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THE EXPERIENCES OF PEOPLE WHO USE ALTERNATIVE THERAPIES:

A SYMBOLIC INTERACTIONIST ANALYSIS

By

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A Thesis
Submitted to the School of Graduate Studies
in Partial Fulfilment of the Requirements
for the Degree
Doctor of Philosophy

McMaster University

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ABSTRACT

This thesis focuses on Canadians who use alternative therapies. Using a symbolic interactionist perspective, which emphasizes individuals’ own understandings of reality as a basis for their actions and in-depth, qualitative interviews, I explored how and why people come to use alternative medicine, the ideology that informs the alternative models of health and healing they espouse, and the impact this ideology has on them. I found that the twenty-one people who participated in this research sought out alternative therapies in order to solve problems for which they found little or no redress in allopathic medicine. They began using alternative therapies through a variety of different points of entrée including encounters with friends, family members, and the media, among others. Once involved in using these therapies they developed ever-expanding networks of alternative health care composed of alternative practitioners and others who use alternative therapies. In participating in alternative health care, and in interaction with others who use it, these people began to take on alternative ideologies of health and healing. These ideologies can impact on individual identity in two important ways. Some of the people who took part in this research became so enamoured with alternative approaches to health care that they began the process of becoming alternative healers themselves. For others the impact was more pervasive. For these informants, the ideology contained within the alternative model of health and healing became a mechanism through which they
transformed themselves, creating a sense of themselves as healthy. This thesis contributes to knowledge by adding to the relatively sparse literature on individuals who use alternative approaches to health and health care, as well as the hitherto under-developed area of the impact use of these therapies has on individuals' subjective perceptions of self.
DEDICATION

This dissertation is dedicated in loving memory of my mother Jeanette Low who died on February 10th, 1996 after living for over twenty years with chronic illness and disability. In large part my choice of a career in medical sociology is due to her example. Given that she never identified herself as disabled, and strove to maintain a sense of normalcy in the face of devastating illness, I know she would have valued the self-transformative properties of the alternative models of health and healing I discuss in this dissertation.
ACKNOWLEDGMENTS

I wish to express my gratitude to my supervisory committee, Billy Shaffir, Dorothy Pawluch, and Roy Cain, whose expertise was fundamental to the progress of this dissertation. I especially appreciated their relatively hands-off approach which allowed me to follow my own ideas and find my own voice. Finally, their continued confidence in my ability to complete this project was invaluable as it motivated me even during moments when I despaired of ever finishing.

I would also like to acknowledge the love, support, and encouragement of my family and friends throughout the completion of this dissertation. They have put up with me through what was at times a demoralizing process. In particular I appreciate the willingness of my brother, Douglas; my father, Doug; and my father's wife, Nancy; to listen to my research findings as I discovered them during the processes of analysis and writing. I also owe a debt that can never be repaid to Raymond Murphy and Steven Crocker who, along with their friendship, provided me with a place to live and an environment in which I was able to work, at what was a critical point in my life.

Most importantly, I thank the people who took part in the interviews conducted for this research. In talking with me they graciously allowed me into their lives. This dissertation ultimately belongs to them.
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INTRODUCTION

This dissertation focuses on the experiences of Canadians who use alternative therapies. Using a symbolic interactionist framework, which emphasizes individuals' own understandings of reality as a basis for their actions, and qualitative techniques, primarily open-ended interviews; I explore how and why people come to use alternative medicine, the ideology that informs the alternative models of health and healing they espouse, and the impact this ideology has on them.

I chose individuals who use alternative therapies as the focus of this research for three fundamental reasons. One, my area of specialization is medical sociology and I have had a longstanding interest in lay perspectives on health and illness. Two, there is a relative sparsity of scholarly research in the area of alternative health care in general, and in particular, a lack of analyses of the experiences of those who use them. This thesis therefore contributes to the sociological literature on alternative health and health care by addressing this gap in the literature. Three, I have used alternative therapies myself which gives me both an interest in, and an insider awareness of, this social world (Douglas, 1976). This means that I have potentially more empathy with others who use these therapies, especially where their beliefs about alternative approaches to health and health

1 This research was funded in part by the Social Sciences and Humanities Research Council of Canada (SSHRC) Doctoral Fellowship Program.
care are concerned. At the same time I remain a sociologist interested in getting at the underlying meaning people give to events in their lives, how these events impact on them, and the motives which inform their actions (McCraken, 1988).

**ALTERNATIVE THERAPY USE IN CANADA**

Alternative health therapies continue to rise in popularity in the western world (Lupton, 1997; Saks, 1997a). There are a variety of popular healing and/or self-help books and alternative therapies available. A recent example is entitled *It works for me! Celebrity stories of alternative healing* (Banks, 1996). Health food stores stock a plethora of herbal remedies and other types of alternative medicines (Anyinam, 1990). A variety of venues provide information on healing groups and, in some cases, holistic health associations have centralized access to alternative therapies. There are discussions of alternative health care on the internet and other popular media, including television, radio, magazines, and newspapers (Anyinam, 1990; Coward, 1989). For example, I conducted a computer search of Canada's popular print media and found almost four hundred entries for alternative health care between January 1995 and January 1997 alone.

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Despite the increase in the number of people participating in alternative approaches to health and health care, very few sociologists have focused on individuals' experiences in using these therapies. Even less scholarly work has looked at alternative therapy use in the Canadian context. For example, in documenting the rise in usage of alternative therapies worldwide, Murray and Rubel (1992) refer to the United States, Britain, France, the Netherlands, Australia, and New Zealand but make no mention of the use of alternative therapies in Canada. Similarly, Taylor (1984) writes about alternative therapy use in Britain and the United States; and Sharma (1992:3) confines her analysis to Europe concluding that "use of non-orthodox medicine is now widespread and popular in the broad sense of that word." The only non-Canadian reference I found to the use of alternative therapies in Canada was Saks' (1997a:201) statement that:

The form of the therapies which are most popular vary from country to country ... from homeopathy in the Netherlands and France ... to chiropractic in Canada.

However, some studies have begun to look at the use of alternative therapies in Canada. The first large-scale survey\(^3\) of alternative therapy use among Canadians was carried out by the Canada Health Monitor which reports that twenty percent of Canadians have used some form of alternative medicine (Canada Health Monitor, 1993a; CMAJ, 1991:469). I suspect, however, that it is likely that use of alternative therapies in Canada

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\(^3\) The Canada Health Monitor defined use of alternative therapies in the following categories: use of a chiropractor, herbalist, naturopath, reflexologist, acupuncturist, faith healer, homeopath, masseuse; advice from a health food store, fitness instructor, or health instructor, and other (Canada Health Monitor Survey #9, table 40, 1993:124).
is under-reported simply because people are often loath to disclose their use of these therapies to others (Christie, 1991; Eisenberg, 1993; Montbriand and Laing, 1991). One reason for this unwillingness is the fear of being labelled deviant. For a discussion of the stigmatization of people who use alternative approaches to health care see *Suggestions for Future Research* in the conclusion to this thesis.

There is also evidence that the use of alternative therapies in Canada is on the rise. For example, Northcott and Bachynsky (1993:432) found that "annual usage of alternative health care therapies (other than chiropractic) ... increased from 1979 to 1988." Additional evidence for this growing popularity in Canada includes the increasing number of courses in alternative therapies available. For instance, in September of 1998 a local community college held weekend workshops and courses on a variety of alternative therapies including: ear coning, feng shui, mystical healing gems, herbalism, health and wellbeing from an astrological perspective, phytotherapy, homeopathy, oriental medicine, jiu-jitsu, and shiatsu massage (Mohawk College, 1998:156-59). Likewise, the increased availability of alternative healing products and remedies denotes their growing appeal. For instance, Anyinam (1990:70) documents that "in Canada, the Thuna Herbal remedies of Toronto and Montréal are major manufacturers of an array of ... herbal remedies."

Most authors explain the increasing usage of alternative therapies by placing it within the context of larger cultural changes in beliefs about health, illness and the body (Coward, 1989; Taylor, 1984). They argue that it represents a movement away from a
dualistic and mechanistic understanding of health and healing towards a holistic approach to health care. Some scholars account for this movement as part of the general shift from a modern to a postmodern society where individuals have access to a variety of ways of understanding and caring for their health (Cant and Sharma, 1995). However, Saks (1998) concludes that rather than heralding a postmodern era in health care, the rising popularity of alternative therapies is better conceptualized as part of late modernity. In making this argument he cites the co-option of alternative practices by the allopathic medical community which effectively does away with the heterogeneity postmodern society is said to afford (Saks, 1998).

Dissertation Structure

In chapter one of this thesis, the Literature Review, I critically assess the literature on alternative therapies. Due to the scarcity of Canadian scholarly writing on people who use alternative therapies, this review covers the literature on alternative health care in general. By this I mean I discuss research on the therapies, alternative practitioners, and the users of alternative health and healing practices. I conclude that an institutional bias in general, and a biomedical bias in particular, has led to a scholarly focus on therapies and professions to the virtual exclusion of analysis of individuals' experiences of, and beliefs about, alternative medicine.

4 See also Easthope (1993).
In chapter two I define the theoretical and epistemological perspective I take in this research. This chapter includes a summary of the main assumptions of symbolic interactionist theory. I then go on to highlight the specific concepts within symbolic interactionism which are relevant to my analysis. I conclude this chapter by stating my position on the nature of sociological inquiry. In short, I not only see reality as created through social interaction, but I also view the process of sociological research as a jointly constructed project between informants and the researcher.

In chapter three I describe the methods I used in gathering and analyzing the data for this study. I used primarily unstructured, in depth interviews but also made use of participant observation, document analysis, and survey research data. I begin this chapter by describing how I made contact with informants and by reviewing the difficulties I had in determining just who to consider a user of alternative therapies\(^5\) as well as in finding male informants to participate in this research. I continue this chapter with a discussion of issues surrounding reliability and validity in qualitative research and I conclude with an account of how grounded theory analysis was employed in this research.

In chapter four, *Why People Turn to Alternative Therapies*, my concern is with what motivates individuals to seek out alternative approaches to health and healing. In contrast to much of the relevant literature, I found that rather than actively looking for alternative ideological approaches to health care, the people who participated in this research sought out alternative therapies in order to obtain assistance with problems they

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\(^5\) This is an issue I discuss in more detail in chapter one, the *Literature Review*.
were experiencing in their lives. In most cases these were problems for which they could find little or no relief in allopathic medicine. More importantly, however, is once involved in using alternative therapies, through interaction with others who use them, these informants began to internalize and espouse alternative ideologies of health and healing.

In chapter five, *How People Turn to Alternative Therapies*, I analyze and discuss how individuals seek out alternative health care. I argue that participation in alternative therapies is experienced as a long, incremental process which begins through a variety of points of entrée. Once having entered into participation in alternative therapy use the people I spoke with began developing ever-expanding networks of alternative health care which, in turn, permeate the general health care system. My argument here is that in order to better reflect the experiences of these informants, a re-conceptualization of the health care system is required. More precisely, one based on a subjectivist approach which reflects differential access to health care. Towards that end I adapt a model of the health care system developed by Kleinman (1980) and elaborated on by Chrisman and Kleinman (1983).

In chapter six, *Alternative Models of Health and Healing*, I introduce two models: an alternative model of health and an alternative model of healing. These models emerged out of the beliefs about alternative health care held by the people who took part in this study. I discuss how these people define alternative healing by comparing and contrasting it with what they see as the standard of allopathic medicine. The alternative
model of health implicit in the narratives of these informants centres on the issue of control. To be healthy is to be whole. In turn, what being whole means is being balanced. In the end, being balanced means being both in control as well as being subject to control. These two models are inextricably connected as, under alternative approaches to health care, to be healthy is to be engaged in the process of healing. Simply put, health is not a concrete, discrete state which results from successful treatment. Rather, health is manifest in the pursuit of healing. Other authors have touched on this point in. For example, Pawluch et al. (1998a:6) argue that alternative healing entails "...healing not curing."6

In chapter seven, *Alternative Therapies and the Self*, I examine the impact internalization of alternative ideologies of health and healing have for the individual. For the people who participated in this research the impact was twofold. Some informants became so committed to alternative therapies that they began the process of becoming alternative practitioners themselves. For others the impact manifested on the level of their personal selves. These people employed alternative ideologies as a mechanism for self transformation. More precisely, the meaning they gave to the alternative models of health and healing they espouse allow them to construct perceptions of the self as healthy.

In the conclusion to this thesis I discuss the larger implications of individuals' use of alternative therapies. I begin by addressing the question: how alternative are alternative therapies. I begin by addressing the question: how alternative are alternative therapies.

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6 McGuire and Kantor (1987:233) make the same point in arguing that under the alternative model: "To be healed is not necessarily the same as to be cured."
approaches to health and health care? I conclude that alternative therapies are alternative because the people who spoke with me believe there is something distinctly alternative about them. Further, I argue that what is also alternative about these therapies is that the meaning people give to alternative health and healing ideology allows one to be healthy in the face of illness and/or trauma; something the biomedical model often cannot afford.

I close this chapter with a discussion of suggestions for future research. Among the points I make here is that while transformation of self is a positive benefit to be accrued through participation in these therapies, there is also a down side to using these types of health care. Among the negative consequences I discuss in the conclusion is that using alternative therapies can result in stigmatization of the individual.
CHAPTER 1 - LITERATURE REVIEW

The literature on alternative therapies has largely been dominated by the interests of the allopathic medical community. These interests include assessing the efficacy of alternative therapies and monitoring the activities of alternative practitioners (their potential rivals in health care). As a result there has been little interest in the users of alternative therapies. For example, Bakx (1991:34) found that a med-line search of studies of alternative therapies between 1984 and 1989 revealed that only nine percent of research focused on patient attitudes about these therapies. The rest were concerned with:

...general descriptions of alternative therapies and their therapeutic and philosophical bases; ... the use of alternative therapies in relation to specific diseases; ... articles which evaluated the efficacy of specific therapies in comparison with biomedical alternatives; ... non-evaluative papers on the general 'dangers' of such therapies; ... the possible use of folk therapies by nursing and midwifery professionals; ... the expansion of the folk sector in terms of contextual economic and political trends; ... the use of alternative therapies by biomedical practitioners; and ... the legal implications of using alternative therapies.

A more wide ranging review reveals a similar pattern amongst the social science literature. While there has been a great deal written about the therapies themselves (Northcott, 1994);7 debates over the efficacy of particular therapies and/or the superiority

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of allopathic medicine over alternative therapies (Kottow, 1992);\(^8\) physician beliefs about these therapies (O’Neill, 1994);\(^9\) and the activities of alternative practitioners (Saks, 1995),\(^10\) this research tells us little about how and why people use alternative medicine and what their experiences with it mean to them. What literature exists on people who use alternative medicine concentrates primarily on the question of how and why people turn to these therapies (Kelner and Wellman, 1997);\(^11\) quantitative surveys of patient characteristics (Coulter, 1985) and beliefs (Furnham and Kirkcaldy, 1996);\(^12\) or whether or not participation in alternative health therapies constitutes a new social movement (Stambolovic, 1996).\(^13\) What is lacking is in-depth qualitative examination of the wider experiences of people who use alternative therapies. Not only is the literature on the users


\(^9\) See also Fulder and Munro (1985) and Wharton and Lewith (1985).


\(^12\) See also Furnham (1994), Furnham and Beard (1995), Furnham and Bhagrath (1993), Furnham and Forey (1994), and Furnham and Smith (1988).

of alternative therapies scant, the vast majority of all the literature on alternative medicine is British or American and very little examines the Canadian context. Authors who have focused on the experiences of Canadians who use alternative therapies include Kelner and Wellman (1997), Northcott and Bachynsky (1993), Pawluch et al. (1998a, 1998b, 1994a, 1994b), and Wellman (1995).

Given the scarcity of scholarly analyses of the users of alternative therapies, I have chosen to review a broader selection of literature which includes research on alternative therapies and practitioners, as well as studies of people who use alternative health care. I have divided my discussion of the literature into three primary sections. In the first of these sections I examine the literature on the therapies themselves. In the second I focus on research concerned with alternative practitioners and in the third section I review studies of the users of alternative therapies. I further divide this final section into qualitative and quantitative approaches to the study of people who use alternative approaches to health and healing because these types of studies tend to cover such a wide range of issues that they defy more specific classification.

ALTERNATIVE THERAPIES

I have divided research into alternative therapies into three groups and will discuss them in the following order: studies devoted to defining and classifying alternative therapies; those concerned with the issue of the efficacy and safety of these therapies, and
those focusing on the ideological and philosophical import of alternative approaches to health and healing.

**Defining** Much of the literature which looks at the therapies themselves aims to define and classify different types of alternative therapies. For instance, Levin and Coreil (1986:895) construct a typology of 'new age' healing; sorting different practices into "...body-action, mind-knowledge, and spirit-meditation" categories. While they acknowledge the ambiguity inherent in objectivist attempts to define alternative therapies, most authors write about them with seeming disregard for the multiplicity of definitions attached to any one therapy; as well as the frequent overlap between alternative and allopathic therapeutic approaches (Murray and Shepherd, 1993; Northcott, 1994). As O'Connor (1995:xxi) notes: "There is as much diversity within a system as there is among systems." The following quotation from Anyinam (1990:69) pointedly illustrates the ambiguity surrounding the concept of alternative medicine. He writes:

> The term 'alternative medicine' ... has been variously termed 'complementary medicine,' 'traditional medicine,' 'holistic medicine,' 'unorthodox medicine,' 'fringe/marginal medicine,' 'folk medicine,' and 'ethnomedicine.'

Despite this ambiguity, most authors have chosen to define alternative health therapies in terms of what they are not; namely allopathic medicine (Wardwell, 1994).  

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14 See also Aakster (1986) and Schneirov and Geczik (1996).

For example, McGuire (1988:3) defines alternative healing as "...a wide range of beliefs and practices that adherents expect to affect health but that are not promulgated by medical personnel in the dominant biomedical system." However, as Sharma (1992:4) notes "...'medical' practices can never be sharply distinguished from 'non-medical' practices in reality." For instance, alternative practitioners often adopt and incorporate various biomedical concepts within their models of health and healing (Northcott, 1994; Sharma, 1993). Alternative practitioners are also increasingly active in attempts to become regulated, socially legitimate health professionals (Boon, 1998; Saks, 1995). Further, the allopathic medical community is adopting more and more concepts and therapies used by alternative practitioners (Easthope, 1993; Sharma, 1992, 1993). There is increasing talk of a holistic approach to allopathic medicine and some alternative therapies are available in hospitals (O'Connor, 1995; Sharma, 1992).

Given the overlap between alternative and allopathic concepts and therapeutic techniques, defining alternative health and healing residually is hardly useful (Wardwell, 1994). To further muddy the conceptual waters, what is considered an alternative therapy changes over time and across different contexts (Bakx, 1991; Wardwell, 1994). Clearly, objectivist definitions of alternative therapies are inherently problematic.

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17 See also Wardwell (1994).

18 See also Dotty cited in Goldsmith and Unsicker (1976b).
(Pawluch, 1996; Sharma, 1993). Equally troubling is Jones' (1987) conclusion that there is no real difference between alternative and allopathic medicine. Citing the British Medical Association's Report on Alternative Medicine Jones (1987:69) argues that: "There is thus no logical class of 'alternative therapies'..., there are only therapies with or without good evidence for their efficacy." He concludes that: "Time, touch, and compassion ... are features of all good medical practice, and exclusive to none." However, Saks (1997b) argues that different approaches to healing can be differentiated on the basis of their marginality to health care systems promoted by the state.

How then can we talk meaningfully about alternative health and healing? Pawluch (1996) concludes that defining alternative health and healing objectively is impossible. She argues that the only viable definitional strategy is to look at the claims that people make about what is and what is not alternative. One group of claims are those made by alternative practitioners (Lowenberg, 1992). Other claims are made by the allopathic medical community (Eisenberg et al., 1993) or the academic community (Aakster, 1986). Claims which are often paid less attention to are those made by lay people. Chapter six of this thesis, Alternative Models of Health and Healing, takes up an exploration of those


20 More importantly, the people who participated in this research do believe that there is something distinctive about alternative therapies. See Appendix I for a random selection of definitions of particular therapies as well as additional discussion of the problems involved in defining alternative therapies.
claims; in other words, an analysis of how ordinary people define alternative healing and alternative health.

**Efficacy** Another large portion of the literature on alternative therapies is given over to debates concerning their relative efficacy. For example, Sévingny et al.’s (1990) review of the medical and social science literature on holistic medicine found that of two hundred and fifty studies, fifty-two were concerned with the efficacy of specific therapies. 21 They conclude that the criteria used to assess the efficacy of these therapies are rooted in biomedical science to the exclusion of standards consistent with holistic perspectives (Sévingny et al., 1990:113). Knipschild et al. (1990:626) analyzed general practitioners' beliefs about the efficacy of alternative therapies and found that "...many Dutch GPs believe in the efficacy of common alternative procedures" including: acupuncture, manual therapy, and homeopathy. However, some alternative therapies (i.e. iridology and astrological healing) were not seen as credible in the eyes of the general practitioners they studied. It is interesting to note that their brief article contains the following paired statements which suggest that, in medical terms at least, what defines a therapy as alternative is that it is not seen as efficacious by the medical community. 22

They write:

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21 Sévingny et al. (1990) confined their review of the literature to studies of acupuncture, homeopathy, and osteopathy.

22 In contrast, the people who participated in this research used very different standards in assessing the efficacy of alternative therapies. For example, Marie told me: "if I hear somebody has a different technique for healing ... I like to see if it works for me ... it may or may not but at least I have it to pass on."
Manual therapy in the Netherlands is generally not considered alternative medicine any more. No less than 80% believes [sic] it to be efficacious in the treatment of patients with chronic neck or back problems. (Knipschild et al., 1990:625)

Related to debates over efficacy are those works concerned with the possible dangers posed by alternative therapies (Eisenberg et al., 1993). Most of this research warns that alternative therapies are dangerous as they detour people away from scientifically proven medical care (Feigen and Tiver, 1986). O'Neill (1994) takes a contrasting position on the issue of danger when he analyzes beliefs about the danger and safety of alternative therapies. He argues that alternative therapies "...become intrinsically dangerous as their efficacy is accepted" (O'Neill, 1994:abstract). In other words, as an alternative therapy becomes accepted by the general public it also becomes a threat to established, orthodox medicine. In an effort to protect their turf allopathic physicians employ a rhetoric of danger in talking about the therapy. "Consequently the argument is that only established practitioners are safe enough to use them" (O'Neill, 1994:abstract). In this way allopathic medicine community is able to appropriate alternative therapies which enjoy public popularity and thereby disarm the threat posed by competing therapeutic approaches.

**Ideology** Another group of scholars' interest lies in the relationship between the ideological content of alternative therapies and social structure. For example, Aakster (1986:271) argues that alternative medical ideology constitutes an alternative institutional solution to the problem of ill health in society. He goes on to speculate that it may either
be "...incorporated into the institutional order, or replace it completely ... perhaps in the next two decades." However, Stambolovic (1996) cautions that the revolutionary power of alternative health movements may be limited by the degree to which they become established as socially legitimated institutions with an interest in maintaining, rather than changing, the status quo.

**ALTERNATIVE PRACTITIONERS**

Perhaps the largest section of the literature in question focuses on alternative practitioners. This is not surprising as the number of alternative practitioners continues to expand (Saks, 1997a; Sharma, 1992). For example, Fulder and Munro (1995) surveyed a wide variety\(^\text{23}\) of alternative practitioners in the United Kingdom (UK) in 1980/81 and found that the number of alternative practitioners is growing at a rate of five to six times that of general practitioners. A few authors have focused on categorizing different types of practitioners. For example, Wardwell (1994:1063) sorts alternative practitioners into four groups: "Folk healers, magical healers, faith healers and quacks." However, the bulk of this literature falls into two groups: authors concerned with the professional activities of alternative practitioners and those who examine the beliefs about health and healing espoused by them.

\(^{23}\) Fulder & Munro (1985:543-544) included in their study acupuncturists, practitioners of the Alexander Technique, chiropractors, healers, herbalists, homeopaths, hypnotherapists, manual therapists (including those who practice "... therapeutic massage, applied kinesiology, polarity therapy, shiatsu, and reflexology"), naturopaths, osteopaths, radionics therapists, and others ("eg. hakims, anthropososophists.")
Professionalization Authors have written a great deal about the professional socialization processes undergone by alternative practitioners (Kelner et al., 1986). For instance, Boon (1998) studied the formal education of naturopaths and found that as part of a strategy to gain legitimacy for the emerging profession of naturopathy, the curriculum of the Canadian College of Naturopathic Medicine has become increasingly scientific, to the point of almost replicating curriculum within allopathic medical schools.

There has also been a great deal written about the attempts of different groups of alternative practitioners to attain regulated professional status (Saks, 1995). Socially sanctioned status often comes at the price of loss of professional autonomy. For example, Coburn (1997:100) concludes that:

The fate of chiropractic and its relationships with the state and with medicine in Canada ... can be described as one of increasing legitimation at the cost of narrowing scope of practice.

Similarly, Gort and Coburn (1997) recount the struggles of Canadian naturopaths to attain regulated legitimate status. Their major finding is that naturopaths in Canada faced resistance not only from the medical profession but also from the newly legitimate profession of chiropractic, who wished "...to put as much distance as possible between their newly legitimate 'medical specialty' ... and the still illegitimate and 'quackish' naturopathy" (Gort and Coburn, 1997:165). Cant and Sharma (1996) also focused on medically trained homeopaths' efforts to be seen as legitimate professionals and found

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24 See also Boon (1994), Cant and Calnan (1991), and Pawluch (1978).
that one tactic they used was to create and maintain professional boundaries between themselves and non-medically qualified homeopaths. They conclude that "part of the professionalization process has required changes to the content and transmission of homeopathic medicine" (Cant and Sharma, 1996:587). In particular the more radical of homeopathic theories were lost (Cant and Sharma, 1996). According to Saks (1994:89):

...alternative practitioners have themselves frequently diluted the radicalism of their ideas in the contemporary era so that they are not always as challenging as those of their founders.

Other authors have examined the role alternative practitioners play as 'heretics' within the health care system; heretics who present a challenge to the dominance of biomedicine (Stambolovic, 1996). In contrast, Wolpe (1990) examined the response of orthodox medicine to alternative practitioners and argued that these so-called heretics may in fact act as gatekeepers of biomedicine as they have more freedom to experiment with and innovate new therapies which are then appropriated by conventional medicine.

**Practitioner Beliefs** Some authors have taken a micro approach, focusing on the attitudes and beliefs of alternative practitioners. For example, Cant and Calnan (1991) examined alternative practitioners' perceptions of their role and status within the health care system as well as how they feel they are seen by the medical profession. They argue that while some alternative practitioners see their role as complementary, or supplementary, to allopathic medicine, others do not. They conclude that: "A notion of 'complementary' role was noted often ... [by alternative practitioners] for pragmatic
reasons" (Cant and Calnan, 1991:46). For instance, in cases where their informants remarked upon the function physicians serve in providing patients with a diagnosis that they can then take to alternative practitioners. Regarding how alternative practitioners feel they are viewed by allopathic physicians, Cant and Calnan (1991:42) found that their informants explained feelings of negative appraisals by physicians "...in terms of [allopathic] ideology, which designates anything other than orthodox medicine as unscientific and ... a threat."

Goldstein et al. (1987) focused on how people come to train as alternative practitioners and found that a decision to enter the field of alternative practice was related to interest in spirituality, psychotherapy, and/or personal health promotion activities. Finally, Lowenberg’s (1992) in-depth study of alternative practitioners concerns their beliefs about alternative healing and their perceptions of the alternative client/practitioner relationship. Among her findings is that alternative therapists perceive themselves as authoritative in comparison to allopathic physicians who they see as authoritarian.

THE USERS OF ALTERNATIVE THERAPIES

The literature devoted to the study of individuals who use alternative therapies can be roughly divided into two unequal groups of authors: the majority who take a quantitative approach and far fewer who employ qualitative techniques. As is the case
with the literature on alternative medicine in general, very little of this literature focuses on the Canadian context.

Quantitative Approaches

Many of the authors who take a quantitative approach are interested in the question of who uses alternative therapies. In general their concern is with documenting the prevalence of use of alternative therapies (Canada Health Monitor, 1993a, 1993b, 1993c)\(^{25}\) and/or developing demographic profiles of people who use them (Coulter, 1985; Eisenberg et al., 1993)\(^{26}\). For example, Northcott and Bachynsky (1993:434) examined the use of alternative therapies among Edmontonians and found that:

...females, younger adults, the not currently married, the better educated, renters, and persons who are less well off financially are more likely to use alternative health care.\(^{27}\)

Another large segment of this literature is made up of survey research into the reasons why people turn to alternative therapies and the question of how they access them (Furnham and Beard, 1995; Kelner and Wellman, 1997)\(^{28}\). Most often cited as

\(^{25}\) See also the Canadian Medical Association Journal (1991), Eisenberg et al. (1993), and Northcott and Bachynsky (1993).

\(^{26}\) See also Cassee (1970), the Canada Health Monitor (1993a, 1993b, and 1993c), and Kronenfeld and Wasner (1982).

\(^{27}\) However, they caution that their findings are "suggestive rather than definitive" (Northcott and Bachynsky, 1993:434).

\(^{28}\) See also Eisenberg et al. (1993), Furnham and Smith (1988), Vincent and Furnham (1996), Thomas et al. (1991), Riley (1980) and Wellman (1995), and see chapters four and five of this thesis for a thorough discussion of how and why people turn to alternative therapies.
motivating factors in use of alternative therapies is that people are dissatisfied with allopathic medicine (Northcott, 1994),

are looking for a complementary approach to health care (Hedley, 1992) which is holistic (Anyinam, 1990) and which offers them the opportunity to take control of their own health and healing (Dunfield, 1996).

For example, Yates et al. (1993) looked at alternative therapy use among cancer patients and found that patients who are more likely to use alternative therapies are those who score higher on:

... 'will to live' scales.... had a greater desire for control over treatment decisions and much more often subscribed to beliefs about the causes of cancer which are at variance from those held by conventional practitioners. (Yates et al., 1993:214)

A few authors have been interested in quantitative analyses of the beliefs and values held by people who use alternative therapies (Furnham, 1994). For instance, Glik (1986) studied the impact of participation in spiritual and metaphysical healing


30 See also Fulder and Munro (1985).


groups on individuals' perceptions of health status. She found that: "Healing group participants … had consistently higher scores on measures of psychosocial wellness than a comparable group of primary care medical patients" (Glik, 1986:584).

While quantitative studies can provide us with information about the number of people who use alternative therapies, as well as their broad demographic characteristics, with the exception of the few studies noted above, they can tell us little about the wider experiences people have with alternative therapies and what those experiences mean to them. More relevant to the questions I address in this thesis are those studies which use qualitative techniques in examining the beliefs and experiences of people who use alternative therapies.

**Qualitative Approaches**

Among those authors who do take an intensive, micro approach are Deierlein (1994), Glik (1990, 1988), Glik and Kronenfeld (1989), Hare (1993), McGuire (1988, 1987, 1983), McGuire and Kantor (1987), Montbriand and Laing (1991), O'Connar (1995), Pawluch et al. (1998a, 1998b, 1994a), Sharma (1992), and Taylor (1984). Given the breadth and richness of the few in-depth, qualitative studies which focus on the users of alternative therapies, it is difficult to group them by topic. However, a discernible group of writers are those authors interested in the beliefs and ideologies espoused by people who use alternative health care (Hare, 1993; Pawluch et al., 1998a, 1998b, 1994a, 1994b). For example, along with discussing how and why the people she interviewed
came to use alternative therapies, Deierlein (1994) also examines the impact that use of these therapies had on changes in individuals' beliefs about the meaning of health. She found that deepened commitment to holistic beliefs was most likely to occur within intense, devotional relationships with a healer (Deierlein, 1994).

Other authors have focused on alternative therapy use amongst people who share a common disease (O’Connor, 1995). For instance, Pawluch et al. (1998a, 1998b, 1994a, 1994b) studied the use of alternative therapies amongst people living with HIV/AIDS. Among their findings is that the people they spoke with do not use alternative therapies to the exclusion of allopathic medicine. Rather they use both allopathic and alternative medicine in a complementary fashion. Most interesting, however, is their discussion of the ideological meaning of complementary health which reveals that their informants conceptualize it not as a collection of therapies but rather as an overall strategy or approach to health care. For these people, what would be considered alternative would be using any one form of therapy to the exclusion of others.

Some authors define their population of study by type of allopathic therapy. For instance, Montbriand and Laing (1991) interviewed patients who were all undergoing surgery at the time of the interviews. Amongst their findings was that use of alternative therapies represented overt and covert control strategies for the people who participated in their research. They found that while these individuals desired control over health and healing, which they sought to gain through use of alternative therapies, some found the freedom this afforded "...too much for [them] to tolerate" (Montbriand and Laing,
1991:331). These informants tended to give "...control away to healers or God, when [they took it] from biomedical doctor[s]" (Montbriand and Laing, 1991:331).

More research, however, has been designed around specific types of alternative health care. For example, Glik (1988) and McGuire (1987, 1988) have concentrated on people who participate in spiritual healing and/or metaphysical healing. Glik (1988) examined several different spiritual healing groups and found that they could be divided into two types: the charismatic and the metaphysical. She argues that participation in these healing groups promoted psychosocial change. In her words:

Ideological characteristics of healing groups offered a response to the sociogenic or psychogenic nature of member’s angst, through use of powerful analogies and metaphors, images and symbols. Not only were symbol systems used to help ‘transform’ internal states, in both groups spiritual metaphors for problems of social injustice, personal uncertainty, social change, or lack of community were evident. (Glik, 1988:1202)

Of particular relevance to this thesis are two qualitative studies which take a more general approach, namely, interviewing or conducting participant observation among a variety of types of people who use a variety of alternative therapies (O’Connor, 1995; Sharma, 1992). Sharma’s (1992) book Complementary medicine today incorporates analyses of qualitative interviews she conducted with users and practitioners of alternative medicine in the northwest of England. She provides an extensive literature review which summarizes the rates of usership of alternative therapies in the UK and explores the


35 Including: "Christian, Pentecostal, Neo-Pentecostal ... and New Age ... healing groups" (Glik, 1988:abstract).
questions of: who uses alternative therapies, why they use them, and how they gain access to them. She argues that the high levels of dissatisfaction with allopathic medicine reported by the people she interviewed is not a result of their use of alternative therapies or adherence to an alternative approach to health and health care. She concludes that, on the contrary, dissatisfaction with biomedicine is common amongst the general population and therefore can not be seen as characteristic of alternative therapy use. In her analysis of patterns of use of alternative therapies she groups her informants into three categories: "...earnest seekers ... stable [and] eclectic users," representing the different degrees of commitment to alternative approaches to health and health care held by the people who took part in her study (Sharma, 1992:47-51).

Sharma's (1992) book is one of the most comprehensive accounts available of the experiences of people who use alternative therapies. However, I find one aspect of it problematic. While her study provides important information about the beliefs and experiences of these people, the bulk of her book deals with alternative practitioners. For example, she provides an in-depth analysis of state control of alternative medicine and the political battles fought between alternative practitioners and allopathic medicine.


36 Which I have incorporated throughout this thesis.
medicine within the context of his belief in traditional Chinese medicine and discusses the negotiatory process this entails. For instance, she provides an in-depth analysis of how Mr L.'s encounters with allopathic medical care "...were greatly complicated by cultural differences between conventional medical and Hmong views" (O'Connor, 1995:83). These differences not only entailed conflicting etiological and therapeutic beliefs but also extended to differences between general cultural views of the family and the self. For example, she discusses the tension which framed the signing of a consent form "...for transport and evaluation for liver transplant" (O'Connor, 1995:85). While Hmong culture required a somewhat lengthy process of consultation between several family members rather than an individual decision to consent, the allopathic physicians concerned "...exerted considerable pressure both for a timely decision and for a decision in favor of the medical recommendations" (O'Connor, 1995:88).

Again, I see a problem with O'Connor's (1995) approach. While her case study is rich and detailed, there is a distinct lack of informant voice throughout the rest of her book. She provides few quotations from interviews and/or field notes making it difficult for the reader to assess conclusions she draws concerning her informants' experiences with alternative medicine.

My quarrel with these two studies is not that they are lacking in any fundamental analytical or theoretical way, rather it is that they give insufficient attention to the experiences of individuals who use alternative or complementary therapies. For example, over half of Sharma's (1992) book is given over to discussion of alternative therapies and
practitioners. Similarly, while O'Connor's (1995) study purports to be about people who use alternative medicine, her concern throughout is with the implications increasing use of alternative therapies has for the medical profession. In contrast, my concern in this thesis is with the implications use of these therapies has for the individual.

In short there are gaps in the literature on alternative therapies. A pervasive biomedical bias means that there is considerable study of the therapies, especially the issues of efficacy and safety. An equally pervasive institutional bias means that research is geared towards study of alternative practitioners as an emerging profession. These biases turn attention away from the experiences of the lay person who uses alternative or complementary therapies. Further, the study of alternative medicine has been dominated by British and American scholarship which means that very little research looks at alternative medicine within the Canadian context. Finally, the overwhelming majority of studies employ quantitative methods which are ill-suited to developing an understanding of how people perceive themselves, give meaning to their experiences, and how those experiences impact on their lives. This thesis addresses these gaps in the literature by focusing on the experiences of Canadians who use alternative therapies. In the following chapter I discuss the theoretical and epistemological perspective I take in exploring these issues, namely, a symbolic interactionist approach.
CHAPTER 2 - THEORETIC AND EPISTEMOLOGICAL PERSPECTIVE

A symbolic interactionist understanding of the individual and society informs my analysis in this thesis. As I am interested in questions of how and why people use alternative approaches to health and health care; what meaning they assign to the concepts of alternative health and healing; and what impact their participation in alternative therapies has for them, a symbolic interactionist perspective is dictated. While I follow a Blumerian (1969) symbolic interactionist perspective in my analysis I also incorporate insights from Simmel's (1950, 1959, 1971) understanding of the relationship between the individual and society, and Berger and Luckmann's (1966) conception of the nature of social reality. I begin this chapter with a general discussion of the position I take vis a vis symbolic interactionist theory. I continue with a discussion of the various concepts and theoretical models I make use of in my analysis and I conclude by stating my position on the ontological nature of sociological inquiry.

SYMBOLIC INTERACTIONISM

Symbolic interactionism is most appropriate to the questions I address in this thesis as what distinguishes this perspective from structuralist approaches is its focus on the micro level of society and its dual concern with meaning and interaction. According
to Blumer (1969:2), symbolic interactionist theory is grounded in the following three basic assumptions:

1. People act towards things on the basis of the meanings things have for them.

2. The meaning of ... things is derived from, or arises out of, the social interaction that one has with one's fellows.

3. Meanings are handled in, and modified through, an interpretive process used by the person in dealing with the things he [or she] encounters.

Of particular relevance to this thesis is Blumer's (1969) first assumption which indicates the importance of meaning within symbolic interactionist theory (Maines, 1981).

According to Blumer (1969:3): "The position of symbolic interactionism ... is that the meanings things have for human beings are central in their own right." Meaning is fundamental to social life as it is what makes the actions of individuals possible. In giving meaning to symbols the individual is able to interpret the actions of others and is likewise able to conceive his or her own course of action. For Blumer (1969:62), the self-reflective abilities of the individual allow them to:

 designate things to [themselves, their] wants, ... pains, ... goals, ... objects, ... the presence of others, their actions, their expected actions, or whatnot.

For symbolic interactionists "...meaning ... arises out of social interaction (Blumer, 1969:2). While Maines (1981:463), argues that "...there can be no meaning unless there is an other," he goes on to conclude that it matters not "...whether that other is physically present, anticipated, or held in memory." This means that in giving meaning to everyday
life the individual not only dialogues with others and the generalized other, as Mead (1962) pointed out, but also interacts with himself or herself. As Blumer (1969:5) maintains: "The making of such indications is an internalized social process in that the actor is interacting with [herself] or himself." When people encounter each other they communicate through symbols (language, gestures, appearance) and come to share the meaning they give to these symbols. To the extent that the meanings of symbols are shared the individual is also able to anticipate future actions.

Symbolic interactionism's understanding of how meaning arises through interaction is highlighted in chapter four, Why People Turn to Alternative Therapies, where I argue that it is through interaction with other users of alternative therapies (including alternative practitioner and/or healers) that the people who participated in this research began to adopt alternative ideologies of health and health care. In chapter six, Alternative Models of Health and Healing, my concern is with the ideological underpinnings of the meanings individuals give to alternative approaches to health and healing.

Of no less importance to this thesis is the third assumption of symbolic interactionism which concerns the "...transformation, and maintenance of meaning" (Blumer, 1969; Maines, 1981:463, Prus, 1994). The ability of individuals to manipulate meaning demonstrates symbolic interactionism's subjectivist orientation. Within symbolic interactionism meaning is not inherent in objects or symbols, rather, it is a negotiated,
social product. This means that ideas, symbols, or objects can hold a multiplicity of meanings. As Hewitt (1976:48) observes:

...meaning is anchored in behavior.... [it] is neither fixed or unchanging, but is determined in conduct as individuals act towards objects. As acts precede meaning, meaning may be transformed.

That meanings change dependent on time and context is emphasized in several chapters of this thesis. In the Literature Review for this thesis I discuss the ambiguity inherent in definitions of alternative medicine. That there are a multiplicity of definitions of any one alternative therapy was made clear when some informants told me they considered chiropractic an alternative therapy while others argued that it had been around for so long that it had become a legitimate part of allopathic medical care. In discussing methodological issues, in chapter three of this thesis, this ambiguity of meaning was exemplified in informants indecision surrounding whether or not I would consider them a user of alternative therapies. Finally, in discussing why people turn to alternative therapies (chapter four) I explain how the people who took part in this study gave new meaning to past behaviours in order to account for their current day use of alternative health care.

Symbolic Interaction and Social Structure

Fundamental to symbolic interactionism is the understanding that social structure, as well as meaning, arises through the process of interaction. Interaction between social actors is the medium through which society, with all its organizations, institutions, and

It is this complex of on-going activity that establishes and portrays structure or organization.... In the first and last instances human society consists of people engaging in action.

Symbolic interactionism has been criticized for a lack of conceptual clarity regarding social structure; in particular for dismissing the deterministic elements of social structure and overemphasizing agency. (Berger and Luckmann, 1966; Maines, 1981). However, numerous authors\(^{37}\) have convincingly defended symbolic interactionism from accusations of astructural bias and I concur that these criticisms are unfounded. For example, Scheff (1970:207) explains how symbolic interactionism's approach to the concept of social relations "...bridges structural approaches, like role analysis, and processual ones, such as the study of social interaction." Glik and Kronenfeld (1989:293) come to a similar conclusion in arguing that a "...sociological view of roles [assumes a] relationship ... to both micro and macro social structure." On the micro level, individuals in interaction play out roles. The crystallization and constellation of these roles in part make up social structure. Blumer (1969:17-18) clearly does not reduce society to the individual, he understands that habitual social interaction leaves stable forms or structures. He writes:

I wish to consider ... those instances of joint action which are repetitive and stable.... Instances of repetitive and pre-established forms of joint action are so frequent and common.... Apparent in the concepts of "culture" and "social order" that are so dominant in the social science literature.

Blumer's (1969) conception of the dynamic relationship between the individual and society here owes more to Simmel (1950, 1959, 1971) than to Mead (1962). For example, Simmel (1950) sees society as a dual reality which exists through the interactions of individuals and by way of this process becomes objective in itself. Social forms or structures result from the habituation of interaction between individuals (Berger and Luckmann, 1966; Simmel, 1950). While Berger and Luckmann (1966:61) contend that symbolic interactionists forget that "...the product acts back on the producer," I argue that there is nothing in symbolic interactionist theory which precludes an understanding of the potentially coercive nature of "...pre-established forms of joint action" (Blumer, 1969:18). Individuals do not give rise to a socio-cultural world which they can change at will, nor does it eclipse them. Rather, they create an objective social order which, in its autonomy, turns to confront them as a separate entity. According to Simmel (1959:47):

Individuals form ... society out of elements which crystallize into this particular form of "society"; society in turn ... confront[s] the individual with demands and orders as if it were an extraneous party.

This conception of the relationship between the individual and society is entirely consistent with Berger and Luckmann's (1966:60) conclusion that:
Institutions are *there* whether [people] like them or not.... [individuals] can not wish them away. They resist ... attempts to change or evade them. (emphasis theirs)

McHugh (1968) and Hewitt (1976) reject the charge of astructural bias outright and maintain that symbolic interactionism is well suited to resolving the structure-agency paradox. Hewitt (1976:7-8, emphasis his) argues that:

> A grasp of how ... people interact ... is *essential* to a full grasp of the structure of social life.... [symbolic interactionism] emphasizes process rather than structure, yet it does not ignore the latter in favour of the former; and while it frequently puts the individual in center stage rather than the society, it recognizes their mutual dependence.

Despite Berger and Luckmann’s (1966) claims to the contrary,38 what Blumerian (1969) symbolic interaction does not do is negate social structure or its influence on individuals. What it does do is focus on individual agency as a form of epistemological bracketing; in other words, isolating in analysis one or another aspect of socio-cultural life (Archer, 1988; Bourdieu, 1990; Giddens, 1979).

Fine and Kleinman (1983) argue that the concept of social network is an example of how symbolic interactionism analyses social structure. Similarly, Fischer (1977:vii) asserts that network analysis in symbolic interactionism bridges the gap between structure and agency. He writes: "Social structure impinges on individuals through chains of relations, and it is partly constructed by individuals forming and using those chains."

Likewise, in chapter five of this thesis, *How People Turn to Alternative Therapies*, my

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38 See Berger and Luckmann (1966:193, fn #25) for their arguments regarding symbolic interactionism’s failure to "develop an adequate concept of social structure."
theoretical focus turns to the relationship between the individual and society. My argument here is that in interacting with others who use alternative therapies the people who spoke to me began to develop ever-expanding networks of alternative health care which, in turn permeate the general health care system. In analyzing this system I make use of a theoretical model developed by Kleinman (1980) and elaborated by Chrisman and Kleinman (1983). I found aspects of this model useful in analyzing the experiences of the people who participated in this research. However, Chrisman and Kleinman's (1983) model rests upon objectivist distinctions between different types of health care. Further, their model fails to represent the notion of differential access to the different spheres of health care which I discuss in chapter five, *How People Turn to Alternative Therapies*. Consequently, in chapter five I present an adapted version of their model which more accurately reflects the reality experienced by the people who took part in this study.  

**Symbolic Interactionism and The Self**

The concept of the self is also of central importance to symbolic interactionism. According to Rock (1988:185): "[It is] the very hub of the interactionist intellectual

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39 While Chrisman and Kleinman (1983) are, strictly speaking, medical anthropologists, their focus on everyday reality, and the interpretive ability of individuals, makes their approach compatible with a symbolic interactionist perspective.

40 Sharma (1993:16) is also critical of Kleinman's (1983) model charging that he fails to fully explain how "...healing practices may shift their location from one sector to another." Further she argues that he "...pays scant attention to professionalization as a dynamic process in 'alternative' medicine in the west."
scheme. All other sociological processes and events revolve around that hub." It is central precisely because the self is what makes us social beings and what makes interaction possible. According to Blumer (1969:62):

The possession of a self provides the human being with a mechanism of self-interaction with which to meet the world - a mechanism that is used in forming and guiding ... conduct.

The human capacity for both language and reflexive thought allows us to anticipate the future and reflect on the past (Hewitt, 1976). Fundamental to Blumer's (1969:62-63) conception of the individual is his insistence that the self is not a structure built up of roles and/or norms, rather it develops in the course of an on-going interactive process. He writes:

Thus, we see scholars who ... regard the self as an organized body of needs or motives, or ... an organization of attitudes, or ... a structure of internalized norms and values. Such schemes ... make no sense since they miss the reflexive process which alone can yield and constitute a self.

One way the individual's self is manifest is through his or her identity which involves how one is seen by others, as well as how one sees himself or herself. Goffman (1963) makes this important distinction in his two concepts of personal identity and social identity. According to Goffman (1963:2), social identity is that facet of our identity perceived by others. He writes:

When a stranger come into our presence ... first appearances are likely to enable us to anticipate his [or her] category and attributes, his [or her] social identity.
One's social identity therefore is dependent on interaction with others. In Strauss's (1959:13) words, it is:

...that aspect of my subject which deals ... with how persons become implicated with other persons and are affected, and affect each other, through that implication.

On the other hand, personal identity is "...the unique collection of life history items that comes to be attached to the individual" (Goffman 1963: 57). In explicating Goffman's (1963) concept of personal identity Charmaz (1987:284) argues that it "...consists, in part, of the individual's self-definitions forming his or her biography."

Under symbolic interactionism the development of the self is a dynamic process which occurs throughout life. An individual's identity is not conceptualized as a static object, rather, self identity is conceived as a "process of behaviour," constantly being formed and re-formed (Hewitt, 1976:11). In Charmaz's (1992:5) words:

The self is a process in the sense of process and product; it is continually unfolding. That process of unfolding occurs as the person interacts with others, feels cultural constraint and imperatives, and evaluates himself or herself relative to experience, situation, others and society more generally.

This means that changes to one's personal identity are possible. According to Charmaz (1983:170):

Due to its fundamental assumptions about the nature of the self, the symbolic interactionist perspective permits examination of the ways in which changes of self-concept occur throughout the life cycle.

One's subjective perception of personal identity, personal biography are also subject to change as they are part of "...the person's evolving self.... [which] may shift or change"
(Charmaz, 1987:284). In chapter seven, *Alternative Therapies and The Self*, my focus is on just this process. I examine how adoption of alternative ideologies of health and healing impact on the self. I argue that, for most of the people who participated in this research, espousal of alternative ideologies of health and healing functioned as a mechanism through which they transformed their personal identities.

A number of authors have focused on the area of identity transformation.\(^{41}\) Perhaps most famous within this body of literature is the Lofland and Stark (1965) conversion model.\(^{42}\) For Lofland and Stark (1965:862), conversion occurs when the individual rejects their current world view and replaces it with another. They argue that all people have:

> ...a world view ... furnishing them a more or less orderly and comprehensible picture of the world.... When a person gives up one such perspective ... for another we refer to this process as *conversion*.

(emphasis theirs)

In contrast Berger (1963:62) characterizes conversion as "...an act in which *the past* is dramatically reformed" (emphasis mine).\(^{43}\) However conceived, the total rejection of


\(^{42}\) Since its publication the Lofland and Stark (1965) conversion model has been applied to several cases of identity transformation outside of religious contexts. For example, see Chang (1989) who employed their model in her analysis of abused spouses' self-saving processes.

\(^{43}\) Travisano (1981) appears to avoid conflation of conversion with other types of identity change by arguing that conversion and alternation form two ends of a continuum of identity transformation. However, I argue that in the end conversion itself may prove to be a false construct as it is unlikely that individuals ever totally replace the entirety of their past biography.
one's world view or jettisoning of one's past that the concept implies does not reflect the kinds of identity change experienced by the people who spoke with me. While these people did perceive that they had changed, the changes to self they described did not encompass the kind of eclipse of the past entailed by the process of conversion. Instead I make use of Berger's (1963) concept of alternation because it more accurately accounts for the changes to self and identity experienced by the people who participated in this research. For example, while Berger and Luckmann (1966:157) contend that the changes engendered by alternation are those "...that appear total if compared with lesser modifications" to the person. They also assert that:

Typically, the transformation is subjectively apprehended as total. This, of course, is something of a misapprehension. Since social reality is never totally socialized, it cannot be totally transformed by social processes.

Travisano (1981) clarifies this point in stating that alternation refers to changes in self which can be accomplished within the confines of the person's total identity rather than those which eclipse his or her prior identity.

Alternation to identity also involves the individual's power "...to choose between varying and sometimes contradictory systems of meaning" (Berger, 1963:54). For example, the people who took part in this study use both alternative and allopathic approaches to health care concurrently. The models of health and healing which inform these different approaches to health care are often contradictory yet these informants are able to make use of aspects of whichever model works for them in solving their health
problems. They have not been converted from allopathic medicine to alternative health care, rather, through the process of alternation, they have incorporated alternative ideologies of health and healing into their world views.

Another example of alternation engaged in by these informants is biographical work where:

Old objects (including body and self) must be reconstituted or given new meaning. New objects must be sought and discovered. (Corbin and Strauss, 1987:264)

For Corbin and Strauss (1987:272) biographical work can entail the "...process of identity reconstitution" (emphasis theirs). This type of identity works often occurs in response to what Bury (1982:169) calls biographic disruption. Citing Giddens' (1979) concept of the 'critical situation' Bury (1982:169) maintains that biographic disruption is an instance "...where the structures of everyday life and the forms of knowledge which underpin them are disrupted." I use this concept in chapter four, Why People Turn to Alternative Therapies, in explaining how people seek out alternative therapies in response to personal or physical problems which they experience as varying degrees of rupture in their biographies. When people experience biographic disruption they make efforts to repair the damage. Corbin and Strauss (1982:276-277) assert that these efforts entail:

The recasting of biography which involves the ... person's arriving at a biographical scheme that will give direction to his or her future biography" (emphasis theirs).

There is a retrospective feature to the kinds of identity works summarized above (Berger, 1963; Goffman, 1963). As Berger (1963:56) points out:
We ourselves go on interpreting and reinterpreting our own life.... As we remember the past, we reconstruct it in accordance with our present ideas of what is important and what is not.

One’s personal biography, or narrative, is always a matter of retrospective reconstruction (Berger, 1963; Goffman, 1963). According to Berger and Luckmann (1966:160):

Preamble alternation biography is typically nihilated *in toto* by subsuming it under a negative category occupying a strategic position in the new legitimating apparatus: “When I was still living a life of sin”.... The biographical rupture is thus identified with a cognitive separation or darkness and light. (emphasis his)

Likewise, the people who took part in this study recast their past selves as negative (unhealthy) and their present selves as positive (healthy) after adopting alternative ideologies of health and healing. As we express our biographies as narratives it follows that these informants also engaged in what Williams (1989:270) terms narrative reconstruction. He argues that narrative reconstruction occurs when:

The routine narrative expressing the concerns of practical consciousness are pitched into disarray.... From such a situation narrative may have to be reconstructed so as to account for present disruption.

While Williams (1989) is referring to narrative reconstruction following dramatic trauma such as death in the family or serious illness, I see no reason why it can not be applied as a theoretical explanation in less traumatic contexts. For example, in chapter four, *Why People Turn to Alternative Therapies*, the people who took part in this study reconstructed their narratives to account for their current day use of alternative therapies by reinterpreting the significance of their mother’s use of home remedies, among other
things. In the same way they reinterpreted past life events as turning points in their narratives of entrée into alternative therapy use.

Finally, in the conclusion to this thesis I discuss the further implications of adopting the ideology contained within alternative models of health and healing. I begin by addressing the question of: how alternative are alternative therapies? I argue that what makes alternative therapies truly alternative is that the meaning people give to them allows them a way to see themselves as healthy, something the biomedical model of health often does not permit. This difference between the alternative and allopathic models of health is important because how we perceive our health status plays a large part in how we perceive our selves (Freund and McGuire, 1991; Goffman, 1963). The connection between health and identity is mirrored in popular culture in such maxims as 'you're nothing without your health' and the fact that illness and/or disability results in loss of, or damage to, the self has been well documented in the literature (Bury, 1982; Charmaz, 1991; Corbin and Strauss, 1988). I conclude that, unlike their experiences with the biomedical model, the people who took part in this research found that alternative model of health and healing provided them with a means of repairing damage to the self.

I continue the conclusion with a discussion of issues worthy of future research, amongst which I address one of the negative implications for the individual engendered through use of alternative therapies. For example, I discuss how becoming a user of

\[44 \text{ See Snow and Phillips (1980) for a discussion of the retrospective element involved in defining times in one's life as turning points.} \]
alternative therapies can result in stigmatization of the individual. Another question I address is: does espousal of alternative ideologies of health and healing constitute tacit membership in a symbolic community of alternative therapy users?

Symbolic Community and Identity

Responding to what he saw as "theoretical sterility" in community studies Cohen (1985:38) argues that structure and function do not define community, rather community exists in the minds of its members who construct its boundaries through the use of a shared framework of symbolic representations\(^{45}\) rather than common physical local or other objectivist criteria. According to Cohen (1985), the us-them boundary between members and non-members of a community need not depend on positivistic earmarks. He argues: "The symbolic nature of [boundary opposition] means that people can think themselves into difference" (Cohen, 1985:117). The symbols of community are mental constructs: they provide people with the means to make meaning. They also provide them with the means to express the particular meanings which the community has for them (Cohen, 1985:19). Conceptually, the symbolic boundaries of a community are ambiguous and malleable allowing members to individually interpret the meaning membership had for them. In the conclusion to this thesis I argue that Cohen's (1985) understanding of community can be used to representative of the experiences of the people who

\(^{45}\) For example, Talai (1989:2) concludes that the Armenians she studied are no less a community despite their dispersal "...residentially ... across wide areas of London."
participated in this research. While people may not share a common locale, healing
techniques, or even agree on what is and what is not an alternative therapy, they may
well share a communal identity as users of alternative therapies.

**INTERPRETIST UNDERSTANDING**

Before turning to a discussion of the methods of data collection and analysis used
in this study a few words about my understanding of the nature of sociological inquiry
are in order. According to Berger and Luckmann (1966:19): "Everyday life presents itself
as a reality interpreted by [individuals] and subjectively meaningful to them as a coherent
world." They take:

..."reality" and ... "knowledge" for granted. The sociologist cannot do
this, if only because of [an] awareness of the fact that [people] take quite
different "realities" as between one society and another.46 (Berger and
Luckmann, 1966:2, emphasis theirs)

Berger and Luckmann (1966:3) contend that the purpose of sociology is to understand
how individuals construct reality. They write:

In so far as all human "knowledge" is developed ... the sociology of
knowledge must seek to understand the processes by which this is done
in such a way that a taken-for-granted "reality" congeals for the man [or
woman] in the street.

They conclude that their "approach is non-positivistic," however, in seeming contradiction
they argue that this "does not imply that sociology ... cannot be value-free" (Berger and
Luckmann, 1966:188-189, emphasis theirs). It is here that I part company with their

46 I would add that reality is equally variable within societies.
understanding of sociological inquiry. Consistent with a symbolic interactionist perspective I follow the interpretist school which sees "...reality [as] created and social" (Ferguson, 1992:4). What serves as reality depends on a definition of the situation negotiated by individuals in interaction with each other, including interaction between the researcher and informants. Contrary to the goals of description, prediction, and control of the objectivist or positivist schools, the goal of this type of research is interpretive understanding of social situations (Ferguson et al., 1992:6).

An important assumption of the interpretist school is that a value-free analysis is impossible. While it is reasonable to attempt to seek empathetic understanding of the experiences of others, it is not possible for researchers to experience what their informants experience nor is it possible to eliminate the researcher's influence on the data (Clifford and Marcus, 1986; Ferguson et al., 1992). Interpretist understanding is not to be confused with a representation of the informants point of view. There is an ultimate discontinuity between the reality experienced by individuals and the products of scholarly research (Clifford and Marcus, 1986). As Clifford and Marcus (1986:2) point out: "The historical predicament of ethnography [is] the fact that it is caught up in the invention, not the representation of cultures." I therefore understand my research to concern a constructed interpretation of the experiences of individuals who use alternative health therapies. Having said this I still believe that it is possible to develop a useful understanding of the world of others through conscientious attention to their narratives and "...assigning major importance to the interpretations people place on their experience
as an explanation for behaviour" (Becker, 1966b:vi). Further, by involving informants in the research process, inviting them to act as reviewers of the data, and using my own experiences as a user of alternative therapies the research becomes a jointly constructed and interpreted project. Given my theoretical and epistemological leanings, qualitative methods were the most appropriate means of generating data for this thesis. In the following chapter I discuss the methodological and analytic approaches I used in this study; namely, grounded theory analysis of face-to-face, unstructured, in-depth interviews.
CHAPTER 3 - METHODOLOGICAL APPROACH

Given my commitment to the epistemological underpinnings of symbolic interactionism, qualitative methods are dictated. A qualitative approach was the natural choice as it ensures that the focus remains on the informant, emphasizing "...the value of the person's own story" (Becker, 1966b:vi). It also allows the researcher to gain an interpretive understanding of the motives and meanings behind the actions of individuals (Becker, 1966b; McCraken, 1988).

This chapter begins with a discussion of the process of data collection employed in this study. Specifically, I used open-ended, unstructured interviews as the primary means of exploring the experiences of people who use alternative therapies. In addition to the interviews I also made use of data from a focus group meeting with women with multiple sclerosis (MS) where I facilitated a discussion of their participation in alternative health care; data from participant observation I conducted at the Wellness Centre,\(^{47}\) at a local healing fair, in a variety of health food stores and stores devoted to alternative remedies; and in experiencing an assortment of alternative therapies myself. I continue this chapter by addressing the reliability and validity of this study and by stating my position on the issues of reliability and validity in qualitative research in general. I

\(^{47}\) The Wellness Centre is a pseudonym.
conclude with a discussion of the mode of analysis used in this research, namely, grounded theory.

While not strictly a case study design, my approach in this research shares elements of case study research. According to Yin (1989:17), qualitative analysis of case studies are recommended when 'how' or 'why' questions are asked, when they concern contemporary phenomena, when they do not "require control over behavioral events", and in cases where there are too many variables for effective quantitative analysis. Further, Becker (1966b:vi) points out that the case history method allows for a "...faithful rendering of the subject's experience and interpretation of the world he [or she] lives in." Case studies are most amenable to and best served by a variety of sources of evidence, including: "...documentation, archival records, interviews, direct observation, participant observation, and physical artifacts" (Yin 1889:85). One of the most important of these is the interview which represents an "...essential source of case study information" (Yin 1989:89). The first step in conducting interviews is making contact with informants.

MAKING CONTACT WITH INFORMANTS

I made contact with informants using snowball and convenience methods (Babbie, 1986). I first interviewed an acquaintance of mine who used alternative therapies. I met my next informant while working on an independent research project. A third acquaintance agreed to participate and gave me the names of two of her friends who also took part in the interviews. I also approached the Wellness Centre for their help in
making contact with potential informants. After much negotiation the directors of the centre gave me permission to leave flyers describing my research there (See Appendix II for a copy of this flyer). At the end of each interview I asked the informant if he or she could give me the names of anyone who would be interested in becoming part of the study. Four informants contacted me through the Wellness Centre. Flyers were placed in a naturopath's office and The Horn of Plenty, a local natural food store, which resulted in four contacts. All other informants were approached independently. I kept careful track of the sources of informant names and as a result I was able to distinguish between patterns that were a result of friendship or other networks and more general patterns in the data (see Figure 1, below).

Figure 1 - Informant Contact Network
No research project is without its problematic aspects and mine centred around finding people who use alternative therapies to participate in the interviews for this study. While the overall experience of collecting the data was enjoyable, interesting and fruitful, it was time consuming and sometimes very frustrating making contact with informants. In particular, I encountered problems in deciding who to classify as a user of alternative therapies, attempting entrée to a setting in which to conduct participant observation, and in finding men to participate in the interviews.

Who is a User of Alternative Therapies?

A problem I encountered early on in this research was just who to consider a user of alternative therapies. Any attempt to sort out users and non-users on the basis of non-use of allopathic therapies was problematic as people rarely use alternative therapies to the exclusion of allopathic medicine (Pawluch et al., 1998; Sharma, 1992). The ambiguous nature of the concept of 'alternative' was brought home to me time and time again when I was making initial phone contact with potential informants. In almost all cases, these people referred to the blurry boundaries surrounding what is and what is not an alternative therapy. Most often this uncertainty took the form of an exchange

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49 See chapter one, the Literature Review, for a full discussion of the theoretical issues involved in defining alternative health and healing.
whereby they would phone me in response to one of my flyers or because someone had told them about my project. They would tell me how interested they were in participating in the research but almost immediately would say something like: 'But I don't know if I'm the kind of person you're looking for.' At the end of her interview Pam referred to this type of hesitancy and uncertainty when she said:

I hope [the interview] has been helpful. I've really enjoyed it. Like I said when I first talked to you and I phoned and I said I'm not really sure if I [belong in your study].

I would continue these initial conversations by asking informants if they considered themselves a user of alternative therapies. They would almost always respond by saying something like: 'I don't know, you tell me'. Sometimes they would tell me what kind of therapy they used and then ask me if it was alternative. For instance, Scott said: "I guess it sort of depends on what you define as alternative therapies." Consistent with my subjectivist theoretical orientation, my response invariably was if they thought it was, it was.

Another aspect of this definitional problem was whether or not the people I am talking with are users or user/practitioners of alternative therapies as it is common for people to begin by using alternative therapies and then later seek training to practice them (Sharma, 1992).\footnote{See chapter seven, Alterative Therapies and The Self, where I discuss these informant's decisions to seek training as alternative practitioners.} For example, fifteen of the twenty-one people who participated in this
study have, at some point, practised or sought training to practice alternative therapies.\footnote{51} However, they all started by using the therapies themselves and continue to use them. I am not trying to make the case that all users of alternative therapies necessarily become practitioners. What I am suggesting is that it made no sense to exclude informants because they also identified themselves as practitioners. The only way to solve this problem, while remaining true to my theoretical and epistemological perspective, was to select informants on the basis of whether or not they identified themselves users of alternative therapies.

\textbf{Entrée Interdit: The \textit{Wellness Centre}}

One way of finding people to participate in one's research is to contact them through an existing group, agency, organization, association, or institution. However, as Shaffir and Stebbins (1991:25) point out, gaining entrée to these types of settings is rarely, if ever, a "...straightforward matter." This was made evident to me when I attempted to gain access to the Wellness Centre in order to conduct participant observation in that setting. I began my efforts to gain entrée in the summer of 1995. I made several phone calls in an attempt to speak to the director of the centre about the research I hoped to conduct. The woman who answered whenever I phoned (she turned

\footnote{51} This type of overlap between user and practitioner roles can be partially explained through one aspect of alternative health and healing ideology, namely, the notion of self-healing (Furnham, 1994; Lowenberg, 1992). For example, Natalie, an informant who is a user/practitioner said that the people she works with "... have to work on it ... it's up to the individual that wants to heal themselves.... Everybody can heal themselves if they want to."
out to be the co-director of the centre) always told me they were too busy to speak to me, that it was a bad time to call, or that I should call them back. Finally, she told me that they had already had a study done of the centre and did not have time to accommodate another. I tried to tell her that I wasn’t interested in studying the centre per say but that I wanted to talk to their clients. She finally put me off by asking me to write requesting permission and to enclose a research proposal; she would then get back to me. I complied and when I had not heard from her in three weeks I phoned again. She sounded like she had no idea who I was at first. She finally remembered when I reminded her I had mailed her my proposal. She brusquely told me my request had been turned down. She finished the conversation by saying that if I wanted to I could buy space in their newsletter in order to make contact with their clients- at eighty dollars a half page!

I went down to the centre in person to try to talk to the director(s). When I met with the co-director face to face she was very angry that I had come without an appointment. During this meeting and during the many phone conversations I had with this woman, I was continually treated with hostility and suspicion. I got the distinct impression that she thought I meant to do an exposé on alternative therapies because she kept asking me if I was medical student. It did not matter how many times I tried to reassure her that I was personally sympathetic with alternative medicine, and that my theoretical interests in her clients experiences had nothing to do with assessing the efficacy of any of the therapies, she still refused me entrée.
Finally she said she would pass on my proposal to one of the people who did volunteer work for the centre. This woman phoned me about a week later and said she would meet with me. When we met she repeated that conducting participant observation at the centre was out of the question but that if I were to write a report for them based on my interviews she would have clients call me. I agreed to this proposal, however, only four people contacted me through her and they were all practitioners who worked out of the centre rather than clients of the centre. By this time three months had passed and I not too reluctantly decided to give up on the idea of focusing on the clients of the Wellness Centre. As Kleinman (1991:184) notes: "To stay in the field we sometimes have to manage negative feelings toward participants that make it difficult," and in my case impossible, "...to sustain close connections with them."

Two reasons have been suggested to me as to why my reception by the co-director of the centre was so hostile. One informant told me that, in his experience, the directors of the centre were concerned with making money and since I was not offering to pay them they were not interested in supporting my research. Another possibility is that people who practice alternative therapies are seen as members of deviant medical systems (Saks, 1995) and therefore react in a fashion similar to other marginalized or stigmatized groups by, among other things, being suspicious of outsiders. What is also possible is that the directors of the centre were aware that their reputation among clients might not be entirely sterling; giving them reason to be wary of outside scrutiny. For
example, more than one participant in this research had negative things to say about the Wellness Centre. In Hanna's words:

There's one or two [practitioners] there who are quite good but in general I don't think they're very knowledgable. The people who work there, some of them are a little bit off the wall. When you get into energy work in the holistic field you tend to get a lot of off the wall characters who are not grounded and because there is energy there they're a bit strange. They say they're more qualified than what they are. I don't really find the energy's good in that place and I've had a lot of people tell me the same. You can go there and take tai chi and you can go there and take reiki and they'll teach you reflexology and they're all probably certified to do it but I don't really recommend them, not on the whole.

One way of overcoming these kinds of impediments to access would be to employ techniques used in gaining entrée into other closed and/or deviant subcultures. For example, making contact with a key informant from the group who is able to facilitate your entrée and/or allowing for a great deal of time and patience in gaining the trust of gatekeepers to the group (Burgess, 1991). I chose another solution which was based on theoretic concerns. As my principal interest was in talking to users of alternative therapies in general, rather than clients of the centre per se, I opted to forgo the Wellness Centre and find other ways of making contact with informants.

Where Are the Men?

Another problem I encountered was finding male informants to participate in this study. In the initial stages of this research I did not anticipate that this would be a problem as two of the first four participants I came in contact with were male. However,
when the next four people interviewed were women, and I had no new male contacts, I had to acknowledge that finding male informants was going to be problematic. I believe there are two explanations for the difficulties I had in this regard. One is that at the time the interviews took place there were roughly one and a half times as many female as male users of alternative therapies in Canada (Canada Health Monitor, 1993b). The second is that men, in general, are far more reluctant than women to talk about matters relating to their health (Trypuc, 1994). My way of dealing with this dilemma was to amend the request I made of informants at the end of each interview. Instead of only asking informants for names of other people to interview, I asked them specifically to let me know if they knew any men who used alternative therapies. This resulted in enough male participants for me to feel confident about conclusions I might draw concerning possible gender differences in the data.

Notwithstanding the problems I describe above, I was eventually able to contact enough participants for this study. Insider awareness was instrumental in this respect (Douglas, 1976). As I had used alternative therapies myself I was familiar with a few local alternative practitioners; knew where to buy alternative remedies or books about alternative therapies; and had friends who also were users of alternative therapies.

**Ethical Concerns**

Ethical concerns have been addressed in this research. All informants were asked to give their informed consent prior to the interviews. Consistent with Erikson’s (1970)
arguments that disguising the nature of one's research is unethical, I informed each participant in the research of the purpose of the study and asked them to sign a written consent form before the interview took place.\textsuperscript{52} Informants were assured that their participation in the study was voluntary, that they had the right to end the interview at any time, and that they were not required to answer any questions they did not wish to. They were also assured that if they decided to withdraw from the research project any tapes or transcripts of their interviews would be destroyed. Participants in the interviews were offered an opportunity to review the transcripts of their interview and/or sections of the thesis which use portions of their transcriptions. Most importantly, informants have been assured that their interviews will be treated confidentially. Towards this end I use pseudonyms rather than a numbering system as a means of ensuring that informants' identities are protected. The advantage of using pseudonyms is that confidentiality is maintained while informants are presented as individual people rather than data.

THE INTERVIEWS

In total, twenty-one people participated in this research. All the interviews conducted for this study were open-ended and unstructured, and ranged anywhere from one hour to an hour and a half in length. Given the grounded theory approach I take in this thesis, the nature of my research was initially exploratory. Therefore, I composed very few questions prior to beginning the interviews (Becker, 1970b). Further, as I

\textsuperscript{52} See Appendix III for a copy of the consent form used in this study.
pointed out in chapter one, the Literature Review, objectivist definitions of alternative health and alternative healing are theoretically impossible within the subjectivist perspective I take in this dissertation. Consequently, throughout this research I have done my best to put aside my own assumptions in order to listen carefully to the beliefs the people who participated in these interviews held about the concepts of alternative health and alternative healing.

I began each interview by asking informants a very general question: how did you first become involved in using alternative therapies? I then concentrated on listening, probing for clarification when there were pauses in the conversation and when I wanted to explore issues the informant had raised. This is important because, as Becker (1970b:193) points out, statements volunteered by informants are "...likely to reflect the observer's preoccupations and possible biases less than [those] made in response to" questions posed by the researcher. The initial questions I formed before starting to interview included: why people first turn to alternative therapies, how people find out about those therapies, and how people define alternative health and healing. I also asked each informant a variety of questions related to demographic information. All the interviews were tape recorded, fully transcribed, and informants were asked to choose the location of the interview. Four of the interviews were conducted in my office at

53 Sex; age; ethnic category; SES (self-reported class, occupation, and education); and religion.

54 The interviews took place between 1993 and 1996 and the transcription was conducted between 1993 and 1998.
McMaster University, five in my home, and one in the cafeteria of McMaster Hospital. The remainder took place in the homes of the informants. I found these interviews to be the most fruitful for two reasons. First, informants were more comfortable, and therefore more candid, when they were in their own homes. Second, in some informant’s homes, I was able to experience some of the alternative healing techniques used by them.

The Informants

Sex Fifteen women and six men (a ratio of two point five women for every male) took part in this study. In general this distribution reflects the male/female rates of participation in alternative health care reported in the literature. For example, Sharma (1990:128) concludes that: "There is ... consistent evidence that higher proportions of alternative medicine patients are female." Likewise, the Canada Health Monitor (1993b) reports that the female/male ratio in Canada is one point five to one. However, I believe it is likely usership of alternative therapies among males is under-represented. For example, in their survey of use of alternative therapies among Americans, Eisenberg et al. (1993:248) found that: "There were no significant differences according to sex." As I have already pointed out, one explanation for this under-representation may be the

55 This sub-sample consisted of two-hundred and eight respondents who used alternative therapies in the six months prior to the survey, did not discuss their alternative therapy use with their doctors, and responded to the question: "If you were to tell your doctor about using these alternative health services (not including chiropractor) do you think your doctor would say that they would: help you, not help you, make little difference to your health, or don't know." The Canada Health Monitor (1993) found that one hundred and forty three of the respondents were female and ninety-five were male, a ratio of one point five to one (Table 45b, p:149).
unwillingness on the part of men to discuss issues relating to their health and health care (Trypuc, 1994). Another reason is that, in general, women access formal health care more frequently than do men,\textsuperscript{56} obscuring the extent to which men may use alternative therapies as part of their self-care practices.

\textit{Age} The ages of the participants in this research ranged from twenty-six to fifty-nine years, with fourteen between forty-one and fifty-nine years of age. This age distribution is similar to findings reported in the literature on alternative therapy use. For example, both Campion (1993) and Eisenberg et al. (1993:248) argue that: "The use of unconventional therapy [is] significantly more common among people 25 to 49 years of age" than other any other age groups. Likewise, in their study of people using acupuncture, homeopathy, or osteopathy, Vincent and Furnham's (1996:40) subjects ranged in age between thirty-eight and forty-seven years. Similarly, Glik (1988) and Cassee (1970:391) conclude that participation in alterative therapies "...is a phenomena related to middle age." While my findings are consistent with the literature I have my suspicions that they under-represent participation in alternative health care among young people. For instance, studies of users of alternative therapies tend to focus on the clients of chiropractors, naturopaths, and homeopaths. However, due to their youth, users of alternative therapies under thirty have less occasion to visit practitioners who specialize

\textsuperscript{56} Whether this is due to greater morbidity among women than among men, or is a matter of the more frequent medicalization of women's body's and lives, is a matter of debate (Millar and Findlay, 1994).
in muscular\skeletal problems such as chiropractors.\textsuperscript{57} Further, young people may be unable to afford the fees charged by these practitioners. Yet, people under thirty years of age may well identify themselves as users of alternative therapies when they buy echinacea, practice yoga, or participate in meditation as forms of self-care.

\textbf{Ethnic Category} All of the informants in this study were white. Eighteen identified themselves as Canadians of British or Celtic heritage, two were British, and one, while born in Poland, grew up in Holland and Kenya. All resided in Southern Ontario at the time the interviews took place. However, this is not to imply that using alternative approaches to health and health care is a white only phenomena. For example, the informants who took part in Pawluch et al.'s (1998b) study of people living with HIV/AIDS came from a diverse range of ethnic and cultural backgrounds.

\textbf{SES} Consistent with the literature on the users of alternative therapies, all but five of the people who participated in this research identify themselves as middle class and all had completed some form of post secondary education.\textsuperscript{58} These findings are similar to those found by Northcott and Bachynsky (1993).\textsuperscript{59} Further, the Canada Health Monitor (1993b) found a positive relationship between income and use of alternative therapies. However, the differences they found were slight, ranging from nineteen to

\textsuperscript{57} The type of alternative practitioner most frequently accessed by Canadians (Saks, 1997a).

\textsuperscript{58} This is slightly in contrast to Eisenberg et al.'s (1993:248) finding that use of alternative therapies is "significantly more common among persons with a college education."

twenty-six percent over several income categories. This is consistent with Sharma's (1990:128) conclusion that studies have found only slight variations in socio-economic status between users of alternative therapies and the general population and, in some cases, find "...no differences at all." O'Connor (1995:18) further argues that:

The enormous extent of recourse to [alternative therapies] among educated, thoroughly acculturated, "mainstream" groups has only recently begun to be recognized.

Likewise, McGuire and Kantor (1987:221) conclude that: "Our research in a suburban area ... suggests that nonmedical forms of healing are actually rather widespread among educated, fully acculturated, economically secure people."

**Religion** The informants for this study came from a variety of religious backgrounds. This is similar to the distribution of religious affiliation Wellman (1995) found among clients of chiropractors and therapists who practice the Alexander Technique. Six of the people who took part in this research identified themselves as Protestant and six as agnostic or as having no religion. Three were Buddhist, two practised Wicca, two were Catholic, and one was Mennonite. For example, Scott had been a follower of Buddhism for ten years at the time of the interview:

I went and spent some time overseas in Thailand. Through being away, it kind of rekindled my interest in Buddhism and I came back really wanting to seriously practice meditation.

Randal was one of three informants who practised Wicca which is, according to Nora a "mystery religion." In Randal's words:
I'd been studying in the craft, in Wicca, so I went and I talked to my high priestess and I said this is what has happened, I want to do some healing on it. What charms could I set up to inspire the divine within me in order to promote the healing? What herbs would you suggest? She gave me a list of all these blood purifiers and things.

Most of these people, however, practised what can very loosely be termed alternative or new age spirituality.\textsuperscript{60} For instance, Jane put it this way:

I'm into a lot of other things like spirituality that's not mainstream minded so [alternative medicine] is just part and parcel of the package.

Coulter (1985) and Northcott (1994) conclude that there is nothing distinguishing about the population of users of alternative therapies, rather, they are representative of the general population.\textsuperscript{61} Similarly, Sharma (1990:128) contends that "...users come from a wide range of backgrounds." In general these conclusions hold true for the people who participated in this research. There was little if any variation by sex, age, ethnic category, or socio-economic status; either in terms of accessing alternative therapies, beliefs about alternative approaches to health and healing, nor the impact participation in alternative health care had on the informants for this study. However, I did find two patterns among the demographic data which are worthy of note. For instance, it is interesting that several of these informants had worked within the health care system prior to their first encounters with alternative therapies. Simon had been a medical student,

\textsuperscript{60} See the literature review for a discussion of the theoretical difficulties involved in defining phenomena as alternative.

\textsuperscript{61} See also Canadian Medical Association Journal, 1991; Donnelly et al, 1985; Kronenfeld and Wasner, 1982; Furnham and Munro, 1985; and Furnham and Smith, 1988.
Natalie worked for several years as a nurse, Marie worked as an assistant to a podiatrist, and Lucy was a medical supply buyer for a hospital. This becomes an issue in chapter four, *Why People Turn to Alternative Therapies*, where I discuss the retrospective explanations these informants gave for their participation in alternative therapies. Of all the other demographic variables, religion was the only one which emerged as a significant issue. For instance, when I asked the people who took part in this research about their religious affiliation they identified a variety of religious backgrounds. What is significant is that seven of these informants practised religions that are seen as outside mainstream Judeo-Christian faiths. Moreover, while fifteen identified themselves as belonging to one or other form of Christianity, or as having no religion,\(^{62}\) it became plain during the interviews that nine of these people also espoused what Creedon (1998:44) calls "...pastiche spirituality or religion à la carte." What I call, for lack of a better term, 'new age spirituality'. For example, Loraine described her religious beliefs in the following way:

> The whole point of being born on earth is to grow in your spirituality. When you're ready to learn your teacher will enter your life.... I am Anglican but I've been to Salvation Army, Delta Tabernacle, United, Methodist, Catholic. But this has helped me, I have not become mind locked into any religion. God is here in my heart. God is within me not in some building.

\(^{62}\) This is consistent with the Canada Health Monitor's (1993b:124) findings that most (fifty-five percent) respondents who answered yes to the question: "in the past six months, have you used any of the following" alternative therapies?" reported that they had no religion or espouse a religion other than Protestantism or Catholicism.
Similarly, Marie told me that while she was brought up a Catholic she now follows her own spiritual path:

I'm a recovering Catholic. I was raised in the Catholic faith but I am very spiritualistic and I got in touch with my own spiritual beliefs which took a great deal of searching, personal work and a great deal of healing.

Likewise, Simon identified himself as a Catholic but later on in the interview told me:

It's the balance, it's the harmony. I've become a fundamentalist Taoist I guess. I just feel that things are going to come up but I don't fight things either. I liken myself to a stick or a log floating down a river.

Lindsay's agnosticism includes a little bit of several religious belief systems. She said:

I believe a lot of Oriental philosophy of really seeking within your self and being really quiet and balanced within yourself.... I have a belief that there are people out their who have a higher power than ours. I don't believe that one person created the universe. I wouldn't say that I'm an atheist, I may be slightly agnostic.

This finding is important because religion was the only social category where I found relationships between peoples' use of alternative health care and the beliefs they hold about alternative therapies. Where appropriate throughout this thesis I point out the subtle differences between those informants with mainstream religious beliefs and those who profess belief in alternative or new age spirituality.

**SOURCES OF RELIABILITY AND VALIDITY**

According to Kirk and Miller (1986), validity rather than reliability has dominated debate in qualitative methodology. Consequently a few words about the nature
of reliability in unstructured interviewing are in order here. The goal of most quantitative measures, is that, over time, they "...continually yield an unvarying measurement" (Kirk and Miller, 1986:41). In contrast, the reliability of the qualitative interview relies on it generating "...similar observations within the same time period" (Kirk and Miller, 1986:42). Despite studying the same setting, different observers will naturally observe different things at different times (Becker, 1970a). It is that things have changed over time, not that the measure is unreliable. Further, even observations that are collected within the same time period are "...rarely identical ... but rather ... are consistent with respect to the particular features of interest to the observer" (Kirk and Miller, 1986:42). For example, the words used by informants are seldom, if ever, the same yet they can be thematically and theoretically consistent. In the case of this research one informant might talk about the inner self and another the higher self but what they are both talking about is tapping into their spiritual power to heal themselves. The reliability of interviewing then does not depend on asking the same questions and eliciting unvarying responses, it relies on the skill of the researcher to carefully listen, ask for clarification, and closely monitor emergent themes in the data. In this way the reliability of a study is always closely linked with its validity.

Validity in qualitative research rests on the 'richness' of the data collected. As Becker (1970a:52) observes, in an unstructured, in-depth, open-ended interview, the sheer amount of information provided by the informant results in such:
...detailed data [that] they counter the twin dangers of respondent duplicity and observer bias by making it difficult for respondents to produce data that uniformly support a mistaken conclusion, just as they make it difficult for the observer to restrict his [or her] observations so that he [or she] sees only what supports his [or her] prejudices and expectations.

In addition to the rich interview data I have collected, I have bolstered the validity of this study through the use of a variety of additional sources of information including: participant observation, focus group data, printed materials, and the use of informants as reviewers. When theory is "...induced from diverse data" the researcher is less likely to impose his/her perceptions of reality on the phenomena at hand (Glaser and Strauss, 1967:239). As Becker (1970a:52) points out:

The very large number of observations and kinds of data an observer can collect, and the resulting possibility of experimenting with a variety of ways of collecting them, means that his [or her] final conclusions can be tested more often and in more ways than is common in other forms of research.

This additional information is used to set the context for the primary interview data and to complement it in a variety of ways. For example, my own experiences as a user of alternative therapies gives me insider awareness which enhances the validity of this research (Douglas, 1976). This is analogous to Becker's (1970a:59) understanding of participant observation where he argues that: "The fieldworker can sometimes take advantage of his [or her] presence in the situation to produce evidence based on his [or her] own experience."

63 Throughout the text of this thesis I indicate plainly where I have used quotations from the focus group meeting or from field notes compiled during participant observation.
Participant Observation

The participant observation I conducted throughout this research increased my familiarity with the range and types of alternative therapies and alternative health care products that are locally available. Having experienced several therapies myself enabled me to see how they were performed and what it felt like to experience them. Both these things increased my empathy with the experiences of the people who participated in this research.

In the summer of 1995 I attended an open-house at the Wellness Centre. The Wellness Centre is a commercial venue where several different types of alternative therapies are available. Differing numbers and types of alternative practitioners work out of this centre at any given time. There I encountered reiki, acupuncture, iridology, ear candling, and reflexology; aromatherapy, shiatsu, and Swedish massage; and astrological and tarot counselling. I was able to talk to several of the practitioners and experience some of the therapies. On that occasion I sampled aromatherapy, shiatsu, and swedish massage, as well as foot reflexology.

In the spring of 1995, I observed and participated in a yoga session specially designed for people with multiple sclerosis which was held at the Hamilton Multiple Sclerosis Society and during March of 1997 I attended a local healing fair. On exhibit there were environmentally friendly household products and beauty products; vitamins

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64 I was asked by one of the directors of the Centre to refrain from talking to the clients who attended the open house. See the section of this thesis entitled *Entrée Interdit: The Wellness Centre* for details.
and minerals; ear candling; homeopathy; reflexology; reiki; aromatherapy massage; astrological, psychic and tarot counselling; and crystal healing. A variety of books and tapes on alternative and/or spiritual healing; incense; magnetic affirmation cards; astrology cards; tarot cards; aromatherapy oils; angel motif crafts and jewellery; mood rings; crystals; and hand made wreaths and wooden boxes were on sale at the fair. The fair was poorly attended by the public and I was unable to speak to the few people who did attend as they either left quickly or were busy sampling the services and products on display. However, I was able to speak to many of the practitioners who participated in the fair.

Finally, throughout this research I had the opportunity to experience crystal therapy, ear candling, healing touch therapy, reiki, astrological counselling, yoga therapy, tarot counselling, homeopathy, and herbal medicine with alternative healers who practised independently. I also spent time exploring natural food and other shops in Hamilton which stock many of the alternative healing books, products, and remedies used by people who participated in this study.

Focus Group Research

In addition to the interview data I collected I had permission to use data from focus groups conducted with women with multiple sclerosis (MS). This data was collected as part of a research project concerned with assessing the home care needs of women with MS. The research was sponsored by the McMaster Research Centre for the Promotion
of Women’s Health under the direction of Dr. Mary O’Connor (principal investigator) and was funded, in part, by Health Canada and Hamilton Wentworth Homecare. There were three separate focus groups composed of eight to ten members each which met a total of eight times over the summer. The meetings were one and a half hours in length. Each meeting was tape recorded and the recordings transcribed. In my role as a facilitator I used the tactic of low moderator (Morgan, 1988) involvement in the group where I tried to say as little as possible and focus my attention on what the participants were saying and how they interacted with one another. During one of the focus group meetings I facilitated the women discussed their experiences with alternative therapies. These women were using a variety of alternative therapies, including: yoga, tai chi, herbal medicine, and meditation, in their efforts to cope with MS, a chronic disease for which biomedicine can offer little in the way of understanding or treatment.

Survey Research

I also had access to the raw data from one of the only large-scale surveys of alternative therapy use among Canadians. These data comes from a telephone survey conducted by Price Waterhouse of Ottawa on behalf of the Canada Health Monitor.65 Between January 12th and March 30th of 1993 a representative sample of two thousand and seven hundred and twenty-eight Canadians was selected using a stratified, two stage

65 "The questionnaire was designed by Dr. Earl Berger in consultation with Dr. Len Rutman, Dr. Tom Stephens, Dr. Neil Stuart and Dr. Nancy Staisey" (Canada Health Monitor Survey #9 Methodology, 1993b:1).
random sampling technique (Canada Health Monitor Survey #9 Methodology, 1993b:1). Of those Canadians surveyed, twenty-two percent had used an alternative therapy in the six months prior to the survey (Canada Health Monitor Survey #9, table 40, 1993b:124). These data provided me with the 'big picture' of usership of alternative therapies among Canadians and was useful in contextualizing the micro level data collected for this research.

Printed Materials

Finally, I made use of advertising material, popular books, and pamphlets which described the various therapies used by informants; a number of magazines devoted to alternative healing; and examples of references to alternative therapies contained in popular novels. This data was most useful in describing the types of alternative therapies used by the people who participated in this research.

In summing up I would like to state my position on the relative validity and reliability of interviewing and participant observation as preferred methodologies. When I originally conceived of my dissertation research I thought about using participant observation as a primary method of data collection. However, I chose not to for two reasons. First there was the problem of gaining access to a setting where I could observe

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66 The categories of alternative therapists used in the questionnaire included: chiropractor, herbalist, naturopath, reflexologist, acupuncturist, faith healer, homeopath, masseuse, advice from a health food store, fitness or health instructor, and other (Canada Health Monitor Survey #9, table 40, 1993b:124).
people who use alternative therapies. My other reason had more to do with issues of theory rather than pragmatic concerns. Simply, I was interested in the experiences of people in general who use alternative therapies, not the attitudes and experiences of a particular group of people (ie. cancer patients or clients of a particular alternative practitioner). As I was more interested in a diversity of informants, strictly speaking, there was no field in the sense of delineated physical space in which to conduct participant observation. In the end I decided to use interviewing as my primary technique of data collection for this study. While I agree with Becker and Geer (1970a) that participant observation has the potential to provide a broader picture of social reality than do interviews, I disagree that the data interviewing yields is any less valid or reliable. As Trow (1970) convincingly argues, participant observation and interviewing are different methods which measure different things. One can not be said to be inherently better than the other. Validity and reliability in interviewing comes from the constant comparison of a series of interviews, where each interview serves to validate or refute the data collected in the others. (Trow, 1970). The process of analysis and re-analysis of a series of interviews can also yield theory that is grounded in the data.

**GROUNDED THEORY ANALYSIS**

I take a grounded theory approach in this research. By that I mean that instead of beginning with a theory and seeking data to correspond to it, the assumption is that theory emerges through the process of empirical research (Corbin and Strauss, 1990;
Glaser and Strauss, 1967). For example, I made a decision early on to avoid reading too much of the literature on alternative therapies during the process of data collection. While I scanned and accumulated the relevant literature, I was concerned that if I read too deeply, I would have been tempted to force the data to fit into the literature rather than having the data inform it. Therefore, I reviewed and incorporated the bulk of the literature once the analysis was almost completed.

Consistent with Becker's (1970b:199) understanding of the "natural history" of qualitative data analysis, the first level of analysis for this research occurred even as I began making contact with the people who would participate in the interviews. It was during this phase of the research that ambiguity as to what is and what is not an alternative therapy, which hitherto I had met with only in scholarly debate, was impressed on me as an issue that people grapple with in their everyday lives. From these initial conversations I knew that how people define alternative health and healing would be a significant theme to pursue in the interviews. The second level of analysis occurred during the interviews themselves. Issues which emerged in the first interviews became themes to pursue in succeeding interviews. For instance, it was in the first interview that one informant, Natalie, told me how participation in an alternative healing group had changed her and her fellow participants, leading me to speculate as to the nature of this

\[\text{footnote}\]

In this section I write about different 'levels' of analysis which is a bit of a misnomer as the process of grounded theory analysis does not occur on discreet levels. While different levels of analysis emerge out of each other, they also occur simultaneously in a reflexive and recursive fashion.
change. People who took part in the subsequent interviews also talked about transforming their lives and healing themselves. This led me to think about the possible connections between participation in alternative therapies and changes in self. At another level of analysis, which took place while I transcribed the taped interviews, I saw that the model of health espoused by these informants incorporated the notion of self-healing. I then began to see that the connection between participation in alternative approaches to health and self change was one that lay in the ideological underpinnings of the alternative models of health and healing adopted by the people who took part in this research.

I analyzed the data for this research using Strauss and Corbin's (1990:61) technique of open coding. Open coding refers to: "The process of breaking down, examining, comparing, conceptualizing, and categorizing data." By making comparisons within and asking questions about the data, patterns emerge which, in turn, contribute to theory building (Glaser and Strauss, 1967; Strauss and Corbin, 1990). The process of open coding is one that is not only undertaken deliberately while the data are collected, it also occurs reflexively during the same process of collection (Kleinman, 1991). An example concerning the alternative models of health and healing which emerged from the data collected for this research serves to illustrate this process of open-coding. Initially, I conceived of only one model, an alternative model of health. This model began as a myriad series of concepts, some of which pertained to alternative approaches to health and healing and some which referred to allopathic medical care. They included: acute problems, chronic problems, balance, being centred, time, focus on the cause, focus on
the symptoms, energy, holism, side effects, invasive procedures, stress, healing as a journey, control and self healing. In reviewing these concepts it struck me that there was more than one model involved in the beliefs about alternative health care espoused by these informants. In the end these concepts developed into two models: an alternative model of health and an alternative model of healing. While this seems obvious to me now initially it was not then as a pervasive theme throughout the data was that health and healing are not discrete entities. According to these informants, to be healthy is to be engaged in the process of healing. Despite this inextricable connection, however, it was equally clear that the people who spoke with me assigned some things to the realm of health and other things to the realm of healing. Once having grouped these concepts into these two broad models, the process of grouping concepts into categories, and dividing categories into concepts, that Strauss and Corbin (1990) describe, began in earnest. For example, the concept of self-healing became a category that contained the concepts of healing through energy, healing with the body and mind; and healing with the spirit. Energy then became divided into two subconcepts: energy within and without the body and/or person. In turn, energy in the body was conceptualized by these informants as both a bodily system as well as an indicator of health (ie. as when one experiences balance within the flow of energy in the body). Energy outside of the body was both an omnipresent entity but also something that could be mobilized by the person, or by a practitioner, to effect healing.
The model of health these informants believe in rests on a definition of health as the unity of body, mind, and spirit, or holism. Consequently, holism developed into an overarching class within the data. This class contained the categories of unity of mind, body and spirit; balance, and control. In turn, these categories were made up of several concepts which emerged as I compared and contrasted quotations from different informants. For instance, while most informants talked about health being the unity of mind, body, and spirit, it became clear that for some this unity extended only to unity of the body and mind. This resulted in a division of the category of unity of mind, body, and spirit into two concepts: unity within mind, body, and spirit; and unity within the mind and body. Likewise, the category of balance was broken down into several concepts including balance within the body, balance within the self, and balance with one's environment, or even the universe. These concepts were further broken down into several subconcepts based on the differences between informants' beliefs. For instance, the concept of balance within the body expanded to include the subconcepts of listening to the body and achieving a balance of energy within the body.\textsuperscript{68}

One of the last levels of analysis took place while I was incorporating the literature into this thesis. For example, in reading the general medical sociology literature on lay health seeking behaviour I discovered that the existing models of the health care system did not accurately reflect the experiences of the people who took part in this

\textsuperscript{68} Alternatively, one could say that the subconcepts of listening to the body and achieving a balance of the energy within the body were collapsed into the concept of balance within the body.
research. This lead me to construct a new model of the health care system which accounted for these informants' participation in alternative approaches to health and healing.

The process of analysis of the data collected in this research continued even as I edited the final drafts of this dissertation. This comes as no surprise as it is the nature of grounded theory analysis that data collection and analysis can go on indefinitely with no predetermined end point. As Taylor (1991:242) argues: "Because our understanding of the social world is necessarily incomplete and imperfect ... no study can ever be considered finished." While one should stay in the field past boredom and diminishing returns on the data he concedes that students often face outside pressures which "...dictate when a study ends and writing begins" (Taylor, 1991:243). Consequently, one must make a calculated decision as to when to end the research. However, the point at which research ends is not entirely arbitrary or even pragmatic. According to Glaser and Strauss (1967:61) the researcher must determine when he or she has reached "theoretical saturation" where enough data is collected to show a repetition of themes and patterns. In the case of this research, I knew I had enough interviews completed when beliefs about and experiences with alternative health and healing were repeated and confirmed by informants after informant.

69 Notwithstanding Glaser and Strauss' (1967) and Taylor's (1991) insights, the number of interviews I conducted is in some respects irrelevant as this study is exploratory and my intention is to contribute to theory rather than generalizing at the level of populations (Yin, 1989:21).
In the following chapters of this thesis I present the findings from this grounded theory study. I begin by discussing how and why the people who took part in this research turned to alternative therapies. I continue by examining these informant's beliefs about alternative health and healing, and I conclude with analysis of the impact participation in alternative approaches to health and healing had on them.
CHAPTER 4 - WHY PEOPLE TURN TO ALTERNATIVE THERAPIES

In this chapter I discuss why the people I spoke with chose to participate in alternative therapies. The most significant of my findings is that, in general, what is commonly reported in the literature as motivating factors in people’s use of alternative therapies did not figure prominently in these informants decisions to seek out alternative health care. Therefore I begin this chapter by critically comparing my findings with those reported in the literature. I argue that, in contrast to much of the relevant research, the people who spoke with me did not turn to alternative therapies for ideological reasons; neither seeking a holistic approach to health and health care, nor through a desire for control over matters of health and healing. Rather, they were seeking relief from problems for which they found little or no redress in allopathic medicine. I continue this chapter by discussing the notion of problem solving as the primary motivating factor involved in their use of alternative therapies. I conclude with a discussion of the concept of retrospective reinterpretation as it is used by these informants as an explanatory device in their accounts of why they came to use alternative health care.

MOTIVATING FACTORS

People turn to alternative therapies for a variety of reasons. However, in this research, I have found that focusing on particular motivating factors or predisposing
characteristics for people's use of alternative therapies is not as useful as discovering the "generic social processes" involved in their participation in alternative health care (Prus, 1995:5). This was made plain to me when I found that the explanations reported in the literature were not significant factors in motivating the people I spoke with to seek out alternative therapies. For example, the three most common factors cited in the literature as reasons for people's use of alternative medicine are a desire for control over matters of health and health care; a desire for a holistic approach to health; and/or dissatisfaction with allopathic approaches to health care. With the exception of the third factor, dissatisfaction with allopathic medicine, the people I spoke with rarely identified ideological issues such as control or holism as reasons for their decisions to seek out alternatives. Alternative ideologies of health and healing were things these people learned through participation in alternative health care making them a product of, rather than motivator for, their use of these therapies.

Control

That alternative therapies allow individuals a greater degree of choice and control over their health and health care is often specified as a motivating factor in people's participation in these therapies (Cockerham, 1998; Dunfield, 1996).\(^{70}\) However, when I asked people why they first got involved in using alternative therapies, only one person,

Laura, identified a desire for control as what prompted her to seek out alternative medicine. In her words:

My midwife, she interviewed me and one of the first things she asked was why I wanted a home birth and I said because the control thing was really big.

For other informants the possible benefits to be derived from taking and being in control of one’s health and health care were things they discovered through their experiences with alternative medicine and in interaction with alternative practitioners (Deierlein, 1994). For example, in talking about the alternative practitioner she uses, Grace said:

She encouraged me to take control so I decided I was going to go more into the alternative medicines. I stopped the massive amounts of drugs I was taking. (emphasis mine)

Holism

Likewise, another aspect of alternative ideology, holism, is said to be an important factor in people’s choice of alternative medicine (Dunfield, 1996; Vincent and Furnham, 1996). However, very few of the people who participated in this research referred to a desire for a holistic approach to health as something which prompted them to seek out alternatives. For example, only two people cited holism as an issue in her choice of health care. According to Trudy:

See also Anyinam (1990), Furnham and Bhagrath (1993), McGuire and Kantor (1987), Murray and Shepherd (1993), and Northcott (1994).
I had a bladder infection and I knew that there was more to it.... I realized that there was a lot more to it in terms of the whole psychology. I could understand that my body was responding to my own thinking and I was responding to my environment with my thinking.

Again, it was only through their experience with these therapies and in interaction with alternative practitioners that they came to espouse alternative ideologies, including a belief in holism. As Deierlein (1994:180) argues, an individual's "...commitment to a healer/client relationship" is instrumental in adoption of alternative belief systems. For example, Greg is still learning about alternative ideology from his alternative practitioners. In his words:

[The practitioners] try and I listen and it's kind of well it's [their] show and I'm not going to tell [them] how to conduct the symphony. Ying and yang and that whole thing, having a balance in the body, it does make sense in a way to me. I'd be curious to read more about it.

With respect to ideology as motivating factors my findings are consistent with Deierlein's (1994:180) conclusion that her research did "...not support the existence of a genre of 'true believers' prior to trying holistic medicine." So a desire for control and/or holism did not motivate these people to explore alternative therapies. However, my findings initially appeared to support one reason cited in the literature, namely, dissatisfaction with allopathic medicine.

**Dissatisfaction**

Many argue that people turn to alternative therapies because they have recognized the limitations of Western medicine and/or are, in general, dissatisfied with allopathic
approaches to health care (Northcott, 1994; Fulder, 1996). Consistent with this literature, almost all of the people who participated in this study gave dissatisfaction with allopathic medicine as a reason for first seeking out alternative therapies. In Hanna's words: "I found traditional therapy wasn't helping me at all." Their dissatisfaction took many forms. For some a profoundly negative experience with biomedicine led them to look for alternatives. Below, Lindsay and Hanna describe incidents of what they saw as medical mismanagement which led them to turn away from biomedical approaches and turn to alternative health care. They told me:

I had a really bad experience with [one doctor]. I had a really bad infection and what he found out was that I was retaining about five hundred CCs of urine. He said that I was probably going to end up living on antibiotics for the rest of my life because every time I turned around I'd get a bladder infection. [That] made me decide.

Well the car accident, the therapy was making it worse. Right from day one I felt there was nerve damage from the injuries. I kept going to my family doctor and saying it's not just in the muscles I think it's the nerves. For a year she didn't send me to a neurologist. All I kept having was one x-ray after x-ray and well there were no bones injured. She wouldn't believe me until I said there was something drastically wrong behind the left eye.... One night I woke up, it felt like I had had a stroke.... These are the types of things I've gone through and that's why I've lost a lot of faith in the [medical] system.

A sense of dissatisfaction with allopathic medicine was not as all encompassing for other informants and tended to be focused on either discontent with medical professionals on the one hand, or dissatisfaction with medical therapy on the other.

Unsatisfactory Doctors Several informants told me that their sense of dissatisfaction with Western medicine was related to what they saw as arrogant or uncaring attitudes held by their physicians (Dunfield, 1996, Vincent and Furnham, 1996). For instance, in telling me about an encounter with his urologist Greg said:

His idea was that it was diabetes and he said 'sorry to tell you this but there's nothing that I can do for you.' He was like ... a high-end repair shop, and if he couldn't do the high-end repairs, ... then I was wasting his time. He gave me three strips of, they reminded me of clarinet reeds actually. He said 'just take them home, take them in the bathroom, urinate on them and if they go green you're, no red, no green.' He ... couldn't remember which colour [meant] diabetes and I'm kinda thinking oh god! That's maybe where I bottomed out with conventional medicine.

Legitimacy Phripp (1991) argues that some people seek out alternative medicine in order to have their problem seen as legitimate. Likewise, another type of discontent comes from having to convince medical professionals that your illness is real. Legitimacy is often at issue in cases of environmental illness, chronic fatigue syndrome, or other problems which "do not ... fit accepted [biomedical] diagnostic categories" (Schneirov and Geczik, 1996:640). For example, Grace told me she felt her doctor did not believe her when she told him about her symptoms:

My doctor didn't believe that I was still having chronic pain. Because I now suffer from these wonderful things called chronic pain symptoms which [doctors] don't know a whole lot about. So it had to be mental and he sent me to see a therapist. [My naturopath] didn't think I was crazy and that was even more reassuring because I felt that I was valid. The medical profession didn't believe that I was valid, that I was really legitimate.

Dissatisfaction more often arose in connection to allopathic methods of treatment. In particular questions about suitability, efficacy, and side effects were at issue.

**Unsuitability** Many informants believed a biomedical approach was not suitable for the kind of problem they had and/or found that allopathic medicine could not help them with their problem (Northcott, 1994; Vincent and Furnham, 1996). 74 In Grace’s words:

One day out of desperation I thought well I’ve tried all the other quacks [doctors], I’m going down the tubes. What have I got to lose? So I called [a naturopath] up and I said I’ve tried all the other quacks I might as well try you now.

Jane sought out alternative therapies when she felt allopathic approaches did not work fast enough. She said:

I ruptured a disk in my back and the conventional methods were muscle relaxers and pain killers and lay on the floor and don’t move for three weeks or we’ll put you in the hospital in traction and it just wasn’t quick enough and I thought there had to be other ways so I started going to chiropractors then and I’ve been going ever since.

Most common was the belief that allopathic health care was inappropriate to chronic problems (Pawluch, 1994a; Wellman, 1995) 75 For example, Roger and Lucy turned to alternative therapies in response to chronic health problems for which they found no relief


75 See also Pawluch et al. (1994b, 1998a, 1998b) and Sharma (1990, 1992).
in allopathic medicine. Roger put it this way: "the whole area of managing chronic illness in one's life comes to mind as ... kind of a departure from a Western medical framework."

*Side Effects* Others informants' expressions of dissatisfaction were related to concern over side effects, iatrogenic disease, and/or invasive medical technology (Pawluch et al., 1998a; Vincent and Furnham, 1996). For example, Hanna found side effects from medication problematic. She said:

Medications just don't agree with me anyway and they made my mind so sluggish that I decided to just come off all the medication they had put me on and I stopped the physio and I worked out my own exercise program and got more into the herbs and vitamins. It took me three years but I got well from there.

Lucy told me she sought out alternative therapies when she developed new problems as a result of allopathic treatment:

I was put on an inhaler. When I checked with the pharmacist it was a derivative of cortisone but it was a newer system that ... they hadn't had any problems with. It was a minute dosage of cortisone and they didn't think it would create any problems. I was on it for twenty months and over that period of time the cortisone lowered my resistance and my immune system to such a degree that it was incapable of functioning so I was diagnosed with chronic fatigue syndrome and over the next five years I went through hell.

Laura turned away from allopathic approaches out of fear of side effects and the invasiveness of medical technology. In her words:

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76 See also Campion (1993), Murray and Rubel (1992), Murray and Shepherd (1993), Sharma (1992), and Wellman, (1995).
It worked for me during my pregnancy and it was a great alternative to having to use medications ... you really didn’t want to take ... when you’re pregnant. And so that continued when I was breast feeding for the same reasons. It just worked and I had no side effects. It was probably that I had read too much before I got pregnant and in my early pregnancy about how unnecessary some of the procedures were and the potential harm they could cause to be comfortable with them.

Establishing a connection between dissatisfaction with allopathic medicine and use of alternative approaches to health care is a contentious issue. Some authors argue that the use of alternative therapies represents an overall disenchantment with biomedicine (Northcott, 1994; Taylor, 1984). Others argue that people are drawn to alternative therapies, not so much out of a dismissal of allopathic medical care, as they are attracted to alternative health ideology (Pawluch et al., 1994a). Others still conclude that discontent with scientific medicine, rather than the allure of alternative ideologies, is what motivates people to seek out alternative medicine (Furnham and Kirkcaldy, 1996; Furnham and Smith, 1988). Further, Vincent and Furnham (1996) conclude that it is both dissatisfaction with allopathic health care and the appeal of alternative therapies which drive people away from allopathic medicine and towards alternative health care. This polemic has been conceptualized as the push/pull debate by Vincent and Furnham (1996) among others. The question becomes: are people pushed away from allopathic medicine, and, as a consequence, pushed towards alternative therapies, or are they pulled

77 See also Sharma (1990).

78 See also Furnham and Smith (1988), Kelner and Wellman (1997), and Sharma (1990).
towards alternative medicine and consequently pulled away from allopathic health care? I argue that conceiving the possible connections between dissatisfaction with Western medicine and use of alternative health care in push/pull terms situates people as passive, rather than active, agents. The image conjured up is one of the individual being drawn or repulsed, as if coerced by some external force: one who is buffeted between alternative and allopathic approaches to health care rather than actively choosing amongst them. Further, conceptualizing individuals' decisions to seek out alternative therapies in push/pull terms turns attention away from what is really at issue for these informants, namely, finding a solution to health problems.

Simply put, these informants were not shopping for an ideology,\(^79\) when they first sought out alternative therapies. Holism and control, both aspects of alternative ideology, were beliefs these people came to value and espouse after they began participating in alternative health care. They were things they learned through interaction with alternative practitioners and other users of alternative approaches to health and healing. Nor can we rightly call dissatisfaction with Western medicine a motivating factor as discontent with allopathic health care is "...by no means confined to users of complementary medicine" and therefore does not explain usage of alternative therapies (Sharma, 1992:77). In the end, what motivated these people to seek out alternative

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\(^79\) I am grateful to Steven Crocker for this apt turn of phrase. However, the importance of alternative health ideology should not be dismissed as it is instrumental as a mechanism for reconstruction of the self. See chapter seven, *Alternative Therapies and The Self* for a discussion of the import of alternative ideologies of health and healing.
therapies is that they were actively seeking a solution for problems for which they could find little or no relief in allopathic medicine.

**ALTERNATIVE SOLUTIONS**

Campion (1993:282) and Sharma (1992) make the point that people seek out alternative therapies because they "...want to feel better" and Pescosolido (1998:219) concludes that people "...continue to ask advice and seek help from a wide variety of lay, professional and semiprofessional others until the situation is resolved." Likewise, most of the people who took part in these interviews turned to alternative therapies because they had a particular 'problem' which was causing them distress that they needed to solve. According to Jenny: "Initially I think you’re just going to see somebody looking for answers." Finding little or no relief in allopathic medicine they began looking for alternative solutions. For example, the women with MS who took part in the focus group meetings sought out alternative therapies because biomedicine can offer them little in the way of treatment for multiple sclerosis. As one participant said:

> It's very frustrating when you're going through [MS] because you see traditional medicine really doesn't help ... and the holistic people don't have all the answers either but they do have some things that help out. (Participant A)

For more than half of these people the dilemma they faced took the form of a physical problem or crisis. In Greg's words: "My main concern was I'd just like to get my body
back on track." For the rest the problem or crisis was personal (emotional, psychological and/or spiritual) in nature. According to Scott:

I really began to confront my own sort of stuff like emotional issues, looking at my childhood. So I was starting to see some different [alternative] therapists.

I discuss the categories of physical and personal problems/crisis separately despite the fact that the alternative model of health is said to be holistic, based on a belief in an inextricable connection between mind, body and spirit (Lowenberg, 1992), and despite the fact that holism is often cited in the literature as one of the things that attracts people to alternative therapies and practitioners (Dunfield, 1996; Northcott, 1994). I do this in part for clarity of prose but primarily because of the only very few informants who cited a belief in a mind, body, spirit connection as the reason they first tried alternative therapies. For almost all of the people who spoke with me, an initial foray into alternative medicine was an instance of practical action taken in order to solve what they saw as relatively discreet problems.

For the people who took part in this study, these problems can be understood using Bury’s (1982) concept of biographic disruption. Bury (1982:169) defines biographic disruption as "...that kind of experience where the structures of everyday life and the forms of knowledge which underpin them are radically disturbed." While the problems

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See also Anyinam (1990), Furnham and Bhagrath (1993), McGuire and Kantor (1987), Murray and Shepherd (1993), and Vincent and Furnham (1996).
described by the people who spoke to me may have been more or less 'radically disturbing' they all represent, to some degree, a rent in the fabric of one's personal biography.

Physical Problems

For the majority of these informants, attempting to solve a physical problem or reacting to a physical trauma was the reason they first sought out alternative therapies. For some the problem was something they assessed as relatively minor. In Greg's words: "I guess my first experience in what I'd call full-blown alternative medicine would be I caught some kind of stomach bug." For others the problem was something new that they had never encountered before: For example, Betty told me: "I ended up running into some physical problems, two very infected ears, something I'd never had before and a rash." Other informants turned to alternative therapies for help in recuperating from trauma to the body. For instance, Hanna said: "I didn't really take [alternative therapies] too seriously until I had an injury, a car accident" and Simon told me: "I was quite into athletics.... After I burned out of that I had to recuperate. I started looking into alternatives." The remainder of these informants turned to alternative therapies to address chronic physical problems. According to Lucy:

I had all the problems of chronic fatigue syndrome plus I had gained fifty pounds but the medical field, their answer was well your liver is damaged yes but you can survive quite nicely ... and I thought I want to do more than survive I want to enjoy.
Personal Problems

Almost as many informants told me that they first experimented with alternative therapies in order to cope with personal problems or crises. For Natalie the significant event was the breakdown of her marriage. She told me:

I was in such a rut, my marriage was going downhill and I couldn’t pull out of it and there were such negative vibes in my home that I decided that the only way that I could pull out of it was to get positive vibes in my mind. So that’s what I did.

Brenda identified overwhelming stress at work as the point of crisis in her life and said:

I guess it’s called burn out and that’s basically when I started searching for ways of healing myself. I was very career driven. I was working as a senior manager, it was very stressful environment. By the time the second week of January rolled by I said to somebody I feel like I’ve lived a whole year already. Everything was just wearing me down and then one day I went down to a meeting in Dallas and I just froze. I couldn’t process a page. I just sort of clenched my teeth, waited through lunch, and ran away.

Scott’s crisis involved the disintegration of his family and the ending of an intimate partnership. In his words:

That time that I was getting into [alternative therapies] was also the time of my family really disintegrating and I was feeling really suicidal and actually becoming suicidal. My relationship ended around this time.

DISCUSSION

While the problems and crises these informants describe differ, the common theme throughout their accounts of their experiences is that they conceptualize these events as turning points or points of change in their lives. According to Glik (1988:1198),
one reason the people she studied turned to spiritual healing was that they had reached points of "...life transition at school, work, or in family life." Similarly several of the people I interviewed equated their decision to turn to alternatives with turning points in their lives. These were points of trouble, crisis, or biographic disruption, at which they were seeking assistance and direction. Marie told me about her realization that she was at a point of change in her life:

I was always hurting my back. I was always getting sick flues, things like that. Migraine headaches, severe migraine headaches that would last from twelve to thirty-six hours. I was unhappy in my job. I was unhappy in my marriage. I wasn't doing what felt right for me. It was time to make a major change in my life. I had just gotten laid off my job. Nothing was really open for me. It was time to make some really major changes.

It is important to point out, however, that turning points are not objective milestones in people's lives. According to Snow and Phillips (1980:439): "Whether a particular situation or point in one's life constitutes a turning point is not a given, but is largely a matter of definition and attitude." Further, there is a temporal aspect involved in defining an instance in one's life as a turning point. Simply put, people often do not know they are at a turning point until after they perceive their lives to have changed (Snow and Phillips, 1980).\(^{81}\) For example, in describing what he called his "turn around point," Randal stressed that it was in looking back that he defined that particular time in his life as a turning point. He said:

\(^{81}\) Schneirov and Geczik (1996:639) report similar findings. For instance, they describe how one of their informants "later interpreted her illness as an important "turning point" in her life" (emphasis mine).
I moved in with a friend that was studying to be a psychologist. [He was] ... doing a lot of analysis stuff on me which got me to think no I don’t like, yes I do love my parents, are you saying I don’t love my parents? I realized this roommate stuff is not working, I need out of it…. I was getting paranoid. I wasn’t positive at all. I look back and I go boy! that’s a really turn around point there. (emphasis mine)

Similarly, Scott emphasized it was in retrospective interpretation that he was able to define his turning point. In his words:

So that’s kind of how it started and I would say now looking back that’s what I would say was the beginning of a sort of over healing journey that I’ve been on. (emphasis mine)

The concept of retrospective reinterpretation of biographies\(^\text{82}\) can also be used to shed new light on other so-called predisposing factors. For example, intergenerational use of home or folk remedies among people who use alternative therapies has been documented in the literature (Sharma, 1992). Likewise, when discussing why alternative therapies appealed to them, almost half of the people I spoke with cited their parents’ use of home remedies as foreshadowing their current use of alternative therapies. For example, Marie and Jane told me about their mothers’ use of home remedies:

Home remedies, the natural way of doing things. Going all the way back to Mum's chicken soup. My mother was very old-fashioned in her ways.

She was just into home remedies. My mother was a smoker and if you had earaches as a kid she used to blow smoke in my ear. She would make bread poultices if you had splinters and mustard plasters when you had colds. She had a remedy for everything.

\(^{82}\) As Goffman (1963:62) notes, "biographies are very subject to retrospective construction."
What is significant, however, is that when I initially asked people when they first used alternative therapies their answers described events which took place sometime in their adult years. Yet when I later asked them what family health care was like when they were children they began telling me anecdotes about their parents’ use of home remedies. More important is that, in telling their stories, they connected their parent’s use of home remedies with their own current use of alternative therapies. However, as Jenny points out, these practices were something their parents no doubt viewed as conventional rather than alternative. She said:

> It was quite *normal* for people to go to spend their summer in Holland and go and collect herbs, making teas, using things like that because that’s what was available so I wasn’t going so far. (emphasis mine)

Use of home remedies therefore cannot be considered a predisposing factor in participation in alternative approaches to health care simply because it is likely that use of home remedies was, and remains, a form of self-care employed by most Canadians. Rather, the stories informants tell about their parent’s use of home remedies were instances of on-the-spot reinterpretation and rewriting of their biographies in order to create a coherent, linear progression which accounted for their present day use of alternative medicine. For example, in looking back and recasting her biography, Nora speculated about a connection between her mother’s use of home remedies and her current participation in alternative health care. In her words:
I guess I always knew that there were ways to effect better health probably from way way back in the dark ages when I was a little kid and my mother used to do home remedies. Sore throat: a flannel cloth soaking wet around your neck with a wool sock on that and tied at the back. *So probably that was my first experience of it* (emphasis mine).

Randal reinterpreted his mother’s and godmother’s use of home remedies as an explanation for his present day use of alternative therapies. He told me:

This was stuff that my mother had taught me when I was a kid. *It was like a trigger.* Things that my godmother had taught me about how to pick the herbs in the forest. (emphasis mine)

Likewise, Brenda and Trudy reinterpreted memories of their parents' use of folk and home remedies in light of their contemporary participation in alternative health care. They said:

I think being from Poland my parents were also into home remedies. You know, poultices when I got bitten by a mosquito and herbal teas to this day and camomile. Always my parents, or at least my mother always had a keen interest [in home remedies] and some information stayed with me. *I remember now.* (emphasis mine)

My mom’s approach, when I had worms, ... she ended up [using] onion and garlic. She knew exactly what to do. She obviously was in that mode [of alternative therapies]. We never put salt on our foods.... *So I think it's just always been there.* (emphasis mine)

Past occupation was another aspect of personal biography that some informants reinterpreted to mesh with their current participation in alternative therapies. For instance, Lucy and Marie had both worked at some time in the health care system. They later reinterpreted these experiences to support their current use of alternative therapies. In their words:
Well I had always realized that the medical field can only basically deal with disease. It has to be a bacteria of some kind. If it’s a virus ... they’re helpless in that category. I’ve worked in a number of hospitals so I was well aware of that. (emphasis mine)

I had worked for a podiatrist when I first got out of high school and part of his treatment was that after he finished with the patient, his digging and cutting and scraping and gouging, the last thing was that I went in for five minutes and I massaged their feet so that they left on a really positive note and I always knew the importance of that. (emphasis mine)

That the importance of these experiences is something that is assigned through retrospective reinterpretation is exemplified in Natalie’s words below. While she believes that her past experiences at work were connected to her present day use of alternative approaches to healing, she is also aware that this was something she only became aware of later. She said:

I used to say as I was nursing there’s gotta be better ways than what the doctor’s ordering here pushing pills. I kept thinking this just isn’t necessary but how could I stop it. Even after I gave up nursing and worked in a hospital as a ward clerk I could see prostate after prostate after prostate coming out and I’m thinking this has got to be wrong but they’re continuing and they’re still doing it and I think no there’s got to be another way. I know when I held people’s hands when they were going through agony they always felt peace. If they were dying or something they always felt very peaceful and they told me so but I didn’t know what I was doing. (emphasis mine)

To summarize, a desire for holism and control did not motivate the people who took part in this research to use alternative therapies. While they did express dissatisfaction with allopathic approaches to health care, dissatisfaction does not adequately explain their decisions to use these therapies. In the end, the sole motivating
factor for these people is that they were seeking solutions to problems for which they found little or no redress in allopathic medicine. These problems can be understood as instances of biographic disruption (Bury, 1982). In explaining their use of these therapies these informants retrospectively reinterpreted events in their past biographies in order to account for their current day use of alternative approaches to health and healing.

I return to the issue of retrospective reinterpretation in chapter seven, *Alternative Therapies and the Self*, where I discuss how these informants use the ideology contained within the alternative model of health as a mechanism for biographic reconstruction which, in turn, allows them to reconstruct a healthy self. In the following chapter I explore the question of how these people became involved in using alternative therapies. In particular, I describe the routes they took and discuss the networks they participated in.
CHAPTER 5 - HOW PEOPLE TURN TO ALTERNATIVE THERAPIES

In the previous chapter I discussed why the people who participated in this research turned to alternative therapies. In this chapter I address the question of how they participate in alternative therapies. I begin by describing the different points of entrée into alternative medicine used by these informants. I continue by discussing how they understand their use of alternative therapies. I argue that dual use of alternative and allopathic approaches to health and healing is better conceptualized as concurrent, rather than complementary, use of alternative and allopathic health care. I conclude this chapter with a discussion of participation in alternative therapies as an on-going process of seeking help within the health care system. There are two important aspects to this process: accessing alternative therapies and developing ever-expanding networks of alternative health care. Simply put, accessing alternative health care is sometimes a difficult process. However, having achieved entrée into alternative therapy use, one thing leads to another resulting in the development of ever-expanding networks of sources of alternative therapies and acquaintances who use them. These networks permeate the general health care system, a system which also includes allopathic medicine and any self-care practices.
ENTRÉES INTO ALTERNATIVE HEALTH CARE

Wellman (1995:234) points out that: "As people go about their lives, they receive information from a variety of sources." Likewise, the people who participated in this research achieved entrée into the health care system in a variety of ways. For instance, the Canada Health Monitor (1993b) found that twenty-four percent of respondents found out about alternative therapies by way of common knowledge. Further, for some of the people who spoke with me, accessing alternative therapies is a matter of chance. For example, Greg just happened to run into his brother-in-law who is a naturopath. In his words:

I caught some kind of stomach bug or whatever and I'm staggering back across the street with a little prescription from my doctor and I happened to walk past my brother-in-law and he could see that I was pretty wobbly and he looked at the prescription and.... he said: 'Come on into my office.'

Accordingly, and consistent with the experiences of the people who took part in this study, I argue that accessing alternative therapies is rarely accomplished in a systematic fashion, rather it is a matter of one thing leading to another (Glik, 1988; Wellman, 1995). As one informant, Pam, put it: "I picked up a couple of books and sort of one thing has lead to another. From reading one book I get reference to another book." For

83 See also Pescosolido (1998).

84 Where I use data from the Canada Health Monitor (1993b) survey in this chapter please note that the relevant question excluded those respondents who had accessed a chiropractor in the six months leading up to the survey.

85 See also Sharma (1990).
many informants, one thing leading to another involved serendipitous encounters with key individuals. For example, when I asked Natalie how she had found her healer she said:

Through a psychic.... I was going food shopping and my car went to the right when it was supposed to go straight.... So I said: 'Okay, car take me to where you want me to go.' Then all of a sudden there's a great big sign saying psychic fair.... So I went in. I said 'I'm supposed to see someone here but I have no idea who.... I don't know why I just knew I had to see a psychic.

Informants who were adherents of new age spirituality, or other religious philosophies incorporating the concept of destiny, tended to ascribe these encounters to the inscrutable workings of the universe. In Loraine's words:

One girlfriend said: 'This doctor's speaking on natural medicine in Burlington would you like to go?' So I said: 'Yes' but that night a snow storm, can't go. Then her name came up again about three times and I thought well destiny is telling me go to this doctor and finally I got to go to her.... I do believe that it's part of your predestined path to get into this kind of thing.

However they make sense of it, for the people who took part in this study, one thing leading to another results in the development of ever-expanding networks of sources of alternative therapies and acquaintances who use them. For example, Pam told me about a friend who asked her advice about alternative food sources and said:

She was lamenting that her one son had just been diagnosed as having this wheat allergy.... So I said: 'Call me tonight and I'll give you some places to go to and some ideas.' She phoned me a few weeks later and she said: 'Here's a recipe book that I've picked up that's really good.' So we've been swapping back and forth like that.... I think I've talked to maybe four people who have just called because somebody has been talking about a friend of a friend and so we've been networking.
These networks were conceptualized in a variety of different ways by these informants. For example, Natalie understood this web of people, places, and things as a grapevine.

In her words:

I went to a healing circle.... They'd hear about it through the grapevine. This grapevine is just people in conversation. Someone will over hear a conversation and say: 'My husband's got cancer' and someone will say 'oh I know a healing group.'

Betty likened these networks to an ever-expanding snowball when she told me:

Once you start in this field it's amazing the people you run into that are also interested, the places you get invited to, 'hey there's a course on so and so are you interested?' You just keep going and the snowball just keeps getting bigger and bigger.

Finally, Loraine used the analogy of the internet when she said:

Guest speakers would come and lecture on all of these different topics. So therefore you meet this person, this person, this person.... It's like an internet of people.

The health care networks these people describe are made up of friends, acquaintances, and family members who use alternative therapies; print and other media; alternative and mainstream book stores; natural food and health food stores; lectures, workshops, courses, and seminars; spiritual groups; the work place; and alternative practitioners and allopathic physicians. I discuss the following points of entrée into
participation in alternative therapies in descending order of their popularity amongst the people who took part in this research.

*Friends* Authors argue that people most often access alternative therapies through personal recommendations (Sharma, 1992; Wellman, 1995).\(^{86}\) For example, the Canada Health Monitor (1993b) reports that of those Canadians surveyed, almost half (49\%) had done so on the recommendation of friends. Likewise, the people who participated in this research most often discovered new alternative therapies through friends and acquaintances. Some found out about different alternative therapies through talking with close friends that they had known for a long time. For example, Greg told me:

> I went to visit a friend of mine who is also a hair cutter. It's a tradition when I go to [my home town] I get my hair cut and catch up on his life and he was splitting his house with a woman who did iridology. So she offered to stick around have coffee and [said] 'I'll do [your eyes].'

Others accessed alternative therapies through people who had more recently become friends in whom they felt they could confide. According to Jane:

> I just mentioned it to [my girlfriend] that I was having an awful [time] She's really into herbs. She's made a lot of tinctures and she's given me a tincture that she made last year from ladies mantel.

Q. Has she been your friend for a long time?

No I just met her last year in class and we've become friends over the last year. (Jane)

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\(^{86}\) See also Fulder and Munro (1985), Hedley (1992), and Moore et al. (1985).
Among other things, the focus groups for women with MS served as a meeting place where acquaintances could share information about alternative therapies with each other:

   My husband takes ginsen. (Participant G)

   Is that like ginseng? (Participant D)

   That’s from ginseng, yes. (Participant G)

   Ginseng is supposed to be very good for a lot of things but I’ve never tried it but I’ve heard a lot about it. (Participant B)

   **Print and Other Media** The second most popular means of discovering alternative therapies was through print and other media. This was surprising as the literature is somewhat inconsistent as to what role print and other media play in an individual’s decision to use alternative medicine. On the one hand, Fulder (1996) argues that the role they play is minimal. On the other hand, Glik (1988) and Sharma (1992) assert that people often come to use alternative therapies through reading. According to Anyinam (1990:72), in Canada: "A plethora of books, news reports, and T.V. programs have … tended to increase interest in alternative medicine." Consistent with these findings, the role that print and other media play in gaining access to alternative health care was instrumental for the people who took part in this research. For Natalie the catalyst was self-help books. She told me:

   I started off with positive thinking books and then I went to Shirley MacLaine’s books and that really got me thinking there’s something else out there…. I read books constantly, books on healing, healing with the hands, healing with the mind and spirit.
Others were reading or collecting books for a purpose they did not originally see as directly related to health care. For example, Roger sought out alternative therapies after reading a book on running. He said:

I just went to a weekend workshop after reading a book by Moshe Feldenkrais.... Actually it was a book on running about sort of contemporary approaches to training, development of flexibility and all this sort of stuff and the Feldenkrais method was described in there in greatly superlative terms so I thought well that's interesting and then I read a book by Moshe and I just went from there so it was really more through the running originally than through a therapy alternative medicine frame of reference.... Anyway that was my first entrée into anything that is now in anyway related to alternative medicine.

Further, once having become involved in using alternative therapies several people began collecting books on alternative health and healing. For instance, Laura told me:

I have a library of books, they're at my beck and call in the middle of the night and on weekends when naturopaths don't tend to be. So ya I have mostly books.

Laura even consulted books before talking to friends and acquaintances. She said:

If I can't find the information in my book I call my girlfriend who has different books. We tend to buy different books so that we have that ability to do that.

Other types of media also play a role in people's continued use of alternative health care (Donnelly et al., 1985; Moore et al., 1985). For example, The Canada Health Monitor (1993b:142) found that eighteen percent of respondents accessed alternative
therapies through the "...media (newspaper, radio, TV, etc.)." Likewise, Simon noted the importance of the media in his use of alternative health care when he told me:

I guess the media has a part to play in it whether it's through the radio or T.V. science programs magazines newspapers. Actually I have a scrapbook of newspaper articles.

Family I found that several of the people I spoke with first tried alternative therapies on the recommendation of family members. For example, Hanna's then father-in-law introduced her to yoga. In her words:

My ex-husband's father had bronchitis and he used to do these breathing exercises and when I was about seventeen ... I would just sit and watch him in the chair doing specific breathing and I asked him what it was and he said it was yoga breathing.... I asked him all about it.

It is interesting to note that while family members, spouses, and/or partners were important to these people in initially accessing alternative therapies, consistent with Wellman's (1995:225) argument that recommendations to try alternative therapies come for people with whom one has "weak-ties" (friends and acquaintances rather than family), family members played a less significant role in their continued negotiation of alternative health care networks.

Stores Another important part of alternative health care networks are commercial outlets (Saks, 1997a). Several of the people who spoke with me patronized stores which specialized in the sale of alternative remedies. According to Nora: "[We] discovered Thompson's Homeopathic Store which is this wonderful place that's right out of
Dickens." Others found information on alternative therapies by frequenting specialty, 'alternative', or 'new age' book stores (Glik, 1988:1199). For instance Scott said:

I found that group through a book store called the Snow Lion. They sell all kinds of things from Tibet and there was a poster and I called the guy up and we arranged an interview.

In contrast to the Canada Health Monitor's (1993b) finding that only seven percent of their respondents found out about alternative therapies through health food stores, several of the people who participated in this research accessed alternative remedies through natural and/or health food stores (Glik, 1988). In Laura's words:

The Horn of Plenty, they're a really good source of information. If you just go in there and ask they can pretty much tell you where to find the answers or give them to you.

Many informants also told me they accessed alternative therapies through mainstream commercial outlets. For example, Laura, has found a variety of books on alternative therapies at a book store which is part of a major chain of popular book stores: "I was just in Chapter's and I was really impressed with their alternative ... section, it seemed just as well stocked as any other section." Similarly, some of the people who participated in this research told me they had seen alternative remedies on sale in pharmacies. In Nora's words: "A lot of these preparations are more commercially, i.e. drugstores, available." Likewise, during the focus group meeting of women with MS, the women discussed the benefits of evening primrose oil and shared information on where best to buy it:
If you're going to try it where would you buy it? (Participant B)

I get mine in a drugstore. (Participant D)

I would just call them all and ... you know, get the price for a certain number and call them and ask. (Participant C)

The drugstore is cheaper than the health food stores. (Participant D)

That alternative remedies and information about alternative therapies are available through popular book stores and pharmacies is not only an indication of the growing popularity of alternative therapies but also an indicator of the fact that there is money to be made off of them. Further, the availability of alternative health care products in pharmacies is evident of the rapid co-option of alternative practices by allopathic medicine (Saks, 1998).

*Institutions* A variety of public institutions serve as access points to alternative therapies. For instance, the Canada Health Monitor (1993b) found that twenty-five percent of those Canadians they surveyed found out about alternative therapies through school. Similarly, some of the people who participated in this research discovered alternative therapies through public institutions. For example, Hanna said: "When I was eighteen I went to the local library and there was a yoga teacher there." Randal discovered several alternative therapies at a society supporting people living with HIV/AIDS. He told me that:

Within the AIDS committees they have a list of all the natural therapies whether it be reiki, therapeutic touch, laying on of hands, massage, reflexology, acupuncture.
Surprisingly, very few informants found alternative therapies through holistic health centres. According to Marie:

Then I heard about the [Wellness] Centre.... I talked to a couple of the therapists at the [Wellness] Centre and a few other people I know, massage therapists, aroma therapists, shiatsu therapists, acupuncture, to see which route I was going to go with this and I had decided to go with acupuncture.

*Alternative Practitioners* As expected, contact with one alternative practitioner can lead people to contact with others (Wellman, 1995). For example, a conversation with a reiki practitioner lead Lucy to a chiropractor. She said:

The person who is now the director of the [Wellness] Centre and went in and told him that I had a pinched nerve.... First of all he recommended a chiropractor to get that part straightened away and then go from there.

Somewhat more surprising was the number of informants who located alternative therapies through interaction with allopathic practitioners. Upon reflection however, we should not find this particularly surprising as both allopaths and alternative therapists exist within the same general health care system.

*Allopaths* The Canada Health Monitor (1993b) found that twenty-three percent of the people they surveyed were referred to alternative therapies by an allopathic physician. Likewise, a similar proportion of the people who spoke with me found their way to alternative practitioners on the recommendation of an allopath. For example, Pam told me how her doctor had referred her to a naturopath. She said:

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87 See also Anyinam (1990), Fulder and Munro (1985), and Moore et al. (1985).
We have a friend, a doctor, we wanted her opinion and she said 'have a paediatric assessment done and an allergy assessment.' That's where we went to [a naturopath]. He was recommended by my GP.

Further, almost as many informants accessed other alternative therapies and/or practitioners through allopaths as through alternative practitioners. As the boundaries between allopathic and alternative health care continue to blur (Northcott, 1994), these types of referrals are likely to become even more commonplace.

**Lectures and Courses** Attendance at lectures and seminars, or in workshops and courses, featuring alternative medicine are also part of the alternative health networks used by the people who participated in this research (Glik, 1988; Sharma, 1992). For instance, Roger discovered the healing potential of meditation through a continuing education course. He told me:

> I just happened to see an evening course in meditation was being offered and I thought well I had a taste of that some years ago, I think I'll just go and jump in and find out more about it.

**Exposure at Work** For one informant, Jenny, place of work was a point of entry into alternative care. She told me that she had become interested in alternative therapies while she was working for an herbalist. In her words:

> One of my first involvements was when ... I started working for a herbalist. And I know that I was already extremely interested in it before and I was already experimenting with different herbs for medicinal purposes or for cosmetic purposes.

While exposure at work was only a gateway to alternative therapies for one informant, I suspect that it will become a more important factor in the near future. As alternative
therapies continue to proliferate and the number of alternative practitioners continues to expand (Anyinam, 1990; Sharma, 1992), there will be more people whose initial exposure to alternative therapies comes through their place of work.

**Spiritual Group Membership** Finally, an equally uncommon initial access point was membership in a spiritual group. For example, Betty said: "I'm very deeply into spiritual growth and I ended up meeting a homeopathic doctor at a house where we held weekly [spiritual] get togethers." However, being a member of a spiritual group remains significant despite the fact that it was cited as an initial starting place by only one of the people who participated in this research. It is important because, for several of the people who took part in this research, there is a connection between their use of alternative health care and participation in religions they consider to be outside of the mainstream. Over half of the people who participated in this study were participants in non-mainstream spiritual practices. For example, Grace told me: "My father was from a Mennonite background and we did try things that weren't tradition."

That morality and health are closely related has long been recognized by sociologists (Parsons, 1951).88 However, the connections between spirituality and alternative health care are somewhat complicated. As I discuss in the following chapter, *Alternative Models of Health and Healing*, I found few consistent patterns in terms of beliefs held about alternative health and participation in non-mainstream spirituality. Where I did find relationships they were subtle. In the case of accessing alternative

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therapies, participation in alternative spirituality may be a means of accessing alternative therapies, but exploration of alternative therapies does not necessarily imply participation in alternative spirituality. Sharma (1992:45) makes the same point more generally concluding that:

using 'alternative' medicine ... is not necessarily associated with adherence to an 'alternative' culture or lifestyle, but some cultural and recreational activities are more likely than others to channel information about non-orthodox medicine.

How People Use Alternative Therapies

Pawluch et al. (1994a)\textsuperscript{\textcircled{89}} and Hedley (1992) argue that people use alternative therapies as part of an overall self-care strategy which is based on a belief in a complementary approach to health care.\textsuperscript{\textcircled{90}} They do not choose between systems of health care per se, rather, they use whatever forms of health care they feel can help them without assigning superiority to one system over another. My data support their findings in part. For instance, the people who spoke with me do pragmatically choose whatever forms of therapy work for them. However, while all of these people use alternative and

\textsuperscript{89} I must point out that I am not arguing that the conclusions reached by Pawluch et al. (1994a, 1994b) are invalid, rather I believe they are specific to the group of people that took part in their study. Pawluch et al. (1994a, 1994b) were talking with people living with HIV and AIDS, people who are in general politically astute and engaged in coping with a chronic, often fatal, disease for which medical science can provide them with little information. As a consequence they are likely to, early on, in the course of their own research, become aware of and espouse alternative ideology, including a belief in complementary medicine.

\textsuperscript{90} See also Cant and Calnan, 1991; Fulder and Munro (1985), and Pawluch et al. (1998b, 1994a, 1994b).
allopathic therapies, often for the same problem, they do not do so in a precisely complementary manner. To complement means that one thing enhances another. That someone uses both muscle relaxants and chiropractic therapy for a pinched nerve does not necessarily mean one form of therapy is enhancing the other. In fact, the reality of these informants' day-to-day experiences in trying to achieve a complementary approach to health care is far more problematic than the word complementary suggests. The concept of complementary therapy, as it is currently used, implies that such an approach to health care is simply a matter of putting together health care teams out of the myriad of options available. It also assumes that co-operative relations between alternative and allopathic practitioners are easy to achieve. That this is not the case is supported by Cant and Calnan's (1991) finding that relations between alternative practitioners and allopathic physicians are more often than not marked by pragmatic concerns rather than co-operative team work. These concerns include the efforts of alternative practitioners to ingratiating themselves with allopathic medical professionals who are currently dominant in the health care system (Saks, 1998). For example, Hanna, an informant who is also a yoga practitioner may have an interest in promoting the notion of complementary therapies in order to avoid the appearance of competition with medical professionals. Consequently she frames her approach in complementary terms, stating that alternative practitioners and allopathic physicians have different areas of expertise. In her words:

I like to think of it as complementary medicine. There are certain medical things that I just cannot do and things that [medical doctors] cannot do so I think we complement one another.
Likewise, Laura told me how her naturopath presented herself as open to working with allopathic physicians:

When I went the first time and I said that I'd been to the doctor already. She wasn't threatened by that, whereas I felt that perhaps my doctor's reaction was one of feeling threatened. She never bad mouthed doctors or said anything that made me feel that she was at all negative about conventional medicine.

Most important, however, is that only two informants, who were not also practitioners, used the word complementary in describing their dual use of alternative and allopathic approaches to health and healing. In Richard's words: "It isn't that one's better than the other. They are, in fact, compatible and they're complementary to each other." Laura stressed that the two systems can complement each other even when one only serves a palliative function. She said:

When somebody's sick and they're going through chemotherapy, any type of cancer therapy, or any type of hard on the body treatment I would say complement with ... vitamins or that type of things.

Likewise, complementary therapy was a reality rarely experienced by the people who participated in this research. In contrast, other informants told me of their struggles in trying to find a medical doctor who would work with their alternative practitioners. According to Lucy:

I finally tried to find a group of caregivers that would communicate and work with each other. I had tried to interview a number of doctors. If you've ever worked with a lot of doctors you know how reticent they are about being interviewed. So I went to the naturopath and had her recommend a medical doctor.... Although the medical doctor is not one hundred percent sold on ... alternative medicine, in some areas she's
willing to co-operate.... It is difficult to find doctors who will co-operate.

Greg's and Grace's experiences exemplify the frustrations most other informants expressed. For example, Grace told me: "My naturopath would be more than happy to speak to my GP. My GP just doesn't think that he has any reason to talk to her" and Greg said:

That's where I tried to get them to interact.... My [chiropractor] was the one that first discovered the pinched nerve and I guess it took months for him to even get the GP's attention, leaving messages with him, just trying to get him to talk to him about it.

In the end, most of the participants in this study settled for an allopathic physician who would tolerate, if not support, their use of alternative therapies. For instance, Jane said her doctor: "doesn't want to know about the chiropractor. If I go to [one], that's my business. He doesn't want to hear about it." Similarly Greg told me:

His attitude's more like if it makes you feel like you might be getting better well then that's half the ticket. You just go and rub your crystals and rub your dream catcher and here take this drug. (Greg)

Jane's experience was echoed by the women with MS who participated in the focus group meeting. For example, one participant told me how her doctor believed using alternative therapies to treat MS was garbage. She said:

A friend of mine came to visit. She brought this whole supply of oil of evening primrose capsules.... So I tried it but when I went to my neurologist I said 'well what do you think?' He says 'how can I tell somebody who says I'm taking oil of evening primrose capsules and I feel one hundred percent, how can I tell them there is no medical things to say that this is effective? I mean this person thinks it's effective. How
can I tell them well it’s a bunch of garbage stop taking them?’
(Participant C)

In addition, many of the people who took part in this study understood the concept of complementary medicine in a purely instrumental way, especially in cases where they needed to access medical technology for which allopathic physicians are the sole gatekeepers (Conrad and Schneider, 1980a). For example, Grace concealed her use of alternative therapies from her doctor in order to continue receiving her disability benefits. She said: "I didn't tell him what I was doing. I thought let's keep him happy and keep my medical plan happy because I get a disability." Similarly, Greg needed a doctor's signature to have massage covered by his medical plan at work. In his words: "Of course for the paper trail. I had to try to get [my GP] to refer me. I wanted to check out the shiatsu thing." Trudy sought out an allopathic physician when she was required to get a physical examination. In her words:

When I was first here in Hamilton I had a paediatrician for my son but I realized that I didn't have a doctor and I should probably do that.... I think I needed a physical for something.

Marie uses her doctor primarily for confirmation of diagnoses. She told me:

It was time to search for a new doctor. I told her I'm into alternative therapies, I practice them and I seek them out whenever I have any particular illness. She didn't have a problem with that. When I do go and see her she knows it's basically for a diagnosis or a confirmation.

Jenny, Lucy, and Hanna needed the services of a medical doctor for lab tests, blood tests, and in Jenny's words, various jabs:
I actually should get one because the dentist requires it. I did have one because I had to have my rabies injections. I just went to see him to get some jabs. I went to the naturopath and had her recommend a medical doctor and so now when lab tests have to be taken that is out of one realm into the other one.

Only for blood work and annual check-ups. I still have that done. Other than that I try not to. I tend to stay away unless it's absolutely necessary.

To sum up, what the people who took part in this study are practising is concurrent, rather than complementary, therapy; using anything and everything at the same time in an effort to get relief (Murray and Shepherd, 1993; Sharma, 1990). However, consistent with other ideological components of an alternative approach to health and healing like holism or control, a notion of complementary health care can be learned through participation with alternative therapies. For example, Grace learned to place a positive value on combining allopathic and alternative approaches to health care through her experiences with her naturopath. In Grace's words:

I realized that my health care, my alternatives and my traditional, need to work together and if we did then we would have a balance and that would be beautiful.

DISCUSSION

On the surface, how people participate in alternative therapies appears to be no different from any other form of health-seeking behaviour. They seek out health care, be it alternative or allopathic, through a variety of informal networks (Chrisman and
Kleinman, 1983; Pescosolido, 1998) or pathways (Wellman, 1995), using lay consultation and professional referral systems (Freidson, 1970). However, gaining access to alternative therapies is not always easy. On the one hand, Hedley (1992) argues that people can seek out alternative therapies through the increasing number of professional services available. For instance, there are more and more holistic health centres in existence; chiropractors, homeopaths, and naturopaths are generally listed in the yellow pages; and there are some directories of alternative therapies. For example, during participant observation at the Wellness Centre open-house, one of the practitioners told me: "In Toronto there’s a big book of all the reflexologists, therapeutic touch therapists."

On the other hand, some forms of therapy may not be listed in any type of directory. As Sharma (1992:45-46) notes: "There are those who would like to use some form of complementary medicine, but who have been unable to locate a suitable practitioner." Likewise, when I asked people attending an open house at the Wellness Centre how they found out about alternative therapies one woman said: "It’s hard if you’re not in the circle." Further, several of the people who took part in this study told me of the difficulties they experienced in trying to locate certain alternative therapies. For example:

The information is not as readily available as the other information because information written by medical companies and drug supply companies is really easy to get your hands on. The book store will carry it, the book store will not carry information on not vaccinating children. So you have to look for that type of information which is why most

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91 While I doubt Freidson (1970) had doctors referring patients to reiki practitioners in mind when he conceived of health seeking behaviour (self-care → lay referral → professional referral), like Sharma (1992), I see no reason why it couldn’t encompass it.
people don't have access to it because you can't find it until you already
know it exists and that's the problem. (Laura)
It's been hit and miss and trial and error basically. There is a lot of stuff
out there once you find the source. The sources are there but you have
to really look for them.... It's very hard to find. (Pam)

Furthermore, some alternative therapies are harder to find than others. For instance, the
healing form of martial arts that Randal was looking for was closed to anyone not a
member of a particular ethnic group. In his words:

I had been told that all Bahgwa was underground, it was a closed
school, if I wasn't Chinese I wasn't going to be taught it and I said
'well, that's not going to stop me. I'll still keep looking'.... I talked to
my acupuncturist and we tracked down another acupuncturist in Toronto
who was teaching it.

Citing Suchman, Cockerham (1998:106) writes "...that under certain conditions, close
and ethnically exclusive social relationships tend to channel help-seeking behaviour."
What is less often pointed out is that these relations may also exclude others from outside
those groups from accessing certain types of health care.

Further, under medicare, Canadians can use most allopathic services without
charge, however, in the case of alternative therapy "you have to pay for it" (Laura).

According to Jane and Laura:

I still go to a conventional doctor rather than a naturopath cause it costs
you at least twenty-five dollars every visit that you go plus whatever you
get from them isn't covered under my husband's benefit plan so it could
cost me a hundred and twenty-five dollars by the time I buy the herbs
and tinctures that I would need. I can't afford that.

I looked for the cheapest one, which may or may not have been a good
idea, I mean you don't necessarily want the cheapest one. But that's the
The biggest draw back I find is that the visit to the office is expensive. The remedies and the treatments are not but walking in the door is.

The cost of using alternative therapies was also an issue of concern for one woman with MS who participated in the focus group meeting. According to one of the women: "[Evening primrose oil is] expensive, seventeen dollars. Shop around if you're going to buy because in that [natural food store] they cost a fortune" (Participant B). Having to pay out of pocket may prevent some people from accessing some forms of alternative health care. In short, accessing alternative therapies can be more complicated than accessing allopathic health care. Where alternative therapies are concerned, negotiating the health care system can sometimes require a greater degree of effort and commitment on the part of individuals than would accessing allopathic health care.

Notwithstanding the arguments I have just made about the difficulties inherent in accessing some forms of alternative health care, gaining access to other types of alternative therapy can sometimes be easy (Campion, 1993; Murray and Shepherd, 1993). In fact, it can be easier than, for example, trying to access an allopathic specialist without the referral of a general practitioner. While the right to prescribe and dispense is controlled, respectively, by doctors and pharmacists; lay people can prescribe and administer alternative remedies on their own authority. According to Richard: "I tried things. You can always go out and buy some Ginseng and you can try it." Likewise, Laura said: "I use herbalism mostly because it's easier to access. You can self prescribe homeopathic remedies 'cause it's easy to do." Consequently, people can experiment with
alternative therapies in ways they can not with allopathic medicine. According to Simon
"I flitted from one thing to another." In the words of one practitioner I spoke with at the
Wellness Centre open house: "Most people who use these things don't stick to one thing,
they go from massage to shiatsu to reflexology to reiki." Brenda referred to this process
as "dabbling" and described it in the following way:

As I heard about things I went out and found out more about them and
on that basis decided what to explore. And experimenting.... Whenever
I heard of a herb or a remedy I would try it.

Therefore, in order to account for the issues of differential accessibility and
experimentation, as they are experienced by the people who participated in this study, I
present a model of the health care system adapted from Chrisman and Kleinman's (1983)
model of the local health care system (see Figure 2, below).

![Diagram of Local Health Care System]

Figure 2 - Local Health Care System: Internal Structure
Source: Chrisman and Kleinman (1983:570)
According to Chrisman and Kleinman (1983), the popular sector is composed of health care actions taken by "...sick persons, their families, social networks and communities" (Chrisman and Kleinman, 1983:570). The folk sector:

...includes specialist, nonprofessional, nonbureaucratized, often quasi-legal and illegal forms of health care ... which shade imperceptibly into professional practice on the one side and popular care on the other. (Chrisman and Kleinman, 1983:571)

It is in this sphere that they place alternative therapies.\(^{92}\) Finally, the professional sector is made up of "...the health-services professions and bureaucracies basing clinical practice on highly developed and complex professional health cultures" (Chrisman and Kleinman, 1983:572). Further, they maintain that the boundaries of the folk sphere "shade imperceptibly into professional practice on the one side and popular care on the other." (Chrisman and Kleinman, 1983:571).

In some respects I find their model a useful conceptual device. For instance, conceiving the health care system as a group of interlocking and overlapping spheres with more or less fuzzy boundaries between the folk and professional sectors is reflective of the way the people I spoke with experience health care. However, Chrisman and Kleinman's (1983) model rests on objectivist distinctions when they group types of therapies into the popular, folk, and professional sectors. For example, Chrisman and Kleinman (1983) isolate alternative practitioners in what they call the folk sector, defining alternative health care in a residual fashion as something that is not allopathic. In

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\(^{92}\) More precisely, what the people who spoke with me consider to be alternative therapies.
contrast, what the people who spoke with me define as alternative health care can exist in any and all of the three spheres of the model. For instance, alternative therapies are often practised by those Chrisman and Kleinman (1983) would place in the popular or professional sectors. I argue that taking a truly subjectivist approach means that the only fruitful distinction we can make between these spheres is whether or not the individuals included in them identify themselves as healers and whether or not they are socially regulated in some fashion. Finally, their model does not account for the issue of differential access to different forms of healing. What better reflects the realities experienced by the people who participated in this research is the following model (see Figure 3, below).

Figure 3 - The Health Care System
Like Chrisman and Kleinman (1983) I include in the popular sector those self-care practices people take on their own, in interaction with family members, within friendship networks, and/or within the larger community, to care for their health. In the popular sector, for instance, an individual may self-treat, as Chrisman and Kleinman (1983:571) note, by using:

...patent medicines, prescription medicines which have been obtained from practitioners for past illnesses or ... from pharmacists, ... or from family and friends.

However, they may also self-treat by buying a homeopathic remedy from their local pharmacy or by self-diagnosing a weakened immune system and taking garlic pills and/or vitamin C to compensate for it.

What Chrisman and Kleinman (1983) call the folk sector is better conceptualized as the non-regulated sector. Within this sphere one might find individuals who practice healing touch independently or allopathic practitioners who use forms of alternative therapy not officially included within their scope of practice. More precisely, those who identify themselves as healers or practitioners but who are not regulated by legislation or who do not operate under the auspices of socially recognized, professional or para-professional, bodies.

In the regulated sector I include health care practitioners governed by legislation and/or regulated by professional or para-professional associations. Here we find chiropractors, naturopaths, midwives, allopathic health care personnel and all other
practitioners governed by legislation and/or professional associations, as well as allopathic health care workers and professionals.

The model I present here remains consistent with Chrisman and Kleinman (1983) assertion that the boundaries of what they call the folk sector are permeable where they overlap with the professional and popular care spheres. However, I go further and suggest that the boundaries are more or less fluid between all sectors of the health care system. For example, if someone who uses herbalism or homeopathy to self-treat (popular sector) then decides to seek training, depending on the type of training they receive, they would move from the popular sector into the non-regulated or regulated spheres. If, for instance, they sought training as a naturopath at the Canadian College of Naturopathic medicine they would move into the regulated sphere. However, if they apprenticed with a herbalist or practised self-taught herbalism out of their homes they would move into the non-regulated sector. The other substantial change I make to Chrisman and Kleinman’s (1983) model is to encircle the three spheres of the health care system by a loop. The alternating dotted and solid lines of the loop represent that access to some types of care, in particular some forms of alternative therapy, can be more or less limited, or more or less available, in any given place, at any given time, to any given person.

To summarize, in order to access alternative therapies one must find a point of access into the loop surrounding the health care system. Once inside the health care system, access to alternative therapies is a matter of negotiating an infinite number and
variety of networks. For these informants, negotiating these networks was experienced as a long, incremental process. According to Roger:

It was over a long period of time. It's one of these incremental things. I had read things about the use of Chinese herbal medicine ... in the past few years in connection with the chronic fatigue syndrome. I had a friend in the training so I learned a little bit about it in a very superficial way, not personally too interested at the time but it's sort of filed away there. I decided that I would investigate. I guess it was through a friend of mine partly even though I'd done reading like I said earlier. She highly recommended this doctor from China so I decided to go.

What distinguishes this long, incremental process from general health-seeking behaviour, and makes it truly alternative for these informants, is that in participating in alternative therapies they began to adopt alternative ideologies of health care. In the following chapter I present an alternative model of health and an alternative model of healing constructed out of the beliefs about alternative therapies espoused by these people.
CHAPTER 6 - ALTERNATIVE MODELS OF HEALTH AND HEALING

As I discussed in chapter four, *Why People Turn to Alternative Therapies*, the people who spoke with me were not looking for alternative ideological approaches to health and healing when they turned to alternative health care. Rather, they sought out alternative therapies in order to solve problems for which they found little or no redress in allopathic medicine. However, once they began participating in these therapies, in interaction with alternative practitioners and with other users of alternative medicine, these people began to take on an alternative ideologies of health care. These ideologies form two models: an alternative model of health and an alternative model of healing.

I begin this chapter by discussing the inextricable connection between alternative healing and an alternative notion of health. I continue with analysis of the alternative models of health and healing which emerged out of the beliefs these informants hold about alternative approaches to health care. I conclude this chapter with a discussion of how these informants gave meaning to these models. For instance, while these people are conscious of the contextual nature of what is and what is not determined to be alternative, they are able to solve this definitional problem by making dichotomous distinctions between what they see as alternative and allopathic forms of health care.
AN ALTERNATIVE MODEL OF HEALTH

The people I spoke with see alternative health and alternative healing as concomitant on-going processes. Health is not a concrete achievable goal as such. Rather, it is part and parcel of a lifelong healing journey. Simply put, to be healthy is to be engaged in the process of healing. In Trudy's words, health is "really more my own search for my own healing." Similarly Randal said: "I started my five year search for this sort of healing, something that I'm constantly going to be working at." Having said this, and however much the lived experience of health and healing are experienced within the same temporal frame, for the purposes of analytic clarity, I discuss the alternative model of health separately from the alternative model of healing. This model of health is made up of three interconnected categories: holism, balance, and control. In other words, to be healthy is to be whole; which is, in turn, to be balanced; which, in the end, means being in, and subject to, control.

Holism

For the people who spoke with me, an alternative model of health is a holistic model of health (Furnham and Smith, 1988; Pawluch et al., 1998a)93. Almost all of the people who took part in the interviews used the notion of holism in defining alternative health. According to Nora:

[Health] means that the person, their body is functioning really well in a natural way and that means that they have a kind of wholeness about them. Their whole being is integrated in some way and works together.

But what does holism mean? Like many so called new age concepts (i.e. wellness, centred, etc.) the concept of holism is somewhat ambiguous. When I asked people to elaborate most defined holism as the unity of mind, body, and spirit. Richard explained it this way: "Health is a state when you’re in line with your spiritual, physical, and mental and you’re pulling all your energies together." But what does unity of mind, body and spirit mean? For these people it means being balanced.

Balance

Not only is health a matter of the wholeness of the individual, the individual must also experience balance amongst the components of mind, body, and spirit (McGuire and Kantor, 1987). According to Trudy: "I think ideally what wellbeing is is a balance in heart, mind, body, and soul." Likewise, in an autobiographical statement Brenda wrote:

I explored and continue to explore opportunities specific to my own needs which will help be [sic] maintain the precious balance between mind, body, and spirit.

But what does being balanced mean? For these informants balance is made up of two concepts: balance within the body and balance within the self.

Balance Within the Body For almost half of the people who spoke with me, the concept of balance meant balance within the bodily system (Coward, 1989). For example, Richard told me: "If something happens you can re-balance yourself because there’s so
many different systems in your body that you can balance it." Balance within the body also means the unblocked flow of bodily energy. Ill-health arises when this flow is disharmonious or has been disrupted and/or blocked (Hare, 1993; Glik, 1988). In Simon's words:

When they ask me well how does acupuncture work I say well picture your body as a huge mansion, it's a temple. You open up certain windows in your house and get an air current through that's comfortable for you. You don't open all the windows because then doors start slamming. You open up strategic windows and you get the flow of air. I say what I try to do with acupuncture is I connect strategic points opening the windows to let the energy flow through at a better rate because it's sluggish or I'll close off because it's too much energy.

The key to achieving balance within the body is awareness of, or listening to, the body.

For example, Simon told me: "We all have that feeling. We just have to listen.... You listen long enough, and quiet enough, and then trust what [you] hear." Loraine used the following analogy:

You see some very old cars that are in very good condition but you see a lot of new cars that are in very poor condition. It's the same with the body it depends on the driver. Everything rests with the inner knowing, the spirit telling you what is right.

In explaining what it means to listen to the body other informants said things like:

People who get into some of the naturopathic things start to develop an awareness of their body and people that don't have that awareness don't believe that you can actually get in and feel yourself and feel the inner harmony and feel what's going on. (Lindsay)

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94 See also Cassee (1970), Coward (1989), and O'Connor, 1995.
I don't feel strong enough necessarily to do a complete work out today and that's just listening to my body.... And everyday it's always listening and monitoring. (Randal)

For others being whole means that not only should the body be in balance, but one's self and one's life must be balanced as well (Lowenberg, 1992).

**Balance Within the Self** Most of these people told me that their health depends on being balanced or centred within themselves. Two informants used analogies in defining balance and centredness. According to Jenny and Lindsay:

I see [being balanced] as being in the middle and being able to see all the sides around one as opposed to being on the edge of the same circle and you're just having to exercise all this energy just to stop from falling off but if you're in the middle you can see everything around.

If I'm centred I feel like I'm going forward. I can choose where I want to go right left or straight. Whereas when I'm not, when there is something that is not right, either spiritually or emotionally, then I feel like I'm off centre. Like I'm off on this side adjunct and just going nowhere.

Others used more concrete examples and invoked an almost endless list of criteria in talking about being balanced or centred. The balanced/centred person lacks stress; is tolerant of themselves and others; is loving; is moderate; has heightened mental alertness; is open; lives in the present; and has a heightened awareness of themselves and others. While some informants only referred to one or two of these criteria, most made use of several of them. Most popular was the belief that being balanced, and consequently healthy, means living without stress (Coward, 1989; Furnham and Bhagarth, 1993). Randal put it this way:
You need to take time for M E spelling me you need to slow down. Stop doing for everybody else. You’ve got to stop burning the candle at both ends. Your body is saying, is shutting down and saying take time for me, take time to slow down.

Betty pointed out that an imbalance in self caused by stress manifests in physical problems. She said:

Ill-health in a sense I would say starts on a level other than the physical and eventually manifests on the physical because of other things like perhaps the stress load on your emotions. Cancer [and] arthritis are two main diseases that are triggered eventually through certainly poor diet over many years, pollutants, they play a big factor, but to me stress is just as big a factor if not more so than the rest of it.

For some being balanced within the self, and therefore healthy, means being a tolerant and loving person (McGuire and Kantor, 1987). For example, Loraine put it this way: "The trick in life is always to send out as much positive energy, the love energy, so that we don't get our teeter totter out of balance." Similarly, Betty told me:

To me health is just being as good and loving, sensible and forgiving and caring and reasonable person as you can with all things and with all people and most of all with yourself.

For a few, balance is achieved through living in the present or for the moment. According to Randal: "I've learned to celebrate life, I've learned to savour the moment, being in the present, taking care of myself."

Some of these people extended the concept of balance beyond themselves to include their local environment (physical space, social structures, and inter-personal relationships), nature, and/or the universe. For example, Randal explained how his personal environment had become unbalanced:
I'd come down with walking pneumonia. I said this is not worth it. So I cleared myself of the roommate situation. I cleared myself of the job situation and I started a cleansing. I [had] picked up some really bad stuff in my life.

Others conceptualized balance within the self as something which incorporated balance with nature. According to Hanna:

Everything in life has a life force. In yoga it's called prana in tai chi it's called qi\textsuperscript{95} and qi means energy. That's all it is. I think every thing is a balance, nature is a balance, we should be in balance with nature.

Finally, some saw balance within the self as something which necessitates balance with the universe. These informants were more likely to also espouse new age spiritual beliefs. In Loraine's words:

Understanding the laws of the way that the universe works. Your soul is a part of the God consciousness.... When we're cast out as souls for this learning experience there's one tiny spark. It would be like a fireplace full of flames and that tiny spark comes out. It's still a part of fire even though it's separate from the fire and as souls we're always seeking to get back to the fire, back to the flame. In other words, the teeter totter always has to be in balance. When your life is balanced you can grow easier, quicker. It's being in connection with the god/mind consciousness.

But how is balance within the body and self realized? For these informants, the key to balance is control.

\textsuperscript{95} Pronounced chi.
Control

For most of the people who took part in this research, achieving wholeness and balance means control. Control, in turn, means two things for these informants: taking control and being subject to self control.

_Take Control_ For almost all of these people, alternative health means taking control of the healing process (Kelner and Wellman, 1996; Vincent and Furnham, 1996). For some this means wrestling control away from allopathic practitioners. For instance, Nora told me: "Even when people want to take responsibility often they’re not allowed to because allopathic medicine really does have a lot to do with that." In Marie’s words:

It’s giving them charge, making them take charge of their own wellness. Take an active role in your own healing and with mainstream medicine they take that away from you.

For some informants, taking control also means having options and making decisions (Sharma, 1992). In Laura’s words: "Health is the freedom to make the choices that I’ve made. Randal put it this way:

I said 'read up on it, educate yourself, make your own decisions, do this for you.' I said 'you've got to take control.' I said 'know what you're putting in your body, know the side effects.' 'Is it worth the quality of life loss for quantity?' It's a difficult toss-up and it's a decision.

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It also includes the option of deciding to give up control to a practitioner (Montbriand and Laing, 1991). For example, in describing why she chose to have a home birth with a midwife in attendance, Laura told me:

I wanted to deliver my baby and feel like I was in control of what was happening. Though I had so much trust and faith in her that ... anything that she would have suggested I probably would have gone along with because I knew that what she would suggest would not be invasive and would only be done if absolutely necessary. I felt like I was in control and had passed that control to her for that period of time.

Taking control means asking questions and getting second opinions. According to Loraine:

I think it's up to you the individual to get second opinions if in your intuitive part, your gut feeling, if it doesn't sit right, like that D and C didn't sit right. I went out and asked more opinions and then I made a decision that I was not having that D and C.

Finally, taking control means doing your own research (Sharma, 1992). For instance, Jenny told me: "If I'm going to an acupuncturist I have to spend as long learning about all the meridians" and Laura said "I relied on my midwife but as soon as I stopped having her to call ... I had to kind of rely on myself and so I used books to begin with."

The literature highlights the fact that people believe that the alternative model of health allows them to take control (Furnham and Forey, 1994; Pawluch et al., 1994a, 1994b). However, what is less salient in the literature, and quite blatant throughout these interviews, is that taking control of your health means a great deal of self control

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While taking control of one's health means having a choice in health care, it also means assuming total responsibility for one's health (Deierlein, 1994; Pawluch et al., 1998a). For instance, Brenda said: "I think I have to make the effort. Maybe alternative is everybody's responsibility and they have to do it themselves." In Lindsay's words: "I really believe that people are responsible for their own health." According to Lucy:

You're aware when things are not in balance and once you know you have to make a decision. Do I want it to stay in balance or to get worse or am I prepared to go back and correct it? (emphasis mine)

**Self-Control** In practical terms, what taking control of, or responsibility for, your health means is a great deal of self-monitoring and self-control; controlling everything from attitudes to lifestyles. For example, controlling stress is an important component of this alternative model of health (Coward, 1989; Furnham and Bhagrath, 1993). According to Jane: "I analyzed these ulcers. What causes ulcers but stress.... So it was just a matter or sitting back and saying hold it I'll do my best at school. If I get an A wonderful if I don't so what." The people I spoke with also believe that being healthy means controlling one's "mind, attitudes, and belief systems" (Lowenberg, 1992:25). For just as the mind has the ability to heal the person, it can also make one ill (Coward, 1989; McGuire, 1987). For instance, Betty and Loraine told me:

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98 See also Kelner and Wellman (1997).

To me any negative emotions or feelings are a garden for seeds of ill-health that you're planting and somewhere, whether it's ten years down the line, it's going to catch up with you as those negative seeds grow into bigger and bigger negative plants.

Whether cancer cells or different types of cells, it's the stress and negativity that sets these things in motion. Sure they could be in five hundred people, maybe four hundred of them will set them in motion. The other hundred realize that the thinking process keeps those last hundred from setting their cells in motion. What happens with negative thinking is that you end up with problems. It becomes your heart problems, rigid thinking becomes your arthritis. Each of these thinking patterns create a different disease in the body. Why does one person recover from a disease and not another? It's the thinking pattern.

Further, if a person's thoughts are not making them sick then it is their lifestyle (Coward, 1989). In Richard's words, alternative health requires that: "You change destructive behaviour [and] destructive beliefs" in order to become healthy (emphasis mine). Consequently, taking control of your healing means making lifestyle changes. For many this meant controlling their diet and changing the way they eat and drink (Furnham and Kirkcaldy, 1996; Yates et al., 1993). For instance:

If somebody's drinking thirty cups of coffee a day and they're having trouble sleeping and they can't relax well maybe look at your lifestyle. (Marie)

[We changed] the way we eat. I'm not a vegetarian but if I have the choice between white rice and brown rice I'll eat brown. There are very few processed foods in our house. (Laura)

Being healthy also entails controlling the way one shops for food:

With adjusting my style I used to read labels to begin with, I read them now even more. You have to learn all the other little names that mean the same thing for the same foods. (Pam)
For others it meant controlling smoking, drinking, and other bad habits. According to Marie, Greg, and Randal:

I still smoke. I used to smoke a pack a pack and a half a day. I smoke maybe six or seven cigarettes a day now. I used to be a very heavy drinker, I gave that up.

I was able to try some acupuncture and I have to admit I did notice a fair improvement. It wasn’t a permanent improvement but that probably means that there is still something goofy with the body. I’m just going along following all the bad habits I may have picked up along the way.

If you’re going to be out in the cold bundle up. If you’re gonna bc, common sense stuff you know, take care of yourself, eat properly, eat the whole thing. And I was partying too much at that time. I was studying, I was partying, I was pushing myself. It was a slap on the hand to say slow down.

Finally, for some it meant controlling emotional reactions. In Brenda’s words:

I started a lot of exploring with different therapies, changing my lifestyle. I was always expecting other people to change. I would always react to situations. I realized that I was in control and only I could change the way I responded to situations.

The people who took part in this research experience health as a process. Health is not an end state but rather something that is manifest through a life-long healing journey. Under the alternative model, health is understood as holistic; a matter of balance between the whole of mind, body, and spirit. Achieving this balance means both taking control of one’s health and being subject to a great deal of self control. This model of health is one that they see as distinctly alternative. For instance, in giving meaning to it they rarely referred to the biomedical model of health. In contrast when they defined

100 See Shott (1979) for the role emotions play in social control.
alternative healing they did so by comparing it to, and contrasting it from what they saw as the standard of allopathic medicine.

AN ALTERNATIVE MODEL OF HEALING

I was somewhat chagrined to find that after building such a strong theoretical argument against defining alternative healing residually by distinguishing it from allopathic medicine, residual means of definition were very popular among the people who participated in this research. When I asked Richard how he would define alternative healing he said: "Alternative [healing] is anything that would not be considered the traditional [Western] approach to it." Lindsay said alternative therapy "[Is] stuff that's out of the realm of typical Western medicine" and Brenda said: "I guess to me what alternative means is anything which is nonmedical." While Richard, Lindsay, and Brenda were among the few who stated it so explicitly, defining alternative healing by distinguishing it from the objective standard of biomedicine was implicit throughout all the other interviews. The people who participated in this research understand alternative healing through three broad categories including: the focus and purpose of healing; the nature of the client/practitioner relationship; and alternative healing techniques.

The Focus and Purpose of Healing

The people who took part in this research used a series of alternative versus allopathic statements in explaining what is distinct about the focus and purpose of
alternative healing. The particular distinguishing criteria they used are summarized in Figure 4 below.

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<th>ALTERNATIVE</th>
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<td>Tailored Approach</td>
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Figure 4 - Alternative VS Allopathic Healing

_Acute VS Chronic_ All the people who spoke with me told me that serious, immediate, and/or emergency situations are the proper sphere of allopathic medicine. In contrast the purpose of alternative healing is to address chronic health conditions (Pawluch et al., 1994a; Sharma, 1990, 1992).101 For example, Roger told me that while he is extremely reluctant to use allopathic therapies, he does feel that: "Medicine has some very powerful weapons" to mobilize in cases of acute illness. Others said things like: "If someone comes to you with their finger half cut off you don't give them herbs to make it grow back" (Richard) or "Obviously, if I got a bullet in the head then I'd just

101 See also Cassee (1970), Fulder and Munro (1985), Montbriand and Laing (1991), and Moore et al. (1985).
go to the hospital. If I’m having a heart attack I want to go to an allopathic medical doctor” (Scott).

**Holism VS Dualism** Another popular distinguishing criterion was the belief that an alternative approach to healing is holistic (Dunfield, 1996; Pawluch et al., 1998a).\(^{102}\) Likewise, almost all of the people who spoke with me said that alternative healing is holistic in its focus on mind, body, and spirit versus allopathic medicine which focuses solely on the body. Nora put it this way: "One has to engage or enlist the person's body and mind, and I personally would add spirit, into their healing." Likewise Jane said:

> You can't treat one part of the person without treating all of the person. You can't just say we're going to treat your stomach without saying well why is the stomach? Is it just the diet? Does this person have emotional problems or stresses on their shoulders that's causing this problem? You have to know the whole person before you can treat any one part of the person.

**Natural VS Chemical** Most of these people defined alternative healing by claiming that alternative medicine is natural versus allopathic medicine which is chemically produced (Pretorius, 1993; Sharma, 1992).\(^{103}\) Loraine put it this way:

> I do believe that God puts, for every disease or upset, a remedy in a natural form. I don't mean that I'm adverse to taking penicillin or anything but if you can help it I don't believe in taking chemicalized things, synthesics.

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\(^{103}\) See also Cant and Calnan (1991) and Goldstein et al. (1987).
Invasive VS Non-Invasive} Most of the people who participated in this research said that alternative therapies are different from allopathic medicine because they are non-invasive (Coward, 1989; Sharma, 1992). In telling me why she chose a midwife for the birth of her child, Laura said: "I wanted a home birth because I wanted to avoid unnecessary medical intervention during the labour and delivery." Similarly, in describing foot reflexology Lucy said:

It's a non-invasive treatment, what have you got to lose? If you're prepared to undergo the knife and all the problems and complications that could happen rather than looking at another method that may be able to prevent surgery why would you not think about it?

These people also believe that the invasiveness of allopathic medical therapy puts them at risk of clinical iatrogenesis (Illich, 1975). For example, more than half the people I spoke with were concerned about unpleasant and/or dangerous side effects caused by allopathic medication (Pawluch et al., 1998a; Vincent and Furnham, 1996).

\[104\] For instance, Laura said: "Garlic and vitamin C may not work as well as an antibiotic but it works enough to justify its use and it doesn't have the side effects." Other informants told me they felt allopathic medication caused them to develop additional problems. According to Lindsay: "I've seen too many people who've gone through on antibiotics. They get loaded with these antibiotics and then their body is open to everything." Some were concerned about becoming addicted to allopathic medications (Sharma, 1990). For example, Marie said: "It was very hard getting off the muscle relaxants, the codeine, the

\[104\] See also Furnham and Smith (1988), Monson (1995), and Sharma (1990, 1992).
over the counter pain medication. It took actually over a year to get through all of that. It was quite a struggle." For other informants dependency on medication was at issue.

Jane told me she was concerned about having to take medication forever:

I'm still not on blood pressure medication. I've had high blood pressure for five years now. Because anyone I know who has gone on the medication, you never come off of it. Some people when they come off the pills boom they've had a stroke or a heart attack because the body can't regulate itself without that medication any more.

In contrast to the dangers they felt were inherent in allopathic medical treatment, these people believed that alternative remedies are safer and easier on the body than allopathic medication. In Nora's words: "There's nothing in homeopathy, you could take the whole rack and [other] than having a real lactose [or] sugar reaction you know it's not going to harm you."

**Preventative VS Curative** For several of the people who took part in these interviews, alternative healing focuses on prevention versus allopathic healing which is cure oriented (Deierlein, 1994; O'Connor, 1995).\(^{105}\) Natalie, a practitioner as well as a user of alternative therapies said: "Traditional medicine is definitely not preventative medicine ... mine's more preventative." Lucy also felt a focus on preventative care distinguished alternative from allopathic approaches. She argued:

Hopefully you can prevent the disease from occurring. There are diseases today that are horrendous that medication does wonders for but [doctors are] totally mystified in preventing.

\(^{105}\) See also McGuire and Kantor (1987), Pawluch et al. (1994a, 1994b), and Sharma (1990).
An attendant belief held by these people is that alternative practitioners focus on the cause of problems whereas allopathic practitioners focus only on the symptoms (Schneirov and Geczik, 1996; Sharma, 1990, 1992). For example, Lindsay and Greg, told me that allopathic therapy masks symptoms rather than addressing the underlying cause of the problem. In their words:

The problem I have with Western medicine [is] they treat the symptoms not the problem. Don't just treat the fact that the nerves are pinched, treat the fact that you can fix why it's being pinched. Don't just mask the symptom.

I went back after a month and a half of the [medication] and [the doctor] said 'so how's it going?' I said 'well I still have a bad back but I don't really care or feel about anything.'

Takes Time VS Quick Results Several of these informants said that one difference between allopathic and alternative medicine is that alternative healing takes time, versus allopathic healing which produces quick results (Glik, 1988). For example, Grace said: "Homeopathy takes a little longer some times" and Loraine argued:

The main thing that people must understand is that this is not a one two three month you're finished situation. Natural healing is the whole body not just this, this, and this we're correcting, it's total health.

However, these people value that alternative healing takes longer than allopathic healing and several of them linked the speed of allopathic results with invasiveness and trauma to the body. In Nora's words: "I really do think that allopathic medicine is really slam bang. It's very fast but it can also be quite brutal in the effects it has."
**Tailored Approach VS Generalized Approach** According to Lowenberg (1992) a central parameter of alternative healing is a focus on the uniqueness of the individual versus an allopathic focus on generalized symptoms and treatment. While only two of the people I spoke with stressed attention to the uniqueness of individual human beings as a hallmark of alternative healing, in distinguishing between allopathic and alternative medicine, several informants did mention that symptoms vary from person to person and that what works as a remedy for one person may not work for another. Lindsay explained that a difference between allopathic and alternative healing is that alternative practice is about:

...finding out more ... of how a person works as opposed to everybody's symptoms mean the same thing, just giving everybody the same thing. I think treating people a little bit differently, I think each person's a little bit different.

**Nature of the Client/Practitioner Relationship**

As was the case with the focus and purpose of healing, when the people who participated in this research spoke about the nature of the relationship between alternative practitioners and their clients, they did so by comparing it to and distinguishing it from what they saw as the traditional allopathic doctor/patient relationship. In describing their relationships with their alternative practitioners, these informants often started by talking about an unpleasant interaction with an allopathic physicians and ended by saying that what they liked about their alternative practitioners is that he or she is not like their allopathic physician. The major distinguishing criteria they mentioned were the attitude
of the doctor or practitioner (Furnham and Bhagrath, 1993)\textsuperscript{106} time spent with the patient or client (Campion, 1993),\textsuperscript{107} and whether or not they perceived the doctor or practitioner to care about them (Sharma, 1992).\textsuperscript{108}

\textit{Attitude} Almost all of the people I spoke with told me that, in contrast to alternative practitioners, allopathic physicians are arrogant. In Natalie's words: "Ninety percent of the doctors, it's their way or no way." Jenny put this way: "The superciliousness of the manner of certain doctors. They were aloof, supercilious, pompous." Simon pointed out that people often find their doctors manner to be condescending. He said: "They don't think that you're educated and a lot of people are educated before they go to the doctor" (Simon). Some informants said their doctors wouldn't listen to them. According to Hanna:

> I went to see the doctor then she sent me to a neurologist and there was a blood clot on the brain but it had started to heal itself because it had been a few years since it happened. And because they really wouldn't listen at that time there were a lot of things that could have helped that they didn't do.

In contrast, people report high levels of satisfaction with alternative practitioners (Fulder and Munro, 1985; Murray and Shepherd, 1993). In particular, the people who spoke with

\footnotesize{\textsuperscript{106} See also Cassee (1970), Coward (1989), and Furnham et al. (1985).}

\footnotesize{\textsuperscript{107} See also Cant and Calnan (1991), Fulder and Munro (1985), Furnham et al. (1985), Furnham and Forey (1994), Furnham and Smith (1988), Hare (1993), Sharma (1992), and Taylor (1984).}

\footnotesize{\textsuperscript{108} See also Campion (1993), Goldstein et al. (1987), Hare (1993), Lowenberg (1992), and Taylor (1984).}
me told me that what they value about alternative approaches to health and healing is that they feel that their practitioners give them time, attention, and respect (Campion, 1993; Murray and Rubel, 1992). For example, Grace said:

When I go to see my naturopath she’ll say to me: 'Well, what’s going on? Is there anything else happening in your environment? Are there other areas that are bothering you also?' She is really interested in how you are doing. She’ll say: 'I'll give you these drops and you take them three times a day' and then she’ll call to see if they're working. And you know a medical doctor never does that.

In addition, they perceived their alternative practitioners as open and unpretentious. According to Jane and Lucy:

They don't talk down to you. You might not know everything there is to know about this but that's not because you're stupid or you're less educated it's just there's so much out there and I find most alternative people do not display a superiority.

I find the naturopaths are much more willing to say I don’t have the answer I’ll do research on it to find out what the answer is. I don’t ever think I’ve heard of a medical doctor saying I don’t know I’ll do research.

Scott, Greg, and Nora linked the differences they saw in attitude between alternative practitioners and allopathic physicians to issues of professional status and power (Cassee, 1970). They argued:

The people who are in charge of mainstream medicine have the power in terms of discourse and the money and what is legit and what is not, I mean the doctors.

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109 See also Fulder and Munro (1985) and Taylor (1984).
It's like that car company [advertisement]: 'We're number two so we have to try harder.' These [alternative practitioners] can't afford to be as arrogant yet as the guys with the equipment [the doctors].

Trying to talk to an allopathic medical person about medication, saying 'I prefer ampicillin because sulphas really have a bad effect on me. I prefer this dosage than this.' They get just totally offended because you're on their turf. You're talking about medication and that's their business, they own it.

**Time** Most of the people who took part in this study distinguished between allopathic physicians and alternative practitioners on the basis of the amount of time spent with the patient or client. For example, Pam and Laura both stressed that what is different about alternative practitioners is that they take the time to question and to listen.

In their words:

The first interview with him was two, two and a half hours and I've never been asked so many questions, right back to what my grandparents or my great grandparents possibly could have been like, their health, their eating habits, right up to that minute that we were sitting in his office.

It was an hour and a half long which was the biggest difference. I never felt rushed. I really felt like she was finding all the information she possibly could to make a really good diagnosis and to recommend the best treatment. That's one of the reasons it takes so long the first time because they take the time to make sure that what they're giving you is right.

**Caring** Over half of these informants said that unlike allopathic physicians, alternative practitioners care about their clients. For instance, Hanna, who practises yoga, spoke about caring and touching as hallmarks of alternative healing (Goldstein et al., 1987). She said:
Caring is a major difference. The doctors don’t have time or patience. People need time and care and that heals more than anything. I show that I care and I touch and hug.

In general, however, what caring means to these informants is giving the client attention (Hare, 1993; Monson, 1995; Sharma, 1992). In Jenny’s words: "If you go for reiki or hypnotherapy you’re getting the attention of somebody."

**Alternative Healing Techniques**

The people who participated in this research understood alternative healing techniques through two broad concepts: self-healing and healing energy. Self-healing is made up of a range of sub-concepts including: self treatment, allowing the body to heal, and healing with the mind. The concept of healing energy, in turn, is comprised of the sub-concepts of energy within, and without, the body.

**Self-Healing** Most of the people who participated in this research saw the ability to heal yourself as a major defining criteria of an alternative approach to healing (Furnham, 1994; Lowenberg, 1992). For example, Brenda put it this way:

Self-healing, the complexity of our bodies, the way it’s all put together and our minds. The complexity of our souls must be billions times greater so I think only people themselves can truly heal themselves because of the complexity.

For a few self-healing means to "self-treat" (Nora). For instance, Laura told me: "You can self-prescribe homeopathic remedies" and Jenny said: "In my experience, through a

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good hypnotherapist, you'll actually learn how to do it for yourself." However, for the majority of these informants, self-healing involves using the body (Furnham and Bhagrath, 1993)\textsuperscript{111} and the mind (Furnham and Kirkcaldy, 1996)\textsuperscript{112} to effect healing. For most of these informants self-healing meant mobilizing the body's ability to heal itself (Pretorius, 1993). Scott told me: "I think that homeopathic medicine can be very effective in bolstering your own body's process of trying to heal all the time" and Lindsay said: "Do the stuff so you can let the body heal itself." In Greg's words bodily system is naturally designed to heal itself. He said:

The idea of feeling better over all and treating yourself well and maintaining yourself and giving your body a chance to do what it's able to do. You have to get your body up to a certain maintenance level so that it can do what it's naturally able to do.

For others, allowing the body to self-heal meant boosting the immune system. For instance, in talking about when her husband has a cold, Laura said: "I'll give him echinacea or suggest he use some vitamin C or garlic to boost his immune system."

Similarly Lindsay said:

I wanted to find if there was a way that I could strengthen my own body constitution so that it could fight off the infections more. So when I'm starting to feel sick hopefully my immune system will kick whatever it is off sooner.

\textsuperscript{111} See also Coward (1989), Lowenberg (1992), McGuire (1987), and Pawluch et al. (1998a).

Self healing also means using the power of the mind for healing. According to Loraine:

"If you can get into this thinking pattern there's nothing that you can't heal in your own body." Likewise Betty told me:

The human mind is a pretty powerful thing and I think, even just with our mind alone.... We can basically heal ourselves with our attitude or our thinking processes.

Harnessing the power of the mind over the body can mean anything from general bodily maintenance, through pain relief, to destroying tumours and cancerous cells. For example, Jane, Lindsay, Trudy, and Natalie told me:

If I'm not feeling well when I go to bed, you know Pac Man? I just visualize, I turn on my brain and I say 'okay, send them all out' and they can chomp up anything in this body that's not good for it.

I can be lying down and be having some muscle tightness or some pain and I feel like I can send my awareness down in my body to smooth out those muscles and run it like a pulse of energy and smooth them out as if there were hands smoothing them out and I feel better.

They had found early stages of cancer of the cervix and I believe to this day that if I had had more time to really work with it that I would have been able to cure it without any kind of operation. I truly believe that and the reason why is because with visualization work, cancer is something that is in a physical spot and so it's easier to visualize on one spot and to do all the healing stuff on that one spot.

I really think you can get rid of tumours. I think that you can open up you blood vessels if you have arterial sclerosis but this takes a lot of believing in order for it to work.

*Healing Energy* Almost half of the people who participated in these interviews believed in using energy as a means of affecting healing. These people told me that
everything is composed of energy and that this energy can be mobilized to heal.

According to Betty and Hanna:

I believe and so many others believe that we can, well everything’s energy, all life is energy. I believe that you can give energy to others. You can actually send it to others.

In the air that we breath, it’s energy, in the food that we eat, the vital life force. I’ve found that with yoga and reflexology and therapeutic touch, they all work whether the person believes in them or not because it comes from the practitioner trying to direct yogic energy.

For some this energy comes from the earth (Coward, 1989; O’Connor, 1995). In Loraine’s words:

I use a lot of earth energy. I bring that up and pour it over the person. I ask mother earth to give us that and a great part of all of this is it’s acknowledging where these energies are coming from. I give thanks to mother earth for supporting us.

For others the source of healing energy is the universe of which all things are part (Glik, 1988; McGuire and Kantor, 1987).\textsuperscript{113} According to Randal and Marie:

The little [acupuncture] pins were like antennas that hooked you up to the macrocosm to heal the microcosm is how I can only view it, to realign the meridians in my body.

I’m a reiki practitioner. Reiki is channelling of universal energy through us, through hands to you and you do with the energy what you need to do. We don’t actually do the healing, you do the healing. We’re just giving you healing energy wherever the healing needs to take place.

\textsuperscript{113} See also Coward (1989) and O’Connor (1995).
Finally, for others, healing energy and or/universal energy has a spiritual dimension (Glik, 1988; McGuire, 1987; McGuire and Kantor, 1987). For instance, Natalie and Jane told me:

You say to yourself 'please tune me into my higher self' and then you say 'my intent is to heal this person through universal energy.' I believe that God lives within each one of us. I'll just use the term God you can use whatever term you want.

Using the crystals for healing is spiritual. You have to believe that there's this power within these rocks and that the power comes from another source and it's a living thing so that's a part of my spirituality.

It is important to note that while I spoke to a variety of people from different age groups, religious backgrounds, educational backgrounds, etcetera, I found very few relationships between "types" of people and beliefs about alternative health and healing. However, I did find a subtle connection between participation in alternative spirituality and beliefs about alternative healing techniques. To be precise, it is not that informants who participated in 'new age' spirituality are any more likely, than those who do not, to believe in the concept of healing energy. Rather, the distinction lies in what they attribute the source of this energy to be. While most of the people who took part in this research believed in the concept of healing energy, informants who participated in 'new age' spirituality were more likely to believe the source of this energy to be metaphysical; originating in God, spirit, or the universe. In contrast, those informants espousing mainstream religious beliefs drew on scientific paradigms in attributing the origin of healing energy to the fact that the earth, and all things on it, are composed of energy.
To sum up, these people define alternative healing by comparing it to and differentiating it from allopathic healing. In doing so they use a variety of distinguishing criteria which make up three broad categories: the focus and purpose of therapy, the nature of the client/practitioner relationship, and alternative healing techniques. While different informants focus on different distinguishing criteria, the important point is that they all use allopathic medicine as their reference point or standard in defining alternative healing. For example, whether an informant's emphasis is on attitude, caring, and/or time is not as important as the fact that what defines the nature of the alternative client/practitioner relationship is that it somehow differs from the standard of the allopathic doctor/patient relationship.

DISCUSSION

The alternative model of health these people espouse is something they define as distinct from allopathic understandings of health. However, their beliefs about alternative healing are less clear cut. On the one hand they see considerable overlap between allopathic and alternative forms of healing. Yet, on the other hand, they give meaning to these two forms of healing by making dichotomous distinctions between them.

To illustrate, the people I spoke with are well aware of the ambiguity surrounding what makes alternative therapy alternative. As I discussed in the literature review for this thesis, what we consider to be an alternative therapy varies over time and is dependent on the socio-cultural context. This insight was not lost on several of the
people who took part in this study. For instance, Simon, a former medical student who practices acupuncture, explained acupuncture to me using biomedical concepts. He said:

I can understand the release of endorphins and all the chemicals from the brain, the analgesic affect of acupuncture, the calming effect. Different chemicals are released.

Another informant, Hanna, who teaches yoga adapted for people with mobility impairment, explained the connections between the therapy she practices and the human biological system using medical terminology. According to Hanna:

Physically [yoga] works on the endocrine system. When the endocrine system's not functioning properly, that's the glandular system, then the hormones aren't secreting into the body so there's an imbalance and that's where ill health comes from. So the postures are designed to squeeze and release, increase blood flow and hormonal supply into the system to help the body get balanced.

Likewise, in telling me about her training in the results system, a system of healing which uses creative visualization, chakra balancing, and body work as therapeutic techniques, Natalie, described the overlap she saw between this alternative therapy and allopathic medicine. She said:

To begin with we had to learn the nervous systems, all the different systems, the circulatory system, etcetera. Then we went to nutrition. How to combine foods, what foods are good. [My R.N. training] helped me in some ways in that I knew the basics for the bone structure and the internal points and everything.

While alternative practitioners may have a professional interest in promoting the scientific and medical aspects of their therapies, several other informants, who were not
practitioners, also referred to the shifting definitional boundaries surrounding alternative therapies. For instance, Roger and Jane said:

One of the things I got involved in a very long time ago is considered part of the alternative medicine alphabet soup of things. But at that time I didn’t think of it that way. A lot of these things, where the boundary is, what gets included under that rubric is kind of fluid.

My husband goes to a chiropractor, my daughter goes to the chiropractor, but they don’t really see them as alternative now. Chiropractic is getting very respectable so I would say that if in five years you did this [study] you would say well chiropractic isn’t an alternative medicine.

Laura, Scott, and Greg noted the different contextual aspects involved in how people decide if therapies are alternative or not. For Laura, the proof of yoga’s acceptance was where it was available. She said:

I guess yoga could be considered some sort of alternative but it is more mainstream than most of the other…. The Y[WCA] offers it so that makes it mainstream, anybody can get into it.

For Scott the decisive context was how a particular therapy was used. In his words:

You can be so mainstream if you’re a chiropractor. Basically you could be a mechanic for the body or else you could be out there in the land of healing.

For Greg, deciding whether or not a therapy is alternative had to do with their acceptance relative to other, more marginal, therapies. For instance, he told me:

I know chiropractor probably wouldn’t fall under the heading of what we’re talking about here.

Q. Why do you say that?
I guess it's now considered and accepted. It's more accepted than it was and the thing I found fascinating was that [when my naturopath] got into naturopathy [he] started noticing that there was the same kind of disapproval about naturopaths from chiropractors because chiropractors went with traditional doctors and I think that's where [chiropractors] moved up a rung because as more alternative stuff came in chiropractors became more acceptable.

Clearly, the people who participated in this research are aware that making distinctions between 'alternative' and 'allopathic' are problematic. However, in seeming contradiction to this awareness, they solve this conundrum by defining allopathic medicine and alternative therapies in dichotomous terms. For example, Lucy and Nora gave meaning to alternative and allopathic approaches by making clearly dichotomous distinctions between them. In Lucy's words: It's "out of one realm into the other one." Nora's dichotomy used the categories of healer and technician. She said: "What I want in an allopathic doctor is someone who is a good medical technician ... I don't expect that person to be a healer" (Nora).

To summarize, the people who participated in this research see health and healing as ongoing, concomitant processes. To be healthy is to be engaged in the process of healing. In giving meaning to alternative healing these people used three explanatory categories: the focus and purpose of alternative therapy, the nature of the client/practitioner relationship, and alternative therapeutic modalities. What gives meaning to these categories is that these people conceptualize them by comparing them to and contrasting them from what they see as the existing standard, namely, allopathic approaches to healing. In doing so they used a series of allopathic versus alternative
definitional statements. However, when they defined what they see as the alternative model of health they rarely, if ever, refer to the biomedical model of health. Their model of alternative health is made up of three interconnected categories: holism, balance, and control. For these people the alternative model of health is holistic in nature. To be healthy under this model means one experiences and exhibits unity of and balance between mind, body, and spirit. The category of balance also includes the concepts of unity with and balance between the self and others. For some this extends to unity with and balance between the self and nature and/or the universe. What being balanced comes down to is taking control of one’s health and one’s healing process; which in turn, means being subject to self control. Self control was most often manifested through changes in life styles (Pawluch, 1994a). In the following long quotation, Randal describes the changes he and his partner made to how they lived their lives. In his words:

I love bacon and I love ham and I love smoked meat and I was listening to my body after I ate stuff because I was hearing about food combining. Well, bacon and eggs was not the thing I wanted for breakfast after a while. And I went 'okay' it's nitrates in synthetic bacon. 'Okay, let's try and get naturally smoked meat.' Oh the price! But it was a treat and then it became meat that was supposedly raised organic but had hormones happening and that would upset my system. So it was really hunting now good organic meat suppliers. Friends of mine who were raising animals were providing me with meat raised on their farm that they had; free range, organic.... That was fine so the amount of red meat or white meat consumption had reduced a lot. We moved to Kitchener and I remember Kitchener to be a point of change, a stress release. I'd quit my job with the government and we went on disability. I would sleep in ... till nine in the morning, get up, have an afternoon nap for three hours, come back, get up, cook a meal, go to bed around nine o'clock in the evening, get up at nine o'clock in the morning and feel rested. I thought that's all my stress from the last job leaving. And
go for walks, it was pretty and the people were friendly in this town. Shortly after we moved there we ... visited other friends of ours who were vegetarians and they cooked us a vegetarian chili. [My partner] Steven had liked some of the vegetarian stuff. But he considered vegetarianism to be rabbit food so it wasn't for him. So we went to these friends and they cooked up this wonderful chili and he said 'I can handle this. This is vegetarian food? I can handle this.' So within two weeks we converted our diet over to vegetarian.

For others, however, the changes they experienced encompassed more than lifestyle impacting on the level of identity. In the following chapter I discuss the nature of these changes to self and identity. In particular I argue that the ideology contained within the alternative model of health can serve as a mechanism for managing biographic disruption (Bury, 1982); through what Williams (1989) calls narrative reconstruction. Corbin and Strauss (1987) call biographical work, and Berger (1963) calls alternation.
CHAPTER 7 - ALTERNATIVE THERAPIES AND THE SELF

In discussing how and why people seek out alternative health care I argued that it is through participation in alternative therapies, and in interaction with others who use them, that the people who took part in this research began to adopt alternative ideologies of health and healing. In the preceding chapter I analyzed the ideological components of the alternative models of health and healing espoused by these people. The question I turn to in this chapter is what impact does adoption of alternative health and healing ideology have on the individual's self? I found that belief in an alternative model of health and healing acted on the people I spoke with in two different ways. Some became so enamoured with alternative approaches to health care that they sought training in these therapies; beginning the process of taking on the identity of an alternative practitioner and/or healer. Others experienced changes in perception of self as a result of their participation in alternative medicine.

I begin this chapter by discussing the notion of a becoming a healer as a continuum of identity. I conclude by arguing that not only is the ideology contained within the alternative model of health and healing an important motivator for taking on the identity of an alternative healer, but it can also be used as a mechanism to recast personal biographies and transform self images. In other words, it can be used as a means of constructing a sense of self which allows one to see one's self as healthy.
ALTERNATIVE IDENTITIES

In the previous chapter I concluded my discussion by showing how participation in alternative therapies often results in, sometimes radical, changes to lifestyles. What is most important though, is that rather than alternative therapy use being a product of lifestyle changes, changes in lifestyle are engendered through use of alternative therapies.

For example, Laura told me:

I think that it’s a lifestyle thing. (Laura)

Q. And this was a lifestyle that you had prior to deciding to have a home birth or using alternative therapies?

No one was born out of the other. (Laura)

However, the changes people experience through their use of alternative therapies can encompass more than lifestyle modification. As Pawluch et al. (1994a:71) note:

For some of our respondents, the benefits of using alternative therapies went beyond improved health. Participation in therapies that emphasized holistic health often served as a catalyst for broader personal transformation: changes in identity ... that extended beyond specific health issues.

I argue that the key to this type of transformation of self is the meaning the people gave to the ideology contained within alternative models of health and healing.

Adopting a Healer Identity

One type of change in identity experienced by the people I spoke with is that which is engendered through adoption of a healer and/or alternative practitioner identity.
As Becker (1970a:293) points out, changing one's profession entails that the individual undergoes adult socialization which, in turn, "...can be ... conceptualized as a matter of change to the self." While my intent in this research was not an in-depth examination of how people see themselves in this regard, it is still important to document the fact that for over half of the people who took part in this study, participation in alternative therapies led them to begin the process of becoming an alternative practitioner and/or healer.\textsuperscript{114} What follows then is not an analysis of the components of a healer/practitioner identity, rather it is an analysis of what motivated these informants to begin, continue, and/or complete that process.\textsuperscript{115} I conceptualize the process of becoming an alternative healer or practitioner as a continuum which runs from taking courses in order to practice on oneself through formal training to become a certified practitioner (see figure 5 below).

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{healer_continuum}
\caption{The Healer Continuum}
\end{figure}

The arrow which connects the end of this continuum to its beginning is intended to show that once certified and practising, alternative healers often take new courses in order to

\textsuperscript{114} Sharma (1992) also found that several of her informants became practitioners themselves through their use of alternative therapies.

\textsuperscript{115} As I point out above, my aim here is not to focus on the experiences of alternative practitioners. As my review of the literature shows there are several in-depth studies of alternative practitioners, many of which focus on how these healers see themselves.
practice additional therapies. The downward arrows denote that beginning the process of becoming an alternative practitioner does not mean that one will necessarily follows it through to the end. I also make a distinction between training in and trained in to reflect the fact that regardless of whether they intend to go on to practice, some informants were still engaged in training, as opposed to having completed training, at the time the interviews took place.

**Courses** Among the ideological components of the alternative model of health and healing is a belief in the ability to self-heal. Therefore, it comes as no surprise that almost all of the informants who identified themselves as alternative practitioners and/or healers, began the process of adopting this identity by initially taking courses in alternative therapies in order to practice on themselves. For example, Jane told me:

> I've taken reiki courses and things like that so [my husband’s] seen me laying on the living room carpet with my crystals and my healing stones out and doing my own thing.

However, people may pause or stop at this, or any other, point along the continuum of identity. For instance, some of these informants who had taken, or were taking, courses in alternative healing had no plans to engage in formal certified, training. For Loraine, the act of taking courses in alternative healing techniques served a therapeutic function in and of itself rather than indicating an intention to practice the therapy. According to Loraine:
I have taken the reiki and now I have my first and second levels.... There's another place you can go. I'm going there in August and they offer all kinds of self awareness courses. I go down there for positive thinking courses, health courses. The one I went to was healing channelling and meditation.

If, however, they continue along this continuum, the next stage they reach is formal training in one or other alternative therapies.

_Training In & Trained In_ Many of the people who took part in this research were engaged in training or were trained in different alternative therapies at the time of the interviews. For instance, Lucy was in training to become a reflexologist and told me she hoped to practice it professionally:

I'm now taking my courses for reflexology. I would like to practice the reflexology definitely and maybe shiatsu massage. I've never tried that but I've heard so many people comment on how well it made them feel. But with reflexology if I could help somebody feel as good as it made me feel.

Yet again, not all informants who complete training in a particular therapy go on to practice it. For example, Jenny underwent training to become a certified practitioner but had no intention of practising professionally. The important point however, is that it was her belief in this therapy that brought her this far along the continuum. She said:

Someone recommended hypnotherapy for something that was on my mind. I was complaining and this person started talking about it and so I decided to go and see about it and _I was so completely taken with the process_ that I eventually ended up taking a course in certified clinical hypnotherapy and in neurolinguistics programming. (emphasis mine)
Deepening commitment to alternative ideologies of health and healing was what motivated several informants to make the decision to practice alternative therapies professionally. For these people a key encounter with an alternative practitioner often reinforced their commitment to alternative approaches to health care. For example, Scott and Natalie told me about meetings with alternative practitioners which launched them on the road to becoming healers themselves:

I met this woman who was a practitioner. She was really inspiring, she was amazing, she was full of life and joy and she had her own health and she had her practice room and she had her own world and she travelled all over the world and did this and that and met all these amazing healers and I had never really thought about healing up until this time, but I realized as I was getting to know this woman, it was like oh my god I want to become a healer.

I went to a healer when I first moved up here and he told me I was a healer and of course I just laughed because I really didn't know what a healer was.... He's sensational. He was really good.... We just sat there for fifteen minutes and we talked. We talked about nutrition and everything else and then he said: 'Natalie, you're a healer.'

Key experiences with the therapies were equally important in motivating these informants to become practitioners in their own right. For instance, after experiencing successful acupuncture treatments, Simon, who had been enrolled in premed studies, made a decision to leave medical school and train to become an acupuncturist. In his words:

I was on every kind of muscle relaxant pain killer sleep aid everything. Nothing was working. I was taking them by the handfuls. My chiropractor also does acupuncture.... So we tried acupuncture and within two weeks I was off all the medications and I said you know I'm going into this field and that's what I did. Said goodbye to formal education and mainstream medicine and went into the alternative and here I am.
These key encounters and experiences are important as it is through them that alternative ideology is more deeply internalized by the individual. As Deierlein (1994:180) points out, an individual's "...commitment to a healer/client relationship" is instrumental in adoption of alternative belief systems. Deep commitment to alternative ideology is, in turn, what propels people further along the continuum of personal identity change. For example, it was the depth of Marie's belief in alternative therapies that inspired her to become an alternative practitioner. She said:

I became a certified reflexologist because I believe in those things so much. I also became a reiki master which is another form of healing with energy work.... I treat people, I do ear candling. (emphasis mine)

**Practising** The degree of formality involved in the training and certification undergone by these informants varied. For example, some practised therapies that were certified or regulated to some degree. According to Hanna and Roger:

I'm a yoga therapist and a reflexologist.... I went to college. The brochures were offering a yoga course that was on four different levels and it took eighteen months to complete.... In the course I also got taught a little reflexology so that kind of stayed on the back burner until I got everything working with the yoga and after I did that I decided to look for a course there. I went for my reflexology which was a six months course, a certified course.

I just went to a weekend workshop after reading a book by Moshe Feldenkrais.... I quickly saw that it had applications for the work I was doing with the handicapped people.... So I was using it also with the handicapped people just in a very informal way and then I decided to get trained in it and did the second North American training that existed.

Others informants trained and practised independently without formal certification and/or regulation. According to Natalie:
I would try to heal people with my mind from a distance or with my hands from a distance and I was finding it was working.... I started taking courses on therapeutic touch and went from therapeutic touch to the results system.

The relative formality of training pursued by these informants was directly related to the particular therapies they chose to practice. For example, the literature shows that part of becoming a socially legitimated health profession requires that training is seen to be rigorous, long-term, and increasingly analogous to medical training (Boon, 1998; Cant and Sharma, 1996; Gort and Coburn, 1997). For instance, training in acupuncture has gone a long way in this direction and requires long-term, formal certification (Saks, 1995). However, more marginal therapies, like reflexology, have yet to make these sorts of moves towards socially legitimated, professional status. What is important here, however, is that regardless of the form of training pursued, these people see practising alternative therapies as their primary profession.

One interesting finding of this research is that practising an alternative therapy does not mean that people will publicly identify as an alternative practitioner and/or healer. For example, two of the people who participated in this research are trained in and practice forms of alternative therapy on others. One charges money for her services, the other does not and both are seen as practitioners by others. However, they chose not to identify themselves as practitioners during the interview. For example, According to her friends, Betty is a reiki practitioner. As one of her friends, Loraine, told me:
Betty and I travelled everywhere together because neither one of us knew what we wanted to specialize in. Now she has gone the [healer] route.

However, when Betty and I spoke she declined to identify herself in this way. Consider the following exchange:

Q. I noticed when I went to the bathroom that you have a room where you have a gurney. Are you a practitioner?

(In an evasive and nervous tone of voice) Oh no. I like to do my own thing and I do my thing on myself and on my husband.

Betty's friend Jane was surprised that Betty had kept her practice a secret and speculated that it was because of the potential for harm if the energy employed in reiki treatments is used improperly. For instance, when I asked if she could tell me anything about reiki she said:

Did you not talk to Betty on that? She's practising.

Q. She was a little reticent to talk about it.

Well you're not supposed to discuss the details of the thing. Like she won't tell me what she's learned in level two or three, I have to go take those classes for myself.

Q. Why aren't you supposed to?

Because there are master teachers who have taught so many people who now teach other people. The belief there is that the power you're drawing on, it's a very powerful thing and it can go awry if you don't do it right and you can cause other people damage in practising reiki on them if you haven't been properly taught. You can draw as much or as little power through you, sometimes negative and sometimes positive, so it's not something that you play with and it would be too easy for to do more damage than good.
Another of Betty's friends, Loraine, suggested that Betty did not disclose her status as a practitioner because she charged people for reiki treatments without declaring the income she earned on her taxes.

Another informant, Nora, also declined to identify herself as a practitioner but, in this case, her concern was fear of harassment and prosecution by the Canadian Medical Association (CMA) for practising medicine without a licence. In her words:

If somebody says I'm having a really hard time I can suggest some things but there's also the reality that the Canadian Medical Association really doesn't like you to diagnose with out a licence, diagnosing and prescribing. And I'm really sensitive to that around herbs. I'm a practitioner in some of these things in that I do work on myself. I use certain techniques and non-allopathic things for myself for my animals when it's appropriate. I can suggest things for people but I'm very aware that the Canadian Medical Association has a real thing about it and they also have the law on their side these days. I have no certificates. If I have ever made a tea up for anyone, and I've never charged them, I often ask if people will replace the herb for me or if it was something that I would have to go and buy then I say you go buy it and I'll mix it up in proportions and that's because I think there needs to be an exchange of some kind but it is not my business. It is not my profession. It's what I choose to do and am willing to do to help people. But the medical associations are very proprietary around what is theirs. I'm quite conscious of that.

I wish to be clear that I am not trying to argue that Betty and Nora do not see themselves as healers in specific contexts. Rather, what I show here is that there can be reasons why individuals may avoid publicly identifying themselves as an alternative practitioner. What these two cases illustrate is the marginal and contextual nature of practising some alternative therapies (Saks, 1995). I will return to this issue in the conclusion to this
thesis where, among my suggestions for future research, I discuss how using alternative therapies can result in adoption of a deviant identity.

Taking on a healer or practitioner identity was one form of self-change experienced by the people who took part in this study. In taking on a healer identity these individuals travelled along a continuum of increasing levels of involvement and training in alternative therapies. What propels them along this continuum is a deepening commitment to the ideology which underpins alternative therapies. Having said that, I want to point out that I am not arguing that participation in alternative therapies necessarily means one will eventually seek training to become a practitioner and adopt a healer identity. What I am saying is that for those informants who do become healers, there is a progression and an order (a continuum) which they follow.

Adopting a healer identity was one type of change to self experiences by the people who took part in this research, but it was not the only one. For many other informants, adoption of alternative health and healing ideologies through participation in alternative therapies led to changes in their subjective perceptions of self. As was the case with adopting a healer identity I am not trying to make the argument that everyone who participates in alternative therapies will experience the type of self change I discuss below. What I am saying is that it is one possible outcome and one which was experienced by most of the people who participated in this research. It is an outcome that is reflective of an individual's degree of commitment to, and espousal of, alternative ideologies of health and healing.
Changes in Self-Perception

My argument here is that participation in alternative therapies can serve as a mechanism through which individuals can re-define aspects of personal identity. That alternative approaches to health care can function in this way has been observed by other authors (Csordas, 1983; Glik, 1988, 1990).\footnote{See also Easthope (1993), McGuire (1983, 1987) and Pawluch et al. (1994a).} For instance, in describing the use of creative visualization among participants in a metaphysical healing group (MHG), Glik (1988:1201) states: "In MHGs images of light emanating from and surrounding the self protected from 'dark forces' and to some degree transformed self and others." Likewise, several of the people who participated in this research perceived changes to themselves and others as a result of their experiences with alternative therapies. For instance, Betty told me: "That was a lot of years ago and I was barely getting started.... I'm sure a different person now than to what I [was]." Likewise, Natalie said:

> I heard about that through the healing circle. Somebody mentioned to me that they were going to take it. The three in our group went and we've all completely changed.

McGuire (1987:374) contends that it is the symbolic embodiment of ideology which has the power to change people. She concludes that "...through rituals and symbols of transformation, believers experience changes in themselves and, potentially in their lives." Similarly, Csordas (1983:346,356) asserts that:
...meaningful and convincing discourse ... brings about a transformation of the phenomenological conditions under which the patient exists and experiences suffering and distress.... This movement amounts to a reconstruction of self.

Consistent with Csordas' (1983) and McGuire's (1987) findings, it was the philosophies, belief systems, and ideologies which inform the alternative models of health and healing which were key to the types of transformations of self described by the people who took part in this study. For example:

Yoga philosophy is to be basically a very good person with high moral standards. Love you neighbour as yourself that type of thing but a lot more self discipline, mental and physical discipline and to be a nice person. Treat other people the best way you can. Don't judge people and I suppose the philosophy is to improve yourself. (Hanna, emphasis mine)

While several of these people told me they had experienced personal change through their use of alternative therapies, there were differences in the degree to which different informants felt that participation in alternative therapies changed them. Some told me that using alternative therapies changed their entire lives or their whole selves. Others perceived these changes to self to have occurred primarily on the level of their personalities or their value systems.

**Change in the Whole Person** Some informants spoke about the effect of participating in alternative therapies in terms of complete transfiguration of their lives and their selves. These people felt that using alternative approaches to health and healing changed their lives in some fundamental and pervasive way. Grace put it this way:
I can only speak for myself but it has changed my life. It has changed my life. I would have probably been confined to some sort of convalescent home or home care at home if I hadn’t had gone to alternatives.

As the interviews progressed, however, it became clear that for many other informants it was not the circumstances of their lives that had changed, but that they believed that entire selves could be, or had been, transformed. For instance, Natalie told me: "We've all completely changed.... Physically we've changed. We look different, younger. We've got more vitality, more energy. We feel alive" (emphasis mine). Greg put it this way: "I know of case histories and people who actually have rebuilt themselves. She's functioning and confident now" (emphasis mine) and Roger said:

I quickly saw that it had applications for the work I was doing with the handicapped people. Just for working on the general organization of the nervous system, the musculature, the organization of the person in general, personality, all that type of thing.... One of the reasons I think that the Feldenkrais work touched me so personally when I experienced the work were some of the effects on just balancing and organizing the system, the nervous system, the person. (emphasis mine)

Consistent with the tenets of the alternative model of health and healing these people saw this change as entailing all levels of the person: mind, body, and spirit. For example, Natalie told me that participation in alternative therapies results in change to the whole person including: "their life, mentally and physically and spiritually." Likewise Scott and Hanna said:

The idea is that since you're affecting the whole nervous system and hence the whole body you can have profound physical and emotional change happening.... If I have a holistic perspective I know that I'm also working with someone's emotions and their whole self.
I work with people with MS. It's a degenerative disease and if they can see that you've stopped the degeneration, that there's some improvement it's like being given a million dollars and it gives them a new lease on life. It's not like you're just doing a physical thing. You change them emotionally and you change their attitude.

For most informants, however, the changes to self they perceived manifested around different aspects of their "personal identities" (Goffman, 1963:57). In particular, changes to personalities and value systems.

**Changes in Personality** Almost all of the people who participated in this research felt that their use of alternative therapies resulted in changes to one or more aspects of their personalities. For instance Laura felt she had gained confidence and become a more assertive person through her use of alternative therapies. In her words: "At the time I wasn't a very assertive person. I don't believe that any more about myself.... I have a lot more confidence in myself now." While Laura's perception of change to her personality was relatively circumscribed most of the others described this change as more or less all-encompassing. For instance, Pam believed that an alternative approaches resulted in what she saw as a remarkable change to her daughter's whole personality. She said:

I removed all the wheat that you could just see, the bread, the buns. I hadn't really removed that hidden wheat that's in everything and within three weeks there was a remarkable change.... Change in personality. The temper tantrums left, the disorganization left.... She was never a morning person, now she's up at quarter to seven.

Hanna believed she had become a calmer, more tolerant, more contented, and less worried person. She told me:
I'm a lot more level. When you do yoga for several years you go through different levels of experiences and you learn not to question what's happening to you. It means more contentment because you're not worried. I feel a lot more self sufficient. I don't worry about the future any more.

Similarly, Brenda believed she had become more tolerant; less judgemental and argumentative; more patient, honest; and, in general, happier. She told me:

I don't judge anybody. The other thing is happiness. I was totally miserable. That's totally changed.... Also relationships. I was always angry with something. I was never satisfied. Everything was wrong. Our lives were just bitching and complaining at each other and now we don't ever. I'm very patient. I'm not in the least bit stressful. I used to plan a lot. I used to worry a lot. And I'm really honest now.... I never used to be honest with myself.

The changes Betty saw in her personality included becoming more confident and calmer as well as less fearful and worried. In her words:

Things don't bother me nearly as deeply or the same as they would have. I'm a lot calmer, happier, healthier. I have a confidence in myself, in my ability, in my life that I didn't used to have. I've got no fears.

Jenny pointed out that it was change to the self that resulted in physical benefits for her when she said:

It's given me at certain times, I say that judiciously because at certain times it just doesn't work or whatever, a greater composure, ability to survive, openness to others and just a greater sense of wellbeing which goes through to the way I feel physically.

*Changes in Value Systems* A few the people who spoke to me felt that their use of alternative therapies resulted in a re-focusing of their priorities. In others words, changes to their value systems. I should point out that those who perceived their values
to have changed were more likely to espouse non-mainstream religious beliefs. It is important to point out, however, that they linked this change to their experiences with alternative approaches to health and healing as much as to their spiritual beliefs. As I discussed in the methodology chapter, these people see their religious beliefs as part and parcel of an alternative approach to health and healing. Brenda put it this way: "I think religion is part of alternative medicine." For example, both Hanna, who is a Buddhist, and Loraine who follows new age spirituality, felt they had changed in terms of the value they placed on material things. In Hanna’s words:

\textit{It's a completely different way of thinking.} Material things take less and less emphasis. I feel as if I've wasted so much time on things that weren't important. (emphasis mine)

Loraine expressly linked these changes in her value system to her adoption of alternative health and healing ideology. She said:

I also have to be able to say that it's only material things and walk away. The lives that I care for are more important than what's in their hand. \textit{There was a point in my life that I could have never said that.} They're only things, they do not matter. (emphasis mine)

Whether these changes were perceived to have occurred on the level of value systems, personality, and/or in the whole person, they are seen by the people who spoke to me as positive change. In short, they are becoming 'better' people. What being a better person means to these informants varies from person to person. What is important, however, is that, they see themselves as having become somehow better people than they were prior to their participation in alternative therapies. According to Lindsay:
I got my orthotics and balanced my feet and started having my chiropractic done and balanced my hips. I think it’s important for everybody to find things that help them be the best person they can. That’s why I’m exploring it, ‘cause I want to be the best possible person I can. (emphasis mine)

Similarly, Natalie told me that through the use of alternative therapies she and her fellow healing circle participants had become: "...different human beings ... much better human beings" (emphasis mine). What is most significant here is that in becoming better people these individuals were engaged in healing the self.

Healing the Self

As I discussed in chapter six, Alternative Models of Health and Healing, the notion of self-healing is an important tenet of the alternative model of health and healing espoused by the people who took part in this study. For these people, self-healing not only means the ability to relieve one’s own physical, emotional, and spiritual woes, it also means the ability to heal the self. Further, it is the ideology embedded in this alternative model of health and healing which serves as a mechanism for creating healthy self perceptions. To illustrate, a fundamental premise of alternative health and healing ideology for these people is the belief that to be healthy is to be engaged in the process of healing. Likewise, the changes to self perceived by these people to have resulted from alternative healing is experienced by them as a dynamic, rather than a static, process. According to Betty: "I’m still changing, very much so. I’m much better within myself
then I was even a year ago." Natalie also understood the changes to self she perceived as an on-going process. In her words:

They took pictures before and after. I haven’t received them yet. I’m dying to see them.... It should be permanent as long as we keep on healing.

Most conceptualized this on-going process as a search or journey. For example, Scott told me: "I was looking for my healing. It was my own search for my own healing," and Brenda said: "I started searching for ways of healing myself."

Another assumption of alternative health and healing ideology, which has implications for perceptions of self, is that seeing yourself as healthy does not necessarily depend on physical soundness as defined by biomedicine. For instance, under the medical model a lack of health is understood as "...pathology of the physical body, which is the result of the malfunctioning of parts of the body" (Clarke, 1996:303) In contrast, in her understanding of the alternative model of health, Betty defined health as:

A beautiful state of well-being on every level of your being. The physical level, your emotional level, your medical level, your spiritual level and they’re all completely part of you and all completely intertwined and you can’t really be healthy on one level if you’re not on the others.

However, she also believed that health is not necessarily dependent on the relative state of the physical level. Furthermore she identified the source of ill-health as residing on a level other than the physical. In Betty’s words:

But by no means just the physical level because actually ill-health starts on a level other than the physical and eventually manifests on the physical.
These two assumptions, that health does not depend on biomedical notions of physical soundness, and that health itself is the on-going process of healing, are inextricably linked. The alternative model of health and healing allows one to be healthy even in the face of physical problems precisely because health is the process of healing. As O'Connor (1995:28) points out: "Physical recovery may not be the most important outcome" of alternative healing.\textsuperscript{117} In Jane's words: "Health to me is a sense of wellbeing which is not necessarily a physical definition of health but just a sense of your own wellbeing." Several of the people who participated in this research perceived themselves as healthy despite the presence of biomedically defined disease or disability. For example, Laura told me: "I'm healthy right now despite the fact that I have a cold because I know that my body is strong enough to fight it." Martha perceived herself to be healthy despite the fact that she lives with partial paralysis and Randal has a strong sense of personal health despite living with HIV. In Randal's words:

> It's mind body spirit emotionally connecting it all. I'm doing that. I'm keeping that glow of health around me all the time. How to do that is to be yourself. Celebrate the completeness.

These informants have used the ideology enmeshed within the alternative model of health and healing to transform their self perceptions. This, in turn, allows them to see themselves as healthy. These changes in self perception differ from Charmaz's (1987:287) concept of the salvaged self where:

\textsuperscript{117} McGuire and Kantor (1987) and Pawluch et al. (1998a) make similar arguments in this regard.
ill persons attempt to define self as positive and worthwhile, despite their reduced ability to function.... By this time they hold little hope of realizing typical adult identities in the outer world.

They are different because the people who took part in this study have not given up hope of healthy selves because the ideology contained within their alternative model of health and healing gives them that hope.118 In telling a story about how a friend had "rebuilt herself" through the help she received from a chiropractor, Greg told me:

Rebuilt is the best word I can think of and he did it without making her take pills, without marginalizing her. Because if it's not treatable the doctors will say well you're going to have to settle for this. At least she had some hope and she had good reason for hope.

While many authors agree that a persistent appeal of alternative approaches to health care is that they offer people hope (Kottow, 1992; Stambolovic, 1996),119 there is considerable debate as to the nature of this hope. For instance, Kottow (1992) and Feigen and Tiver (1986) argue that alternative medicine is dangerous because it gives people the false hope of curing what ails them. In contrast, other authors argue that alternative therapies offer people renewed hope that they will find help for their health problems (Murray and Rubel, 1992; Stambolovic, 1996). The relevant issue for this thesis is not whether or not the alternative model provides people with valid or false hopes for a cure, rather, it is that it offers the hope of reconstructing a healthy sense of self. As

118 A recent human interest story appearing in a Canada's national newspaper described a woman who had turned to alternative health therapies to cope with cancer. The story ran under the headline "The Perfection of Hope" (The Globe and Mail, 1996, p. D5).

119 See Feigen and Tiver (1986), Murray and Rubel (1992), and Northcott (1994).
Stambolovic (1996:603) argues, the hope held out by alternative approaches to health care comes in two forms: the hope of "...different possibilities for alleviating human suffering" certainly, but more importantly from a symbolic interactionist perspective, it is the hope of subverting and "...changing psycho-social structures" among which is what we may consider to be a well role (Glik and Kronenfeld, 1989; Stambolovic, 1996:603).

For instance, Stambolovic (1996:603) maintains that:

The main contribution of alternative medicine is its role in shaping a new psycho-social model. As all narratives, medicine is not only an answer to specific issues, it is a way of constructing the world as well.

I would add that it is also a way of constructing the self. The hope of achieving healthy self perceptions is possible for these people because unlike Charmaz's (1987:301) informants who were seeking a restored self, trying to "...reconstruct ... the same sense of self they possessed before illness" (emphasis hers), these people sought to transform themselves, creating a new sense of self which they perceive as healthy.

DISCUSSION

The people who participated in this research experienced two types of identity change through their use of alternative therapies. For some experiencing alternative approaches to health and health care lead them to begin the process of taking on an alternative practitioner and/or healer identity. For others, participation in alternative medicine resulted in changes to perceptions of self. My findings are consistent with the
transformative effects of alternative therapies observed by other authors.\textsuperscript{120} For example, McGuire (1987:376) contends that "...the very rhetorics of healing in modern Western societies emphasize individual choice and transformation." Likewise, Easthope (1993:294) asserts that one of the key features of the postmodern individual is that he or she is one who is:

...reflexive and creates himself or herself through lifestyle choices. The healer's task is to reconstruct such individuals in a mode that provides them with the ability to manage their disease.

While I agree with Easthope (1993) I argue that this reconstruction of the individual does not merely enable him or her to better cope with disease, it can also enable the individual to see himself or herself as healthy. Through the use of alternative therapies they are able to reconstruct the self after damage has been done to it through social, physical, psychological, emotional and/or spiritual trauma. There is a retrospective element in this type of transformation in that these individuals are constructing a healthy sense of self through reinterpretation of their biographies. As Berger (1963:57) concludes: "...the past is malleable and flexible, constantly changing as our recollection re-interprets and re-explains what has happened." In particular they are reshaping that aspect of their biographies Goffman (1963) calls personal identity, that which is unique to the individual. Recasting their past and present perceptions of self to account for perceived changes in self from sick to healthy, from passive to assertive, from negative to positive people

\textsuperscript{120} See Easthope, 1993; Glik, 1988,1990; McGuire 1983, 1987; Pawluch et al, 1994a; and Stambolovic, 1996.
(Berger and Luckmann, 1966; Lofland and Stark, 1965). They are engaged in what Corbin and Strauss (1987:264) call "biographical work" which includes "...its review, maintenance, repair, and alteration" (emphasis mine).

What is central to both types of identity change experienced by the people who spoke with me is the ideology contained within the alternative model of health and healing. This ideology is both the motivator for taking on the identity of an alternative healer and the mechanism through which they construct a healthy sense of self. It is a new meaning system which they use as a tool to repair their biographies. Likewise, Glik (1990:160) found that amongst members of spiritual healing groups, it was through "...adoption of strong religious beliefs [that] individual dramas of change, real or imagined, are realized" (emphasis mine). While I agree with Glik's (1990) emphasis on belief systems, I disagree with her characterization of the changes experienced by her informants as imagined. People's perceptions of themselves are more than just imagination. As Thomas and Thomas (1928:572) made plain: "If [people] define situations as real they are real in their consequences." For the people who participated in this study, the changes to self that they perceive are real.

I conceptualize the types of change to self that these informants experienced in a manner similar to Berger's (1963) concept of the process of alternation (Berger, 1963). Berger (1963:54) defines alternation as "...the possibility to choose between varying and sometimes contradictory systems of meaning." Travisano (1981:244) clarifies Berger's (1963) concept in arguing that alternation refers to "...transitions to identity which are
prescribed or at least permitted within the persons established universe of discourse." They accomplish this self transformation through the use of alternative ideologies of health and healing which they adopt through interaction with alternative practitioners, healers and others who use alternative therapies. In contrast to notions of conversions where one's past identity is completely jettisoned in favour of a new identity these people have constructed a new sense of self which they incorporate within the totality of their personal biographical identities.

\[121\text{ As Berger (1963:103) maintains: 'Alternation' from one self image to another, requires the presence of a group that conspires to bring about the metamorphosis.}\

\[122\text{ See Berger, 1963 and Travisano, 1981.} \]
CONCLUSION

In this dissertation I have focused on the experiences of Canadians who use alternative therapies. I have described and analyzed how and why the people who participated in this research came to use alternative medicine; the ideology that informs the alternative models of health and healing they espouse; and the impact this ideology had on them. Amongst the findings of this thesis are that people who use alternative therapies are not marked by particular characteristics, rather they are individuals reflective of the general population. To illustrate, the persistent finding that women access alternative therapies more frequently than men is representative of how women and men use health care in general. It does not mean that women are somehow more disposed towards the use of alternative approaches to health and healing.

I found that the people who spoke with me began using alternative therapies through a variety of different points of entrée including encounters with friends, family members, and the media, amongst others. Once involved in using these therapies they developed ever-expanding networks of alternative health care composed of alternative practitioners and other individuals who use alternative therapies. Rather than forming a distinct sector within the health care system these networks permeate the system. How these informants experience these networks required a reconceptualization of the health care system to account for the fact that accessing alternative therapies (or any other form
of health care for that matter) is, at times, a difficult process. For instance, gaining access to a desired alternative therapy is sometimes problematic and the cost of using alternative therapies may prevent some people from accessing them. Towards this end I have presented an adapted model of the health care system which reflects the reality of differential access to health care through the concept of a loop which surrounds the health care system; a loop which is sometimes open and sometimes closed. I argued that a truly subjectivist understanding of the health care system also means that we must acknowledge that people use and practice alternative therapies throughout the system rather than in some specific sector of it. This is in contrast to conventional conceptualizations of the health care system which are based on objectivist distinctions which isolate alternative therapies in a sector which is distinct from allopathic medicine. This finding led me to the conclusion that the only distinction we can make between types of health care is whether or not they are regulated in some socially legitimated fashion.

Another major finding of this research is that the people who spoke to me were not seeking forms of health care which corresponded to alternative ideologies of health and healing which they apriori espoused. Rather, they sought out alternative therapies in order to solve problems for which they found little or no redress in allopathic medicine. These informants conceptualized these instances as turning points in their lives. In making sense of their use of alternative therapies these informants reinterpreted aspects of their past biographies to create a clear, linear progression towards their present day use of these therapies. This led me to conclude that aspects of people’s lives or characters which
scholars point to as predisposing factors in their use of alternative therapies are not motivating factors at all; rather, the sole predisposing factor for these informants was problem solving.

These people were not shopping for an ideology when they sought out alternative therapies; however, in participation in alternative therapies, and in interaction with others who use these therapies, the people who took part in this study began to take on alternative ideologies of health and healing. These ideologies make up two models: an alternative model of health and an alternative model of healing. These informants gave meaning to their alternative model of healing by comparing it to, and contrasting it from, what they saw to be a standard of allopathic medicine. In contrast, they gave meaning to their alternative model of health through what they saw as the distinctly alternative concepts of holism, balance, and control.

In addition, these informants did make dichotomous distinctions between alternative (healing) and allopathic (technical) approaches which led me to conclude that their dual use of alternative and allopathic health care is better conceptualized as concurrent rather than complementary use of forms of health care. At first glance this finding seems to contradict the conclusions I have drawn concerning the necessity of taking a subjectivist approach in understanding of the health care system in general and alternative therapies in particular. While these informants often see alternative and allopathic health care in dichotomous terms, they are also aware that what people consider to be alternative varies from person to person and is dependant on the socio-cultural
context. In the end, their lived experience of this ambiguity supports, rather than contradicts, a subjectivist understanding of alternative therapy use.

Perhaps the most significant finding of this thesis is that use of alternative approaches to health care can have a profound impact on individuals' subjective perceptions of self. These ideologies affected the selves of these informants in two significant ways. Some of the people who took part in this research became so committed to alternative approaches to health care that they began the process of becoming alternative practitioners themselves. For others the impact was more pervasive. For these informants the ideology contained within the alternative model of health and healing became a mechanism through which they transformed their personal selves. Through reinterpretation of their biographies they were able to create a sense of self that is healthy.

These findings contribute to the sociological understanding of alternative therapy use in general by addressing the questions of how and why people turn to alternative health care; what meaning they give to the alternative models of health and healing they espouse; and what impact adoption of these ideologies has on them. The meaning they give to alternative ideologies of health and healing, in turn, offers a solution to the dilemma of loss of, or damage to, the self in illness. That these informants use these ideologies to transform their self perceptions provides one answer to the question: what makes alternative therapies alternative?
First and foremost alternative therapies are alternative simply because the people who took part in this study perceive them to be so. I have established how these people made distinctions between alternative and allopathic approaches to health and healing based on a variety of dichotomous categories. Further, while I do not deny the similarities between allopathic and alternative approaches to health and healing, there remains a radical and fundamental ideological difference between them. Moreover, this difference in ideological content is not merely a matter of rhetorical significance, it also has real life consequences. This difference was manifest in how the people who spoke with me used alternative health and healing ideology to transform their self perceptions. To be precise, these people did not see themselves as healthy under the biomedical model of health. A self perception as healthy only occurred after they began using alternative therapies, and more importantly after they began internalizing the ideology contained within the alternative models of health and healing. Therefore, what is alternative about alternative therapies is that the meaning people give to the ideology enmeshed within alternative models of health and healing can be used by them as a mechanism for transforming themselves in a way the biomedical model of health did not allow for. To illustrate, under the alternative model of health perceiving themselves as healthy became an achievable reality as compared to the more limited prognoses for self available to them under biomedicine. This model allows them to construct a 'healthy self' which, in contrast to the biomedical model of health, is not dependant on physical soundness. For instance, according to Mishler (1981:3), one of the four presuppositions of the biomedical
model is that "...disease is a deviation from normal biological functioning." To the extent that people internalize this belief it effectively reduces the boundaries within which to perceive one's self as healthy to simple physical wellbeing. The logical extension of the biomedical model of health virtually requires damage to, or loss of, self during ill health.

Further, unlike the alternative model of health and healing, the biomedical model is not based on an understanding of health as a process; rather, it implies a series of discrete states. One is ill and through seeking out technically competent medical therapy one either recovers or one does not (Parsons, 1951). In many cases one does not and the 'sick' label sticks; as exemplified in Rosenhan's (1973) study of covert researchers who received a diagnosis of schizophrenia upon admittance to hospital and, upon discharge, were deemed schizophrenics in remission. In contrast, the alternative model of health defines health as being engaged in the process of healing. Rather than being dependant on physical soundness, health and healing are dependant on "...hard personal transformation or ... work with a healer" (Coward, 1989:47). Health, then, is a process that allows people to be healthy despite the presence of biomedically defined disease. In Coward's (1989:47) words, under the alternative model of health "...the disease is rendered secondary." This is the distinctive value of alternative therapies. Over and above what help they give people in coping with the problems they face in their lives, the alternative model of health provides an ideological means of reclaiming or repairing the lost or damaged self. Therefore, what is alternative about alternative therapies is that the meaning people endow alternative models of health and healing with can allow them to
transform their self perceptions. In simple terms, it can allow them a means of healing the self.

SUGGESTIONS FOR FUTURE RESEARCH

As is the case with every thesis, this study raises as many questions as it answers. Consistent with symbolic interactionism’s concern with the relationship between the individual and society I feel that some of the questions worthy of future research concern the implications participation in alternative approaches to health and healing have for the both the individual and social structure.

Alternative Therapies and the Individual

In this dissertation I have focused largely on the positive benefits for the individual of adopting alternative health and healing ideology. The up side of the alternative model of health is that it allows a way to change one’s perceptions of health and in the process construct a healthy sense of self. However, there is a down side. Among the negative implications for the individual of participation in alternative approaches to health and healing is that it can, as McGuire (1988) points out, make the pursuit of alternative health incredibly labour intensive. It can also make it expensive, restricting health to those with the leisure and resources to pursue it. For example, Pam’s daughter was diagnosed with several allergies and sensitivities, many of them to food. In
the following quotation, Pam describes the time, money, and effort she invests in providing and preparing food that is healthy for her daughter. She told me:

I knew that she had a lactose problem. We also knew that she didn’t like eggs so we had eliminated them out of her diet. So I said to the [naturopath] 'okay, fluoride.' He said 'basically you don’t drink the town water now.' So I truck to [another town] and bring my water in. I had to go and find toothpaste that doesn’t have fluoride in it. She’s linked to what they call the five major North American foods, corn, wheat, eggs, yeast, milk. She also reacts to chicken. I make turkey for her. I’m at the point of getting a rooster and trying rooster because from the reading that I’ve done they say that some people can eat capon and rooster capons are very hard to come by. She doesn’t like soy bean and I sort of panicked. What do I feed this child? I have the luxury of being at home with my kids so I can spend that extra time making sure that there’s baking and the menu planning. I don’t really know how a person who works full-time could manage all of this because it’s very labour intensive.

Another negative consequence for the individual comes through the alternative models of health and healing’s emphasis on taking control of one’s health and healing. As I point out in chapter six, Alternative Models of Health and Healing, taking control of one’s health and healing also means taking complete responsibility for one’s health status. This finding supports the arguments of several authors who conclude that alternative and biomedical models of health are equally reductionist where responsibility for sickness is concerned (Berliner and Salmon, 1979a, 1979b; Coward, 1989). In other words, both the biomedical model of health and the alternative model of health ignore the social factors which impact on health status when they focus so exclusively on

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the individual as the source and solution to problems of ill health (Sharma, 1992). For instance, the alternative model of health's emphasis on the power of "mind, attitudes, and belief systems" in both causing and curing illness, locates the source and solution for health problems as firmly in the individual as does the biomedical model of health's emphasis on explaining ill health through individual physiology (Lowenberg, 1992:25).

As Randal put it:

"We have to correct our thinking. I wasn't positive at all. There's a psychological background to each of these diseases. Diabetics, some of them are very similar people so they become sour people. With arthritis, some of them are very bitter."\(^{124}\)

To further illustrate, the key to achieving the wholeness and balance necessary to health under the alternative model of health, is taking control of one's health and healing. While the opportunity to take control is part of the popular appeal of alternative therapies (Kelner and Wellman, 1996; Pawluch et al., 1998a),\(^{125}\) it comes at the price of assuming total responsibility for one's health and engaging in a great deal of self-control. One consequence of being solely responsible for one's health is that therein lies the potential for self-blame for 'unhealthy' behaviour (Furnham and Kirkcaldy, 1996; Glik, 1988). For example, people feel guilty when they don't control themselves. According to Loraine:

\(^{124}\) Similarly, McGuire and Kantor (1987:236) describe an episode where a woman who participated in their research was taught to accept her paralysis as her chosen karma.

I'm feeling guilty when I mix the starch and the meat together. When I have that bag of chips that I hide from the rest of the world and sneak when nobody else is around. I know I'm being bad but I'm not as bad as I used to be. I used to have chips every night now I might have them once a week. hopefully I can even eradicate that in time. (Loraine)

When I asked Richard if he meditated, he said: "I do and I don't do it as much as I should" (emphasis mine) and Lindsay said: "I'm supposed to be taking, I'm not very good about doing this, but I'm supposed to be taking some fish oil right now" (emphasis mine).

Another negative consequence of participation in alternative therapies is that individuals often acquire stigma through use of these so-called "deviant systems of medicine" and, as a consequence, may take on deviant identities (Saks, 1995:119). The use of alternative therapies as deviant behaviour is an area of research which has rarely been studied. People who use alternative therapies have been called 'cranks' (Moore et al., 1985) and their pursuit of these therapies described as "...irrational [or] deviant illness behaviour" (Cassee, 1970:389-91). For example, Hare (1993) equates a patient's disclosure to her doctor of her use of acupuncture with the Catholic confessional. Use of alternative therapies is a 'sin' that must be absolved. He writes: "She is confessing to her physician who absolves her, even confessing his own foray into the domain of the 'other'" (Hare, 1993:40). Furnham and Smith (1988:689) suggest that the clients of homeopaths that they studied displayed more neuroses than patients of general practitioners. This led them to speculate that people who use alternative therapies may be members of a population of people who are "...perpetually disturbed." Therefore, it is
not surprising that people who use alternative therapies make efforts to "distance" themselves from other users of alternative therapies (Goffman, 1963; Low, 1996:245). For example, Sharma (1992:45) found that several of her informants:

...were at pains to stress their own views of themselves as conventional people, more than a little cautious about trying anything associated in their minds with eccentric or disreputable life styles.

Nor is it surprising that people who use alternative therapies make efforts to conceal their use of these therapies from others, especially their doctors. According to the Canada Health Monitor (1993b), seventy percent of Canadians surveyed failed to disclose their use of alternative therapies with their doctors. Likewise, Eisenberg et al. (1993), found that over seventy percent of Americans did not discuss their use of alternative therapies with their allopathic physicians.\textsuperscript{126} I have found a similar pattern in this research. For example, one woman who participated in the interviews told me:

I sort of went underground. I didn't tell [my doctor] what I was doing and I thought I won't say anything, I will play the game. I didn't want to risk it. You're still embarrassed to risk, to tell people you're doing this because people will look at you and think that you're almost a radical, you're out to lunch. (Grace)

Despite the evidence that people who use alternative therapies are labelled deviant, we still know little about how these people cope with the deviant identities and stigma conferred through use of these therapies.

\textsuperscript{126} See also Christie (1991) and Montbriand and Laing (1991).
Alternative Therapies and Social Structure

Where social structure is concerned, an interesting direction for future research pertains to the question of whether or not adoption of alternative ideology constitutes tacit membership in a symbolic community of alternative therapy users? For example, Schneirov and Geczik (1996:631) argue that alternative approaches to health and healing constitute a submerged social network movement which is a "...significant source of new meanings and identities." By submerged Schneirov and Geczik (1996:638) mean a social network movement which is "...submerged within everyday life rather than engaging in visible political activities that confront authorities." If this is indeed true, users of alternative therapies may well be members of a community in Cohen's (1985) sense of the concept which presupposes that community is not based on physical boundaries or cultural baggage.127 Instead community is conceptualized as an individually perceived entity constructed through a shared symbolic framework. In other words, people who use alternative therapies may not know each other, interact with each other, or exist in the same physical space, but they can share a common identity through their adoption of alternative ideologies of health and healing.

Finally, but not exhaustively, another area for future research concerns the implications of use of alternative therapies for both the individual and social structure. The question here is to what extent do alternative approaches to health and illness constitute a challenge to biomedical dominance? Schneirov and Geczik (1996) argue that

127 See also Talai (1989).
alternative health represents a new social movement which presents an institutional challenge to allopathic approaches to health and healing. However alternative and biomedical approaches to health and healing are both part of the larger health care system. While there are tensions between them there is also considerable accommodation. For example, there is evidence of the increasing co-option of the alternative model of health by the biomedical community (Northcott, 1994; Saks, 1994). According to Saks (1998:211):

There is not as yet a postmodern profusion of heterogeneity so much as a new way of legitimating the continuing dominance of medical authority through a strategy based on incorporation and subordination, in face of the growing challenge from complementary approaches.

Alternative practitioners are likewise increasingly engaged in becoming recognized legitimated professionals (Saks, 1995; Sharma, 1993). Among the potential perils of the efforts of alternative practitioners to become regulated professionals is that they may no longer have the power to subvert institutionalized biomedicine. Stambolovic (1996:603) argues:

In every heresy there is a tendency to emulate orthodoxy and to evolve itself into the One True Way. This is why it is so important to nurture heresy's imperfection, those parts that leave room for inquiry and change.

The co-option of alternative therapies by allopathic practitioners may also result in a decrease in the positive therapeutic benefits to be derived through participation in alternative approaches to health care. As Glik (1988:1205) concludes:
Neither the types of problems found among healing group members, nor the means by which healing takes place, nor the criteria for problem resolution, fit medical paradigms well. Attempts to 'medicalize' healing practices by employing them in clinical contexts may rob these practices of their effectiveness. Current interest in spiritual healing for adherents may lie in its rich symbolism, dynamic ritual forms, supportive social context, and the possibility of experiencing 'healing'.

I conclude this thesis by adding that the co-option of alternative therapies by the allopathic medical community may also divest the alternative model of health of its power to transform the self.
BIBLIOGRAPHY


Bauer, G. (1997b). *Bloom 'n Gales Aromatherapy/Massage/Far Candling* [advertising flyer]. (Available from Gail Bauer 3487 Hwy. #6, Mount Hope, Ontario, L0R 1W0).


Levin, J. S., and Coreil, J. (1986). 'New age' healing in the U.S. Social Science and Medicine, 23(9), 889-897.


McKee, J. (1988). Holistic health and the critique of Western medicine. *Social Science and Medicine, 26*(8), 775-784.


Wolpe, P. R. (1990). The holistic heresy: Strategies of ideological challenge in the medical profession. Social Science and Medicine, 31(8), 913-923.


APPENDIX I - THE THERAPIES

This appendix contains brief descriptions of the alternative therapies and/or healing systems used or practised by the informants who participated in this research. It is important to note that no consensus exists around how to define or describe these therapies (see chapter one, the Literature review, for a full discussion of the difficulty inherent in defining alternative therapies). In no way do I mean the following descriptions to necessarily represent what the people who participated in this research believe about the therapies. Nor do I mean these descriptions to represent definitive definitions of any particular therapy or system of healing. Consequently, I have chosen the descriptions randomly from a selection of scholarly literature, popular books, advertising pamphlets, and quotations from informant interviews. Despite the fact that there is often an overlap between the beliefs held by different practitioners and therapies practised by them, for the sake of clarity, I present them separately within the following categories: body work, energy work, energy balancing, detoxification therapy, and healing systems.

BODY WORK

Body work is based on the notion that disease is caused by the build up of emotional trauma which is stored in the musculature of the body. By manipulating the
musculature, tension and "...the chronically held traumas of a lifetime are removed;" allowing a return to health and wellbeing (Dychtwald, 1986:12).

**Rolfing and Craniosacral Therapy**

Rolfing is an intensive type of body work which concentrates on deep massage which some informants told me can be physically and emotionally painful. According to Dychtwald (1986:14):

> When the upper back is worked on, the muscular confrontation is often accompanied by strong feelings of rage and anger. Rolfed jaws release sadness; Rolfed hips release sexuality; Rolfed shoulders seem ... to tell stories of burdens and stressful responsibilities.

Craniosacral Therapy is a type of body work which concentrates on manipulation of the plates in the skull. Nora, one of the women who participated in this study, put it this way:

> I have had some experience with craniosacral therapy and it’s just amazing the effects. I’ve had about two or three treatments. It really unblocks, it releases memories. It works on manipulation of the small plate, the cranial plates which are not welded to one another. Manipulation of that has an effect, probably through the spinal collum and the nerves, to release memories. To cause memories that are almost imbedded in muscle groups to be released.

**Feldenkrais Method**

According to the Holistic Center Hamilton (1993:24), the Feldenkrais method "...is a powerful way to improve the ease, grace, and comfort of our movements."
Practitioners use "...gentle meditative movements" to help the client become more aware of "...habitual ways of moving" which are detrimental to their health and well being. Along with the Feldenkrais method's potential to improve ease of movement and body awareness, Roger, one of the informants for this study, sees potential for this method of healing to go beyond the purely physical. In his words:

It's work that's used with athletes and dancers to improve neuromuscular organization. The ease and grace of movement, that sort of thing. But then it also has, and that's where I sort of first got into it on that level with the running, but then I quickly saw that it had applications for the work I was doing with the handicapped people as well as in education and different areas and therapy and psychotherapy. Those kind of applications as well.

ENERGY BALANCING

What is common to acupuncture, acupressure, reflexology, and yoga is that each of these therapies rest on the understanding that every living thing is imbued with a life force, chi, or energy (Blate, 1982). Total well being depends on the balanced flow of this energy. "When life force ... moves either too quickly or slowly along the channels ... of the body ... symptoms and suffering soon follow" (Blate, 1982:5).

Acupuncture and Acupressure

Acupuncture has been used as a traditional method of healing in China for the last five thousand years. The intent is to "...bring about a balance between positive and negative (yin-yang) ... energy, [or qi, which] travels throughout the body by means of
pathways called meridians" (Crockett, 1996b). It involves the insertion of thin needles into the body at precise points along the meridians. The needles are sometimes jiggled to increase the healing effect (Crockett, 1996b). Acupressure is said to be similar to acupuncture in theory and practice except that the practitioner uses their hands, rather than needles, to stimulate points along the meridians (Northcott, 1994; Blate, 1982).

**Reflexology**

Foot reflexology is a system of diagnosis and healing which "...recognizes the feet to be important indicators of the health/disease of the entire body" (Dychtwald, 1986:60). For example, one informant, Hanna, told me:

> Reflexology's probably similar to acupressure where it's stimulating the reflex pads in the head, hands, and feet that correspond to all the parts of the body. There’s about seventy-two thousand nerve endings in your feet and all the body has to function through those nerves. (Hanna)

If an organ is unhealthy the point on the foot which corresponds to it will be "...very sensitive to touch" and the organ in question can be healed through manipulation and massage of the relevant pressure point (Dychtwald, 1986:60). Below Loraine describes the experience of a foot reflexology treatment she was given by her cousin. She told me:

> My cousin has gone into reflexology. She can work on your feet and honestly she'll hit spots and oh are they sore because every place in our body ends up in our feet. So she'll work that spot. She'll work my toes and I'll feel my sinuses draining.
Yoga

Yoga is a system of balancing bodily energy through stretching the body, regulating breathing, and putting the body into specific postures (Kabat-Zin, 1993).

According to Hanna:

Yoga, to our knowledge, is at least five thousand years old. The word yoga means union. It’s the union between body mind and spirit and physically it works on the endocrine system. When the endocrine system’s not functioning properly then the hormones aren’t secreting into the body, there’s an imbalance and that’s where ill health comes from. So the [yoga] postures are designed to squeeze and release, increase blood flow and hormonal supply into the system.

Healing through yoga means building up and controlling bodily energy or life force. For example:

Everything in life has a life force. In yoga it’s called prana. It means energy. Everything has it. It’s in the air that we breath. It’s not oxygen, it’s energy, in the food that we eat. And it builds up in the solar plexus region and the more you do your yoga breathing the more prana you get in there and you build it and build it until it builds up a resistance against illnesses and diseases. We call it prana yarma which means life force control. (Hanna)

ENERGY WORK

Energy workers believe that not only is every living thing imbued with energy but that a universal energy connects everyone and everything in the universe. They also believe that this universal energy can be harnessed to heal.
Reiki and Healing Touch

Reiki is thought to be based on an ancient Tibetan healing system which was revived by Dr. Mikao Usui in Japan in the mid 1800's (Brophy, 1995). It is described as a "...non-invasive drugless hands-on technique to assist you in achieving balance in the body/mind/spirit complex" (Brophy, 1995) and "...on your journey of physical/mental/emotional healing and spiritual growth" (Price, 1997). In passing their hands close to and sometimes touching the body of the client, the practitioner can transmit healing energy to the person (Fryns, 1995). According to one of the people who participated in this research, reiki is "...drawing from the power within the earth and it's used for healing" (Jane). The practitioner is merely the medium, it is the client who heals themselves. According to Marie reiki is:

...actually very ancient Tibetan healing and it's channelling the universal energy through our hands to you. It's up to [the client]. I channel the energy to you, I provide a safe environment full of love and light and a safe neutral place for you to do whatever you need to do [to heal].

Crystal Healing and Magnetic Therapy

Crystal healing and magnetic therapy are both based on the idea that ceratin stones can be used as conduits for healing energy. Each stone has different healing properties (Thompson, 1989, Crystal Eyes ... The Power of Crystals and You, 1997).

One of the participants in this research, Jane, offered to give me a crystal healing session. She asked me to sit down and hold my feet up slightly while she held two crystals at the soles of my feet. She told me that the crystals were creating a circuit of
positive energy which would course through my body. Positive energy would enter my body through my right foot, travel up and around my body, and push negative energy out through the bottom of my left foot. She also diagnosed as she treated, telling me I had had an injury to my shoulder some years ago. At the end of the session she pronounced me "...pretty okay" (Field Notes, July, 1995). As well as transmitting healing energy, magnetic therapy is thought to balance the electrical energy within the human body.

According to Loraine:

There's healing through magnets. We all have an electrical field within our bodies. Remember the test in school where the filings were all a mucky mess and you take the magnet and you go like this (mimes passing the magnet over the filings) and they all line up like good little soldiers? Same thing in your body. So magnets are a real good use in your body. I was to wear a magnet over certain [chakra] centres and I was to wear it maybe only two hours out of a day and it was to realign all of the [chakras].

DETOXIFICATION THERAPY

Detoxification Therapy is a method of healing which involves purging the body of impurities, toxins, and waste. The theory is that this prevents illness and disease as well as maintaining the body's ability to heal itself (Haas, 1981).

Ear Candling

Purported to have its "...origin in ancient Egyptian, Chinese, and North American Indian cultures," ear Candling is one of a number of ways to remove toxins
from the body (Natural Health Centre, 1997). Specifically it is a method of removing
wax and other debris from the ear canal. This therapy is meant to improve hearing,
vision, taste, smell, balance, and/or treat ear infections, sinus problems, dizziness,
itching, and headaches (Bauer, 1997b).

As I have had periodic problems with pain in my ears I was curious to
experiment with ear candling. I asked one informant, Marie, if she would give me a
treatment. She briefly explained how ear candles are made and used. A hollow candle,
widener at one end than the other, is made by wrapping cotton tape around a narrow
cylinder (ie. a pencil) which is then dipped in bee's wax. (Field notes, Sept, 1995). The
narrower end of the candle is placed in the client's ear and "...the opposite end of the
candle is lit ... creat[ing] a warm vacuum effect [which] dislodges wax and other debris
and pulls it into the unburnt section of the candle" (Bauer, 1997b). In Marie's words:

People with ear problems, they've gone through procedures of having
their ears syringed and it's rather uncomfortable. Ear candling is much
gentler. A very old ancient way of cleaning the debris out of the ear and
I usually do it twice a week apart. It's gentler ... it's safer ... it's less
traumatic.

During the treatment I lay on my side while the candle was placed in my ear and lit. As
the candle burned down I heard a rushing sound that was not unpleasant. When both ears
had been treated Marie cut open one of the burnt candles to show me the wax and dirt
that had been removed from my ear.
Fasting

Fasting, another method of detoxification, involves refraining from eating solid food and drinking only water, clear liquids, and/or fruit juices for a period of time in order to rid the body of its build up of toxins and waste. Scott, the one person who took part in this study who mentioned experiences with fasting, had mixed feelings about it as a method of healing. Initially he found that fasting made him feel better. For example, he said:

I did a seven day juice fast. There's this idea that when you are fasting and giving your body a break you can actually get more energy. I wanted to see what that was like and see if it was a way of getting more in touch with my body. It actually worked. I became aware of how my body gets hungry and then the hunger would just go away and it would come at regular times. Because I was just focusing on my hunger and focusing on my body it brought me back into my body. The other thing that was happening was there was the process of detoxification particularly around excreting stuff. At one point during this fast ... I just got this incredible bunch of energy ... for like twenty-four hours.

However, he told me that he began to notice that friends who were fasting or on restricted diets appeared unhappy and sickly. This made him question the long-term efficacy of healing through fasting and concluded that healing lies in listening to your body rather than adhering rigidly to any particular regime. In his words:

You end up with people who are radical vegans and macrobiotics who are extremely resentful of the world because they're so miserable. That just changed everything for me. I stopped being a vegetarian. I stopped worrying about my diet. I started to eat what I want and ever since then that's been my approach to healing in terms of diet and physical things. I just listen to my body as much as I can. There have been times that I've craved fasting or I just haven't felt like eating so I don't eat.
HEALING SYSTEMS

The following are healing systems rather than individual therapeutic techniques. What is common to all these healing systems is that they all claim to be holistic, both in ideological and practical terms. Holistic here means a concern with healing the whole person - mind, body, and spirit (Lu, 1991; Craig, 1988; Hoffmann, 1988; Porkert and Ullmann, 1988).

Homeopathy

Homeopathy was developed "...in the early 1800's by Samuel Hahnemann, a German physician" (Northcott, 1994:493). It is a system of healing based on the "...law of similarities" or the principle of like cures like (Craig, 1988). For example, if someone has a fever, rather than giving them a remedy to reduce their temperature, a homeopath would prescribe a minute dose of something that elevates their temperature. This in turn stimulates the body's ability to heal itself. In one informant's words:

I think that homeopathic medicine can be very important, can be very effective in enabling, bolstering your own body's process of trying to heal all the time. (Scott)

Homeopathic remedies most often come in the form of tinctures, granules, or tablets which have either an alcohol or lactose base. "Any substance might potentially be used Homeopathically, but most remedies are natural substances made from vegetable, animal, or mineral sources" (Craig, 1988). These substances are diluted over and over
(up to $1,000,000,000,000,000,000,000,000,000$ times) until only the minutest traces of the substance remain. What remains of the substance is "...potentized by vigorous shaking at each step of the reduction or dilution" (Craig, 1988).

**Chiropractic**

Chiropractic developed out of Osteopathy which views "...disease as primarily a result of problems with the skeletal and muscular systems resulting in obstruction of circulatory system" (Northcott, 1994:494). Specifically, chiropractic therapy is "...focused more exclusively on the spine" (Northcott, 1994:495). It is believed that disease is a result of misalignment of the spine and that manipulation and readjustment of the spine serves to bring the person back to health and well-being (Northcott, 1994). According to the Ontario Chiropractic Association brochure *Facts About Chiropractic*:

> Chiropractic is the science which concerns itself with the relationship between structure, primarily the spine, and function, primarily the nervous system, of the human body as the relationship may affect the restoration and preservation of health. (Clarke, 1996:349)

While chiropractors concentrate on the spine in general, many also use nutrition, homeopathic remedies, and lifestyle counselling amongst their therapeutic modalities. This is no doubt due to the fact that until very recently most chiropractors in Canada held dual classifications as naturopaths (Clarke, 1996).
Naturopathy

Naturopathy is based on a belief "...that health and illness are both natural components of a total human being - spirit, body, and mind" and that the person has the ability to heal themselves (Clarke, 1996:351). Sickness is conceived of as a signal from the body that the person is in a "...healing crisis" and therapy focuses on "...stimulating the individuals's vital healing force" (Clarke, 1996:352). Naturopaths stress "...natural, drugless healing" and make use of a number of different therapies including homeopathic remedies, nutrition, herbal remedies, massage, yoga, and lifestyle modification (Northcott, 1994:494).

Chinese Herbal Medicine

There are four main categories of Chinese medicine: "...Chinese herbalism, Chinese food cures, Chinese acupuncture, and Chinese manipulative therapies" (Lu, 1991). They all rest on the assumption that "...all things in the animate and inanimate world are ... dynamic interactions" (Porkert and Ullmann, 1988:73). In terms of health Chinese medicine sees the individual as "...a constellation of energy rather than a physical body which is inhabited by a soul or spirit" (Porkert and Ullmann, 1988:84). Disease is conceptualized as a disturbance in the harmonious balance of energy which is the human being (Porkert and Ullmann, 1988). Amongst the causes of disease are:

external factors (wind, cold, summer heat, dampness, dryness, and fire),
internal factors (joy, anger, worry, thought, sadness, fear, and shock),
and two other causes which are neither internal nor external, fatigue and foods. (Lu, 1991:31).
Herbal decoctions, in conjunction with other modalities within Chinese medicine, serve to restore harmony or health to the individual.

**Herbal Medicine**

According to Hoffmann (1988:7), "...herbalism is practised holistically." While drugs made from plants have been used in allopathic medicine since its beginnings, herbalists argue that isolating the active ingredient from an herb or plant is reductionist and decreases the healing potential of the remedy. Like homeopathy and naturopathy, herbalism rests on the assumption of self-healing. According to Hoffmann (1988:19):

> The person who is 'ill' is in fact the healer. Aid can be sought from 'experts'... but ... healing comes from within, from truly embracing the life that flows within us. Herbs will aid in this process, but healing is inherent in being alive.

The aid in question here is decoctions of various herbs and plants. Simon, one of the people who participated in this research, told me about how he is suspect of the increasing commercial production of herbal remedies. In describing the latest miracle cure available at Shoppers Drug Mart he said:

> It's a concoction of many herbs that's supposed to promote energy health well being.... I've got the pamphlet that says what's in it ... you can't mix all those herbs together.... you're just causing one to counteract the other and there's no effect.... The [herbal mix has] to be balanced and a lot of this commercial stuff isn't balanced.... You don't know how old the herbs are.
Christian Science Medicine

Christian Science Medicine is a spiritual healing system which rejects allopathic medicine. According to Mary Baker Eddy (1934:109-123), founder of the Christian Science religion: "The term Christian Science ... designate[s] the scientific system of divine healing [and] reveals incontrovertibly that mind is All-in-all, that the only realities are the divine Mind and idea." The Christian Science approach to healing can be summed up in the following four principles:

1. God is All-in-all.
2. God is good. Good is Mind.
3. God, Spirit, being all, nothing is matter.
4. Life, God, omnipotent good, deny death, evil, sin, disease.
   (Eddy, 1934:113)

In other words, illness and disease are seen as errors of the mind. Only through prayer and divine intervention can they be corrected and the person returned to health.

According to Randal, an informant who grew up in a Christian Science household:

Christian Science was a good experience for me. And there was always testimony of healing where you can sit and listen to testimony and how you saw it interact in your life. You sort of shared in conducting that experience and where you found quotes within the bible or within Science and Health that would help you along that turning point. I heard stories of people getting over cancer, people who were born blind seeing without glasses. I remember listening to lecturers talk about the healing process.
The Results System

The results system is a program of healing which incorporates elements of Therapeutic Touch, energy work, nutrition, detoxification therapy, metaphysical healing, and Creative Visualization as healing techniques. According to Natalie:

The results system is a system to heal your mind, body, and spirit all at once. And within four or five sessions a person can be healed by conversation and by healing of the hand and by their belief system.

When Natalie refers to healing their belief system she means using Creative Visualization and affirmations to replace negative thought patterns with positive ones (Achterberg, 1985). The healing process involves determining if there are blocks impeding the flow of energy within the person. According to Natalie: "If the chakras are blocked for any reason due to stress, illness, disease. These have to be opened before you can possibly help this person." According to Dychtwald (1986:87-89), there are seven chakras along the body:

The root Chakra, located at the base of the spine; relates to ... primitive energy, and basic survival needs ... Spleenic Chakra, located at the level of genitals; relates to sexual drives and ... interpersonal relationships ... Naval Chakra, located at the navel; relates to raw emotions, power drives, and social identification ... Heart Chakra, located over the heart; relates to feelings of affection, love, and self expression ... Throat Chakra, located at the front of the throat; relates to thought communication, expression, and self identification ... Brow Chakra, located in the space between the eyebrows; relates to the powers of mind and heightened self awareness ... Crown Chakra, located on the top of the head; relates to the experience of self-realization or enlightenment. (emphasis mine)
Natalie described to me how blocked chakras are detected and corrected:

Kinesiology is also involved in this. It's part of the results system. So each time you do this you can check with their fingers, baby finger and thumb touched together, whether that chakra is really open or not. If the fingers fly open as you pull your clients fingers apart then you know that chakra needs to be opened. Once you open the chakra then you come back and touch that part of the chakra with your hand just gently and then do the fingers of the client and see if they're still open. If they stay tight you know you've got it open. (Natalie)

Once the chakras are opened healing with therapeutic touch can begin. In Natalie's words: "Once those are all cleared you can go forth and try to heal this person with your hands." The results system also incorporates the notion of harnessing universal energy to help the person heal themselves. According to Natalie:

First you intune yourself. You stay quiet and have the person stay quiet and you say to yourself 'please tune me into my higher self. My intent is to heal this person through universal energy' and then you put your hands above their head, about two, three inches away from them and you hold them there and then you go over the entire body and you can feel different spots in their body where they have a problem. It's like a vibration comes to your hand, heat sensation or a prickling of the fingers, something like that. After you do them many times you know what's going on.

Finally, the results system is based on the metaphysical belief that a higher power is guiding the healing. In Natalie's words:

There's somebody directing this. It could be spirits, it could be angels, but above all that there is one person like a god. But they may call it a different name.
APPENDIX II - FLYER

THE USERS OF ALTERNATIVE HEALTH THERAPIES STUDY 1995
REQUEST FOR INTERVIEW PARTICIPANTS

My name is Jacqueline Low and I am a PHD student at McMaster University in the department of sociology. My doctoral thesis focuses on the experiences of users of alternative therapies.

While there has been a great deal written about holistic/alternative therapies themselves and holistic/alternative practitioners, there has been little work which focuses on the people who use them. In an attempt to fill in this gap in our understanding I would like to talk to people about their experiences with holistic/alternative therapies; how they came to use them, why they use them, etc.

I would use face-to-face interviews of about an hour in length. The interviews would take place at your convenience, at a location of your choice, and would remain anonymous. You may stop the interview at any time and would not be under any obligation to answer any questions you are not comfortable with.

If you are interested in participating in an interview please call me at 522 1426. I have an answering machine and am prompt about returning messages. If you are not interested but know someone who would be please pass this notice on to them. Thank you.
APPENDIX III - CONSENT FORM

THE USERS OF ALTERNATIVE HEALTH THERAPIES STUDY 1995
CONSENT FORM

I agree to participate in a study on the users of alternative health therapies. This research is being carried out by Jacqueline Low for completion of a PhD thesis in Sociology at McMaster University. She will answer any questions I have concerning this study. I understand that she can be contacted at (905) 522 1426 or by message at the Sociology Department, McMaster University, (905) 525 9140 Ext. 24481. The faculty supervisor for this study is Dr. William Shaffir who may be contacted at the Department of Sociology, McMaster University, (905) 525 9140 Ext. 23799.

The purpose of this study is to learn more about the experience of people who use alternative health therapies. The study is designed to develop an understanding of how and why people come to use these therapies, what they feel they get from these therapies, and what, if any, impact these therapies have on them.

I agree to take part in one to two interviews with Jacqueline Low as part of the study described above. Each interview will last approximately one hour and will be arranged to take place at the time and place of my choice. I also agree to allow this interview to be audiotaped.
I have been assured that all information that I provide will be treated with the utmost confidence. I understand that all identifying information will be removed from the interview material and that this information will be used for research purposes only. No individual will be identified in any way in the research report. A summary of the research findings will be sent to me when the study is complete.

I understand that I may refrain from answering any questions asked in the interview and that I may withdraw from the study at any time. In the event that I withdraw from the study I understand that any notes or tapes pertaining to my interview will be destroyed.

I have read the consent form and agree to participate in this research.

Name __________________________________

Signature __________________________________

Date ____________________________________