness language. I have divided this chapter into these sections. Lakoff and Johnson’s work will provide valuable clarification of the concepts being expressed through the metaphors my informants use.
Movement Metaphors

The most common theme within the vernacular of my informants was movement or action. As this theme became impossible to ignore in my data analysis, I began to compile a list of what I called "journey metaphors." I chose this title because, to me, the point my informants are making is that the purpose of life is to learn everything possible about oneself and that attainment of self-understanding is an ongoing process that can be described as a journey. Sometimes this sentiment was overtly expressed, as in the numerous mentions of a "journey" or "path:" "it’s clear to me that I was involved with the wrong person and living in the wrong city and doing the wrong work and I was totally off my path, and I got slammed into waking up and seeing my path" (Liz), “at least push people onto that path and then they motivate themselves” (Jeff), “who knows what sends you in the ways that you go in your path” (Rhonda), “I think we all have these little journeys to go on, and I don’t think you can turn that over to somebody else. They’re not part of your journey” (Lana), “it’s been an allopathic journey” (Larry), “she knew what their needs were, and was . . . joined with them on their journey to be healthier” (George).

Other references to personal evolution were less obvious, possibly even to those who made them. Many talk about moving or getting “through” a stage or time of their life: “I needed to physically go through a process” (Catherine), “I had just gone through a really hard time” (Catherine), “we can work through that” (George), “she’s in this situation, she has to go through it” (Lana), “something in our past or present that hasn’t been dealt with, understood it and become at ease with it, brought up and worked through” (Kim), “something needs to be changed, you need help with something to get
you **through that**" (Joan), “if you can come **through** a crisis you’re that much stronger” (Angela).

On their journeys, they apparently have marked plateaus that they aspire to, both personally and professionally, which are indicated by the prevalent use of the words “level,” and “stage”: “to take it to the **level** of what massage work really is, a really young person just doesn’t have the maturity . . . it just takes a few years for us to get to certain **stages** in our life” (Ellen), “[my] objective for myself is to continue to learn and to deepen what I know, you know, it’s like keep going, keep going, keep going to the next layer and the next **level** . . . with it” (Connie), “everybody’s at a different **stage**” (Lana). These terms point out the steps along the path of personal growth.

The words “pursue” and “explore” were also prevalent, as were general movement references that use the word “go”: “they’re not in pain anymore and they want to **go** further with it” (Doug), “if they’re not really interested in **going** past that” (Connie), “but the person who goes further” (Lana), “it’s the way to **go**” (Angela), “I don’t know if she would **go** that far” (Carmen).

“**Go**” also appears in the phrase “go there,” commonly used in reference to the status of a person’s self-understanding: “if you don’t take that quiet time every day you don’t even know what’s **going on** with your body” (Lana), “they don’t know what’s **going on**” (Lana), “I just didn’t understand what was **going on**” (Susan), “I think it’s actually stuff **going on** spiritually and energetically” (Liz), “I know what was **going on** for me in my life at that time” (Liz), “you got something **going on**” (Karen), “to see if they can give me some sort of clue as to what’s **going on**” (Karen), “I have this thing **going on with me**” (Joan), “talking to different people to find out what’s **going on** out
there” (Joan), “illness can be a good indicator to let you know there’s something going on” (Joan), “they want to know everything that’s going on in your life” (Joan).

The use of the word “process” also implies movement, not stasis: “[healing is] any process which enhances physical, mental, and emotional well-being” (Peg), “I think health is a process and not a goal” (Doug), “there’s no process that doesn’t take time, so that would be the first, it’s not an event” (Larry), “in many cases it takes years to get to a point of physical illness so the healing process may take as long” (Susan), “through the process of working on the body these stored memories and emotions come up” (Doug), “to provide a healing space where I can facilitate a person’s healing process” (Liz).

These examples were the most prevalent movement metaphors, but they don’t exhaust the variations on the theme. The preponderance of movement metaphors says to me that my informants have a strong inclination toward personal development, and that attaining the goals they aspire to, i.e., self-understanding and holistic health, is an ongoing process that requires agentive action.

**Work Metaphors**

The effort required for substantive personal growth is indicated by the use of the word “work.” The verb form of this word was very commonly used to describe the “labor” invested in personal growth, and it was also used as a noun to signify the practices of alternative medicine: “many of them are not willing, to do the real work of looking at their health, changing their lifestyles. That’s much more of a commitment” (George), “you have to work on yourself first before you can work on somebody else” (Doug), “that’s a real small . . . percentage . . . that continues the work after the pain is
gone” (Doug), “that’s something I need to really work on” (Lana), “she needs to be willing to do the work even though she’s tired” (Liz). Their stress on work makes the point that health requires action and effort, not complacency.

For one informant, Ellen, the noun “work” is used reverently, as though it should be spelled with a capital “W”: “Any massage therapist or people that are doing the work” (Ellen), “to take good care of this vehicle that god gave us so we can do the work that we came down here to do” (Ellen).

Professionally, the use of the phrase “work with” signifies the equality and cooperative nature of the interaction between professionals and their clients: “alternative medicine] invites information and a dialogue with the person who we are working with” (Doug), “so that’s something we work with people on too is trying to get them to incorporate some level of exercise again” (Connie), “I said [to her acupuncturist employers], ‘would you guys like to work with me on this?’” (Joan).

The professionals also use the phrase “work with” to describe the facilitative role they assign themselves vis a vis the body: “working with the body as a whole” (Larry), “you’ve got to be a clear channel in order to work with the energy that flows through” (Ellen), “I would be totally seeking alternative care to work with why this energy’s here in my body” (Liz).

Despite the emphasis on the cooperative nature of their practitioner/client interactions, the massage therapists often spoke of “working on” their clients, or their clients’ bodies: “It isn’t so cut and dry as what happens in this hour I work on this person” (Doug), “your shoulder needs work” (Liz), “I can only work on your body from
a state of, “this is who she is, perfectly as she is’” (Liz), “today I got worked on” (Karen).

The concept of “work” is even present as a common title within the alternative medicine realm: massage and related physical interventions are commonly referred to as “bodywork” and interventions that affect the energies of the body are commonly referred to as “energywork.”

**Location metaphors**

Besides the movement metaphors, my informants also consistently make use of locational terms. “Place,” in particular, permeated the interviews: “the whole idea is not to get to those places” (Michael), “I believe it does keep coming back up, but you’re in a different place when it comes up” (Lana), “it’s more options for each person to find their individual place or niche” (Kim), “they believe that true healing happens in a place of total acceptance” (Liz), “It took me into a place of feeling unconditionally loved and completely nurtured.” (Liz), “putting your body in a place where it can heal itself” (Joan). The word “place” seems to signify several things: a way of being, a step on the path of personal growth, an emotional state, or the status of a person’s self-understanding at a particular time.

The second recurrent word that struck me as locational in nature was “there,” as in “we never really get to the etiology of the disease . . . we don’t get there” (George), “the naturopath, she actually talked through stuff, tried to go there with me herself” (Kim), “she hasn’t wanted to go there, because it is so painful . . . so she can’t go there” (Lana).
The third variation on the location theme is the common questioning of "where" a person is, apparently in the progression of their self-awareness or personal or cultural evolution: "finding out . . . where they're coming from, where they are and where they want to go" (George), "that's just where he is" (Lana), "everybody gets to where they need to be" (Jeff), "it depends on where their awareness and their commitment is" (Karen).

The use of location metaphors is parallel to the emphasis alternative medicine subscribers put on the separate parts of the whole person; they make the point that the forest they see and aspire toward is indeed composed of trees. Therefore, location metaphors highlight the steps along the way, but they signify the journey itself.

Though none of the above words are new to the English language, the way in which they are used is unusual. None of the non-subscribers I interviewed used these words as metaphors, signifying to me that they have very different conceptualizations of the body, health, healing, illness, and agency. Indeed, these informants demonstrated a degree of passivity and complacency in their narratives. The most extreme example being Ken's statement "I pretty much expect life to be a struggle."

Metaphors both reflect and structure the speaker's concepts, according to Lakoff and Johnson, and "[n]ew metaphors have the power to create a new reality" (1980: 145). The use of the above unique metaphors suggests that my alternative medicine subscribers have a correspondingly unique beliefs and practices around health. Belief and practice are again entwined in the language my informants use – their conceptualization of health as a continuing pursuit impels them to take action.
Attention to Language

One final language peculiarity I couldn't help but note as I analyzed my interviews was the way in which my informants use common words in unusual ways. Some of the above usage serves as an example, but there were more. A few informants made a point of dissecting or explicitly highlighting certain words to draw attention to the original or an alternate meaning. "Dis-ease" was the most common word subjected to this scrutiny: "I think it starts with some kind of dis-ease (hyphened), and that's kind of a progression that goes to some kind of disease as we tend to think about it" (Larry), "Dis-ease, and I like that expression. I don't think of the word disease, it's dis-ease, we're not at ease with something and it manifests in symptoms that are emotional, physical, or spiritual" (Liz), "without that balance there is dis-ease or illness." (Doug). Dissecting the word "disease" into "dis-ease" stresses the idea that physical illness is related to emotional unrest.

Besides using the word "dis-ease," Doug highlighted the differences between certain words and their meanings: "We get wrapped up in feeling we're on the earth instead of of the earth. We’re not separate from earth, we’re part of it." "Alternative [medicine] invites information and a dialogue with the person who we are working with. And I think that's a key word, ‘with’, not ‘to’." Larry also drew attention to words that he believes are ill-suited to describe what they do: "if you’re talking ‘health care’ then you must be talking proactive. So that’s a . . . misnomer in the common language. I don’t know of any medical doctor who does health care, they’re all doing sick care." Attention to language appears to be indicative of alternative medicine subscription and is perhaps

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promoted within the movement as part of a general preoccupation with being conscious of the whole self in everyday practice.
Chapter 6:

Conclusion: Limitations and Future Research Potential
The major limitation of this study was my inability to legitimately correlate and compare my informants with alternative medicine subscribers and non-subscribers on the national level. Though I would like to assert that the beliefs and practices my alternative medicine subscribers demonstrated are representative of alternative medicine subscription on the national level and unique in comparison to the health care beliefs and practices of non-subscribers at the same level, the limited number and homogeneity of my informant group makes the assertion unworkable.

Possibly due to the word-of-mouth method through which I acquired my informants, there is little racial or socio-economic diversity among them. All of my respondents were white and had at least some post-secondary education. Although the major quantitative studies found that alternative medicine use is indeed more prevalent among white Americans who had some college education (Eisenberg, et al. 1998, Astin 1998), the specific beliefs and practices of alternative medicine subscribers would undoubtedly vary depending upon their cultural background and economic status, among other circumstances.

In order to make legitimate comparisons between my (albeit small) group of subscribers and non-subscribers on the national level would require a study, preferably an ethnography, of modern American health beliefs and practices. I had difficulty attaining such a study and would suggest that future anthropological work on American health beliefs and practices would benefit from such work.

What the limited number of informants did provide was an opportunity to experience and describe the worldview of a small number of alternative medicine subscribers. The danger of immersion in a worldview, however, is that objectivity is
compromised. I found myself more concerned with presenting the alternative medicine worldview than with explicating or critiquing my informants' beliefs and practices. One question that arose early on in my analysis was to what extent do my informants actually practice what they preach; were they describing their actual or their ideal health practices? It would be very interesting to conduct a follow-up survey of my informants twenty or more years later to see if their beliefs and practices may change in the face of serious illness or other life circumstances that compromise their sense of agency in regards to their health.

Of the multiple tangential areas of research that I could have explored, I would like to suggest two as potential future research propositions. First, alternative medicine subscription could be analyzed as a religion. Comparisons could be made between Christian Scientist and alternative medicine beliefs about the nature of illness causation and treatment and the moral lessons to be learned from illness. Second, the alternative medicine movement could be studied from a historical and cross-cultural perspective as but one of many instantiations of American individualism. To conduct this type of study, one could compare alternative medicine subscription in America to subscription in European countries.

Conclusion

This thesis describes the health beliefs and practices of a small number of American alternative medicine subscribers. Through non-structured interviews I discovered that alternative medicine subscribers have specific and consistent health beliefs and practices that center around holism and agency.
Central to their worldview is the dialectical relationship between the beliefs and practices of conventional and alternative medicine. To the alternative medicine subscriber, conventional medicine views patients as purely biological entities, illness as dysfunction that should be corrected through drastic, non-natural methods, and health as an absence of physical symptoms. Alternative medicine subscribers believe the doctor-patient relationship in the conventional medicine approach is paternalistic and breeds dependency. In contrast, the alternative medicine approach is viewed as superior because it puts a strong emphasis on all aspects of the whole person in diagnosis and treatment and it encourages the autonomy of the patient.

Through their adoption of alternative medicine beliefs and practices, alternative medicine subscribers are internalizing the "figured world" of alternative medicine and serve as an example of how a culture is transformed by the "selves-in-practice" that people it.
Appendix:

Alternative Therapies Defined
Unless otherwise noted, the summaries given below were taken from Feuerman and Handel's (1997) *Alternative Medicine Resource Guide.*

**Acupressure:** following the same traditional Chinese medicine principles as in acupuncture, acupressure uses finger pressure instead of needles on points along the meridians or energy channels of the body.

**Acupuncture:** acupuncture and acupressure are the two most widely known traditional Chinese medical treatments. “Theories of Chinese medicine are based on the concept of Qi (or Chi), the life force which flows through the energy pathways (also known as meridians) of the body. This life force has two polarities, yin and yang, and disease is viewed as a disruption in the balance of these polarities. Treatment seeks to restore balance by removing obstructions and reestablishing the free flow of energy through the system” (1997: 32). The acupuncturist inserts needles into points along the meridian to restore the unimpeded flow of energy along the meridian.

**Aromatherapy:** a form of herbal medicine utilizing essential oils derived from plants which are applied topically or inhaled.

**Ayurvedic Medicine:** Ayurveda is the traditional medical system of India. It was developed 5000 years ago and “is based on the concept of restoring and maintaining balance of the body, mind and spirit” utilizing diet, herbs, and “lifestyle regimens … purification, rejuvenation, exercise and meditation” (1997: 27).

**Breema Bodywork:** developed in a Kurdish village, Breema is a traditional … form of energy-balancing bodywork” that, similar to traditional Chinese medicine, operates under the assumption that illness and dysfunction are caused by blockages in the natural flow of energy in the body. Breema practitioners use “non-efforting leans, holds, stretches, and brushes to simultaneously calm and vitalize the mind, body, and emotions of both the ‘practitioner’ and the ‘recipient’” (Kapke 1998: http://www.bodhiwork.org/breema.html).

**Chiropractic:** according to the philosophy of chiropractic, misaligned spinal vertebrae can impinge upon the nerves in the central nervous system, causing dysfunction and disease. A chiropractor readjusts the vertebrae through hands-on manipulation, restoring the natural function of the nervous system.

**Craniosacral Therapy:** developed by osteopathic physician and doctor of science, John Upledger, craniosacral therapy operates under the premise that cerebral spinal fluid can become blocked through misaligned vertebrae or cranial bones. Through “very light hands-on manipulation of the bones of the skull” and through the channeling of energy the craniosacral therapist restores the unimpeded flow of cerebral spinal fluid (1997: 94-95).

**Feldenkrais:** developed in the mid-1900s by Moshe Feldenkrais, “this system of
movement re-education seeks to expand movement options by bringing old movement habits into conscious awareness," either through verbal direction from an instructor, or through "noninvasive, hands-on contact" designed to "re-educate the nervous system and develop new movement patterns and possibilities" (1997: 145).

Herbal Medicine: herbs have been used medicinally by humans all around the world for millennia. The practice of herbalism, as it is presently denoted in the U.S., consists of treating illness allopathically and promoting health with herbs taken either orally or topically.

Homeopathy: developed in the early 1800s by Samuel Hahnemann, MD, homeopathy operates under the principle of "like cures like," so that very dilute doses of natural substances that "in large amounts will make a healthy person sick" administered to a sick person, will make a person well (1997: 70).

Imagery or visualization techniques: the practice of consciously imagining or visualizing specific scenes utilizing all five senses to induce relaxation and therapeutic somatic effects.

Massage: hands-on techniques which "manipulate the body's soft tissue through touch, movement and pressure" (1997: 115).

Meditation: meditation practices are very diverse, but what each technique has in common is the goal of calming the mind, which results in "enhance[d] sensory awareness," stress reduction, and the experience of "a deep state of rest and rejuvenation" (Haas 1981: 141).

Naturopathy: the goal of naturopathic medicine is "restoration of normal body function" (Micozzi 1996: 164). The means utilized to attain this goal are manifold, but all are "natural," as opposed to conventional medicine's use of synthetic drugs and invasive techniques like surgery.

Reflexology: this form of bodywork is premised upon the belief that every part of the human body has "corresponding reference points on the foot, hand and ear." By massaging these reference points, it is believed that the corresponding body part will be therapeutically influenced (1997: 127).

Reiki: an energywork "based on the channeling of higher frequency energies by the practitioner for physical, emotional and spiritual healing" (1997: 137).

Rolfing: a branch of massage therapy that focuses on improving posture and alignment through deep manipulation of the fascia that envelopes muscles.

T'ai Chi Chuan: specific sequences of flowing movement developed in China, T'ai Chi Chuan is both a "moving meditation" and a martial art, though the former practice is more common in modern times, both in the U.S. and in China (1997: 147).
Yoga: yoga, as it is presently practiced in the modern West, is but one school of yogic practice as it developed in India thousands of years ago – “hatha” yoga. This type of yoga utilizes certain physical poses or “asanas” “designed to strengthen the body, reduce stress, improve circulation, promote relaxation, and achieve and maintain overall good health” (1997: 150).
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