

ABSTRACT

BRENTON, JOSLYN. "It All Seems So Simple Now": The Use of Complementary and Alternative Medicine for Sense-Making. (Under the direction of Michael Schwalbe).

The practice of complementary and alternative medicine (CAM) in the United States has grown rapidly since the mid-1970s. But why are people attracted to these alternative practices and therapies? Drawing on social-psychological theory, this study explores people's CAM use in the context of the shortcomings of conventional medical encounters. In-depth interviews with 20 CAM users reveal that people use two key concepts found in virtually all types of CAM, mind-body connection and vitalism, as resources for therapeutic sense-making. People use CAM to make sense of physical problems such as debilitating back injuries, as well as non-physical problems, such as divorce and eating disorders. A gender pattern in CAM use is also examined. Drawing upon feminist theory, this study makes a significant contribution to a much needed understanding of how and why women's and men's CAM use differ. Women's CAM use is seen as an attempt to *reinterpret the conditions* that cause their suffering, while men's CAM use is seen as an attempt to *change the conditions* that cause their problems.

“It Seems So Simple Now”:
Complementary and Alternative Medicine as a Resource for Sense-Making

by
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A thesis submitted to the Graduate Faculty of
North Carolina State University
in partial fulfillment of the
requirements for the Degree of
Master of Science

Sociology

Raleigh, North Carolina

2009

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DEDICATION

To my life partner, Peter Kelly. Thank you for loving me with the utmost respect, patience, and admiration; challenging my intellectual gaps; filling my belly with savory food; running a vacuum; and caring for our son. That I am eternally indebted to you is something for which I am grateful. You are the living embodiment of the potential that awaits all men.

BIOGRAPHY

Joslyn Brenton was born in Franklin, Maine. She received her bachelor's degree in Sociology from the University of Maine in the winter of 2001. After graduation she signed on with the Peace Corps and spent the next two years teaching English to high school students in a small village in Guinea, West Africa. In the winter of 2005 Joslyn moved to Washington, D.C. where she worked in education and international development. In D.C., she met her partner Peter Kelly. They moved to Raleigh, North Carolina together in the fall of 2006 where Joslyn began her graduate studies. In June of 2008 Joslyn gave birth to the light of her life, her son, Quinn Brenton Kelly. Joslyn is currently in her third year as a doctoral student at North Carolina State University. Her research interests include social-psychology and social processes in the construction and definition of health and illness.

ACKNOWLEDGEMENTS

Perhaps the most important people I can thank are my family. Sociologists know all too well the impact a family's encouragement has on future outcomes. To my mother for correcting my English when I was little, and for being determined that her girls would go to college. To my father for always asking how my day was, and for telling me that what I do is important. Lastly, I am indebted to my sister for being my constant role model, and for forging the path as the first woman in our family to get a Master's degree.

To my two confidants Sarah Rusche and Kris Macomber, this thesis started with the ideas we kicked around. Thank you for lending your ears during those long phone calls when I needed help making sense of my data, and for your helpful comments on my first draft. I am inspired by you both, the fierce intellectual sociological women that you are.

In my academic sphere, I am indebted to my committee members, Maxine Thompson for her review and comments, and Ron Czaja for his comments and feedback on my survey. Most importantly, I would like to thank my committee chair Michael Schwalbe. Michael is truly a mentor in every sense of the word. I thank him for the enthusiasm he showed for my project, the hours he spent revising numerous drafts, and his patience in teaching me how to interpret the story my data had to tell. It is true Michael, you were the least likely person to chair this thesis—but you kept me honest.

And to Peter. Although I could have, I would not have wanted to embark on this journey without you. To know that I *could have* is to feel powerful. Having a choice to do otherwise is a privilege.

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INTRODUCTION

The practice of complementary and alternative medicine (CAM) in the United States has grown rapidly since the mid-1970s. Chiropractors, acupuncturists, reiki practitioners, and massage therapists, to name a few, offer alternatives to Western scientific medicine (Gordon 1988). A landmark study conducted in 1990 revealed 33.8% of people surveyed used at least one form of alternative therapy in the past year (Eisenberg et al. 1998). By 2002, this percentage had almost doubled (Barnes et al. 2004). But why are people drawn to these alternative practices and therapies? What do complementary and alternative therapies offer that biomedical therapies do not? To answer this question CAM must be seen in its historical, political, and social context. The current study takes up a small piece of this task by asking *how* people use key concepts found in virtually all types of CAM to make sense of their health problems. What CAM offers, as the present study shows, are resources for therapeutic sense-making, often needed when traditional scientific medicine fails.

COMPLEMENTARY AND ALTERNATIVE MEDICINE

Though the development of the umbrella term CAM is relatively recent, the use of certain alternative healing therapies and medicines in the United States, including naturopathy, homeopathy, and chiropractic, date back to the nineteenth century (Winnick 2005). By the late 1800s, however, physicians practicing allopathic medicine used the political strongholds they had acquired to successfully de-legitimize the former as non-scientific. Homeopaths and naturopaths were denied access to emergent medical associations as they failed to conform to new licensing and medical school practices that reflected the new scientific order

(see Paul Starr 1982). The hegemony of the biomedical model in theory and practice would not be challenged until the 1960s when a counterculture of consumers expressed dissatisfaction and skepticism of modern medicine (see Berliner and Salmon 1980).

By the mid-1970s alternative health practices resurfaced and gained popularity. Several reasons for the reemergence of CAM into lay health practices have been posited. These include the advent of consumer advocacy groups, an emergent ideology that stressed treating the “whole” person, a crisis in federal financing of health care, the establishment of HMOs, an awareness of the limits of modern medicine, the connection of disease and illness to environment, as well as the commodification of health and the idea that civic disengagement has led to the “privatization of purpose” (Winnick 2005; Goldstein 2002; Berliner and Salmon 1980; McQuaide 2005).

In 1993 Eisenberg et al. published the results of a landmark study on CAM use in the United States. Their survey of 1,500 people revealed that 34% of respondents had used at least one CAM modality in the past year. Five years later, a follow-up study by the same authors (Eisenberg et al. 1998) found the percentage of people using CAM had increased to 42%. By 2002, Barnes et al. found that 62% of respondents had used CAM at least once in the past year. In response to its growing popularity, Congress established the Office of Alternative Medicine (OAM) in 1992. In 1999 this branch was expanded and renamed the National Center for Complementary and Alternative Medicine (NCCAM a), whose main objectives include the ability to “disseminate authoritative information to the public and professionals” (NCCAM b). The NCCAM defines complementary and alternative medicine as:

[A] group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine. Conventional medicine is medicine as practiced by holders of M.D. (medical doctor) or D.O. (doctor of osteopathy) degrees and by their allied health professionals, such as physical therapists, psychologists, and registered nurses.

(<http://nccam.nih.gov/health/whatiscom/>).

In the context of health and healing, the words “complementary” and “alternative” are juxtaposed with theories and practices considered to be conventional medicine (synonyms for the conventional medicine include allopathy, Western, mainstream, orthodox, regular medicine, and biomedicine). In other words, there is *something* these medicines and therapies are complementary and alternative *to*. In the United States, the biomedical model guides conventional definitions of disease and illness, while simultaneously influencing approaches to health maintenance and recovery.

Two defining features of the biomedical model are: (a) reductionism, the idea that complex phenomena are derived from a single primary principle (Engel 1977:130); and (b) Cartesian dualism, the assumption of a fundamental opposition between spirit and matter, mind and body, real and unreal (Scheper-Hughes and Lock 1987:8). The biomedical perspective thus treats the body as a machine that is either running well, or showing symptoms of disease.

Health and healing practices that do not embody the tenets of the biomedical model are thus conceived of in two ways. Practices adapted to or used in addition to the biomedical

model are considered “complementary.” Conversely, practices based on healing philosophies incongruent with the biomedical model are considered “alternative.” In an attempt to organize the CAM practices and medicines into a coherent framework of healing practices, the NCCAM has grouped CAM practices into five theoretical domains: whole medical systems (e.g., Traditional Chinese Medicine and Ayurveda); mind-body (e.g., yoga); biologically-based (e.g., herbs and vitamins); manipulative body-based (e.g., chiropractic care); and energy medicine (e.g., reiki and therapeutic touch). Some types of CAM, such as vitamin therapy and chiropractic, are more compatible with conventional medicine because they deal with observable physiological processes. Other practices, such as reiki, are based on healing systems that are incongruent with the biomedical model because they invoke entities and processes unrecognized by Western science.

Although the various theories that underlie the therapies and practices that constitute CAM vary considerably, they share at least one commonality: a holistic perspective toward health and healing. In this view, health outcomes have myriad causes. A primary feature of a holistic perspective is the assumption of a unity between mind, body, and spirit. Illness and disease thus have roots that extend beyond biological sources (Berliner and Salmon 1980). This “mind-body-spirit” catchphrase posits a complex connection among the three. The goal of holistic therapies and practices therefore is to harmonize the social, psychological, and spiritual aspects of health (Barrett et al. 2003).

Another key feature of a holistic perspective is its conception of the body. The holistic perspective sees the body as comprised of material as well as immaterial parts, defined as an intelligence or mind, soul or spirit, or a vital force or energy (O’Connor 2000). Belief in a

vital force or energy is known as vitalism, which is a key component of nearly all types of CAM. In this view the human body is “animated and sustained by a special type of force, energy, or essence which may in turn be connected with a universal or cosmic source or reservoir” (O’Connor 2000:51). The holistic view thus contrasts with the biomedical model, which “sees the body as a machine, and disease as a consequence of the breakdown of this machine” (Engel 1977:131).

In the United States, people who are sick typically consult physicians who practice under the aegis of the biomedical model to treat disease and illness. Thus researchers are left to wonder: Who uses CAM and what are they using it for? Several studies have provided some insight into these questions. CAM use is more common among women than men (Eisenberg et al. 1998; Wootton and Sparber 2001; Barnes et al. 2004). CAM users also tend to be educated (Astin 1998; Wootton and Sparber 2001; Barnes et al. 2004), middle aged (Eisenberg et al. 1998), and affluent (Eisenberg et al. 1998). People use CAM for a variety of health conditions, ranging from chronic back and neck pain to psychiatric and neurological problems, as well as terminal illness, such as cancer and HIV/AIDS (Institute of Medicine 2005:45). Reasons for CAM use are also varied. Some CAM users are simply looking to experiment, while others were seeking relief from chronic pain. Studies show that some use CAM because they have become disenchanted with the one-sided communication in traditional medical encounters and are skeptical that biomedicine can effectively treat their problems (for a review, see Institute of Medicine 2005:52-54).

Despite a wealth of descriptive studies about who uses CAM and what they report using it for, little is known about *how* CAM works for people. That is, what is less understood about CAM use is how people interpret the meaning of CAM in the context of their health problems; processes in the negotiation of CAM use against the backdrop of a hegemonic biomedical approach to healing; and processes involved in the initiation and discontinuation of CAM use.

In 2005, the Institute of Medicine (IOM) (2005) issued a call to understand processes in CAM use. Specifically, they called for more research on the social and cultural dimensions of illness experience, health care-seeking processes and preferences, and practitioner-patient based interaction. The present study seeks to fill this gap, specifically by looking at how people use CAM and its associated philosophies to make sense of their health and illness experiences.

A Social-Psychological Approach

A social-psychological perspective can help us better understand the appeal of CAM. A symbolic interactionist perspective is especially helpful for understanding how people make sense of their lives through their interaction with others and by drawing on cultural frameworks of meaning to help define situations and thus make sense of the world. Blumer (1969:79) maintains that “human interaction is mediated by the use of symbols, by interpretation, or by ascertaining the meaning of one another’s actions.” Making sense of one’s experiences is a key component of being human. Giddens (1984) refers to the need to make sense of one’s world as the need to maintain ontological security, or the belief that one

can exercise autonomy of bodily control and that life is essentially predictable. In terms of health, Antonovsky (1987:19) refers to the need to understand one's life as meaningful, to maintain a "sense of coherence." Antonovsky defines a sense of coherence as:

a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable, and explicable; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges, worthy of investment and engagement.

For Antonovsky, the extent to which one feels a sense of coherence influences her or his ability to cope with health problems. From this perspective, one's health status exists on a continuum where those with a high sense of coherence are more likely to be healthy than those with a low sense of coherence.

The global orientation (or sense of coherence) Antonovsky speaks of is contingent upon one's ability to draw upon a framework of shared cultural understandings to interpret new and old experiences. In terms of experiencing and making sense of health problems, conventional Western physicians provide our culturally hegemonic understandings of disease and illness. That is, conventional physicians are vested with the cultural authority to define health and identify treatment options (Telles and Pollack 1981). Physicians are sought out to "make patients sick— legitimate their sick status— as well as make them well" (p. 244).

People who are experiencing health problems thus do not usually expect to be told by a physician they are not really sick (Shriver and Waskul 2006).

In encounters with conventional physicians, patients draw upon shared understandings of normal bodily functioning in an attempt to successfully present (Goffman 1959) themselves as sick (Radley 1994). But what if no diagnosis is available, either because the symptoms are not patterned or because technology fails to detect a problem? The experience of symptoms in the absence of a legitimate explanation can leave one feeling confused and anxious, a state Antonovsky (1979) calls “dis-ease.” Such conditions, according to Shriver and Waskul (2006:467), often “evoke an anxious yearning to make meaning.”

Although quantitative studies and descriptive statistics on CAM use abound, there are few qualitative studies on this topic. There are even fewer concerned with understanding how people use CAM to make sense of their health problems. Kaptchuk and Eisenberg (1998) suggest that “alternative medicine offers a person threatened by illness or disease a connection with a fundamentally benign, lawful, coherent, potent and even meaningful powers” (p. 1062). These authors do not, however, examine why such a connection may be important for someone suffering from illness. Foote-Ardah (2005) found that people living with HIV used CAM to regain personal control over medication regimes, which enabled them to feel efficacious. In another study of persons living with HIV, Pawluch et al. (2000) found that people used CAM to reframe their illness as having divine meaning or positive transformational qualities. Although these studies illustrate the therapeutic nature of CAM use, they do not shed light on *how* various aspects of CAM help people reframe illness as making sense.

The current study is an attempt to gain more insight into how people use complementary and alternative medicine. The key findings are: (a) many people used two CAM concepts, the mind-body connection and vitalism, to reinterpret and make sense of their physical problems; (b) these concepts were often used to make sense of non-physical problems; and (c) women often used CAM to reinterpret problems linked to their lack of power. These findings add to a growing body of literature on CAM, and specifically to an understanding of processes in CAM use.

DATA AND METHODS

Between August and December of 2007, I conducted 20 in-depth interviews that constitute the basis for this study. This is a purposive sample comprised of participants I recruited from a yoga studio, an acupuncture clinic, and an ad I placed in a local independent newspaper, all located in a medium-sized city in the southeast United States. I solicited participants from the yoga studio over the course of a week. The owner of the acupuncture clinic solicited participants after each session over the course of two weeks, and I contacted interested participants via email. During this same time period I placed an ad in an independent paper asking for volunteers to participate in a research study for people who use “alternative health practices.” All interested participants filled out an initial screening questionnaire (see appendix A) regarding the number of alternative health practices they had used in the past 12 months.

A 12-month timeframe is consistent with past studies of CAM use (Barnes et al 2004; Ni et al. 2002; Eisenberg et al. 1993; Eisenberg et al. 1998; Astin 1998; Paramore 1997). A list

of the most popular types of complementary and alternative therapies and practices were provided on the questionnaire. Due to the number of modalities considered to be CAM, blank spaces were provided for people to report therapies and practices not listed. I collected questionnaires from the yoga studio. Questionnaires from the acupuncture clinic were mailed to me by the owner. Potential participants responding to the newspaper advertisement received (and responded) to the questionnaire via email.

Criteria for participation included using three or more therapies and/or practices in the past 12 months. This cutoff was established so as to obtain participants who used CAM regularly. Participants were selected based on the number and type of therapies and practices they had used in the past 12 months. To obtain a diverse sample that would be representative of the wide range of CAM therapies, I chose participants who used one or more of the five designated types of CAM therapies identified by the National Center for Complementary and Alternative Medicine. These are: Whole Medical Systems; Mind-Body Medicine; Biologically Based Practices; Manipulative and Body-Based Practices; and Energy Medicine (<http://nccam.nih.gov/health/whatiscam/>). Because they represent the minority of CAM users (IOM 2005), I oversampled men.

Interviews were conducted using a semi-structured interview schedule and were held in a location suggested by the participant. Six interviews were conducted at the home of the participant, seven at a local library in a private study room, three in a work office, and four at yoga studio. Interviews ranged from 30 minutes to 2 hours and 40 minutes. The average interview lasted 1 hour and 27 minutes. After the interview, participants were asked to fill out a brief demographic survey (see appendix B).

Participants included 14 females and 6 males (n=20). Participants' ages ranged from 24 to 57 years of age, with the average age being 42. Three participants identified themselves as being of mixed racial make-up and seventeen participants identified themselves as white. Three participants reported attending some college, eight had completed college, and nine had graduate degrees. Household income ranged from \$10,000-150,000 or more. The modal household income category was \$40,000-\$49,999. The median household income category was \$70,000-\$79,999 (appendix C). The number of therapies/practices participants reported using in the past 12 months ranged from 3 to 12, with the average number being 7.

Interviews were recorded and transcribed verbatim. Interviews were analyzed using a combination of grounded theory (Glaser and Strauss 1967) and analytic induction (Lofland and Lofland 1984). Consistent with the methodology of grounded theory, I collected data and formed an analysis simultaneously. I proceeded in two different phases of analytic coding, a process of categorizing and sorting the data (Charmaz 1983). The first round of coding was a process of open coding. Open coding involves reading the transcripts line-by-line to identify and formulate any and all ideas, themes, or issues (Emerson et al. 1995: 143). All subsequent rounds of coding, or focused coding, involved a synthesis and refinement of the topics identified in the initial coding. Focused coding was paired with a process of writing analytic memos, an elaboration of ideas about the data and the coded categories (Charmaz 1983). All analytic memos were then integrated in order to develop further and elaborate on what would become the central focus of my analysis.

ON THE WAY TO CAM: FAILURES OF TRADITIONAL MEDICINE

Dissatisfaction with traditional medical encounters is one reason people seek alternative health care practitioners (Tasaki 2000; Robinson and McGrail 2004; Furnham and Smith 1988). Of the twenty people I interviewed, 60% (n=12)¹ talked about their negative experiences with traditional physicians and specialists. Four types of negative experiences were identified. One type of negative experience resulted in what I coded as “no available analysis.” These experiences occurred when a physician told the person “there is nothing wrong with you,” or when they simply did not have an explanation for the person’s problem. A second type of negative encounter occurred when physicians denied patients’ interpretation of their symptoms. A third type was characterized by a general dissatisfaction with the physician’s communication style. Lastly, some people reported being unhappy with their physician’s inability to treat the “whole person.”

No Available Analysis

The following passage exemplifies the first kind of negative experience, “no available analysis.” These were situations whereby traditional physicians could not give an explanation for the person’s health problems. Angie² was one of these people. She describes her chronic struggle with constipation:

¹ Of the remaining eight participants, two women discussed negative experiences with long waits in the hospital, but not negative encounters with physicians. Another woman ambivalently talked about her doctor automatically prescribing medication, which she chose not to take. One man claimed he hadn’t been to the doctor in ten years because he doesn’t get sick, and another claimed that in most cases he would try alternative routes before visiting a conventional physician. Three participants, one woman and two men, reported having amicable relationships with their conventional physicians.

² All names are pseudonyms.

And through all this, for like the past even maybe five, ten years prior [I had] chronic constipation. And [I] would always be told, “Well, females always have more constipation. Just drink more water. Just exercise.” And I’m like, “You don’t understand. I do exercise and drink water.” So no one had a solution.

Although Angie was given an explanation, it was not one that was acceptable to her. She felt her symptoms were being treated as a common type of malaise experienced by all women. Her particular experiences, including her reports of exercising and drinking adequate water, were, she felt, being ignored.

Another participant, Cameron, was likewise told there was nothing wrong with her. Her physician also chastised her for not following medication instructions:

I had been having shoulder pain. There were nights it was so bad that I had to sleep sitting up because laying down having my shoulder go back behind me hurt. So bad I went to her [family physician]. She gave me some small muscle relaxers. I was only supposed to take one and for a week. [They] didn’t do anything. So I took three one time. It kind of helped, and I went back to see her. She was like, “How’s it working?” [I said,] “You know the only thing that worked one day, cause I had to take three.” She yelled at me. She’s like, “You can’t take that many!” Blah blah blah. She just made me feel like I was a child. And I’m like “You know what, you don’t know what it’s like to not be able to move your arms!” So I went and got x-rays. Everything looked fine. I’m like, “Yeah, because

I don't know what it is, but I don't think it's in my bone[s]. I think it's—I don't know, like in between my joints. Or maybe it's muscles. I don't—I just—I don't know what it is.

Cameron's experience reflects the technical rationality of traditional medical encounters in which physicians ignore the patient's lifeworld (Barry et al. 2001). According to Barry et al. (2001:490), "The voice of medicine has doctors maintaining control within a power imbalance. As a result, the coherent and meaningful accounts of patients are suppressed." In Cameron's case, her physician ignored her loss of functioning and sleep deprivation, and asserted authoritative control over the situation.

Conventional physicians often tend to be primarily concerned with "normal functioning," "typical" cases, and readings taken from monitors and equipment (Coyle 1999: 108). This was the case for Terri, who suffered from debilitating chronic back pain:

JB: Who prescribed the physical therapy?

Terri: That first orthopedic doctor

JB: Ok, and he said, "There's really nothing wrong with you?"

Terri: He did an MRI. He said, "It's completely normal. There's nothing wrong with you. Go about your life. Go to physical therapy."

Angie's experience was similar:

[M]y allergy/asthma specialist had done the skin scratch test to see what I was allergic to and all it showed was white oak. And I'm like, "Ok, I know that I am sensitive. I mean I can't be around cigarette smoke and my eyes swell and my throat closes up. And it's not just because I *think* it stinks." It's an actual physical—but the only thing that showed on the skin prick was white oak. So then he's [physician] making me feel like I'm nuts. I mean, he didn't say it, you know. But it's implied like, "You don't really have— [a problem]"

When allergy tests revealed nothing more than sensitivity to white oak pollen, Angie felt the seriousness of her health problems was being dismissed. In addition, this experience was a threat to her identity as a "sane" person. The physician ignored Angie's experiences with allergies and instead treated the skin tests as definitive. These kinds of medical encounters—in which doctors don't take the patients' experiences seriously— can undermine people's confidence in their ability to make sense of what's happening to them (Coyle 1999:118).

Not being taken seriously can also threaten a person's attempt to claim the sick role, thus stigmatizing them as malingerers. The following passage describes another of Angie's experiences with an orthopedic doctor:

Angie: The first time I ever used chiropractic was when someone rear-ended my car. The orthopedic doctors, they were like, "Well come in and we'll look at you." And they were like, "No, you're fine." And I'm like, "Ok, I am not trying to

sound like an ad for a commercial, but I'm really, I can't turn my neck. I know I sound like this whatever. But I have no range of motion."

JB: What were you afraid you sounded like?

Angie: Like the whiplash people coming into court with their—

JB: Like you were faking?

Angie: Yes. You know, that you see in court, people with whiplash with their neck brace, only they're really only out dancing that night. And that's what I felt like when the orthopedic guys looked at me and said, "You're fine." And I knew that I didn't have range of motion, and that I was in pain, and that I couldn't even sleep because of the pain. I'm like, "Ok, I'm not fine, but they don't believe me.

And what do I do?" And so a friend of mine said, "Well I go to a chiropractor. My husband goes to him. He's great."

Consultations with physicians working under the aegis of the biomedical model are often characterized by struggles to define the situation. These interactions tend to be one-sided, with the physician typically in control (Radley 1994:89). When he told Angie she was fine, the physician denied the credibility of her pain. Already suffering physically, Angie came away from the situation with what Goffman (1963) called a "spoiled identity." Instead of being defined as a sick person in need of help, Angie was defined as a faker.

Being told "there is nothing wrong with you" can also make people feel confused and anxious. In the following passage, Mickey describes being told there was nothing wrong with her by a physician, and then her subsequent trip to a chiropractor:

JB: Where were you having pain?

Mickey: In my leg, and I couldn't [depress the] clutch anymore. I couldn't drive.

JB: So what did that initial doctor tell you?

Mickey: That "There's nothing wrong with you."

JB: And what did you say?

Mickey: "But I can't walk," you know. That's [not] a common thing. They don't have anything else to say to you.

JB: Ok. And you went to that specialist. What did he—

Mickey: And it was more or less— I don't know if it was x-rays, but I remember the tapping, and the talking in the room and not much of anything really. And [the specialist] saying, "You're fine." And then I went back to my yoga teacher and said, "What am I going to do?" I mean, I can't walk. So then I went and got acupuncture.

Despite the chronic symptoms she presented to a conventional physician and a specialist, Mickey was told nothing was wrong with her. According to a report by the Institute of Medicine (2005), one reason people gave for using CAM was desperation. This is not surprising, since CAM use is common among people with chronic health problems (Barnes et al 2004; Cherrington et al. 2003; Kroneneberg and Fugh-Berman 2002; Rawsthorne et al. 1999; Braganza 2003). Fifty-five percent (n=11) of the people in this study reported having chronic health problems that included back, neck, and joint pain, headaches, menopause and gastrointestinal issues, periodic bouts of limb paralysis, and chronic fatigue syndrome.

In the face of continuous health issues and little explanation from conventional physicians, it is not surprising that the people in this study turned to CAM for help. Knowing what is “wrong” can restore a sense of order to one’s life. A lack of an available analysis for one’s health problems can, in contrast, leave people with a variety of problems, ranging from feeling ignored, confused and anxious, to being discredited. Situations in which there is no analysis of the problem can also confer a spoiled identity upon the claimant.

Denying the Person’s Experiences

A second kind of negative experience occurred when physicians denied patients’ interpretation of their symptoms. In traditional medical encounters physicians are vested with the authority to identify and treat patients’ symptoms. However, some people wanted to participate in formulating a diagnosis. The following passage describes Terri’s conversation with a physician about her belief that she was having another bout with Lyme disease:

[A] year ago when my hip started really bothering me I went to my primary doctor here and I’m like, “You know, we could entertain the idea that the Lyme is back.” She tried to send me to infectious disease. Knight Hospital refused [her suggestion]. “We don’t believe in that diagnosis. It does not exist. We don’t treat people for that problem.” This is why I didn’t want to have the diagnosis of Lyme disease. I did not want to be labeled a psych patient. I mean I am a little crazy, but not for those reasons

Being denied one's interpretation of the problem is similar to being told "there is nothing wrong with you," in that it can spoil a person's identity, evidenced by Terri's clearly articulated fear of being stigmatized as crazy. Not being granted one's definition of the situation can also lead to self-doubt (Ware 1992), yet the immediate symptoms of chronic illness often evoke a strong desire to find meaning in the situation (Shriver and Waskul 2006). Thus being denied one's interpretation of the situation can add psychological stress to the physical symptoms one is already experiencing.

In one case, a person was repeatedly denied her interpretation of the situation. Mickey, whose leg pain led to problems with driving, visited an alternative practitioner who told her she had candida.³ The following passage describes Mickey's attempt to discuss this diagnosis with her conventional physician:

Mickey: And when I finally went back to my doctor for the next check-up, I said, "Oh by the way, I want to let you know that I totally figured it out." I said, "I just had an intestinal yeast infection. I'm better though." And you know what her response was? "We don't adhere to that. We don't believe that that's real."

JB: Your doctor said that?

Mickey: And I said, "Really?" [And the doctor says], "Because you show no signs of a yeast infection." They didn't accept that that was real. She was telling me it wasn't real.

JB: Did you tell her, "I have candida?"

³ An illness caused by excessive yeast build-up in the body.

Mickey: [nods yes]. She said, “We don’t accept that that’s real.”

Mickey was first told there was no available analysis for her problem when medical tests failed to detect a “true” problem. She was later denied her interpretation of the situation when she attempted to discuss the (alternative) diagnosis with her physician. The fate of a person’s health depends on the ability of modern technology to detect, and thus define, the very existence of a problem (Barry et al. 2001). A lack of scientific “proof” can thus lead physicians to deny a patient’s interpretation of the situation. Situations in which there is “no available analysis” and those where physicians deny the person’s interpretation are similar in their consequences. Patients often left these encounters feeling confused, anxious, and discredited.

Dissatisfaction with Physicians’ Communication Style

A third type of negative experience people had with traditional physicians resulted from physicians’ authoritarian communication styles. Despite a desire to be involved in the decision-making process, the following passage illustrates Nancy’s exasperation with a doctor who did not include her in this process:

The next thing I know I have an appointment with a surgeon for a consultation. They [doctor’s office] hadn’t told me the results of the ultrasound. They hadn’t told me what it looked like, what it probably was, they hadn’t asked me if [I] was interested in talking to a surgeon. They hadn’t said that I needed to make an

appointment with anybody. They just went ahead and did it. So I go to talk to this guy [specialist]. He comes in— he'd never seen me before— with two other doctors doing kind of a training thing, I guess. And all he said was, "Yup, it's shriveled up, it needs to come out." And I wanted to say, "Dude! It was my idea to have it checked out in the first place. I have not been told anything!"

This passage reflects the one-sided communication that often characterizes doctor/patient interaction in traditional settings (Radley 1994). This type of encounter is particularly problematic, considering that many CAM users want a higher degree of control over their health care (Barrett et al. 2003).

Victor's experience also illustrates the typical authoritarian physician many CAM users wish to avoid:

And he [traditional specialist] didn't even look at me. He walked in said "OK, [claps his hands together] this is what you got, here's what we're gonna do, here's the surgery, go talk to the nurse we'll set up the surgery blah, blah, blah."

By not even looking at Victor, the specialist failed to acknowledge him as a person first and foremost. Like Nancy, Victor had no say in the decision-making process, despite a desire to discuss treatment options for his neck problems. People who desire to have a say in identifying their problems and treatment options may understandably dislike traditional physicians who prefer to retain authority over diagnosis and treatment. Dissatisfaction with

this type of medical authoritarianism was another impetus to seek help from a CAM practitioner.

A Single Approach to Treating the Body

The fourth type of negative experience resulted from people's dislike of their physician's approach to treating symptoms as bound solely to bodily causes. This approach stands in opposition to a holistic one, which see physical symptoms as inextricably linked to mental and spiritual facets of the self (O'Connor 2000; Kaptchuk and Eisenberg 1998), otherwise known as the "whole body" approach. The following passages are representative of how CAM users perceived conventional practitioners:

Some felt that doctors are too eager to perform surgery:

Nancy: Surgeons, they're not holistic at all, you know. They just want to go straight for the "let's chop it out" solution [laughs].

In this passage Nancy contrasts physicians with practitioners of a holistic approach, implying that the former are eager to remove body parts as a first solution.

Grace was also skeptical of physicians who are eager to perform surgery. She also brings up the issue of control:

[T]hey [physicians] get people to sign these things [consent forms]. And who knows? They make a mistake when they look under the little thing [and] "Oh, cut

her breast off. Who cares!” That happens all the time. So you just have to be so careful of hospitals and doctors, what you sign, and, you know, who’s in control of you.

Like Grace, Bishop et al. (2007) found that many CAM users want to exercise control over their health processes. Grace not only disapproves of what she perceives to be physicians’ proclivity to remove body parts to solve health problems, she is also skeptical that physicians are upfront about their intentions to do so.

Other CAM users expressed concern that traditional doctors prescribe medication excessively and indiscriminately. As Layla put it:

So I would try those things [alternative health care] before I ran to the doctor just to get a prescription. Seems like they [physicians] just throw medicine around. And I don’t like taking a lot of stuff.

Robyn also saw traditional physicians as indiscriminate dispensers of medication. However, her passage reveals a desire for a type of personal encounter most conventional practitioners did not provide:

So many times you go in and it’s like [imitates conventional physician], “Ok, yup. This is what is going on. Ok. Well I’m gonna prescribe this for you. Great. Ok,

see ya.” You know, it’s like, “Yeah, I’m a person and I’m not going to be treated just like this symptom that is walking around.” It’s like, “See me for who I am.”

These passages reflect two perceptions about traditional medicine. One is that traditional physicians perform unnecessary surgeries and often prescribe unnecessary medications. Another is that traditional physicians do not treat the whole person. Robyn sums up how many CAM users in this study felt. They wanted their symptoms to be seen as a reflection of their whole being, and not merely as biological data.

In addition to being unhappy with traditional physicians’ general approach to treating the body, other sources of peoples’ dissatisfaction with traditional Western physicians included being told there was nothing wrong with them; being denied the legitimacy of one’s experiences; and physicians’ overly authoritarian communication style. People’s negative experiences with traditional physicians thus paved the way for their CAM use. Practically speaking, people left these encounters seeking relief from their physical pain. An issue of equal concern, however, was how to make sense of one’s problems. That is, people wanted to understand the source of their illness and how to prevent it from reoccurring. As it turned out, two theoretical orientations commonly found in CAM offered people new ways of understanding their old problems.

CAM AS A RESOURCE FOR SENSE-MAKING

Chronic conditions or illness can disrupt a person’s life in various ways. The physical effects of chronic illness can impair a person’s ability to present a desired self, cast doubt on

who a person thinks they are, and even “shatter any images of self held for the future” (Corbin and Strauss 1987:249). People may also feel a sense of despair and loss of a sense of coherence when their symptoms resist explanation. Ideally, a visit to the doctor’s office should help set one at ease; knowledgeable physicians should provide people with the assessments, terminology, and treatment to understand their physical symptoms. In effect, “medical diagnosis and treatment authenticates illness through officially sanctioned interpretation, definition, and labeling – a process that bestows important resources for making meaning” (Shriver and Waskul 2006:468). As discussed in the previous section, however, many of the people I interviewed did not get that type of satisfaction from traditional physicians and specialists, and so continued to seek a way to make sense of their problems. CAM gave them resources for doing so. The following analysis shows how people used two CAM concepts to make sense of their problems. These were: (a) the mind-body connection and (b) vitalism. These concepts helped people to explain their problems and reframe them as meaningful.

The Mind-Body Connection

The mind-body connection is a theoretical thread that connects a heterogeneous group of complementary and alternative practices, therapies, and medicines (O’Connor 2000). This connection is premised on the idea that the mind and body interact reciprocally. That is, the mind has the power to influence the body and, conversely, the body can influence attitudes and emotions. According to the NCCAM, the purpose of mind-body medicine is to:

Focus on the interactions among the brain, mind, body, and behavior, and on the powerful ways in which emotional, mental, social, spiritual, and behavioral factors can directly affect health. It regards as fundamental an approach that respects and enhances each person's capacity for self-knowledge and self-care, and it emphasizes techniques that are grounded in this approach.

(<http://nccam.nih.gov/health/backgrounds/mindbody.htm>).

Many CAM users found this holistic view appealing and useful. Miriam, for example, used this view of the mind-body connection, embedded in the practice of yoga, to cope with chronic bouts of paralyzing back pain:

Miriam: I had a third episode of my back. And that was the worst one. That was last— about a year ago. I just think something really shifted in my body and I just felt like, like one leg was longer and I was just having all these alignment issues. And now with my yoga practice I feel like I'm more in my body, so I don't know if it was more intense, me feeling the alignment imbalance, or if it was really because I was more imbalanced, if that makes sense? I don't know— I didn't know, or tuned into it.

JB: You had said before, you um, were more “in your body.” What does it mean to [be] more like “in your body”?

Miriam: I just feel like my yoga practice, and especially the [type of yoga], just practicing all the principles, I feel like my mind can just really tap into really

small sensations in my body a lot more. Or have just a greater awareness of different feelings in my body now. It's kind of what I mean by that. I feel like I know how to kind of move. You know, working the breath through the body, and being able to move that powerful force in my body.

The concept of the mind-body connection helps Miriam to make sense of her chronic back pain. She now understands her pain in terms of alignment issues and imbalances that, through the practice of yoga, she has learned to become more aware of. Yoga gives Miriam not only a conceptual language with which to make sense of her pain, but also hope that she can use her mind to control the pain. Her symptoms are thus rendered coherent and controllable.

Whereas Miriam used her mind to become aware of her back problems, Victor paid attention to his body to become more aware of his mind. Victor suffered from bouts of depression that at one point rendered him unable to work. He was currently taking antidepressants in conjunction with yoga and meditation to cope with this:

[M]aybe weeks, maybe months, it [depression] would start coming back, and I could feel it coming back. So that was a good thing. I think that's part of yoga and meditation that actually— before when I got in those states I didn't even realize it until I was [claps hands together] at the bottom and just a wreck. But with the yoga and the meditation, I can feel it. I can know when it's coming on and I can try to do more yoga or more meditation, try to get by it. So I'm just more aware of

what's going on. I am more attuned in my body to what's going on so I can know when things are bad and when I might need to take the Paxil⁴ and keep it away.

Mediation and yoga helped Victor to see physical signs as a warning of impending depression. Maintaining a belief that things are *under control* is one way that people make sense of their health experiences. According to Antonovsky (1987), feeling like one can control the body is essential to feeling as though life is orderly, comprehensible, and predictable. For Victor, being attuned to his body translates into being better able to control his mind. This helps him to cope with the uncertainty of otherwise unpredictable bouts of depression.

For some, the mind-body connection helped transform unhealthy or destructive habits into healthy or positive ones. This was possible by cultivating a heightened cognitive awareness of the body's needs. In the following passage Edward clearly illustrates this connection:

JB: Was it yoga that changed the lifestyle for you? You know, you said you were stressed—

Edward: I think that yeah, yoga had a lot to do with changing my outlook both in terms of how I approach life and what that meant in terms of physically eating healthier, paying attention to what my body tells me, as well as what it

⁴ A brand of antidepressant

says— what it says about, about you know, how I deal with work-related stresses and things like that.

The outlook Edward adopted from yoga helped him transform the way he made sense of several aspects of his life, including his eating habits, his body, and how he dealt with stress. Edward's solution was to cultivate a certain level of cognition; *paying more attention* to the body; *listening* to what it told him. Edward brought a heightened awareness of his body to bear on his behavior as well, helping him to clarify how he reacted to stressful situations. By linking the mind to what his body told him, Edward was able to better control his physical body, as well as his reactions to stress, in a way that made his life appear more manageable and coherent.

The mind-body concept also had implications for how people made sense of their emotions. This was the case for Yolandra, who was having back pain after a recent divorce:

We've gotten to know each other. She [chiropractor] knows I've gone through a divorce. She has suggested that in addition to my back treatment, that the acupuncture would help me sort of manage the anxiety that I've dealt with, and the added emotional baggage of a divorce. So the acupuncture is going to sort of have a dual purpose, I guess.

Divorce is an experience that can induce confusion and anxiety, along with sorrow, regret, and guilt. Yolandra thus expected to make sense of her emotional baggage through physical manipulation.

The following passage illustrates the kind of therapeutic experience designed to deal with one's emotions. In the following passage Mickey discusses the emotional relief she received from craniosacral therapy⁵:

It's 10 sessions and...it follows a certain cycle to clear the whole body with certain pathways. So wherever they are, if they're pushing along and they're clearing this ligament out— I remember the man in Texas would say, "Tell me about your mother's sexuality" when he was in one side of the body. But it [therapy] was relating things and patterns that we hold to the past— he just had all these beautiful questions and everywhere he would go he'd find something in there and then he would relate it to a real live emotion, which is how I believed.

When I asked Mickey why she wanted this therapy she replied, "If anything is out of whack, it just brings you back to your natural course." Although she was not specific about what was out of whack, clearly she believed this therapy had therapeutic benefit. "Clearing the ligament out" was a physical manipulation that, coupled with discussing Mickey's emotional patterns (presumably intertwined with her mother's sexuality), enabled her to make sense of

⁵ Craniosacral therapy focuses on the eight bones of the cranial vault in conjunction with the spine and sacrum, and the cerebrospinal fluid. Light touch creates relaxation and a sense of energy moving within your body (IOM 2005).

whatever emotions she was experiencing. This interpretation of her emotions is clearly congruent with what she had previously believed about the connection between the mind and body.

In some cases, people used the mind-body connection to deal with non-physical problems. While researchers have examined how people use CAM to cope with physical issues, less is known about how people use the philosophical underpinnings of CAM to make sense of non-medical problems. These findings suggest that CAM may be an alternative to fairly recent trends in treating mental and emotional problems with drugs (Horwitz 2002). They also suggest that CAM could complement traditional Western therapeutic traditions such as cognitive and behavioral therapy.

Relationship troubles were a common theme that emerged during the course of the interviews. Thirty percent (n=6) of the people I interviewed were divorced. Edward was one of these people. For him, concepts he learned from a yogic philosophy known as Tantra helped him to make sense of his divorce:

I was devastated. And so I went to therapy to try and cope with the fact—the rejection and you know trying to deal with well, “How do I deal with [wife] now? How am I going to live my life?” So part of what I’ve been dealing with, and still dealing with it is kind of, OK, how do I rebuild a life when the basis for it was focused on you know, this real small group of people? I was taking this [Tantric] class shortly after my wife and I separated. [The teacher] talked a lot about patterns, about the fact that people have patterns of behaviors that oftentimes,

because people are generally not self-aware, they just kind of act out of a pattern. Then she talked a lot about trying to be present in the moment—recognize where you're at, what you're feeling, [when you are] separated from that pattern or at least recognize that when you are reacting, you are reacting because of a pattern of something.

The philosophy he learned attending the Tantric classes helped Edward to make sense of his divorce-related losses, and, more importantly, his own behavior. Edward notes that most people are not “self-aware” and do not see their unintentional behavior patterns. However, thanks to CAM, he now does. Further, the Tantric philosophy allows him to feel like he can control these patterns in the future by “recognizing” when the patterns start to take over and he starts to “react” instead of “recognize.” The mind-body connection is apparent here as Edward links the cultivation of cognitive awareness with more effective actions.

Gregory also turned to yoga to deal with his marriage issues:

[A]fter we [he and girlfriend] went our separate ways I met Karen. Once we started talking about separating I felt like, “God, I got to do something.” You know. “I’m not feeling good.” So yoga was—taking yoga classes helped tremendously. Just to kind of get out of my head. [And] sort of re-focus.

Some people interpreted the mind-body connection quite tangibly, choosing to see themselves as existing too much in the mind or too much in the body. Gregory’s separation

led to his negative emotions. Thus he turned to yoga to get away from these emotions by immersing himself in bodily feelings. The analytical distinction between mind and body was a resource Gregory used to cope with his relationship problems in the hopes of ultimately arriving at a point of re-focusing, or making sense.

The data in this section suggest that people used the concept that the mind and body control one another to make sense of their experiences with both physical pain, and emotional disruption. People conceived of this connection in several ways. Some described it as being “more in the body,” or feeling “aligned.” Others described the mind becoming *more aware*, paying attention to what the body *tells* them, or being “attuned” with the body. Others used the idea that the mind and body are interrelated to make sense of their emotions. They believed that certain therapies (acupuncture and craniosacral) that involved physically manipulating the body helped to release emotions so that those emotions could be more effectively managed.

Vitalism

The concept of vitalism was a second component of CAM that people used to make sense of their problems. Vitalism is the belief that the body has an essence, such as energy or qi, which affects people’s physical, mental and emotional states (O’ Connor 2000). According to Kaptchuk and Eisenberg (1998:1062), “In this belief system, consciousness or affective states are considered to be the primary arbitrators of health.” The concept of vitalism was a resource people used to make sense of their problems when traditional Western scientific did not provide an explanation.

For those who dealt with chronic health problems, a vitalistic explanation was often used in a vague way to make sense of their otherwise unexplainable health problems. This was the case for Miriam who made sense of her back problems in terms of “stuck” energy:

JB: So what was that [chiropractor] experience like?

Miriam: Well, it’s been a really good experience so far. I just feel like— I feel like there’s parts of my body I can now access that I didn’t even realize I couldn’t access before. Like my upper middle back. I’m starting to get some more flexibility, and that area was really *stuck* for a long time.

JB: And it’s the chiropractor that sort of opened this up for you?

Miriam: Yeah. I feel like it. Cause— well, I didn’t realize that I had neck issues. And that’s pretty much what’s causing a lot of my shoulder pain and also lower back pain. They attribute it to my cervical curve [which] was basically kind of reversing and had this forward head tilt thing. And just from the x-rays they were able to look how off my neck was, and then it’s starting to curve the other way. And so now that’s it’s starting to go back.

Chiropractic is premised on the idea that misalignments of the spine can interfere with the flow of energy needed to support health (NCCAM). Though Miriam invokes Western terminology like cervical curve, she also attributes her pain to something, presumably energy, which was “stuck.” Miriam’s visit to the chiropractor legitimated her experiences, as the chiropractor was able to identify the “true” area of the pain (which she had previously

been unaware of). In addition, understanding that the energy causing her pain could be manipulated gave Miriam the feeling that she could control it. Antonovsky (1989) asserts that feeling things are *under control* is essential to an overall feeling that one's life makes sense.

Miriam also used rolfing⁶ in the hopes of curing her back problems. Here again, she uses the vitalistic notion of “stuck” energy to make sense of her pain:

JB: Had you known anything about rolfing at all?

Miriam: No, not really... And so— it's kind of— the way my rolfer described it was a blend of chiropractic and osteopathy and deep-tissue massage. And it makes sense cause the fascia basically surrounds everything in your body and even that can get stuck, and even around your organs and stuff.

The concepts associated with vitalism (e.g., energy, qi, chakras) helped people understand their problems and what needed to be done to solve them. Cameron, for example, explains how acupuncture relieved her chronic joint pain:

What I noticed about it [acupuncture]— you'll feel certain things—cause I think what your body has to do is like— if you are moving around energy in different spots and your body's not used to it. I could be wrong. You could ask her [acupuncturist]. But I don't think it's an immediate shift. I mean I think that some

⁶ In this therapy, the rolfer slowly stretches and repositions the body's supportive wrappings, called fascia, with firm and gently directed pressure, to restore normal length and elasticity to the network of deep connective fibers (IOM 2005).

things are an immediate shift cause she checks my pulses after every needle she does, because I guess that's how she can tell if your body is adjusting well to whatever point she put the needle in. But I would notice things days later. Like something didn't hurt as much a few days later.

Here the language of vitalism helps Cameron explain why acupuncture hadn't relieved her symptoms. This is important because many CAM users did not receive immediate relief from their physical symptoms from Western traditional medicine. Thus the theory (or theories) of CAM had to be able to account for this, or else this therapy would not have provided a viable explanation.

Kyle suffered from chronic fatigue syndrome. Many medical doctors doubt that chronic fatigue syndrome is real (Ware 1992). Thus Kyle had a long history of unanswered questions surrounding his illness and a vested interest in finding ways to understand his condition. At the time of the interview he had recently turned to acupuncture:

JB: What did he [acupuncturist] tell you that he would be able to do for you?

Kyle: He was very encouraging, [He said] that he thought it could help. And said he had a number of patients with chronic fatigue and fibromyalgia. And basically from whatever calmness that he would, what he would work on is, and with strengthening the [?] and through acupuncture allowing the energy in the body to flow. That it wasn't flowing well. And help with, also just help with the body being able to relax, as much with physical trauma as well as emotional trauma.

An understanding of his body in terms of energy flow helped Kyle to understand what was happening to him. The concept of energy also helped him to re-conceptualize his physical body in a way that held hope for future healing. Here it is important to note that the concepts of mind-body connection and vitalism are not mutually exclusive. This passage reflects the concept of mind-body connection whereby treating a physical aspect of the body, such as energy flow, is expected to alleviate mind states, such as emotional suffering.

The language of “energy” appeared frequently in the interviews. Bodily problems were often attributed to energy being moved, stuck, or blocked, as in Mickey’s case:

Mickey: And then I ended up later getting diverticulitis. So I always wondered if it was all connected. Cause I think that chakra takes the hit in my body. You know, some people— do you know what I’m speaking of? Energy centers?

JB: I understand where the basic chakras are, but I don’t know that much about it.

Mickey: Well if you have a— I mean, now it seems so simple. That they need to be flowing and rotating and the energy centers. You need to be open. Like if you’re like just talking simple. Your energy needs to be flowing in and throughout you. But if you have blocked, for emotional reasons— people who have heart attacks, you know, they’re just stuck right here [points to heart region where she tells me a certain chakra is located].

Mickey draws upon the terminology of the Tantric yoga philosophy to explain a series of chronic health problems, including candida and diverticulitis. She was dismissed by traditional physicians when she presented her physician with common symptoms that appeared, from a biomedical standpoint, to have no physiological source. Using the language of “energy centers,” or a system of chakras, Mickey was able to diagnose herself. Understanding her health in terms of vital energy, she has solved her health mysteries. Hence her remark: “Now it seems so simple.”

An important corollary to the idea of energy is the control it gives a person. The concept of control is an important aspect of both the mind-body connection and vitalism in terms of sense-making. If the mind can control the body, and the body can control the mind, then the mind can control the energy that resides in the body. According to these theories, then, people should be able to control what is “stuck” or “blocked” by engaging in certain activities to “unstuck” the blocked energy. Mickey explains this through her experiences with healing touch:

I like to get regular work from her [friend] and massage and the healing. And that’s what I believe in now is keeping the chakra clear. If you keep the energy centers just clear, then you feel clear. It’s like nothing’s getting stuck and everything is just flowing out.

The concept of energy gave people a new way to explain their bodily functions. People used the language of vitalism to reinterpret chronic problems in ways that made sense of what was happening to their bodies, after traditional medicine had failed to do this. It is evident from

this passage that Mickey now feels her life in under control. She sees keeping her chakras clear as something she can do to ward off dis-ease.

Like the mind-body connection, people also used vitalistic concepts to make sense of their non-physical problems. In the following passage Erika describes her experiences with craniosacral therapy:

Erika: She [a friend] did craniosacral therapy work on me, and grounding work. [She] physically like grounds your body on the massage table just like you would do with your legs in yoga. I guess it's— it is reiki too because she feel sensations in your body. Like things that— you know like my root chakra— if it's off I have stomach problems. And she'll like literally will just like rub my belly and stretch my digestion and then I feel way better about everything. Like the emotional situation in my life. And about the physical one.

JB: Yeah, so what did it bring up for you?

Erika: Like a lot about like my relationships and about what I keep attracting into my life, or not attracting. And my intentions not being clear. Like, I don't want a boyfriend, I want a boyfriend, I want something. So like putting those two contradicting things out into the universe and going, "No, I want a boyfriend, I want something steady but I'm not gonna to settle for like this because it's not everything that I want."

Erika uses the concepts from craniosacral therapy to make sense not only of both her bodily problems, but also her relationship troubles. The connection between mind and body helps Erika to understand her stomach problems as related to her root chakra, one of the seven chakras, or energy centers, purportedly located at the base of the spine (Judith 1996). Believing that she can manipulate her chakras through craniosacral work, Erika can see her problems as being within her control. She sees herself as subconsciously “putting” her contradictory wants “out into the universe.” Interpreting her unconscious actions in this way allows for the possibility that they can be *consciously* controlled. Craniosacral therapy “brings” these issues to the forefront for her to consciously examine.

Like the mind-body connection, vitalism is a key concept found in many types of CAM. People in this study used the concept of vitalism to explain otherwise unexplainable bodily problems. In one case, the concept of energy helped the person understand why a treatment wasn't working immediately. Though none of the traditional treatments she had previously used had any immediate effect, the CAM practitioner was able to use the concept of energy to explain the lack of immediate relief. Concepts such as energy and chakras not only give people a new way to understand old problems, but they also help a person feel a sense of control. In this respect, a mind-body connection and vitalism are closely related. Because the mind controls the body, and energy exists in the body, then presumably the mind can control energy fields and the like. And a sense of control is vital to feeling like one's life makes sense.

BEYOND THE PHYSICAL: GENDER PATTERNS IN CAM USE

Both women and men used concepts found in CAM to explain non-physical problems. However, women and men used CAM for different reasons. Specifically, while men used CAM to gain flexibility or cope with relationship and work stress, women used CAM to interpret relationship problems, and understand negative body image issues and low self-esteem. As will be explained later, it is not a coincidence that women and men were dealing with different types of issues. What follows is an analysis of how the women in this study used the philosophical underpinnings of CAM to reframe their experiences of being marginalized and treated poorly by men.

Women's CAM Use

The following passage illustrates how Mickey interprets her marriage problems with Maurice, who is verbally abusive, through concepts she says yoga taught her:

JB: How do you do that? If you are feeling sad, how do you maintain happiness as well?

Mickey: Well, that's fleeting. I mean, you know that it can be different.

JB: Which one is fleeting? The sadness or the happiness?

Mickey: Well, they— all of them. But, um, well there isn't anything that we need to be miserable about in life. I mean, just misery is self-inflicted. Nobody is making you be miserable.

JB: What about the misery you've experienced with Maurice?

Mickey: It was—I mean, it was *my* reaction to him. He was horrible to live with, but it's still my choice to be miserable or not. So I was always—I still was happy. It was bizarre... But I think, I think that's what yoga taught me. That's a pretty darn beautiful thing—is that there's nothing that we ever need to be miserable about.

Throughout the interview Mickey spoke of her troubled marriage with Maurice. As this passage illustrates, Mickey uses the yogic philosophy of seeing the world in terms of fleeting moments as a way to re-frame her relationship. By defining her unhappiness as fleeting, she is able to see it as something she can control. That it is fleeting means that it will come, but also that it will *go*. Her interpretation of this philosophy enables her to feel control over making unhappy “fleeting” emotions disappear by *choice*.

In the following passage Gloria uses the concept of karma to make sense of both her back pain and her marriage troubles:

Gloria: I hurt my back a while back. I got a pinched thing here [indicated lower back] that was—I think every physical ailment has to do with something with consciousness too. There is a spiritual—and actually the last time I think was a past-life thing with my husband because we were having this fight and right in the middle of this fight my back got this terrible pinched nerve in it and it went all the way around. So I was going to him [chiropractor] like, every couple of weeks or something like that.

JB: So, when you say that a health problem has to do with a past life thing, what does that mean?

Gloria: Well, everything in everyone's life is based on karma and your state of consciousness, and either it has to do with something from their past life or their current life. But this particular day, when I had this, this thing in my back— you know, as you start going through experiences, past life issues come up. It's physical ailments to work through karmically. It's not that I really totally understand the whole mechanism of it, but I have an inner awareness that this situation with my husband and this, this nerve thing in my back, was related to a past life type of thing.

Gloria makes sense of her relationship problems by attributing them to an external (karmic) source rather than to her husband or herself. She suggests that her relationship was somehow responsible for her back pain. However, she also interprets the inevitable *cause* of the pain as a sign of karma or a past life issue. The idea of the mind-body connection and the spiritual notion of karma thus help Gloria give meaning to her physical and relationship problems. Understanding her health problems as matters of karma also allows Gloria to feel that her problems are part of a cosmic order, perhaps further enhancing her sense of coherence (Antonovsky 1987).

The idea behind a “mind-body connection” is that the two are integrated and interdependent. Some women interpreted their problems as resulting from an imbalanced

mind-body relationship. For Shree, a break-up left her feeling that she should get out of her head and more into her body:

Shree: I had just gotten out of a relationship and I wanted to do something for myself... it [yoga] was really more mind-clearing.

JB: So you said it has this effect of clearing your mind?

Shree: Yes.

JB: What do you mean?

Shree: Well, that's what yoga, I guess, does for me in general. Is that, I'm just focusing on the posture and where I need to be and just breathing. Um, I'm getting out of my head and into my body. So I realized through yoga— it kind of allows me to get back in my own body on some level.

JB: At that time that you wanted to get out of your head and into your body, what was going on in your head that you needed to get out of it for a while?

Shree: Well, at that point when I started the Bikram, you know, this relationship had ended. And I realized that this relationship was very similar to the first relationship I ever had. And I was just kind of like, "Why am I repeating myself?"

Shree was looking to understand her failed relationships and was questioning her role as an active participant in these relationships. One CAM-inspired interpretation was that her mind-body connection is out of balance. She was, she believed, too much "in her head" and thus needed to focus more on her physical aspect. This, in turn, would have the effect of "clearing

her mind” and would help her to answer her deeper questions. When Shree referred to repeating herself, she was talking about failed past relationships. She connected her relationship problems to her own shortcomings, specifically her low self-worth. This is how she understood her self-worth in terms of her relationship:

I didn't feel worthy, and so I really feel like a lot of relationships I was in failed because I would try to latch on to someone and get my worthiness from them. And it was either one of two things. It would either be me trying to latch on to this person to be filled up by them. Or it would be the opposite, where some guy who was being so wonderful and nice to me—and I wasn't used to that—so I would be like “blah,” you know? It was all about, “I gotta get this,” not like, “Oh, this person is great.”

Shree attributed her failed relationships to her own personal flaw of having low self-worth. Although Shree's reflections on the past prompt her to think about the active role she played in choosing poor partners, she glossed over the fact that the men she “latched” onto weren't nice to her. This is evidenced by her comment (in reference to her being uninterested in *nice* men) that she wasn't *used to* people being wonderful and nice to her. Thus while Shree actively takes responsibility for her actions, she simultaneously downplays the responsibility of the men who were unkind to her.

Issues of self-esteem and self-worth were problems that, for a variety of reasons that will be discussed later, many women in this study experienced. Like Shree, Robyn also talked about the connection between a past relationship and low self-esteem:

You know, it [yoga] gave me a deeper connection to myself...I had chronic back pain and I would just push myself so hard, because I was bringing all my old patterns from dancing, and school, pushing myself in school. I would work so hard and be so hard on myself ... my marriage was certainly a product of that mentality. Because John was— he was psychologically abusive to me. And I would take everything that he said and really believe it and take it to heart. He'd call me names and things. So, it's just what I was attracting in my life and the lessons that I had to learn. He felt my light when I met him and wanted that, I think, for himself. But he didn't know how to connect with his own. And so I'm really happy that we were together, because he taught me the lesson of standing up for myself and aligning with what I need. Because I had never really put my needs first in my life. Because I was so used to just like pleasing other people and doing what was right for other people. So, I'm really happy to be out of that. And I feel like [yoga], and the philosophy is what gave me the strength and the firmness and the ability to step out of something that was really unhealthy for me, and get through it and be good with that.

Shree claims she made the mistake of wanting someone else to fill her with worthiness. For Robyn, her marriage was a product of *her* mentality and *her* tendency to push herself too hard. In addition, Robyn made sense of her failed marriage by seeing the abuse she suffered as meaningful and valuable because it made her a stronger person. She credited yoga with giving her the strength and firmness to get out of a bad relationship. Below is an excerpt from the website of the style of yoga Robyn practices:

[Type] Yoga is a powerful...system that unifies a Tantric philosophy of intrinsic Goodness with Universal Principles of Alignment™... [type] Yoga's remarkable popularity is due in large part to its uplifting philosophy, epitomized by a "celebration of the heart," that looks for the good in all people and all things... Without a rigid dogma, the system is open to continual change and restructuring. Self-examination, discovery, and receptivity to new ideas are foundational to this dynamic system.

This type of yogic philosophy sees the good in all people. This philosophy helped Robyn to interpret her abusive relationship as an opportunity to grow, and in the process to see the “good in all people and in all things,” as evidenced in the charitable description of her abusive ex-husband as someone who merely wanted to “take light from her.” Much like Gloria’s conceptualization of karma, the yogic philosophy of suffering as an opportunity helped Robyn derive a sense of control from seeing her situation as a result of her own remediable flaws.

Whereas some of the women experienced negative relationships as adults, other suffered childhood traumas. In the following passage Angie talks about making sense of her experiences of being abused as a child:

This [craniosacral therapy]— it was actually very healing for some emotional issues that I had been carrying around for a while. That I had actually gone to a psychologist for and have read self-help books for, and have talked to my girlfriends [about]. This craniosacral, totally, truly, completely, I mean, without a doubt, healed me of this, that whole thing. She [craniosacral therapist] won't tell me what her feelings about it are. She said she's not— that I have to take my own interpretation. I think it was my father pressing his hand on my heart asking for forgiveness and telling me he loves me. For me, it was my father was asking for forgiveness.

Angie had been attempting to deal with the trauma of her childhood abuse in several ways, including therapy and reading self-help literature. But it was through craniosacral therapy that she found relief. Specifically, she drew upon an experience that evoked a spirit with whom she was able to communicate (the spirit of her father). She interpreted the feeling of a heavy weight on her chest as her father's hand asking for forgiveness. Angie further explained how she conceptualizes what craniosacral therapy does for her:

JB: Will you go back?

Angie: Oh, yeah. Oh, yeah.

JB: So if you were to, or when you are to do it again, what would you hope to happen?

Angie: Maybe just keeping my energy systems clear and open. Keeping everything open so that I don't feel closed or you know, at any one point...and there's a really good book out. It's Eastern Body, Western Mind. Have you ever read that?

JB: I feel like I've heard of that.

Angie: We are all caught up in our asanas [yoga poses] but not really embracing the whole energy aspect of it. And it goes through the chakra systems. And she relates it to illness, disease, manifestations in your body that, you know, to each chakra. And then ways to help open that chakra...And I had realized one thing that was blocked. I mean, it was my throat chakra, and so I started singing to the radio in the car. Sounds so benign, you know? Oh, that's what's going to free me— is to sing to the radio?

Angie used the philosophy of the mind-body connection to make sense of what happens in the body and how that is connected to what she experiences emotionally. She related the chakra energy centers to manifestations in the body. Her interpretation makes sense of bodily experiences, such as throat pain. Seeing her body and emotions as connected also allowed her to exert control of her emotions. If the problem was an emotional “blockage” in her throat energy center, she could solve it by singing in the car. She thus not only made sense of her problem, she boosted her feelings of self-efficacy by solving it.

A preoccupation with body image and the problems that accompany such preoccupations was another gender theme that emerged during the course of the interviews. Sixty-four percent (9 of 14) of the women I interviewed raised the issue of body weight or shape. The following passages are examples of women who made causal references to weight (all in separate interviews):

Nancy: I have a tendency to eat a really low-fat diet for weight control.

Grace: I went to the Chinese doctor for energy. I was just like—I just felt like [low] energy and I couldn't lose weight. I kept gaining.

Shree: I was going [to yoga class] like three times a week for at least a year and half. I lost a lot of weight. Not that I was real heavy, but I lost some weight.

Erika: And before [starting yoga] I don't think I ever had faith in myself that I could do it. Like, you know, maybe [because] I've been larger and out of shape.

While some women mentioned their weight casually, problems with body image played a more central role in other women's interviews. The following passage illustrates Yolandra's negative conception of her body in the context of her failed marriage:

JB: Yeah, you said you'd spoke with the therapist about body image issues or like estrangement from your body?

Yolandra: Yeah, I mean, she had— I had told her I was doing yoga and she kind of opened the conversation about body issues. And you know, it was an issue with my husband and I. He always thought I was overweight, so weight was always kind of an issue with me because of him. I never really felt bad about my body until the comments from my husband. And so we talked about those issues a couple of therapy sessions. And you know she mentioned that yoga usually helps people sort of get back in touch with themselves and their body and gaining an appreciation of their body and their body's abilities.

Yoga helped Yolandra become more appreciative of her body:

I definitely— when we're doing yoga I definitely feel really in charge. Not in charge, but I definitely feel in touch with my body and like I notice things like, "Oh I didn't know my foot curves out like that when I'm standing." Just, yeah, the general awareness of the body and different strengths that you have that you may not think you have. I didn't think I have a lot of upper-body strength until I started doing yoga and I'm like, "Wow, I really do really have a lot of upper body strength." It's lower-body strength unfortunately that I'm lacking.

Yolandra, like other women in the study, experienced verbal abuse in her marriage. Part of the abuse centered around her ex-husband criticizing her weight. The concept of the mind-body connection gave Yolandra a way to get back in touch with the body from which she had

become estranged. Reconnecting with her body in this way boosted her feelings of bodily control and self-efficacy.

Yoga appeared to be a particularly useful type of CAM that helped women mitigate the effects of negative conceptions of their body and the concomitant self-esteem issues that surround this type of problem. Terri also talked about yoga being beneficial for her weight issues:

Terri: The biggest thing I got out of yoga was that I stopped caring so much about being skinny. I stopped worrying what I looked like and I worried about what I felt like and really tuned in to how I felt.

JB: What was it about yoga that made you stop worrying about being skinny?

Terri: Well, when I was really little I was chubby... I got obsessed with it and I became anorexic...I battled my weight and I always will. You know, I'll never be somebody who can eat whatever they want. But with yoga it's like, I'm less of an emotional eater.

JB: What do you see as the yoga philosophy about the body?

Terri: Well, moderation. Not just mindlessly shoveling [food] in and sucking it down. That was the way I was eating...not being mindful. And yoga really stressed mindfulness.

A yogic concept, "mindfulness," involves bringing awareness to the most seemingly minute and trivial parts of one's daily activity, such as eating. Mindfulness is a form of harnessing and refining the mind's abilities. Terri used the concept of mindfulness to stop worrying

about an ideal (being skinny) and to “tune into” how she felt. This “tuning in” meant paying attention to her habit of eating for emotional reasons. To bring a mindful awareness to everything the body does is to once again draw on the idea of seeing connection between the body and mind. The yogic philosophy of “being present,” or “tuning in,” helped Terri to cope with a disorder experienced by many women in our culture.

In the following passage Cameron talks about the mutually reinforcing issues of having a severe eating disorder and low self-esteem:

I went there [acupuncturist] for like stomach stuff and joint pain, because I have joint pain. So that’s kind of what I went to see her for. *And* the looming sort of slight self-hatred eating disorder thing. That’s in the back of my head kind of all the time.

For Cameron, acupuncture helped to alleviate pain and to cope with emotional trauma. Acupuncture promised to relieve not only “stomach stuff and joint pain,” but, perhaps, self-hatred as well.

How can we understand the patterns of CAM use by women in a broader social context? From a sociological and feminist perspective, what women use CAM for (to cope with abusive relationships and body image issues and to reframe low self-esteem) can be explained by their position in a patriarchal society. That is, women seem to be using CAM to deal with problems arising from their subordinate status in the gender order. For example, the psychological and verbal abuse men commit toward women is endemic in US culture.

Follingstad et al. (1988) suggest that a common way abused women make sense of a male partner's abusive behavior is by internalizing the blame. This gives the abused women the semblance of control over future acts of violence committed by men.

It was not a coincidence that both Shree and Robyn attributed their failed relationships to their own flaws, and that Robyn reported a history of never putting her needs first, because she was busy pleasing other people. These are problems that are systematically experienced by women in patriarchal cultures. In a patriarchal culture women are "trained to subordinate [their] needs to the needs of others" (Bartky 1990). Feminists argue that these values are what perpetuate male privilege and lead to the oppression of women in the home and the workplace (Chafetz 1988).

Another patterned problem was that 64% (9 of 14) of the women I interviewed brought up issues of weight. We live in a culture overwhelmed by media images of slim women. Magazines, geared toward women, lining the shelves of common public places (e.g. grocery stores, book stores, convenience stores) often contain tips on weight control and feature stories of women who lost weight (for a review, see Groesz et al. 2002). As a result of a cultural imperative toward thinness, females have significantly lower self-esteem when it comes to appearance than do males, and are more concerned about attractiveness (Pilner et al. 1990). In short, women live with constant pressure to maintain a slim body. Not surprisingly, this has negative physical and emotional consequences. According to Pilner et al. (1990:270), "women, constantly confronted with the media's slender and beautiful renderings of their sisters, may aspire to an ideal impossible for most to achieve. Not achieving their ideal, they have low self-esteem in this area."

Concepts found in CAM, such as a mind-body connection, and vitalistic concepts like chakras, helped these women to make sense of the gender-related problems they experienced. A mind-body connection helped one person to get back in touch with her body after a verbally abusive husband criticized her body. Others used vitalistic concepts, such as chakra and karma, to make sense of their marriage problems. In these cases, the women were able to make sense of their problems by attributing the trouble to an outside source, or by emphasizing their ability to control the situation by controlling their reactions to the relationship. For others, the mind-body connection and vitalism helped them to understand their physical appearance in terms of imbalanced energy centers. In each case, a CAM philosophy gave the women a way to make sense of their problem, and offered a strategy for dealing with it.

Men's CAM Use

Most of the men in this study (n=6) used CAM to alleviate job stress, although some used it to cope with stress arising in intimate relationships. For the men, CAM was a problem-solving tool. Victor, for example, wanted to be able to more effectively manage his depressive episodes by anticipating them. Yoga helped him do this:

[W]ith the yoga and meditation, I can feel it [the depression]. I can know when it's coming on and I can try to do more yoga, or more meditation, try to get by it.

Victor used yoga and meditation to try to avoid depression. This was a common theme among the men: using CAM to control the body and/or the mind.

Controlling emotions was also important in Patrick's case. In the following passage, he describes using yoga to deal with his anger:

One of the reasons I moved from martial arts to practicing yoga was that I had what I would term "anger issues." It wasn't something I really took out physically on other people. But it was certainly a temper. There was one instance of where I actually caused physical harm to myself while angry and that was it.

Patrick sought yoga to help him gain control over his temper, which, presumably, would help him to achieve control over his physical behavior. Another man, Gregory, used yoga to cope with emotions associated with the end of an intimate relationship. Here he describes using yoga to "reprogram" himself after a break-up:

I was going through a stressful period. So that was always the reason for taking class. It was, "I got to do something," you know. I needed to sort of re-channel or reprogram myself. And you know, yoga, it's good for that.

As illustrated by Patrick and Gregory, men were typically more interested in using CAM to fix their problems than simply to give them meaning.

Men often reported job-related stress and the use of CAM to alleviate it. In the following passage, Ken describes his use of yoga and meditation to cope with job-related stress:

I've gotten some tapes on meditation. So, [I am] just trying to improve or reduce my stress. Cause it certainly helps my practice and all these employees. And being involved in all the other things I'm involved in can cause some stress.

Ken further illustrates men's typically instrumental use of CAM. Stress was the problem, and CAM would help him solve it.

Women tended to use CAM differently, emphasizing problem interpretation over problem solution. In the following passage, Nancy describes a meditation experience in which she saw a "malevolent looking" dragon:

Nancy: I actually did get a clear message from that. It's— you just have to understand that nothing you see can actually hurt you.

JB: How do you think these images came? Where do you think they come from?

Nancy: I don't know if it's your higher self. I don't know if it's your connection to the universe, I don't know.

Nancy doesn't try to explain the origins of her vision; she uses it to try to discern a message that will help her make sense of her experience. For Nancy, like many of the other women in

this study, meditation was a pathway to discovering, or connecting with, an inner self, not primarily a tool for solving problems.

Whereas women used CAM to interpret their problems, men more often used CAM to try to solve problems. Women used CAM to make sense of abusive relationships, poor body images, or low self-esteem. The one man who talked about CAM in connection with an intimate relationship said he used it to relieve stress caused by the relationship. In general, men used CAM to deal with symptoms, while women used CAM concepts to give new meaning to their symptoms. This perhaps reflects the general tendency of more powerful social actors to cope with problems by trying to change the conditions that cause those problems, while less powerful social actors can often do little more than try to redefine those conditions as less problematic.

DISCUSSION

This study contributes to a growing literature on CAM use in several ways. First, it corroborates the extant literature on CAM that reveals many people who use CAM have negative encounters with traditional medicine. People experiencing chronic health problems seek explanations. If traditional medicine can't provide such explanations, it makes sense that people will seek alternatives. When offered diagnoses that contradicted and de-legitimized their lived experiences, people turned to CAM to make sense of their problems.

Lacking an explanation for one's physical problems can, according to Antonovsky (1987), lead to a general sense that one's life is incoherent and precarious. Giddens (1984) argues

that living in a state of internal chaos is problematic, since a fundamental aspect of social beings is the need to feel one's life is stable and that things are as they should be. What people in this study found in CAM were conceptual frameworks with wide explanatory power, equipping them to understand the cause of their health problems. Part of this understanding involved seeing otherwise random problems as meaningful. In contrast to biomedical explanations, concepts found in CAM helped people see their problems in a cosmic context, or as having divine purpose. Regular CAM users found considerable therapeutic benefit in these re-framings.

Despite the fact that complementary and alternative therapies draw on diverse philosophical traditions, there are at least two common threads that link them. One is the idea of a mind-body connection, which entails beliefs about the reciprocal relationship between the mind and body. This orientation toward health and healing implies that physical ailments can be caused by mental imbalances. It thus opens up new possibilities for diagnosis and sense-making. If traditional medicine could not find the cause of the problem in the body, a CAM practitioner could help find that cause in the mind.

Another commonality among CAM therapies is the idea of vitalism. Vitalism sees the body as a field of energies or forces. There is no corresponding concept in Western medicine, and so it seems that CAM offers a genuinely different way to understand otherwise mysterious health problems. Many people in this study were able to make sense of their health problems when viewed from a vitalist perspective. Vitalism also seemed to indict traditional medical authorities as not understanding how complex the human body and mind

are. This subtle discrediting of traditional medicine lent further value to CAM as a resource for sense-making.

Making sense of one's health problems can often induce a feeling that one has the ability to control those problems (Antonovsky 1979). Seeing the mind and body as a web of interrelated cause and effect relationships allows people to interpret their experiences as those which are potentially under their control. That is, if "energy centers" are held to be controlled by the mind, and energy centers can cause physical problems, then it becomes possible to restore one's health simply by thinking differently.

This study also contributes to a new possible area of study within the domain of CAM use. The use of CAM to treat physical problems is well established. However, a pattern of CAM use for non-physical problems emerged in this study. Several participants used the mind-body-spirit philosophy to make sense of stressful life events, such as divorce. Other problems appeared to be specific to women, including relationship problems, body image issues, and low self-esteem. The results of this study suggest that the therapeutic potential of CAM applies to cognitive problems as well as health ones. This finding thus has implications for how CAM can be integrated into a variety of mainstream therapies designed to treat cognitive problems.

Research on CAM has consistently found that women use CAM more than men. One reason given for this pattern is that women tend to be more health-conscious than men (IOM 2005). The results of this study suggest, however, that a key to understanding women's CAM use lies in first understanding how women experience problems in ways that are unique to their subordinate gender status. From a feminist perspective, women's inferior social status is

a consequence of the historical subjugation they have systematically experienced in a patriarchal society where men seek to preserve their privilege. The consequences of women's social position, vis-à-vis men, is evidenced by women's negative conceptions of their bodies. Taken to the extreme, this preoccupation can manifest in eating disorders, as several women in this study experienced.

Another manifestation of gender inequality is the systematic abuse men perpetrate against women. This abuse takes myriad forms, one of which is verbal. Three women in this study reported experiencing verbal abuse by intimate partners. But rather than blame their partners, they attributed the abuse to their own flaws, such as a lack of self-worth, or to cosmic forces such as karma. One woman even saw this abuse as an opportunity to learn more about herself. It is difficult to tell how the women in this study fully interpreted their experiences of abuse as the interviews were not geared toward this type of discussion. It was clear, however, that they were using CAM philosophies to gain individual strength and understanding regarding these situations.

While CAM philosophies may help women to reframe their suffering in a positive light and thereby obtain a therapeutic benefit, those philosophies may tend to obscure oppressive social arrangement. For example, McKee (1988) argues that even holistic medicine tends to encourage individualist solutions to problems caused by wider social forces. The irony is that even though the women in this study turned to CAM to deal with problems that resulted from social injustices, the holistic therapies they used led them to look inward rather than outward to find the causes of their suffering.

Others have argued that alternative therapies challenge the status quo and are conducive to a feminist form of medicine. McKee (1998) contends that alternative healing models challenge the bio-reductionism found in Western medicine and, as a result, the economic system (capitalism) that profits from this kind of approach to health. In addition, Scott (1998) argues that homeopathy, a form of CAM, is conducive to feminist ideals. She suggests that encounters with homeopaths challenge three issues women experience in biomedical encounters: power imbalances, the exclusion of social concerns from the biomedical model, and the trivialization of women's concerns and knowledge within the clinical encounter. Whatever the radical potential of CAM in principle, it seems that this potential is rarely realized in practice. Guided by feminist theory, future research on CAM use might look at how women's and men's CAM use challenges and/or reinforces hegemonic gender ideologies.

Though the results of such a small sample can not be generalized to a larger population, they help to clarify the *processes* that determine health status. For example, how can we explain how some people seem to cope with disease and illness better than others? Antonovsky (1979, 1987) argues that those with a stronger sense of coherence (the overall sense that the world is comprehensible, manageable and meaningful) are better equipped to adapt to disruptions such as illness and disease. People are able to create a sense of coherence by making sense of one's problems. In doing so, they can restore feelings that the world is predictable and under control. The results of this study suggest that CAM gives people concepts to help them make sense of problems for which biomedicine offered neither explanation nor solution. This study thus contributes to a growing body of knowledge that

emphasizes processes in actively defining and negotiating the meaning of one's health and non-health problems.

Kessler et al. (2001) predict that CAM use will continue to grow, especially if insurance continues to at least partially cover the costs. At a time when the underlying assumptions and organization of the healthcare system in the United States are being scrutinized, an understanding of the appeal of complementary and alternative medicine may offer insight into possible directions for reform. The results of this study suggest that there are various ways to make sense of one's health problems. At the very least it would appear as though the growing interest in multi-faceted approaches to health and illness, like those embodied in complementary and alternative medicine call into question how traditional biomedicine may be failing our bodies, minds, and spirits.

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APPENDICES

APPENDIX A

Research Study

North Carolina State University
Department of Sociology & Anthropology
Principal Investigator: Joslyn Brenton
Email: jjbrento@sa.ncsu.edu
Phone: (919) 513-0282

Contact Information:

Name: _____

Email: _____

Phone: Home: _____

Cell: _____

How do you prefer to be contacted?

____ Email Phone _____ Email or Phone is fine _____

Is there a certain time of day you prefer to be contacted?

____ Anytime Yes, **(please indicate)** _____

Questionnaire

Please **check off ALL** of the health practices that you have engaged in **at least once in the PAST 12 MONTHS.**

- | | |
|---|--|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Tai Chi |
| <input type="checkbox"/> Acupressure` | <input type="checkbox"/> Therapeutic touch |
| <input type="checkbox"/> Aroma Therapy | <input type="checkbox"/> Qi gong |
| <input type="checkbox"/> Ayurvedic Medicine | <input type="checkbox"/> Any type of cleanse |
| <input type="checkbox"/> Biofeedback | <input type="checkbox"/> Fasting |
| <input type="checkbox"/> Bowen Technique | <input type="checkbox"/> Reiki |
| <input type="checkbox"/> Chelation Therapy | <input type="checkbox"/> Hypnosis |
| <input type="checkbox"/> Chinese Medicine | <input type="checkbox"/> Massage Therapy |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Meditation |
| <input type="checkbox"/> Coin rubbing | <input type="checkbox"/> Naturopathy |
| <input type="checkbox"/> Folk Medicine | <input type="checkbox"/> Rolfing |

- Guided Imagery
 - Homeopathy
 - Yoga
- > Continue on the backside of this page**

There are many other kinds of alternative health practices that are not on this list. If you engage in other practices or therapies not included above, please list them below.

Dietary Supplements

Check all that apply to you and **that you have used in the past 12 months**

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Evening Primrose Oil | <input type="checkbox"/> Bilberry |
| <input type="checkbox"/> Flaxseed and/or Flaxseed Oil | <input type="checkbox"/> Hawthorn |
| <input type="checkbox"/> Goldenseal | <input type="checkbox"/> Ginkgo |
| <input type="checkbox"/> Black Cohosh | <input type="checkbox"/> Echinacea |
| <input type="checkbox"/> Grape Seed Extract | <input type="checkbox"/> Dandelion |
| <input type="checkbox"/> St. John's Wort | <input type="checkbox"/> Chondroitin |

There are many other kinds of dietary supplements that are not on this list. If you take other dietary supplements not included above, please list them below.

Thank you very much for taking time to fill out this survey. Your participation is greatly appreciated. I will contact you in the upcoming week to discuss your further participation in my study. Thank you and have a wonderful day!

Joslyn Brenton

Principal Investigator

APPENDIX B

Demographic Information for Study of Complementary and Alternative Health Practices

North Carolina State University
Department of Sociology & Anthropology
Principal Investigator: Joslyn Brenton
Email: jjbrento@sa.ncsu.edu
Phone: (919) 859-4299

Please answer the following questions by writing the answer on the line provided or checking the appropriate box.

1. In what year were you born?

19_____

2. Are you

- Female
- Male

3. Are you

- Never Married
- Married
- Partnered
- Widowed
- Divorced

4. Do you consider yourself: (check ALL that apply)

- Black/African American
- Hispanic (Please specify): _____
- Asian/ Pacific Islander (Please specify) _____

- Native American (Please Specify): _____
- White
- Other (Please specify) _____

5. What is your highest level of education?

- 8th grade or less
- Some high school
- Completed high school (or equivalent)
- Some college
- Completed college
- Completed graduate or professional school after college (Please Specify): _____
- Other: _____

6. Please check the box beside the line that best describes your current employment status:

- Work for someone else full time outside the home
- Work for someone else part time outside the home
- Self-Employed (Please specify: _____)
- Homemaker
- Retired
- Other (Please specify: _____)

7. What is your job title? _____ (If retired, please indicate your pre-retirement job title)

8. Which best describes your total HOUSEHOLD income from last year (2006)? Total HOUSEHOLD income includes any income you and your spouse/partner received from wages **and includes other sources of income such as interest, stock dividends and alimony.**

- \$9,999 or less
- \$10,000 - 19,999
- \$20,000 - 29,999
- \$30,000 - 39,999

- \$40,000 - 49,999
- \$50,000 - 59,999
- \$60,000 - 69,999
- \$70,000 - 79,999
- \$80,000 - 89,999
- \$90,000 - 99,999
- \$100,000 - 149,999
- \$150,000 or more

9. Do you currently have health insurance coverage?

- Yes (Continue to question 10)
- No (Skip to question 12)

10. How is your health insurance paid for?

- I receive health insurance through my employer
 - I receive health insurance through my spouse/partner's employer
 - I pay for my own health insurance
 - Other (Please Specify):
-

11. Which of the holistic therapies you use, if any, are covered by your insurance?

- None are covered by my health insurance

The following are covered (please check all):

- | | |
|---|--|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Tai Chi |
| <input type="checkbox"/> Acupressure | <input type="checkbox"/> Therapeutic touch |
| <input type="checkbox"/> Aroma Therapy | <input type="checkbox"/> Qi gong |
| <input type="checkbox"/> Ayurvedic Medicine | <input type="checkbox"/> Any Type of Cleanse |
| <input type="checkbox"/> Biofeedback | <input type="checkbox"/> Fasting |
| <input type="checkbox"/> Bowen Technique | <input type="checkbox"/> Reiki |
| <input type="checkbox"/> Chelation Therapy | <input type="checkbox"/> Hypnosis |
| <input type="checkbox"/> Chinese Medicine | <input type="checkbox"/> Massage Therapy |

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Meditation |
| <input type="checkbox"/> Coin rubbing | <input type="checkbox"/> Naturopathy |
| <input type="checkbox"/> Folk Medicine | <input type="checkbox"/> Rolfing |
| <input type="checkbox"/> Guided Imagery | <input type="checkbox"/> Homeopathy |
| <input type="checkbox"/> Yoga | <input type="checkbox"/> Other _____ |

STOP HERE. Thank you for completing this survey.
Please answer the following questions by writing the answer on the line provided or checking the appropriate box.

12. Have you had any health insurance coverage in the past 12 months?

- Yes (Continue to question 13)
- No (PLEASE STOP HERE)

13. How was your health insurance paid for?

- I received health insurance through my employer
- I received health insurance through my spouse/partner's employer
- I paid for my own health insurance
- Other (Please Specify):

14. Were any of the costs of the holistic therapies/practices you use covered by your insurance?

- None were covered

The following are covered (please check all):

- | | |
|---|--|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Tai Chi |
| <input type="checkbox"/> Acupressure | <input type="checkbox"/> Therapeutic touch |
| <input type="checkbox"/> Aroma Therapy | <input type="checkbox"/> Qi gong |
| <input type="checkbox"/> Ayurvedic Medicine | <input type="checkbox"/> Any Type of Cleanse |
| <input type="checkbox"/> Biofeedback | <input type="checkbox"/> Fasting |

- | | | | |
|--------------------------|-------------------|--------------------------|-----------------|
| <input type="checkbox"/> | Bowen Technique | <input type="checkbox"/> | Reiki |
| <input type="checkbox"/> | Chelation Therapy | <input type="checkbox"/> | Hypnosis |
| <input type="checkbox"/> | Chinese Medicine | <input type="checkbox"/> | Massage Therapy |
| <input type="checkbox"/> | Chiropractic | <input type="checkbox"/> | Meditation |
| <input type="checkbox"/> | Coin rubbing | <input type="checkbox"/> | Naturopathy |
| <input type="checkbox"/> | Folk Medicine | <input type="checkbox"/> | Rolfing |
| <input type="checkbox"/> | Guided Imagery | <input type="checkbox"/> | Homeopathy |
| <input type="checkbox"/> | Yoga | <input type="checkbox"/> | Other_____ |

STOP HERE. Thank you for completing this survey.

APPENDIX C

