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PHYSICAL THERAPY AND ESOTERIC HEALING

CAN THESE PARADIGMS OVERLAP?

presented by

Deborah Ann McKenzie

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**PHYSICAL THERAPY AND ESOTERIC HEALING
CAN THESE PARADIGMS OVERLAP?**

By

Deborah Ann McKenzie

A THESIS

Submitted to
Michigan State University
In partial fulfillment of the requirements
for the degree of

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Health and Humanities

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ABSTRACT

PHYSICAL THERAPY AND ESOTERIC HEALING CAN THESE PARADIGMS OVERLAP?

By

Deborah Ann McKenzie

Some physical therapists are seeking alternative treatment ideas to better serve their patients as they see their patients spending out of pocket dollars on complementary therapies. One type of complementary therapy is esoteric healing. The purpose of the study was to see how some physical therapist appear to connect the paradigms of physical therapy and esoteric healing.

To explore how the overlap in the paradigms might occur, participants in three groups were each asked to fill out a questionnaire and participate in an interview. The groups consisted of 1) three physical therapists, 2) four esoteric healers, and 3) three physical therapists trained in esoteric healing. Themes of dissimilarities and similarities between the paradigms of physical therapy and esoteric healing arose from the qualitative data. The therapist trained in esoteric healing identified barriers that inhibit the use of esoteric healing in physical therapy practice: reimbursement, clinical setting, respect within the medical and patient community and professional practice standards.

Using the theory of incommensurability, one sees from the data that there are some common facts, problems and standards of solution, terms and statements. These common points are the link to starting meaningful conversation and debate about the overlap of physical therapy and esoteric healing.

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INTRODUCTION

Physical therapists want to learn treatment interventions that can best help their patients achieve health, and thus help their patients to take part in their daily activities without pain or discomfort. In search to find a better healing method, some physical therapists have been introduced to esoteric healing. It is a method of assessing and treating the energy fields to bring them into balance. Some physical therapists see esoteric healing as another treatment strategy, and we should take seriously that they may be right. Esoteric healing may be another treatment option to better help patients.

However, the problem exists that physical therapists that are trained in esoteric healing are afraid to use this treatment. They are afraid to talk to their colleagues about esoteric healing, for fear of not being respected. Many physical therapists don't accept alternative therapies, thinking that they are far-fetched. Many physical therapists question the efficacy of alternative therapies if they are not proven scientifically. There may be no possible way to communicate between physical therapists and esoteric healers to find an overlap in the two fields. In the end, those physical therapists trained in esoteric healing may not be able to use esoteric healing in the physical therapy clinic. This narrow thinking may indeed most harm the patient who needs the best possible care.

I gave questionnaires to and interviewed three groups of individuals to see if there is a common ground between physical therapists and esoteric healers. I wanted to see if there are language or concepts or ideas that these two healing fields share. The three groups are physical therapists, esoteric healers and physical therapists trained in esoteric healing. By interviewing these individuals, I gained insight into how each person thinks

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about how they render care to their patients. I gained insight on potential links to each field to possibly start the conversation.

In the United States, the medical system that is believed to be the “true” system is referred to as biomedicine, Western, allopathic or orthodox medicine. Thought to be based on scientific study, biomedicine is touted to have true knowledge of what therapies work or don't work when combating disease. Indeed, scientific study and advances in technological medical support have raised the level of medical care. Many lives have been saved. The public is aware of the many benefits that biomedicine has offered to those acutely ill.

With this level of medical care offered to most people, there is general satisfaction from the public when being treated for acute illness, infectious disease and trauma. Most Western trained clinicians have attended accredited programs and render what is considered the standard of care in traditional Western medicine. Yet studies are showing that the public is becoming increasingly frustrated with the lack of choices within the allopathic health care system. People are seeking other types of treatment from non-orthodox, alternative, or what is now becoming known as complementary medicine clinicians (Eisenberg 1993 and 1998).

In the United States, those suffering from chronic conditions are asking for more holistic and humanistic care. In 1989, as reported in the January 1993 New England Journal of Medicine, 34% of 1,539 adults surveyed chose complementary treatments, primarily for their chronic conditions. Of the individuals choosing to use alternative care, 72% failed to report it to their primary physicians. It was estimated from these results that the 425 million visits made to alternative practitioners exceeded the 388 million

visits made to primary physicians. In 1989, \$10.3 billion was paid out-of-pocket for alternative health care, almost as much as insurance paid for allopathic care (Eisenberg, 1993).

Eisenberg surveyed 2,055 adults in 1997 to further look at the trends of people in the United States using alternative medicine. The results show four of every ten Americans used alternative therapies in 1997. The number of visits, 629 million to alternative therapies, exceeded the number of visits, 386 million to all primary care physicians. Less than 40% report their use of alternative therapies to their primary physician.

The types of alternative therapies the Americans reported using, in Eisenberg's study (1997), include: relaxation, herbal medicine, massage, chiropractic, spiritual healing, megavitamins, self help, imagery, commercial diet, folk healing, energy healing, hypnosis, homeopathy, biofeedback, and acupuncture. The money spent on alternative medicine had risen to \$21.2 billion, 12.2 billion of the dollars out-of-pocket. Now we are seeing private health insurance policies cover some alternative therapies.

Western trained clinicians should be conscious of the increasing trend of the use of complementary medicine. One can gather information on complementary medicine from magazines, television and the World Wide Web. One might say that these sources are not reliable. But now we see more peer-reviewed research journals are being published, such as The Journal of Alternative and Complementary Medicine: Research on Paradigm, Practice and Policy, which started in 1995.

Research journals specific to complementary medicine are becoming available to Western trained clinicians to advance understanding of various ways to promote health

and effective ways of healing (Micozzi et al., 1995). Micozzi et al., when introducing the JACM to the medical world, state that the journal “reflects a paradigmatic evolution in biomedicine from a more narrow, reductionist, and determinist view to one that can more readily encompass the empiricism of other knowledge systems without rejecting scientific validation and objectivity” (Micozzi et al., 1995). Are allopathic clinicians ready to accept this paradigm shift or the overlap of these categories?

Carol Davis, EdD, PT decided to publish her book on complementary therapies to expose traditional rehabilitation therapists to alternative methods (1997). In the 1990's, she found colleagues who dismissed complementary therapies as they were not validatable by biomedical science. On the other hand, she found physical therapists using complementary therapies. These physical therapists were getting patient satisfaction, but not really knowing how or why the complementary therapy worked. This later practice made skeptics more skeptical. Davis' aim in publishing her book was to “legitimize treatment approaches that are logically complementary to traditional approaches in rehabilitation” (Davis, 1997, preface). She wants to bring these approaches out of the closet and encourage physical therapists to do research to assure safe practice. Davis talks about energy manipulation, but does not address esoteric healing, a type of energy balancing.

In this paper, I will try to outline two paradigms to gain insight into their philosophy of care. More specifically for this study, I will look at the paradigm of traditional physical therapy in the biomedical category and the paradigm of esoteric healing in the complementary medicine category. I will use the term ‘paradigm’ to refer to the world views of physical therapy and esoteric healing. A world view, according to

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Martin Benjamin, “is a complex, and often unarticulated (and perhaps not fully articulable) set of deeply held and highly cherished beliefs about the nature and organization of the universe and one’s place in it” (Benjamin, 1990, p. 88). Then I will explore the theory of incommensurability and Veatch and Stempsey's partial incommensurability (Veatch and Stempsey, 1995). Partial incommensurability is a theory that describes how paradigms or world views may indeed have commonalities that allow the paradigms to overlap, at least partially, despite important ways in which they don’t. The question that is important here, is that of incommensurability, or the inability for the paradigms of physical therapy and esoteric healing to communicate to find an overlap. Because the ideas and issues about paradigms and how paradigms shift are complex, it will not be addressed in this paper. It is outside of the scope of this paper to explore in any detail issues about the concept of paradigms or to describe how paradigms shift.

Using these concepts, I will suggest how these paradigms can overlap, and hence allow people to communicate. Then there exists potential of physical therapy and esoteric healing utilized in a coherent way. This knowledge can be used by physical therapists to better care for their patients. In the search to render better treatment options, some physical therapists I have interviewed are trying to find what Veatch and Stempsey call a partial incommensurability between physical therapy and esoteric healing. One question I want to ask is how are physical therapists integrating the two paradigms? What motivated them to seek alternatives to traditional practice? To understand how and why physical therapists try to overlap the paradigms, I must look first at how the

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paradigms of traditional physical therapy and esoteric healing differ or whether there are commonalities.

This study should help the reader think seriously about the value of the combination of the two paradigms. If the paradigms are able to overlap at least partially, then the possibility arises that the patient's healing process will be improved. Carol Davis suggests that the integration of the paradigms might “encourage the return of true healing to health care” (Davis, 1997, preface).

A PARADIGM OF PHYSICAL THERAPY

To understand the foundation of physical therapy, one must look at how biomedically trained clinicians define health, disease and illness. Health to most biomedical practitioners would refer to a lack of disease process. Therefore, if patients have no disease process, they are healthy. The patient would not seek the service of allopathic care or Western medicine. Diseases are entities to be eradicated. If the gall bladder is malfunctioning, then remove it. If a patient has an infection, take antibiotics to rid the body of it. If the back is out of alignment, fix it. Allopathic medicine tends to treat all patients as if they can be categorized into compartments of dysfunction. This is the reductionist model (Davis, 1997). For this study, the reductionist model refers to the claim that the body is broken down into parts so that a particular treatment can fight a certain pathological process. That particular treatment should work on all patients with that particular dysfunction.

In the 1600's, Descartes described the body as a machine, broken into particular parts, yet separate from the mind. A century later, Newton provided the scientific

background which others used to understand the mechanisms of the body. I will not detail the history of biomedicine to find commonalities with biomedicine in this paper. It is a topic of further research elsewhere. Now, medical schools teach doctors how to identify different disease agents and how to treat those specific agents. The treatment is based on laws of cause and effect. Attention is paid to the disease process using imagery of war and battle (Martin, 1992). Drugs are referred to as “magic bullets”. New technology for diagnosis and treatment are called “new weapons” to fight disease. Allopaths are concerned with concrete manifestations of disease, often neglecting a patient's emotional or spiritual aspects of health and illness.

This method of practice is also true in traditional physical therapy. The patient presents with a complaint of musculo-skeletal or neuro-muscular dysfunction. The therapist tries to fix the area of dysfunction to allow the patient to return to function. The physical body is the focus of the intervention.

The biomedical model determines truth through scientific research. Scientific study is thought to be objective, quantifiable and rational, separating objective data from qualitative data that is rich in culture, emotion, specific to time and place. Biomedical research attempts to control for variables to gain knowledge of the best treatment. The research methodology that is the gold standard in scientific study is the randomized clinical trial (RCT). The RCT refers to a type of investigation that includes three things. First, there are one or more treatment groups and a control group that receives the traditionally accepted treatment or a placebo (such as a sugar pill). Second, the patient is randomly placed into a group. Third, the patient is not aware of what group they are placed in, and so is unaware of the treatment they are receiving (Schaffner and

Kopelman, 1992, page 2275). The results of the RCT determine the best treatment. This best treatment is then generalized to the population at large. Biomedicine then asks the clinician to particularize the generalizations of medical science to fit the patient (Cassell, 1992). This is a very general description of scientific research and its validity will not be argued in this paper.

A general paradigm of physical therapy, as it fits into the category of biomedicine, is briefly described above. It is by no means a complete picture of all the thoughts and ideas of physical therapy. Next, I will lay out a general paradigm of esoteric healing, as one healing practice in the category of complementary medicine.

A PARADIGM OF ESOTERIC HEALING

In the literature, one sees various types of Eastern medicine. Acupuncture (recorded use in 106 BC in China), Chinese herbal medicine, shamanism, and energy work are a few examples. These types of treatments are categorized as non-orthodox, unconventional or alternative medicine. Lumped into the unconventional group is Native American healing that includes shamanism, mind cures, herbs and faith healing. Other alternative medicine comes from Eastern Europe (homeopathy in the early 1800's) and from the United States as nontraditional Western medicine (Osteopathy and Chiropractic in the late 1800's). Many types of folk remedies (rituals, voodoo, prayer, special foods) might fall into the category of unconventional medicine. The literature implies that any type of healing practice that does not fall into the biomedical model is alternative or complementary. Eisenberg (1998) notes that there is a disparity in the definition of alternative therapy because of the variety of the healing practices that are in this category.

I will refer to these types of healing practices as complementary medicine. Esoteric healing falls into this category.

Esoteric healing practitioners balance energy fields to restore health. They work to assist each individual to clear congestion and balance the energy field that surrounds the physical body. Energy fields are dynamic and flow around the body and through centers in the body. When the energy field is balanced, the individual is more healthy. Esoteric healing is a holistic approach, leading to harmony in a person's physical, emotional, mental and spiritual state of being. The mind and body are united and looked at holistically. Practitioners of esoteric healing are concerned with the mind-body connection. It is believed that in holistically balancing the energy flow, a state of physical disease and disorder can be prevented.

Esoteric healers and other complementary practitioners look at health as a state of wholeness, where mind and body energy flow is in balance. Andrew Weil writes (1983, p.51), "Far from being simply the absence of disease, health is a dynamic and harmonious equilibrium of all the elements and forces making up and surrounding a human being". A quote by David S. Sobel is cited by Tom Monte (1993, p.4), "...traditional medicine aims primarily at healing the illness--that is, managing the individual and social response to disease". Each participant of complementary medicine is assumed to be different, requiring treatment individual to their nature or whole person. This includes his or her emotional, mental and spiritual aspects of self, as well as their physical state of being.

The validity of complementary medicine and esoteric healing has been questioned in the United States. Much of the research done to gain knowledge about the efficacy of

complementary medicine has been by social scientists. Anthropologists have used qualitative research to study health belief systems to help understand the medical world view within a particular culture (Pelto and Pelto, 1990). Qualitative research is the search for patterns and ideas to help explain those patterns. Many cultures use what Westerners call complementary medicine with a focus on wellness of the whole person. Some outcomes research methodology allows for the richness of the patient's story to be heard and studied (Gifford, 1996). Outcome studies are often analysis of retrospective data. Examples of outcome studies include patient's subjective reporting of satisfaction of services or analysis of data from patient charts to see if the same services for a particular patient type gained the same outcome, hopefully positive. Social scientists find that outcome studies and qualitative research are better means of scientific methodology, rather than RCT's, to gain knowledge of efficacy of treatment of the whole person,. Complementary practitioners try to enhance the placebo effect, and often form a more personal relationship with the participant to know the whole person. Treatments may vary per participant, even though the biomedical complaint may be the same. Individual treatments may vary from session to session, depending on the dynamic process of the illness. This philosophy of care in complementary medicine does not lend itself well to the blinded, randomized clinical trial that tries to limit variables and subjectivity.

The two paradigms of physical therapy and esoteric healing are outlined above. Their philosophies of care differ. Their concepts of disease and wellness are dissimilar. Some have argued that these paradigms cannot overlap. I will look more closely at what this means.

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PARADIGM SHIFT? PARADIGM OVERLAP?

The thesis of incommensurability, as proposed by Kuhn in 1962 in The Structure of Scientific Revolutions, concerns the construct of science as paradigms. These paradigms are world views that are cultural frameworks in which scientists work and think. One sees and interprets the world based on the particular paradigm. Different paradigms of scientific work see the world from different points of view. Significant data in one paradigm may not be significant or valid in another paradigm. There is no common language between the paradigms to enable translation or understanding. This is the concept of the thesis of incommensurability.

Veatch and Stempsey (1995) suggest that paradigms in contemporary science may have some degree of comparison and therefore incommensurability may be only “partial”. They describe how different clans or groups of people may speak the same language, but differ in key cultural features. Clans may coexist side by side sharing key concepts and ideas, but speak different languages. There exists a commonality that may only require translation. Carol Bayley (1995) proposes that these groups of people shall have open discussion to examine background assumptions, to bring world views out into the open, and to strive to find commonalities. By examining our background assumptions and world views, we communicate, negotiate and eventually (possibly) agree on concepts within differing world views.

Scientific research in medicine is thought to be value-laden. Weed (1997), in his discussion of incommensurability, notes that scientists hold opinions of what scientific concepts are important when designing studies, when deciding what data to gather and when interpreting the data. “They may hold extrascientific values, such as moral

positions, cultural norms, and political ideologies, that are relevant to the evidence and its assessment”, (Weed, 1997, p.111). Varying values or world views cloud possible commonalities.

Veatch and Stempsey (1995) discuss the differences in paradigms between scientists and clinicians, clinicians and patients in Western medicine. They suggest that each group uses different language in their paradigms to interpret scientific theory (or for the patient, their medical condition). Most likely, the paradigms between scientist and clinician are closer than the paradigms of clinician and patient, possibly due to more common language. The practice of medicine calls for some common interpretation to allow clinicians to use scientific knowledge to effectively treat their patients. Perhaps partial commensurability may be possible in western medical practice if effort is made to find common language and concepts between the paradigms of the different groups.

What about the paradigms of physical therapy and esoteric healing? Can physical therapists overlap these world views into some sort of partial commensurability? Carol Bayley says that scientists, Western medically trained practitioners, philosophers of science and others need to think about “the plurality of legitimate methods, assumptions, and reasoning processes that could form the basis of medicine and to enter into a friendly dialogue with proponents of alternative views” (Bayley, 1995, p.277). Physical therapists and esoteric healers may benefit from open sharing of assumptions, methodology, and language, as each paradigm may offer legitimate means of knowing (or truth).

In order to see if there is the possibility of overlap in the paradigms of physical therapy and esoteric healing, it will be useful to look at Edwin Hung’s (1997) outline of the conditions under which incommensurability exists. His four-step taxonomy breaks

the theory of incommensurability into somewhat understandable parts. Hung admits that his examples are vague at times and the theory of incommensurability is difficult to understand. There are some common concepts in Hung's taxonomy. One might argue that the development of facts and statements are the same. For this discussion, facts are what are observed. Statements are what describe what is observed. This argument is outside of the scope of this paper. One will notice that observation from a particular paradigm is a common theme in the taxonomy and in the examples the Hung provides.

A. Different paradigms do not share any facts in common. Hung's interpretation of Kuhn is that people in different paradigms may be looking at the same thing but see that thing completely differently. What one observes become the facts of that paradigm. The facts or truth statements are shaped by the mind, or by one's perception. Hence, facts are paradigm dependent. An example Hung gives is that "when presented with a duck-rabbit picture, some would see it as a duck and others would see it as a rabbit" (Hung, 1997, pages 379-80).

B. Different paradigms do not share any of their problems or their standards of solution. Each paradigm describes its own problems dependent on their field of study. Hung gives the example of "the alchemo-phlogiston theory asks: What sort of weight does phlogiston have? The chemical atomic theory asks: What is the atomic weight of oxygen?" (Hung, 1997, p.380). Hung also states that each paradigm prescribes its own method of study to most effectively come to a standard of solution. Kuhn says that since people in competing paradigms "disagree about what is a problem and what is a solution, they will inevitably talk through each other when debating the relative merits of their respective paradigms" (Kuhn, 1970, p. 109).

C. Different paradigms do not share any terms (with the same meaning) in common. Same terms may be used in each paradigm, but may have different meanings. Hung provides an example of the term 'element' used by alchemo-phlogiston theory and chemical atomic theory. One refers to air, earth, water, and fire, whereas the other use refers to chemical elements such as hydrogen and oxygen (Hung, 1997, p. 381). Hung also points out that Kuhn claims that all observations are value-laden. Therefore, all "observational" terms are dependent on the paradigm under which the observations are made. Hung provides the example of an apple falling down. A geocentric theorist and a heliocentric theorist would mean something different when using the term 'down' (Hung, 1997, p. 382).

D. Different paradigms do not share statements in common, nor do they share subject matter. Kuhn says that there are no paradigm-free statements. Any statement made is about different subject matter dependent on what is observed by a person in a particular paradigm. Hung has us consider two statements. "(1) The sun is setting in the west, and (2) The earth is spinning eastward" (Hung, 1997, p. 382). It is claimed that these two are different events. The statements are different because of the paradigms from which the observation is made.

This outline will help me examine more closely the concept of incommensurability using the data from the questionnaires and interviews. I will look at the possibility of merely partial commensurability between physical therapy and esoteric healing.

METHODOLOGY

There are several questions I wanted to address in this study. Why are some biomedically trained physical therapists seeking training in esoteric healing? Why are others not? How do physical therapists know they've been successful in patient care? How do some physical therapists try to connect the paradigms of physical therapy and esoteric healing? Answers to the first three questions will help illuminate some of the issues that facilitate or inhibit the ability to openly communicate how to connect physical therapy and esoteric healing.

I hypothesize that some physical therapists have not been satisfied with the reductionist model of patient care as learned in the biomedicine. These therapists have sought other methods of healing to augment or become more successful in their practice. While valuing certain concepts in biomedicine, some therapists can integrate concepts of esoteric healing into their current clinical interventions.

I selected three groups to study. One group, consisting of three physical therapists, is also trained in esoteric healing (based on the philosophy and methods as taught through the International Network of Esoteric Healing). As the number of physical therapists trained in esoteric healing are few, this group is not randomly selected. The second group of three is physical therapists who are not trained in esoteric healing from the Lansing, Michigan area. This group was sought from local clinics by word of mouth. The third group, comprising of four people, is esoteric healers who have not been trained in the biomedical model. This group was selected from a list of esoteric healers at the Institute for Bioenergy Studies located in Okemos, Michigan.

Each member of the three groups received and signed a consent form (Appendix 1) asking their permission to participate. They filled out a questionnaire (Appendix 2). The questionnaire took one half hour to one hour to complete. The participants returned the completed questionnaire one week prior to the interview. I compiled data on the participant's responses to background information and definitions prior to the interview. This allowed me to know the participant's background and view of the paradigms of physical therapy and esoteric healing.

The interview (Appendix 3) took place at the location preferred by the participant. I wanted the interviewee to be comfortable with the setting to allow freedom of expression. The interview was narrative in style, semi-structured, and was tape-recorded. The interview lasted one to two hours. The narrative was transcribed to allow data analysis. The following working definitions were shown to the participants at the beginning of the interview. This allowed the participant understanding of the terms as they are used in the study.

Working definitions:

- ◆ Biomedicine: the study and healing of bodily function and disease, based on facts, reducing the body into parts to allow scientific study (Rhodes 1990, pages 160-1).
- ◆ Complementary medicine: forms of healing that focus on balance; balance of energy flow connecting the mind and body to ensure natural well-being (Davis 1997, introduction p.xxxiv).
- ◆ Esoteric healing: sensing and examining the energy field in detail in order to find alterations in the flow of the energy field, and bringing the energy flow into balance (Baily, 1953).

The interviews were quite detailed. The participants were encouraged to take time to be thoughtful about how they answered the questions. The open-ended questions fostered sometimes, lengthy answers. I was able to gain much more insight to the participant's world views of their work, how they care for patients, and what their work means to them. The interview ended when the participants felt that they had completed their story, using the interview questions as a guide.

The summaries that follow are brief compared to the richness of the information from the transcripts. I listened to each tape and read each transcript until I felt I could adequately write a summary from the point of view of the participant. Their stories are filled with personal experiences that shed light on the question of whether there can be an overlap of the paradigms of physical therapy and esoteric healing.

From the data in the summaries, I did a contextual analysis to find themes of dissimilarities and similarities between physical therapy and esoteric healing. That discussion follows the summaries. Then, using Hung's (1997) outline on the theory of incommensurability, I compared the three selected groups. I looked for common language, description of problems, definition of terms, statements of concepts. Do the three groups share language, problems, terms, and concepts or not? The data from the questionnaires and interviews provide this information. The discussion will show that physical therapy and esoteric healing share problems, terms and concepts in their healing practices.

SUMMARIES

The following are summaries of the questionnaires (Appendix 2) and interviews (Appendix 3) with each participant. They are included to help the reader get acquainted

with their stories. The discussion comes from these stories. I will analyze this data to find themes of dissimilarities and similarities between physical therapist and esoteric healers. The names of the participants have been changed to keep their identity confidential.

Summaries: Physical Therapists

Pat, 38 year-old female, physical therapist for 8 years

Pat looks at health as “a state of physical and/or emotional being”. Illness is what disrupts health. Disease prevents the body from functioning “normally”.

Complementary medicine to Pat “is a type of medicine which enhances what is already being done”. Biomedicine is “medicine relating to biology”. Pat defines esoteric healing as “mind/body/touch healing”.

Her background training is in biomedicine. She is satisfied with her training until she is unsure if the biomedical techniques have been beneficial. She has no training in complementary therapies, so therefore, her assessment and interventions are from her biomedical training. She knows her treatment is successful or not by the patient’s subjective report and by the patient’s functional level. If a patient stops coming to appointments, then she feels she has not been successful. If a patient subjectively feels better, function follows and the patient is satisfied. She feels she has been successful. Pat likes working with people and making them feel better.

Pat depends on her training in biology, anatomy, physiology and physics, all part of the biomedical model. Research is helpful, but she’s not sure it’s conclusive. So, she often depends on what works for a person. A treatment that works for one person may or

may not work for another. Pat explains that each person comes in with a personality, emotional history, “personal stuff” that makes each person different. So their response to treatment varies. That’s what makes physical therapy an art as well as a science.

Pat relies on scientific research as a starting point for how to assess and choose an intervention. But if it doesn’t work, she will try another intervention based on clinical experience. Frustration with the biomedical model comes when a patient asks why they’re not getting better with the treatment that “should” work. Pat senses that lifestyle or poor follow through with home exercises affects rehabilitation. She states that emotional and mental factors affect body function. That’s when the biomedical model “fails me”. “It doesn’t always take in the whole person”...“I always have to”.

Pat expresses an interest in acupuncture as an alternative treatment. She knows that needles are put into different points on meridians, but she’s not sure what happens. She said that her clinic had a neuroprobe. A neuroprobe is a modality used to stimulate trigger points for pain relief. Many of her chronic pain patients responded well to it. She would stimulate “the points of least resistance”, not really knowing why it worked. “I know that I’ve had some success with it”.

In assessment and intervention of a patient with back pain, Pat uses subjective information and objective data. The objective data includes palpation, range of motion, strength and special tests to determine if the pain is due to neurological, bony or muscle dysfunction. Subjectively, she wants to know the pattern of the pain. Interventions include modalities, such as hot packs, ultrasound, electrical muscle stimulation and neuroprobe. “Sometimes patients need some of that babying, some of those hot packs, ultrasound”. “Most of them need to feel like I’m doing something to fix them”. Pat also

teaches exercises and home exercise programs.

Pat thinks that modalities are complementary, “because, do they really work”. Modalities may include treatment such as heat, ice, ultrasound and electrical muscle stimulation. The placebo effect is suggested here. The modalities help the patient “unwind”, stress reduction that might help the patient’s ability to rehabilitate. Pat thinks that the exercise part of the treatment is the most important because “that’s something that they can do” to “improve their general well being”. Pat gives an example of touch being important to a patient. When the patient didn’t get a massage from another therapist at an appointment, he reported he didn’t like that therapist because he didn’t get a massage. “He needed someone to do something to him”.

Pat identifies a similarity between physical therapy and esoteric healing. “The end goal is the same, to make a person feel better” and “increase function”, and a “sense of well being”. After reading the definition of esoteric healing, Pat thinks esoteric healing could complement the biomedical model. The bottom line is “will I have better results if I look at the patient’s energy fields”. If yes, “then I’d like to incorporate it”.

Pat thinks that teaching patient responsibility, and providing information on healthy lifestyle is important. She thinks part of being a physical therapist demands that you look at the whole person. Pat has learned this through clinical experience, not in her physical therapy training.

Pat reports that some physical therapists simply don’t believe in esoteric healing. So, they don’t seek training. They may not “believe” because they need to “have everything fact for fact”, whether it’s going to work. They may not pursue training if it is not “medically accepted by the physician...or insurance companies”. Time in the clinic

is a factor. Pat is not sure she'd pursue esoteric healing because "I don't have a lot of time" in the clinic. She believes people seek training because they are "looking for something more for that difficult patient", "chronic pain".

Pam, 48 year-old female, physical therapist for 15 years

Pam has a holistic view of health accounting for "physical, mental, emotional and spiritual" aspects in "homeostasis". Illness is a "result of disease", disease being the opposite of health. Disease "may be a result of pathogens, or toxins or auto-immune dysfunction". Preventative health care is "care aimed at preventing, thwarting or slowing down a disease process". Biomedicine is "traditional Western medicine based on anatomical, physiological and medicinal science". She has no knowledge of complementary medicine and defines esoteric healing as "nontraditional, non-medical techniques".

Pam says her training in physical therapy is based in science, part of the biomedical model. She is satisfied with biomedicine and the discoveries made by scientific research. Pam has training in craniosacral therapy and considers it outside the biomedical model (later in the interview, Pam retracted that statement). Craniosacral is "based on sound mechanics and physiology of how the body functions"... "just needs to be proven". Physical therapy treatment chosen is based on scientific research and those techniques that have most consistently worked well for the patient. Success in treatment is based primarily on the patient's subjective report. Pam also looks at objective improvement (strength and mobility) to determine whether treatment has been successful or not.

Pam “loves working with people”. She likes working with improving performance, body movement. “God wanted me to” leave physical education teaching and pursue a career in physical therapy. Pam believes that she needs to do work that the Lord wills her to do. The talents that God has given her work well in physical therapy.

She believes the scientific method is the way to know what is right or wrong. We must allow for “gaps in knowledge”. Pam thinks that as scientific study progresses the right treatments will be known. She backs up scientific research with clinical experience. She sees efficacy of treatment in the clinic and waits for research to back it up. “I’m waiting for the evidence to show that stretching will help balance control”. “I would expect research to come along and prove that to be true”.

Pam finds the negative aspect of biomedicine is the fact that some things are hard to study scientifically. “It’s gonna be very difficult if not impossible to prove” how the mind affects attitude or how prayer effects healing. “It’s the kind of thing that you can’t apply the scientific method to very easily without being evasive”. “We know that our emotions and our mind play a big control on healing”. Pam also gives the example of the placebo effect as something that is difficult to account for. Mental, emotional, and spiritual aspects of a person affect how one recuperates from disease. It “does influence our physical well-being”. “I don’t think the scientific model can be applied to the spiritual side of a person”.

Esoteric healing is a practice that Pam cannot pursue “because of my own belief system, as a Christian”. “The concept of energy field comes out of more of an eastern mysticism or new age belief system...which actually has its own religious belief system...beliefs which contradict what I believe”. “I’m unwilling to get into that”.

When Pam examines a person with back pain, she includes a subjective “thorough history”. She asks about the onset of pain, full medical background, lifestyle, work setting, social history, what activities are being limited due to the pain, and the mechanism for injury. Then, Pam will do a physical exam to collect objective data. The exam includes assessment of posture, flexibility, movement tests, palpation of tissue and bony alignment, and mobility of the joints. She might do a neurological exam, “if they’re presenting symptoms”.

Treatment is based on “synthesis” of “what the person has told me subjectively with what I’ve found objectively and try to narrow down...a working physical therapy diagnosis”. The treatment is broken down into “three main categories”: 1) joint and soft tissue mobilization, 2) modalities for pain control, and 3) exercise. Pam puts emphasis on the exercise component to keep normal movement “and to give that person a tool to do beyond their therapy session”. The person has to take on responsibility to do the exercise, “to keep them from having a reoccurrence”.

Pam’s description of examination and intervention of someone with back pain is based on her biomedical training. She does believe that some people with pain, especially chronic pain, probably have emotional and spiritual problems as well. “You know sometimes the depression causes the physical”, or, “vice-versa”. The biomedical model is often not singularly helpful here. “I often try to direct them toward seeking help in a different area. Getting involved in their church...maybe talking to their pastor or priest...getting help from a psychologist...or social worker.” “Probably they’re not going to be cured as long as they continue to have emotional problems”.

Pam points out differences between physical therapy in the biomedical model and

esoteric healing. The main difference is “belief systems”...“that is religious in nature”. Pam states that most “scientists developing the scientific method...based it on their Christian belief, Judeo-Christian belief”. “God has created this universe and because of that special creation there is an order to how things operate” as opposed to evolution. “The scientific model was developed under the creation model”. “We can discover at least a portion of that order through the scientific model”.

Pam thinks that acupuncture, an example of eastern mysticism treatment, can be explained with further scientific study. Under the biomedical model, acupuncture is explained to work by the increase of neurotransmitters to reduce our perception of pain. Pam states that this explanation is totally different from the Chinese belief of energy flow. The same treatment has two different rationales depending on belief systems.

A similarity between physical therapy and esoteric healing may be the “concept of caring”. “You have to start with an interest in the well-being of another person...as a basis for why you’re doing what you’re doing”. “Then beyond that is a confidence that you have some measure of skill or talent in providing that care”.

Pam believes that some people seek esoteric healing training “because they’re not being successful under the biomedical model”. Maybe “they believe it has true merit...in providing actual healing to people”. The bottom line is “we all want to be successful”.

Pam added, “We’re more than a physical shell. We are spiritual beings, too! Sometimes the biomedical model just won’t help, especially if the suffering has spiritual roots”.

Paul, 26 year-old male, physical therapist for 3 years

Paul looks at health as being the “opposite of disease”, “to be in a state of ease without pain or illness”. He defines disease as a “condition that is abnormal, affecting [a] person’s function and may be painful. Illness is “sickness and abnormality of [a] person”. Preventative health care is “care that prevents further or foreseeable injury...normally through education of correct movement”. Paul sees biomedicine as “anatomical and physiological care of disease” and complementary medicine as “medical care that facilitates healing and removes disease”. He does not have a clear picture of esoteric healing, yet suggests it is a non-physical healing looking at body and mind.

He is somewhat satisfied with his physical therapy training, which he considers fits into the biomedical model. He says that biomedicine treats symptoms, not the cause, especially if the cause is “stress and personalities”. “A lot of people’s pain comes from poor family conditions”. Paul has no training outside of the biomedical model.

To know if the interventions rendered are successful or not, Paul depends on subjective reporting and objective tests. He looks at the patient’s range of motion, and movement patterns. He listens to what the patients have to say about their pain and function.

Paul uses the biomedical model for interventions except for those in “chronic pain or widespread pain”. Then “I try to look at the whole person...body and mind”. “As a therapist I try not to dig too deeply into the patient’s home psychology, but where I can, I try to work with the patient to relieve stress, or increase well-being”. “It is necessary to treat in the biomedical model because that is what the patient was sent to physical therapy for and usually expects. But as able, [I] increase the chance of placebo by being positive about the treatments”.

Paul was drawn to physical therapy due to involvement in sports. His primary interest was computer science and engineering. He liked understanding the way the body works. Working with people was not initially an interest, but now finds it “one of the best benefits of the job”.

A positive aspect of the biomedical model is having “a correct understanding of anatomical, physiological and pathological human function...pretty important in treating a physical person”. He thinks, though, that scientific research is contradictory. He gives an example of a modality, ultrasound. “I can give you as many articles on its effectiveness, as well as it’s not effectiveness”. He states he uses ultrasound in the clinic because “patients say they love it”. He believes in using the placebo effect so the patient will feel good. Paul believes that his “standard of practice is changing...all the time based on the research”, he reads. Touch is an important part of patient care.

The biomedical model does not acknowledge the mind-body connection very well. Paul thinks that with further research of how the brain works, we will understand the effects of emotions on the body. He also states that from his brief exposure to acupuncture, that this too could be explained in the biomedical model. It “fits the biomedical model with nerve pathways, warmth, hormonal spots, those sorts of things”. After reading the researcher’s definition of esoteric healing, he thinks it too can be explained in the biomedical model. “That’s why I feel that they’re not exactly paradigms”, referring to esoteric healing and physical therapy. Paul said, “you’d be stupid not to”...“ seek training in esoteric healing”. “Examining people’s energy...gives you another clue as to what’s going on”.

When doing an examination of someone with back pain, Paul performs

observation and objective tests to find abnormal movement patterns in the back, their hip, “or even their whole body”. He looks at positions that affect the pain. Paul looks at “the way they’re talking to ya”...“you can get a lot of information about ...someone’s depressed...are they type A personalities, type B personalities. Do they seem approachable, do they seem like the whole world’s out to get them”. He wants a good subjective history of the pain and history of the patient’s lifestyle. He reports experience has helped him formulate questions to gain relevant information. Examination and intervention is based on the biomedical model as that is what Paul is comfortable with.

Paul defines paradigms as “two completely different things”. “Is there anything that is completely different?” “I mean it’s all in the way that you describe each object”. He thinks that if scientific research was set up correctly, esoteric healing could be studied in the biomedical model. Then “indeed they can be described in a biomedical model and therefore, I don’t see them as paradigms”. “I always think there’s an answer for everything. I don’t believe in, you know, God as being someone up there dictating everything”.

Paul believes that some people don’t seek training in esoteric healing because they’re “happy with what they know”. Others wouldn’t seek training because they believe their physical therapy training told them what works and doesn’t work. “If a patient came to see me with back pain and I just did esoteric healing, I would probably be kicked out of my job”. Paul states that therapists are always looking “for that edge” to get better patient outcomes. In that sense, someone might seek esoteric healing training.

When talking about the mind-body connection, Paul gives examples of patients with chronic pain. Someone with fibromyalgia, “you have to treat the whole person”. “It

is silly to think that you can treat someone by just treating the physical without the emotion". Paul talks about the hormonal responses in the brain. "Maybe we're not taught that in school that, you know, that connection between the body and mind, but it's perfectly logical and it's ignorant if somebody doesn't get that connection".

Summaries: Esoteric Healers

Eleanor, 53 year-old female, esoteric healer for 3 years

Eleanor has worked in various administrative office jobs for 30 years.

She defines health as being "physically, mentally and emotionally well balanced". Illness and disease are the same for Eleanor, "dis-comfort of the physical body, caused by the energy bodies being out of balance". Preventative health care is "spiritual well being, healthy diet and exercise". Esoteric healing is the "balancing of energy flow in the energy bodies, healing them first before they manifest to the physical". Eleanor thinks that complementary medicine is any type of healing.

Her only contact with biomedicine is through personal illness. Eleanor defines biomedicine as a "scientific approach to illness", with a focus on a physical problem. There is "no attention to the spiritual or emotional side of a person". She reports that the biomedical model no longer works for her in many of her problems.

Eleanor has extensive training in the energy therapies, including esoteric healing. When working with a person using esoteric healing, Eleanor "trusts in guidance of the energy source" to know she has rendered the right intervention. She knows she's not successful "by the reaction of the client". Success also depends on "where the client's level of life is". The "imbalance of energy flow is where a problem exists" and

“indicates the client’s level of life”.

Eleanor had severe illnesses as a young child with a residue of medical problems remaining in adulthood. She states that her own experience drew her to looking at alternatives to care for herself and then for others. She wanted to help other people.

As a child, she felt she got good medical care. She grew to respect the medical professionals. As a frightened child, they often comforted her. “I used to have a lady bring me bubble gum”. In her mid thirties, Eleanor “got a little frustrated”. She became allergic to many of the drugs she’d been taking. When her life long doctor retired, Eleanor never found another doctor she could trust. She never found someone who paid attention to her story, or who looked closely at her medical history. Eleanor tells of a doctor who ordered a series of tests without touching her or looking at her. The doctor called her in for follow-up only to tell her she had an apparent problem, a missing kidney. “I have a scar probably twelve inches long...you know, had he looked at me” [the doctor would have known I had a kidney removed}. Eleanor values a patient-healer relationship and finds the biomedical model fails in her experience to value that relationship.

Eleanor finds that esoteric healing allows for sharing with the patient. “They become more than just your patient”. “You have to find out what created some of the problems”. The healer facilitates the process for the client to work on healing. That healing relationship is important to Eleanor.

The negative aspect of esoteric healing is that the work is off the body. The healer palpates the energy off the body. “Some people require more touch...people benefit from touch”. So, Eleanor combines her energy training to do a form of touch energy healing.

Eleanor states no one thing drew her to esoteric healing. “I was just out there searching and the explanation was intriguing”. The training was local. After the first class, she was struck by how she learned how to palpate the liver energetically. Eleanor talked about how she learned to palpate the energy of the organs of the body. “It’s amazing what you can sense just in the energy field”.

To assess and treat back problems, Eleanor goes through the protocol of balancing the energy centers. She energetically looks at the spine and nerves, while the client lies on a massage table. She does not take a medical history. She goes by the client complaint of pain. She does the adjustments of the spine, hips and head through the energy field off the body. She knows she has done the adjustment by “rechecking their alignment on the table”.

Eleanor senses, intuitively, when she’s not able to help someone. “They were not open to taking responsibility for their own health and discomforts”. Others, she senses are drawn to her and her healing. “If the client wants a quick fix, “it’s probably not going to work for them”. After the treatment, Eleanor generally makes recommendations of books to read to help the client take charge of their healing. The books talk about the emotional problems that cause physical discomfort. “I feel that emotion is the bases of all ills”.

Eleanor considers her intervention with someone with back pain mostly based on her esoteric training. She does refer to references in anatomy to help understand alignment and where the energy flow needs balancing. The anatomy correlates to an emotional aspect. Eleanor is open to balancing the part of the body that hurts, but also looks at the total energy picture. There will probably be imbalances elsewhere in the

energy field.

A similarity that Eleanor finds in esoteric healing and biomedicine is the goal to help people. “You’re working from your heart to help them”. In “the medical field, I’m sure a great number of people have the same feeling”. Eleanor, though, has personally experienced indifference toward her when getting services in the biomedical model. “I’m just another body lying there”. “I think in the medical field...the administrative part of it kind of kills some of that [sense of caring] for some of those people”. She has not felt that way with the energy work.

Eleanor talks about the life pathway that each person is on. It is their choice whether to work on their journey or not. So some people seek esoteric healing training because they sense there’s more to life. It’s a spiritual pathway. “I think it’s all a life thing of your spiritual being where you, where your balance is”. Eleanor thinks that people are searching for “our reason for being...to come into balance”. Esoteric healing helps a person learn to cope with life at all levels: physical, emotional, mental and spiritual. She states, “I truly believe there’s a place for this [esoteric healing] in the hospitals, working with patients to help them relax and let the energy flow”.

Emma, 48 year-old female, esoteric healer for 3 years

Emma has worked in the past as a training developer and in a role like a social worker, but has no formal training in social work. She has exposure to social work and psychologists through friends who work in the field.

Emma defines health as “a general feeling of well being at all levels of existence”. The levels of existence include physical, emotional, mental and spiritual. Illness is a

“blockage of energy flow in the physical body causing pain, discomfort and other distress”. Disease, the opposite of health, is a “serious energy blockage”, causing a “breakdown of the body’s systems”. She defines preventative health care as the ability to provide “all levels of existence what it needs to function at it’s optimum”. Esoteric healing is a practice that helps the balance of energy at all the levels of existence to “enhance the body’s ability to heal and promote well being”. Biomedicine is “derived from biology, chemistry, physics...the ‘natural’ sciences”. Emma has no formal background in the biomedical model, but has done studies in psychology. She has training in esoteric healing as well as shamanism. She criticizes biomedicine because it “fails to embrace the non-physical aspects of medicine [emotional and psychological factors] and is interested in curing rather than healing”. She will encourage her clients to continue medical intervention along with complementary therapies. Emma knows her esoteric healing intervention is the right one by listening to spirit and from her training in esoteric healing. The treatment is not successful if there is no change in the flow of energy at any level. Successful treatment depends on Emma’s ability to stay in tune with the client. She reports having a lay person’s knowledge of biomedicine and incorporates that knowledge into the esoteric healing process.

Emma was caring for people through shamanic healing. She sought out training in esoteric healing to try to explain or bring an “intellectual piece” to her shamanic healing work. She realized that both practices were about energy. Esoteric healing gave her understanding about energy manipulation. Esoteric healing gave Emma something “more concrete” to help her in her shamanic work. The concreteness is the protocol in how “you look for the energy around body organs and systems”. Emma likes the

structure of the protocols of esoteric healing versus Shamanism. In shamanic work, she never knows “what spirit’s gonna ask me to do”.

What Emma doesn’t like about esoteric healing is that instantaneous change is rare. “This culture, that’s what we are accustomed to is taking that aspirin and having some relief”. So people that expect a quick fix don’t stick with esoteric healing. The change is subtle. People who are very sensitive to energy, “they actually feel the difference or feel something and there’s a reinforcement” that something has happened in the treatment.

In using esoteric healing for assessment of someone with back pain, Emma asks the client to be aware of changes in pain and discomfort. She asks about changes in flexibility and stress levels, looking at physical and emotional aspects of the client’s life. During assessment, Emma scans energetically, looking for problems in the spine. She tells of sensing calcium build up or “hot spots in the spine” and in treatment will bring those areas into balance. Emma treats other areas that are energetically out of balance. Initially, she does not ask a lot of questions about the client’s condition. “I think I would get influenced and maybe kind of bogged down in whatever their response”. After the treatment, Emma talks about the areas treated and relate it to what’s going on in their life, at all the levels of existence. She is especially interested in the emotional, mental and spiritual levels. She wants feedback from them about anything that they experienced and then together try to interpret what it might mean. Her description of how she would assess and treat someone with back pain is based mostly on her esoteric healing training, mixed with her “lay” experience with medicine.

A similarity between the biomedical model and esoteric healing is that “both

approaches want to heal or make someone better or more comfortable...”. Both are “really interested in helping other people”. The difference that Emma finds is that the biomedical model is only interested in “a physical healing or...cure”, “a repair of something”. While in esoteric healing “that seems like the beginning not the end”. The biomedical model does not seem interested in what esoteric healing finds important. That is to help people move along on their spiritual path.

Emma thinks that some people would not seek out esoteric healing training “because they have no sense of anything beyond what they can see and prove...or what the doctor tells them”. People that seek it out tend to be on a spiritual pathway. “It just seems like much of humanity is not...my path doesn’t seem to be very crowded, needless to say”.

Emma clarifies that in esoteric training she has learned some anatomy to be able to palpate the energies. What she likes about esoteric healing is that it’s more than just anatomy. It includes all the levels of existence. She feels there is a lack of studies being done on “the alternatives”. Why aren’t studies being done in alternative medicine? “my guess is that we have a status quo that exists and it wants to be kept”. “The whole thing comes down to money and power”. Studies in alternative medicine “are going to upset things”.

Evan, 28 year-old male, esoteric healer for 3 years

Since high school, Evan has had several jobs. He was in the army. He has been studying alternative health. He has traveled a bit to “search for the meaning of life”.

Evan defines health as “the absence of disease or illness”. Illness is “a problem

made manifest within a person's body or bodies". Disease is a long term illness.

Esoteric healing is defined as "utilizing the 'unseen' world to flow energy or solve problems". Preventative health care is "keeping a 'balance' in one's life, a state of peace". He thinks of biomedicine as chemistry, biology, "western model". Evan is not satisfied with the biomedical model so has chosen not to get training in it. He thinks there is an easier way to help people. Since Evan believes in preventative health, he has not sought personal medical attention. He would seek a doctor's help for a broken arm.

Evan has training in esoteric healing, and other practices that include energy flow. He feels that anytime he has intervened with energy medicine, the treatment is always successful. The flow of energy will cause growth or movement. If there is not growth or movement, the treatment is not successful. His intuition guides his healing practice.

Evan's belief system is strongly tied to a spiritual background, using intuition. To help someone, he also uses the guidance of that person's soul. He believes his model of healing is totally opposite to the biomedical model. He thinks that his intuition is "more right" than the facts of biomedicine. Biomedicine treats the surface problems of the body part, whereas esoteric healing goes to the cause or core of the problem.

To assess and treat a person with back pain, Evan would ask for guidance as to what needs to be balanced and start with balancing the chakras. It may be the spine that needs treatment. Sometimes he reports "just knowing where to go". "One of the great things about the energy mass and especially esoteric healing, is that you work at the cause, get to the core of the issue of why they're there, and it sometimes is totally non-related to the back". He approaches treatment from an energy model. Evan has very basic knowledge of anatomy from looking at books. This helps his esoteric healing

practice. Evan thinks that every energy intervention is successful. There is a connection between you and the patient. The balancing of energy helps the patient move on their pathway.

Evan is drawn to patient care to be of service, to help people. “And it’s fun”. He thinks the positive aspect of esoteric healing is that it “incorporates the horizontal and the vertical aspects of life”. Esoteric healing looks at the physical, emotional, mental and spiritual aspects of a person and goes into the soul and connects to the higher being. So esoteric can be used to treat “any problem that can manifest within a person as a human being”. He says that it’s fun to see an immediate response in a patient when “sometimes it...doesn’t feel like you’re doing things”.

The negative aspect of esoteric healing is that people who only accept the biomedical model would not seek this kind of treatment. “The person has to be on a spiritual path in order to come to us”. So another positive aspect of esoteric healing for Evan is that it accelerates the spiritual growth “by helping them link with their soul and monad”. He thinks that those who seek out esoteric healing may have had a negative experience in their healing process. They are looking for something better, as they grow on their spiritual path searching for the “truth”...“whatever truth means”.

Intuition is a similarity between biomedicine and esoteric healing. Evan thinks that successful doctors still use their intuition to diagnose and treat their patients, albeit probably unconsciously. Esoteric healers use intuition consciously, by asking intuition’s guidance. Evan states there is a science behind esoteric healing that is not well accepted. He likens biomedical science and esoteric science to the two sides of the brain. The creative, intuitive right side of the brain is the side of the esoteric healer. The linear,

logical side of the brain is the biomedical side. Yet, both have rules and laws to be explored.

A difference between the models is that biomedicine focuses on the physical. Energy work uses “everything that is spiritual”, freely given. There needs to be an energy exchange. Evan thinks that this energy exchange also happens between physician and patient. “I’m sure they probably realize it sometime in their career”.

Evan thinks he was drawn to esoteric healing as part of his spiritual path. He thinks that is how people come to be esoteric healers. Others don’t seek esoteric healing because they think it’s “spooky”. Some people have not developed or had life experiences “to the point where they’re gonna open up to that stuff” (referring to esoteric healing). Social pressure may not allow someone to seek out esoteric healing, because it’s different. People who do seek to be esoteric healers “have to be courageous, pioneers to a certain extent”. They have to be able to go against social norms or religious structures.

Eva, 38 year-old female, esoteric healer for 3 years

Eva has experience with mortgages and lending for several years.

Eva defines health as “everything functioning...in balance”. Illness is the opposite of health. Disease is when the body is affected. Preventative health is when a person takes “precautionary measures to avoid becoming ill”. Biomedicine is conventional medicine, where “western practitioners treat the specific physical body parts”. Esoteric healing is the balancing of energy fields, “to bring someone back into balance”.

Eva has no training in the biomedical model, but has personal experience. She states overall satisfaction with biomedicine, because she sought treatment for specific symptoms. The problem is that the biomedical model doesn't look at the "whole".

When she does esoteric healing, she energetically picks up imbalances at different anatomical areas. So, she has learned basic anatomy in the training. Intuition, spirituality and meditation techniques learned in esoteric healing influence the way she intervenes with her clients. She knows her interventions have been effective or not by communicating with the patient, patient feedback.

Eva was drawn to healing through personal health concerns. She realized "how much your health relies on...your mental state". Her own health concerns and healing process led her to wanting to heal others. She experienced treatment from an esoteric healer that caused such a significant change in her life. She wanted to learn it to help people.

The most positive aspect of esoteric healing is learning to connect with other people energetically. She uses the connection in her healing and at her office. She aligns and attunes, meaning she looks to divine energy source (the higher spirit) to bring light down through and connect the soul lights. Now that Eva is so sensitive to energy connections, she finds it very distracting when that connection is not made. That is a drawback of esoteric healing.

To assess and treat someone with back pain, Eva would balance the energy centers and note the areas of imbalance. She would energetically assess the spine and bring it to balance. She then relates the areas of imbalance to emotional, mental and spiritual levels that cause the pain. She palpates the energy field of the body to sense the

imbalances. After the treatment, Eva talks to the client about the imbalances, how it relates to the other levels and sees how that resonates with the client. The discussion before the treatment is minimal. She wants to know what prompted the client to ask for esoteric healing. Eva thinks that back pain that is more acute is better treated with conventional medicine, along with esoteric healing. Chronic back pain from insidious onset would be better treated with esoteric healing. She knows this by personal experience and “common sense”. She also notes that she checks other areas besides the spine for imbalance and brings them into balance.

Eva says, when looking at the similarities of esoteric healing and biomedicine, “I think it all comes down to wanting to help somebody feel better”. The main difference between the two models is “taking a look at the whole picture”. Biomedicine looks “at the physical level only”. Esoteric healing looks at the physical, emotional, mental and spiritual levels. Eva states it’s important to look at “what you do and what you are” to find imbalances at all levels. These factors will cause physical problems.

Eva thinks “it’s really fundamental that the healer” (biomedical or esoteric), is not so “arrogant about their own model and is able to turn the patient over to other healing”. The two models are complementary to each other.

People seek training in esoteric healing when they “become more in touch with their spiritual side”. “It’s critical for health...made up of mind, body and soul to be balanced”. People don’t seek training because of fear or lack of knowledge of a different model. The fear is from not knowing whether esoteric healing will work. Fear is also from not wanting to face problems. “In this day and age...people want a quick fix”. Esoteric healing is not a quick fix. People have to want to “work on their own emotional,

mental and spiritual thing”. “They’d rather be in the physical”. Eva brings up, too, that esoteric healing is not tangible. “Everybody wants to, you know, see things”. “You know we look at the Asian countries, they embrace the acupuncture and a little bit more holistic kind of approaches where our culture is take a pill and call me in the morning type thing”.

She notes that trust in the healing process is an important issue in both models. “I think if awareness is brought about, people will become more and more receptive”. “A lot of physicians are trained in the biomedical model and are bringing esoteric into their practices and that is a beautiful marriage”.

Summaries: Physical Therapists trained in Esoteric Healing

Martha, 43 year-old female, physical therapist for 9 years, esoteric healer for 3 years

Martha defines health as “optimal function of body/mind/spirit which facilitates a timely recovery from injury/stress”. Illness and disease are “an imbalance/injury to body/mind/spirit”. Preventative health care is the “promotion of life style that optimizes health”. Biomedicine is “medicine directed toward physical health”. Esoteric healing is “healing techniques that promote total health by balancing an individual’s energy field”.

Martha has training in physical therapy, which she considers based in the biomedical model. She is not satisfied with the biomedical model, as it does not give her the tools to promote health of body/mind/spirit. They are interconnected. She has training in esoteric healing with about three years of experience. She incorporates some of the esoteric healing into her physical therapy practice by “aligning and attuning to each client before treatment and by being open to energetic messages”.

Martha knows she has chosen the right intervention based on the client's satisfaction with meeting their goals. She knows when she's not successful based on "client response". In her physical therapy practice, Martha "addresses mind/body/spirit"... "using all of the techniques I have learned based on client preferences and my assessment of the areas of greatest imbalance".

Martha was drawn to patient care out of an interest in wellness, starting with her own. She became interested in movement for health and well being from her own experience as a professional dancer. As a dancer, she became more aware of her body, and also aware of whom she truly is as a person. She gained self-confidence. She learned more about the mind-body connection. She used alternative methods, such as tai-chi, yoga, massage, to keep her body functioning. Traditional methods were not affordable without health insurance. After a serious injury, she had physical therapy and felt it was "a more complete and different analysis" than she got from the alternative practitioners. "So it was feeling how much a physical therapist could help someone like me" that drew her to a career in patient care.

She values her training in physical therapy as it gave her knowledge in biomedical and biomechanical concepts, factual information. It "encompasses more...beyond just the body. Because the body being connected to emotions and body chemistry". Just working mechanically with the joints and spine is helpful. "But my own interest, it wasn't enough for me". She's glad she has the training in physiology, anatomy, biomechanics, to give her that framework. A drawback of the biomedical model is that "you don't have the time" to "even take the whole body into consideration". "It was too part and parcel". Her colleagues in the clinic thought she was "a little odd" because she

would look at the total body alignment, not just a body part. Another drawback is that physical therapists don't always consider how a person feels. She gives an example of someone who is depressed. They have slouched posture, not breathing well and feeling "weight on their shoulders". "Sometimes you need to deal with these aspects or be open so the person can talk to you about them". "The whole person's life is affecting their body and how they are presenting to you". Physical therapists don't have time to do that.

A positive aspect of esoteric training is the aligning and attuning. Martha states "the higher energy helps with whatever treatment takes place". Aligning and attuning help Martha center herself with the energy source ("some people say God or the universal unconscious") and connects her with the other person's soul to bring about the best possible treatment. "Already it's uncomfortable talking about these concepts because these are invisible things that involve faith and trust that there is an underlying greater energy". Martha states that there is a "spiritual dimension of life", just like the emotional and mental dimensions. "I think that's very valuable and it also gives me a framework of understanding why some people heal and other people don't heal".

The negative aspects of esoteric healing are the "frustrations in understanding the interconnectedness of this person and the limited ability to work with this in traditional physical therapy...situation". Martha does not discuss dimensions beyond the physical in the clinic unless the patient wants to discuss it. She says patients expect the biomedical model. She also states that there is not a billing procedure code for esoteric healing. "What do I bill for that time". Martha thinks her boss may be open to discussing it, but she hasn't pursued it.

Martha brings up another barrier for incorporating esoteric healing in the physical

therapy clinic. Since esoteric is working with your hands off the body, she questions how to put it in the physical therapy realm. She feels that the clinic restricts her ability to feel comfortable integrating the two models. Martha thinks that esoteric healing is another “tool in the tool box” of treatment options. But esoteric healing has to be accepted by the management and has to be reimbursable by insurance to be able to use it in the clinic. Esoteric healing is not “formally accepted as a tool yet”...because “it’s so new”...“to physical therapists”. Martha notes that, in her area, it is accepted that nurses do therapeutic touch (off the body energy work).

Martha sought esoteric healing after hearing about it from a physical therapist. As the therapist talked about it, “it made sense to me”. Martha had a great deal of respect for the esoteric trainer because of receiving osteopathic treatments from her. Martha states she always felt so whole and balanced after those treatments. “The first course put it together for me and made me understand the spiritual aspects of my whole life”.

When Martha examines someone with back pain, she interviews them first to find the history and nature of all the symptoms. Then she does a physical assessment of strength and range of motion. Intervention focuses on relaxation, movement to connect and integrate the body, and breathing to release muscle tension. This description is based totally on Martha’s training in physical therapy, except that she aligns and attunes with the person before the assessment. She talks about using her intuition to know where to start. She is looking for and listening for the other dimensions: emotional, mental, spiritual. So, her esoteric training does influence her assessment and intervention. Martha is a better listener to the higher spirit to know where to take the intervention. She works with people to get them in touch with their body physically and “in the process

they have to get in touch emotionally”. Martha says she may talk about mind/body/spirit connection if she sees the person is receptive. “I don’t want to turn somebody off and have them stop listening because I say something that offends them...in terms of their own beliefs”.

When looking at the similarities between physical therapy and esoteric healing, she finds that “you work as a team to meet what the patient wants”. Another similarity is the goal of health, well being, and balance. Martha sees a connection between the different systems. In physical therapy, she tries to scan the whole body to see what may be causing a dysfunction in a particular area. In esoteric healing, you treat the area of imbalance of the energy field, which may be different from the subjective complaint.

Martha notes that some people come to physical therapy to be fixed. Others “are curious maybe about themselves and why this is happening”. “Other people don’t want to know about themselves”. A difference is that physical therapists, “don’t take into account the energy field in respect to health...or injuries of the individual”. “To me esoteric takes in everything...and physical therapy is a part of it” (referring to esoteric healing). Martha brings up an interesting point that maybe physical therapy should be a tool for an esoteric healer. She notes that she hears many people start talking about energy, whereas “it hardly existed before”.

A person who does not “recognize the energetic component of health” or that we are “whole beings” would not seek esoteric training. If “you start to understand the energy field and it’s power”, it is valuable to have the information from esoteric healing. Martha states that people are “still thinking the world is Newtonian...what we know is that the reality is different than what we see...it’s a huge shift to make your everyday

reality of how you perceive the world”. “So some people have shifted and some have not and some people don’t even know there’s a shift to be made”. Martha thinks we are on the edge of learning how to study energy fields and that “we’re now in a place” to “understand it scientifically”.

Mary, 34 year old female, physical therapist for 7 years, esoteric healer for 5 years

Mary defines health as “a state of well being”, having a balance of physical, emotional, spiritual. Illness is “being separated from good health”, sick. Disease is “a disturbance in a person’s health causing illness”. Preventative health is “taking care of oneself so that disease will be lessened or prevented”. Biomedicine is “body chemistry and function”. Esoteric healing is “energy healing”.

Mary’s training is in physical therapy, including course work in chemistry, biochemistry, physics, physiology, anatomy and psychology. All of which she considers under the biomedical model. She is not satisfied with the biomedical model because “it does not take into account other intervening factors such as how motivation or attitude affect the body’s ability to heal”. She has taken esoteric healing courses over the last four to five years.

She uses some of her esoteric healing training when doing some physical therapy treatments that require a quiet setting. “Esoteric healing requires quiet concentration”. “I have become fearful of mentioning my training in esoteric secondary to the reactions I have gotten which were negative to this non-traditional therapy”.

Mary knows she’s chosen the right interventions by continuous assessment of patient responses. She knows the patient care is not successful if they are not progressing

towards their goals. “My training in the biomedical model keeps my findings concrete and clearly accessible. The complementary skills I have help the rest of the whole person”.

Mary was drawn to patient care by doing work with the elderly as an aide. She saw how physical therapists could help the elderly get stronger “to do what they wanted to do”. She wants to help people achieve a quality of life that is meaningful for them. She acknowledges that people are more than a physical body. “People are dynamic beings that need to interact with each other”.

Mary thinks that physical therapy falls into the biomedical model. “To me, it also means biomechanical”. She finds that the science and research have helped her to be able to assess the client thoroughly. Then critically decide what’s happening with the person to be able to treat the patient “with more accuracy, more skill”. Mary says, “with biomedicine, there are some limitations”. It doesn’t account for the psychological factors that may be impacting a person’s health, causing disease. Mary gives an example of someone with chronic pain. “Yeah, there’s something wrong there, but their behavior is far beyond the physical”. “If you don’t realize that [there’s] a psychological component as a factor, the person may never get anywhere” in physical therapy. Experience in her patient care has helped her know that there is more to patient care than the biomedical model. Working in a team situation, with other medical professionals and social workers, has helped Mary know that her patient is more than body parts.

Looking at her training in esoteric healing, Mary states that a positive aspect is that her palpation skills have improved, or intensified. The esoteric healing has helped her concentrate and focus to know what she is palpating. A negative aspect of esoteric

healing is dealing with the spiritual philosophy. Mary believes that Jesus Christ is “truly the Son of God” not “just one of the higher masters”. The philosophy that is taught in esoteric is about reincarnation and “how each time a person [is] reincarnated that they’re at a higher level...it’s a beautiful perception”. Mary finds conflict between her faith in God through Jesus and the spiritual philosophy that is taught in some of the advanced esoteric healing courses. “So...at this time, I’m not doing esoteric”. She is struggling about how she might be impacting her clients spiritually. “I can’t stay focused”. Mary points out that she stays with the esoteric healing protocol and respects the client’s boundaries energetically. But for now “I’ve decided to just stop for awhile and just kind of let everything settle”.

Mary states she’s never officially brought pure esoteric healing into physical therapy practice. When she first started taking courses, “I assumed that eventually it would be something that maybe I could fit into physical therapy”. “It never seemed quite appropriate in the clinical setting, because of insurance, a bad experience with a colleague who didn’t respect esoteric work, and the noise in the clinic. But she does let the energy of the higher spirit pass through her to the patient to benefit the patient as needed.

Mary was drawn to training in esoteric healing because of a personal experience with a medical problem. A doctor, who was treating her with manual medicine, recommended esoteric healing. “It reduced the pain...by ninety percent”. “I found it to be beneficial enough that I was interested in taking a class”. She thinks the classes have been useful, but repeats “it never panned out that it was appropriate in the clinical setting”. Mary described the negative experience with a colleague. “Even though it was

on my own time with my own money” to take the classes, a supervisor “wrote me up”, saying “I needed to take more traditional physical therapy classes”. Colleagues laughed at Mary, saying esoteric healing is “tactile hallucinations”. That gave Mary a bad feeling, so she is not always sure how to approach it with a client. “When I speak to other people outside of work...I can tell them...and that seems to be acceptable”.

Mary finds that other medically trained people who know esoteric healing, tend to keep the two separate. “They have to feel like they have a fairly good rapport with the person...they tend to be careful”. She explains that patients “could get frightened by new ideas and new concepts”. “They’d think you’re into some weirdo...they might lose their concept of your credibility”. Mary states there is a research study on esoteric healing, but it’s not accepted in the “hard” sciences.

An initial assessment of a patient with back pain includes looking at physical movement, range of motion, strength, and an analysis of ambulation. Mary notices psychological/behavior factors, but tends not to write them in the initial note. She will observe behavior and note it if it’s consistent and impacts physical therapy. Mary finds the emotional, mental and spiritual aspects are more subtle. She is cautious how she documents these aspects due to insurance reimbursement. Mary is supportive as an active listener to other aspects beyond the physical. She refers patients to social work or psychology as needed. Her assessment and intervention is “more biomedical” to fit the needs of the doctor and insurance companies.

Looking at the similarities between physical therapy and esoteric healing, Mary says, “both benefit the person’s quality of life”. The differences are that in physical therapy “you’re just dealing with purely the physical...does the joint move better, is the

person able to walk farther without pain”. Esoteric healing deals with how a person deals with pain emotionally, mentally. You get the energy flowing pretty quickly. Esoteric healing is “something that takes more time”. “Right now with managed care...taking more time is a forbidden thing”.

Mary notes that people go out of their way to seek esoteric healers, so “that means the they’re more willing to make changes in their life.” “And be responsible as opposed to someone who says is this covered by insurance. Can I have a hot pack?”

Mary thinks that the physical therapists that seek training in esoteric healing want to help the client “more holistically”. “They want to expand their knowledge. Others don’t seek training because “they would have to change and look at themselves differently”. They would have to challenge the way they look at patient care. Many don’t want to “rock the boat”.

Matt, 34 year-old male, physical therapist for 12 years, esoteric healer for 5 years

Matt defines health as “balance between body, mind, and spirit”. Illness is “a minor imbalance in the body, mind, spirit”. Disease is “a significant imbalance” of the three levels. Preventative health care is what one does “to improve health and limit disease”. Esoteric healing is “energy work in a spiritual context”. Biomedicine is based in “hard science”, which is “objective, cause and effect relationships”.

Matt is trained in physical therapy that includes “hard and soft sciences” (physics, chemistry, biology, anatomy, psychology, sociology, kinesiology). Matt is not satisfied with the biomedical model, as it tends to focus on the body, “discounting the significance of the mind and spirit”. Biomedicine “downgrades” events, such as miracles, “because

they cannot be explained objectively and conclusively”. Matt has training outside the medical model, mostly based in energy flow, including esoteric healing and acupressure.

At this time, Matt is trying to incorporate his training in energy work into his physical therapy interventions. Matt knows his interventions are successful if the goals established with the patient “are being achieved” based on continued assessment of the response to the interventions. He also uses his intuition. He knows he has not been successful if the patient is not making progress toward the goals. He recognizes that “some people don’t want to get better”.

Currently, Matt’s practice in physical therapy is based on the biomedical model with “the complementary ones used as adjuncts”. He reports his occupation, reimbursement mechanisms and the professional practice act influences his physical therapy practice.

Matt pursued a career in patient care to help people. He wanted something in the medical field because of the science course work. He liked the “detective work...why do things, how do things work”. He considers his physical therapy training to fall in the biomedical model because it is based on “cause and effect”. He assesses and narrows what the problem is, then “determines the appropriate course of action to resolve the problem”. He finds that the “cause and effect” way to resolve problems is a positive aspect of the biomedical model. On the other hand, the “cause and effect” relationship is a negative aspect. “You’re dealing with bodies. There’s so many variables”. “We assume that there is a lot of science to support what we’re doing, but in fact that’s not the case”. Matt talks about making educated guesses based on experience.

Esoteric healing has “opened up” Matt’s mind to another way to approach

healing. It looks at the whole body, mind and spirit, filling in some of the gaps of biomedicine. Biomedicine breaks “the body down to so many different parts...to identify a problem”. Esoteric healing adds in the mind and spirit aspect. So assumptions made under the biomedical model “may be totally different” if you start looking at the body, mind, spirit connection. A negative aspect of esoteric healing is that it is not well known. “I think it can be frightening to people...it’s not within the traditional school of practice in physical therapy”. Esoteric healing could be going outside the scope of practice, “...things are a little gray, in that sense”. Because esoteric healing is not tangible, the techniques are with hands off the body, it’s not “traditional medicine”. “People may be intimidated by that”. “Getting their permission”, to agree to esoteric healing may be difficult.

Matt sought esoteric healing training out of “curiosity”. “There was a big void” in the biomedical model. “I’d probably worked with enough people that haven’t fit...the biomedical model”. Matt “was looking for more”.

To examine someone with back pain, Matt does a scan of the whole body, including strength and range of motion. Then, he scans more closely “to isolate the area that you want to work on”. Matt states his approach is biomedical because he is not at a comfortable level assessing both esoterically and biomedically. While Matt does his assessment, he says he uses concepts from esoteric healing. He thinks, “what else [is] influencing this back pain?” Matt looks beyond “structural problems” to psychological factors and to energy flow in the body. He states he’s still trying to work on meshing physical therapy and esoteric healing in his practice. The use of esoteric healing is still limited. He not only worries about who might accept esoteric as a mode of treatment, but

repeats his concern about the physical therapy scope of practice. Matt does esoteric healing outside of his physical therapy practice. “They’re not integrated as one yet”. “I’m trying to find where the balance is and how to use the two”. He has to overcome his own fear of approaching people about esoteric healing. He is fearful that the elderly patients “are not open to new things”. He uses his intuition to try to determine who might accept esoteric work.

Another barrier to using esoteric healing is that physical therapists, in this area, work under a doctor’s order. “In order to truly integrate this, we have to have a physician’s order...and the patient’s permission”.

Matt thinks that there are more differences than similarities between physical therapy and esoteric healing. In esoteric healing, you are working with “pure energy philosophy, where you’re trying to get and improve energy flow through the body. You’re looking...more holistically”. Physical therapy looks at body dysfunction. Yet both models have a systematic way of assessing and intervening with the patient. “There is an order to how you do [it]”.

Matt points out that many physical therapists use acupressure as a healing technique. Some physical therapists use it thinking of the energy flow philosophy. Some physical therapists use it thinking of trying to ease a somatic problem at that particular body area. When doing esoteric healing, Matt is looking for the area of energy blockage in the energy field at the different levels (physical, emotional, mental, spiritual and soul). It’s problematic to try to document esoteric work in the physical therapy note so others can “understand what we’re doing”. Matt worries about getting reimbursement from insurance companies.

Matt reports his knowledge of esoteric healing allows him to be aware of the emotional, mental and spiritual aspects of a person. He is “more equipped to make more appropriate referrals...to a spiritual counselor or psychologist”.

Matt thinks people seek esoteric healing training because “the biomedical approach doesn’t work by itself...I think that they’re trying to find what is the best way...help a person”. Others may be “frightened” by esoteric healing, so won’t pursue training. “It’s not something tangible”. Others are “just truly biomedically inclined...they’re not open to the other things”. “It takes some courage to get out of our ruts and look at...what are some of our options”.

Matt is looking forward to seeing more physical therapists trained in esoteric healing. “I think as there is more dialogue...maybe...I can bring down some of my barriers”. “There has to be a way to integrate it...dialogue with others...could probably close the gap and truly help our patients”.

DISCUSSION: ASPECTS OF EACH PARADIGM

Dissimilarities

The group of physical therapists and the group of esoteric healers identify four dissimilarities in the two models. These themes are discussed here.

1) Reductionism versus Holism

The first theme that is prevalent in the data is reductionism versus holism. Most all the participants identify that the biomedical model tends to reduce the body to physical parts. Examination by a physical therapist involves standardized observation of movement of a particular body part. Special standardized tests are done to see what the

dysfunction is at that particular area. The focus is on the physical aspect of the person who is seeking help.

In esoteric healing, the participants note that the focus of assessment and intervention is on the whole being. Not only do the esoteric healers look at the physical aspects, they also assess the, emotional, mental and spiritual aspects of a person. The assessment is a comprehensive look at the whole being. Esoteric healers integrate information that is found at the different levels to determine the areas (physical, emotional, mental and spiritual) that need to be balanced. What is treated may or may not be the area of the body where the patient indicating or complaining of pain or problems.

Notice that, even though the esoteric healers say that their assessment is holistic, they talk about a protocol to follow. The protocol seems to ask the healer to break down the energy field into smaller parts to see where the blockage is in the field. When assessing someone with back pain, the esoteric healer examines the spine in parts energetically. The healer can palpate the alignment of the spine and put it back into place through energy manipulation. This protocol for assessment and treatment is not different from a reductionist view, of breaking the whole into smaller parts.

Physical therapists say that their training has taught them to focus on the physical problems that the person presents with, in the clinic. The exam and interventions are selected to change the physical problem and make it better. The therapists all reported knowing that the patient that presents in the clinic is impacted by environmental stress, lifestyle choices, family and job dynamics. The patient complaint of physical pain may be acute or it may be chronic. All the physical therapists report that people with chronic

pain, probably have emotional and spiritual problems that will impact how well they rehabilitate. They cannot ignore the emotional and spiritual aspects of their patients if they truly want to be successful practitioners.

Most participants in the study indicate at the outset, that each model, physical therapy and esoteric healing, have different philosophical approaches to care and are therefore dissimilar. Physical therapy practice is thought to be in the reductionist model of care and esoteric healing labeled as holistic care. But the summaries identify that what one sees in the process of patient examination and intervention the practitioners mix the philosophies.

Each model may indeed work from a reductionist view and a holistic view. From experience in patient care, physical therapists have learned that emotional, mental and spiritual factors influence the rehabilitation process. As an example, a physical therapist participant reported that emotional stress inhibited a patient's ability to rehabilitate. She referred the patient to some counseling. This physical therapist has a holistic view of care. An esoteric healer identified the ability to just energetically treat the parts of the spine where pain occurs, along with the overall balancing of the emotional, mental and spiritual fields. Some esoteric healers know that sometimes a physical structure needs realignment to allow energy to flow throughout the field. It seems that for the best possible care of the patient, physical therapists and esoteric healers have learned to observe and acknowledge the whole being.

2) Scientific Research versus Intuition

The second area of difference is the emphasis on scientific research versus

intuition. The physical therapists state they depend on scientific studies to guide their choice of intervention. If new research comes out stating that a treatment option is not effective, the physical therapist will discontinue using that treatment. Most say that clinical experience has already led the therapist to that same conclusion. If research is contradictory, then the therapist tends to follow the subjective report of the patient. Paul and Pat gave the example of ultrasound treatment. Some research says ultrasound is efficacious, other research says it's not. Both Paul and Pat still use ultrasound as a treatment option because the patient says it feels good. Paul and Pat believe that new research results will change and advance the practice of physical therapy.

Esoteric healers talk about intuition guiding their treatment plan. All the esoteric healers mention the guidance of the higher spirit or God. Focus and centering are necessary to provide the treatment that is the best for the patient. Esoteric healers align and attune to the higher spirit, then to the soul of the patient being treated. This process allows the energy to flow freely from the higher spirit through the esoteric healer to the patient. The treatment will be what the guide or higher spirit intended. The esoteric healer's intuition is information from the higher spirit and is available to those who listen. Esoteric healers are trained to be more sensitive to listen to their intuition.

The physical therapists interviewed do not mention the use of intuition to guide their treatment. Treatment that is best for the patient is discovered through scientific research. Positive patient outcomes from subjective reporting verify that the treatment choice was correct. Three of the four esoteric healers know their treatment is correct by listening to the higher spirit. If energy is flowing more freely, the healer is satisfied. So, physical therapy and esoteric healing use different methods to choose interventions and to

establish that they've chosen the correct one.

3) Expectations of Intervention: Quick Fix versus Subtle Change

Many of the participants report that people from our culture, or as Eva puts it “from this day and age”, want a quick fix. People get fast food to eat. They drive through to pick up their dry cleaning. They want to take a pill and have the problem gone. People seek care for an illness or disease and expect the problem to go away quickly.

The physical therapists focus their interventions to get fast results. They want to relieve the symptoms. When treating someone with back pain, the therapist will generally provide some kind of modality for relaxation and pain relief. They look for the patient's subjective response that the pain is decreased, or gone. If physical therapy intervention helps the patient feel better, then function improves. The patient will return for further treatment until the patient is satisfied that the problem is alleviated or insurance no longer pays.

Frustration is reported by the physical therapists when the problem does not resolve in the expected amount of time. Pat feels uncomfortable when a patient asks her why they are not getting better. People with chronic pain or chronic problems most often ask this question. When the patient does not get better fast and science can't explain it physical therapists feel like they've failed.

Esoteric healers say the treatment is so subtle that the patient may or may not feel a change in comfort. Emma says that only those who are sensitive to energy flow can feel a change. Even though it's not necessary to feel change in energy flow for esoteric

healing to be beneficial, the sensation provides reinforcement that something is happening. The frustration that esoteric healers have is that when people don't feel less pain, and more comfort, they may not continue with the esoteric healing treatments. Yet, because esoteric healing is so subtle, people that are unable to move into varied positions for physical intervention due to pain or injury can tolerate esoteric healing.

Esoteric healing is subtle. The balancing of energy is at all levels: physical, emotional, mental and spiritual. The last three levels are complicated aspects of our being. Eleanor talks about a physical ailment corresponding to an emotion. When the emotional level is balanced in that area, say the back, one does not see an immediate change in the emotional behavior that corresponds to the back. Change takes place over time as the patient travels and learns on the spiritual pathway. In physical therapy, it is expected that change occur rapidly.

4) Hands On versus Hands Off

Touch is a human need. Paul remembers learning in physical therapy school of a research study that concludes that elderly people do better if touched on a regular basis. Pat recalls a patient who complained when the other therapist didn't do the massage. The patient didn't like that therapist and didn't want that therapist to treat him. Physical therapists are the hands on people. They work on their palpation skills to be able examine the patient with greater proficiency. At some point in the process, examination and intervention will involve the therapist's hands on the patient's body.

Esoteric healing is assessment and intervention with the healer's hands away or off the body. The esoteric healer palpates the energy field off the body. Eleanor talks

about feeling and hearing the energy, sensing when the energy is overly strong or too weak. The esoteric healer will bring the energy back in balance by what Emma calls manipulating the energy. Eleanor senses when someone needs touch, and modifies her healing method. She will sometimes do energy healing with her hands on the body part.

Physical therapy and esoteric healing use totally different methods in their healing practice to assess and treat patients. Physical therapy is provided with hands on the body to move soft tissue and joints. Esoteric healing is provided with hands off the body moving energy in the energy field.

The next part of the discussion will focus on three similarities between physical therapy and esoteric healing. These themes seem to concern intrinsic thoughts and ideas. The themes of dissimilarities seem to reflect cultural norms or social structure. This will be discussed later, when I look at a possible overlap of the two paradigms.

Similarities

1) Caring For Others

A common theme in the data from the physical therapists and the esoteric healers is that they all want to help others. All the participants except one physical therapist chose a healing profession because they wanted to be of service to others, help them feel better. Paul says he was more interested in computer science. He now realizes one of the benefits of his job is working with people.

Many of the participants had a personal experience with either physical therapy or esoteric healing. Pat talks about seeing a physical therapist who deeply cared for her patients. Pat saw what a difference a physical therapist could make in a person's life.

She wanted to work with people and liked physical activity, so chose physical therapy. Pam did research to find a profession that would enable her to work with people and use her skills in physical fitness. Eva and Eleanor had esoteric healing treatments. They both experienced significant changes in their overall well being. The next step was to learn the esoteric healing to be able to help others.

The esoteric healers think that even physicians went into medicine with the goal to help people get better. Anyone in the healing profession must have this internal drive to heal people. Esoteric healing and physical therapy are practices that perform a helping service to others. Both groups care for people.

2) Integration of Mind and Body

For the physical therapist, the idea of mind-body integration came later in their practice. It came with experience and thoughtful reflection about how they render care to patients. How and why do some people get better and some people don't? The physical therapists report that they were not educated in the mind-body connection. Pam knows about this connection through her religious faith. We are spiritual beings in our physical bodies. Pat and Paul give examples of how people tend to have more pain and dysfunction if they are depressed or sad. They have observed this in their physical therapy practice.

The esoteric healers chose esoteric healing because the practice does integrate mind-body. They seem to have sensed that connection prior to getting the training. Many of the esoteric healers talk about experiences in the biomedical model that made them feel like body parts. Eleanor complains that a doctor did not listen to her, nor did he

do a complete assessment. She did not trust him because he did not look at her as a complete being. Evan says he will go to a doctor if he breaks an ankle or has some acute problem. Otherwise he values alternative methods to heal the whole being.

Mind-body integration is a broader view of how a person becomes ill and how a person gets better. Biomedicine, generally, fails to take this broader look. Maybe this connection is not yet explainable under the scientific biomedical model and is therefore not recognized as valid. The physical therapists note that they think the mind-body connection will be explained and verified. They believe that science has not come up with the correct methodology yet and it will take time. The therapists see the mind-body connection in the clinic and believe science will eventually verify what the therapists observe. Whereas, esoteric healers intuitively believe in the mind-body connection, not needing scientific verification, as previously discussed.

3) Patient Reports of Good Outcomes

To some degree, both physical therapists and esoteric healers rely on the patient's subjective report of how they're doing to know if treatment is good. The patient is asked how they're feeling. Are they moving better? Are they coping better with the problem? Eleanor thinks esoteric healing helps a person cope better, react to others with less emotion. She asks her patients if they notice any change. Paul and Pam get feedback from their patients. Are they satisfied with the treatment? Is the pain less so that they are able to function better?

A good outcome is not always what is objectively in the "normal" range. A good outcome may be what the patient thinks is good. Can the patient participate in activities

that improve quality of life? Quality of life is subjective. It will be different for each person. His or her definition of quality of life will depend on how they were brought up, how active they are and what values they have. Subjective reporting helps both esoteric healers and physical therapist know whether the patient is satisfied with the care and whether treatment is bringing about a good outcome.

OVERLAP?

The last part of this discussion looks at physical therapists also trained in esoteric healing. I will call them therapist-healers. I had hypothesized that the therapist-healers would easily integrate their esoteric healing into their physical therapy practice. Each one of them thought that this extra tool, in their toolbox, would help them be better practitioners. They all want to care for people. They all have experienced the mind-body connection in a meaningful way, in order to motivate them to be trained in esoteric healing. They know that most patients can benefit from the overlap of physical therapy and esoteric healing because of the subjective reports from patients who have had good outcomes and from their own personal experiences.

The barriers to integrating the two models in the clinic are extrinsic factors that influence intrinsic ideas. Extrinsic factors are related to the health care environment, such as reimbursement, clinical setting, standards of practice, and community acceptance. These extrinsic factors affect the conceptual ideas the practitioner. Intrinsically, the therapist-healers thought that esoteric healers could overlap well with their physical therapy practice. Yet, the extrinsic barriers inhibit that overlap.

The first barrier is that of reimbursement. Martha, Mary and Matt all express concern about how they would get paid for the service. Esoteric healing does not have a billing code to gain reimbursement from insurance companies. People in our culture expect care under the biomedical model to be reimbursed by health insurance. Physical therapy falls into the biomedical model. Physical therapists have learned that to be paid for their service, insurance companies have to be billed. It is very difficult for physical therapists to think that the service they render can be paid or should be paid for privately by the consumer. The social standard that is prevalent in the minds of the therapists is that when the consumer enters a physical therapy clinic, their care is paid for by their health insurance. On the other hand, one might argue, after looking at Eisenberg's studies (discussed in the introduction), consumers are willing to pay out of pocket dollars for care that will bring them into a state of health.

The clinic setting, another barrier, is not conducive to esoteric healing. Clinics generally have wide open spaces for mat tables, exercise equipment and balance bars. Usually there are many people working with their therapist in the same room. The noise level is high. Mary finds that the environment is too noisy to be able to focus to do esoteric healing. Time is another inhibiting factor in the clinic setting. Martha is concerned that with managed care, her administrators are asking her to do more work in shorter amount of time. Esoteric healing requires time for assessment of the energy centers and balancing of the centers. That kind of time is not found in the clinic.

Acceptance by colleagues and patients is another barrier. Martha wants to be up front with her management before she does full esoteric healing in the clinic. She thinks that her boss would be accepting if the time and reimbursement barriers could be

overcome. Mary had a bad experience with her supervisor. The supervisor did not respect esoteric healing as a proven therapeutic procedure and punished Mary for her desire to learn it. She is fearful of what others in her profession would think of her if they knew she does esoteric healing. She says she does not get this scrutiny outside of the clinic. Matt is fearful of how to approach his patients to get an accepting response. He thinks people are not open to new ideas.

From a professional standpoint, another barrier is the question whether esoteric healing falls into the realm of physical therapy. Esoteric is hands off. Physical therapy is hands on. Patients expect to get hands on treatment when they come to a physical therapy clinic. Should physical therapists be doing esoteric healing as a procedure? At this time, Matt is not sure esoteric healing is covered under the practice act. He is looking forward to more discussion between colleagues and the professional association.

Religious structure is another barrier. Religious belief inhibits a physical therapist from seeking training in esoteric healing. She sees esoteric healing as new age eastern mysticism. One therapist-healer is putting her esoteric healing on hold. The advanced training included spiritual philosophy that cannot coexist with her belief in Christianity. She is struggling to understand how she can be comfortable merging the two spiritual philosophies. Evan states you have to be courageous to go against social norms and religious structure. Pat, who has no training in esoteric healing, was able to identify these same barriers during her interview.

While faced with these extrinsic barriers, the therapist-healers have still found general ways to use their training in esoteric healing. Mary has improved her palpation skills. Because of her energy training, she is more sensitive to soft tissue and bony

changes. The therapist-healers use the technique to focus and center. They use the energy from the higher spirit or higher source to be in tune with what their physical therapy patients need. Intuition influences intervention choices.

Therapist-healers do not want to discredit scientific research. Training in the biomedical model is reported to be of great benefit. Martha says her physical therapy classes helped her understand body function in greater detail. Questions of why and how the body works were made clear. Matt likes the “cause and effect” way of resolving problems. Some of the participants commented that with time and effort to find the right methodology, complementary medicine will be studied.

Now I will return to Edwin Hung’s outline on the theory of incommensurability. Using the data from the questionnaires and the interviews, I will show that the paradigms of physical therapy and esoteric healing have at least partial commensurability.

A. Different paradigms do not share any facts in common

As previously stated, Hung says that people in different paradigms may be looking at the same thing but see that thing completely differently. Observation, or one’s perception from a particular world view, becomes fact in that paradigm. What is a fact in one paradigm is not a fact in another paradigm. However, I will show that the paradigms of physical therapy and esoteric healing may have some facts in common.

The participants were asked to describe how they would assess and treat someone with back pain. Physical therapist use subjective data from the patient reports and objective data of range of motion, strength, joint and tissue mobility to determine the physical therapy diagnosis. Their physical therapy training, along with research studies

and clinical experience, guide the intervention. Esoteric healers do not always seek subjective information from their patients. Esoteric healers assess the energy field to determine what centers are of low intensity or high intensity. They decide what energy centers need balancing. They assess not only the physical but also the emotional, mental and spiritual aspects of the person through the energy fields. To assess and treat patients with back pain, therapists-healers tend to take a detailed history and collect objective data of movement like the physical therapists. Therapist-healers are sensitive to the patient's energy and try to consider the whole being.

Esoteric healers are instructed by the International Network of Esoteric Healers instructors to assess the patient methodically. The esoteric healer is taught to palpate the energy field. One healer should feel the patient's energy field in the same way as another esoteric healer. The two healers feel the same level of intensity or lack of intensity in the energy field. The healers note the areas where the energy is high or low. That is the area where treatment is needed. If esoteric healers are assessing the same patient, the data will be the same. This is objective data that esoteric healers collect.

In the same sense, physical therapists gather objective data using standardized testing methods. Physical therapy training works toward test results that have inter-rater reliability. Each field gathers facts, but the objective data is generated differently. Physical therapy is with hands on the body and esoteric healing is with hands off the body.

The assessments by physical therapists and esoteric healers most often generate different facts about a problem because of their different methods of data collection and the emphasis on what type of data is collected. Yet, there may be occasions when the end

result of the assessment, or the facts, is the same. This happens when the assessment is on the physical level. For example, certain facts emerge that might be in common with both physical therapists and esoteric healers when each assesses the alignment of the spine at a physical level. Spinal alignment is how the vertebrae of the spine are resting on each other. Physical therapists will palpate spinal alignment on the body. Esoteric healers will palpate spinal alignment in the energy field. If the physical therapist and esoteric healer are assessing the same patient, who for example has a misalignment of the first lumbar vertebra on the second lumbar vertebra, they should generate the same facts about that misalignment. So in this situation, there is an overlap of the paradigms of physical therapy and esoteric healing, in that there are shared facts about the misalignment of the spine.

The therapist-healers, being trained in both paradigms see the benefit of the factual information generated by both methods of assessment. They can verify findings on a physical level with their physical therapy and esoteric healing assessment skills. Physical therapists who are interested in understanding better ways of patient assessment will do so by open discourse and negotiation with esoteric healers as Bayley suggests (1995).

B. Different paradigms do not share any of their problems or their standards of solution

Each paradigm seeks to answer different kinds of questions, develops theories requiring certain ways of fact finding to solve a problem. Different paradigms will have different problems depending on what is considered a problem. Methodologies are

particular to the problem and the type of theory being tested. Claire Cassidy (1995) states that medical anthropology has significant data indicating that people have multitudes of methods to answer the same question. We see this by the example of how physical therapists and esoteric healers assess and treat their patients. These methods can be abstracted into major approaches to study efficacy of how each paradigm solves problems or how they study questions. I will show that physical therapists and esoteric healers have problems in common and suggest a methodology to study treatment efficacy.

Both physical therapists and esoteric healers assess patients with back pain as reported by the participants in the summaries. This suggests that problems can be similar in the two paradigms. Patients present with the same complaints. It is the approach to the question being asked that differs due to reductionist as opposed to holistic world views. Therefore, the problem of back pain, evident in both paradigms might be studied using two different methodologies.

Esoteric healing is a holistic approach to balance the energy fields using the higher spirit as a guide. Intuition and guidance from the higher spirit are not tangible entities and difficult to study quantitatively. Cassidy says that methodologies from the social sciences are better suited than methodology from medical science to study the questions of behavior patterns and descriptions of lifeways. Qualitative research may be a better method to use to study esoteric healing. In this way, true patterns of health and wellness can be discovered.

In the reductionist model or biomedical category, quantitative research in the form of RCT's provides the truth of what treatment works or does not work for a particular illness or disease. A standardized protocol is used throughout the study to try to increase

reliability. The physical therapists in this study said they often use this type of scientific research to determine the best treatment.

When studying the problem of back pain, one can argue that outcome studies, as I defined earlier, might be a method that is applicable in both physical therapy and esoteric healing paradigms. Treatments for the same complaint can be looked at for efficacy by studying patient's subjective reports of their care. We see from previous discussion that both esoteric healing and physical therapy use subjective reports to determine if the outcome was good. One can compare the subjective reports from both paradigms to see patient satisfaction for treatment of back pain.

C. Different paradigms do not share any terms in common

Hung says that same terms may be used in each paradigm, but may have different meanings. 'Element', for example is used by alchemo-phlogiston theory and chemical atomic theory with different meaning. One refers to air, earth, water, whereas the other use refers to chemical elements such as hydrogen and oxygen. One might argue that air, oxygen and the others are all building blocks and therefore conclude that the term does have the same meaning in each theory. I want to show that physical therapists and esoteric healers use some common terms with the same meaning.

There are terms that are common to both physical therapy and esoteric healing. I asked the participants to define health, illness, disease, and preventative health care on their questionnaire. The term biomedicine was not defined by one of the esoteric healers. Yet other esoteric healers had common definitions of biomedicine. The terms: complementary medicine and esoteric healing were not defined by some of the physical

therapists. Some had a general idea what these two terms meant. There is a sense that some of the participants do not have an understanding of the other paradigm by not being able to define terms used in that paradigm. On the other hand, some were able to define terms outside of the paradigm in which they work. This shows a shift toward understanding the other paradigm.

Participants of all groups generally shared the same description of health. Most said health is a general state of well being, optimum functioning and balance of mind and body. Illness and disease were common terms with similar definitions such as absence of health, or state of dis-comfort with physical problems.

Preventative health care is used in each paradigm but is described differently by physical therapists, therapist-healers and esoteric healers. Preventative health care was most often defined by the physical therapists as action that can be taken to prevent illness and disease. The esoteric healers defined it as keeping oneself in balance to have peace and well being. The therapist-healers defined preventative health care much like the physical therapists.

The paradigms of esoteric healing and physical therapy do have terms in common that have the same meaning. Terms are not totally isolated within single paradigm and only used by the members of that paradigm. Shared terminology is a starting point for discourse between the members of the paradigms of physical therapy and esoteric healers.

D. Different paradigms do not share statements in common

Statements are interpretations of observations from a particular world view. In the strict Kuhnian sense, this thesis of incommensurability tells us that statements from different paradigms have no common ground on which to compare. Observation and collection of raw data will include interpretive statements that will vary depending on one's paradigm affiliation. Hung comments further that Kuhn would say that even an observational statement about the raw data would represent still another paradigm. I will show statements from physical therapists and esoteric healers are different. But what they are trying to describe is comparable.

Referring to the example of the patient with low back pain, a physical therapist might make a statement about pain relief related to the inhibition of neurotransmission via the gate theory of pain reduction (a reductionist view). A practitioner of esoteric healing might comment on the pain relating it to the burden of a money problem or stress settling into the low back (a holistic view). These statements are value-laden depending on one's world view. They are value-laden in the sense that descriptions are based on training, experience and how one understands and perceives the world. Physical therapists are trained in the biomedical model. They will make statements about pain based on that training. Esoteric healers will describe pain from the point of view of their education and experience.

Therapist-healers describe pain in a manner that incorporates their training and experience in the two fields. As one of the therapist-healers reported, the evaluation of the pain is mostly from biomedical training. But aligning and attuning helps focus on the patient's emotional, mental and spiritual needs that might account for the pain. The

therapist-healers have found that the subject matter is the same and therefore somewhat comparable. The basis for the practitioner's statements is the low back pain. It is a starting point for discussion.

From Hung's outline I have discovered four areas that paradigms of physical therapy and esoteric healing share and therefore identified four points where discourse can commence among practitioners. I will summarize them here. First, both fields are able to collect the same facts on a physical level. Physical therapists and esoteric healers can assess spinal alignment at a physical level. Second, outcome studies might be the best methodology to study treatment efficacy. Patient satisfaction is important to both physical therapists and esoteric healers to know the best treatment has been provided. Third, both fields share terms and meanings of the terms. Health and disease are common terms to be able to start conversation between physical therapists and esoteric healers. Fourth, subject matter, specifically back pain lends itself to comparability as reported by the therapist-healers. These four points shared by physical therapy and esoteric healing show that there is movement by some members of each group to overlap the paradigms. Discussion has started to discover overlap in the paradigms of physical therapy and esoteric healing.

Shared points as identified above, from different paradigms, when discussed openly, start the process for further discourse and comparison. Value-laden statements must be critically evaluated for objectivity. Bayley (1995) discusses Helen Longino's criteria for assessing objectivity in science. The criteria recommend broader avenues to review evidence and methods by a larger group, with shared standards, neutralizing the

power among the qualified group. Political and economic power can influence what scientific information becomes legitimate or what voices are heard.

Longino's criteria are important to understand to enable a process of overlap of the paradigms. I will use the participant's summaries to help clarify what she means. The barriers that the therapist-healers identified will be helpful. Longino asks for means to objectively assess evidence, methods and assumptions. The therapist-healers identified that esoteric healing practice needs to be seriously critiqued to see if the practice is truly part of the physical therapy practice act. Therapist-healers are uncomfortable using esoteric healing in the clinic until this examination occurs. An avenue for that critique to occur is for physical therapists to think seriously about the plurality of other methods and assumptions that could augment physical therapy practice.

The review of evidence must be with shared standards. I have talked about outcomes research as a possible research methodology to study the efficacy of esoteric healing. If esoteric healing proved to be an effective and legitimate healing practice, then the medical community and patients would be more open to learning about it and the therapist-healers might overcome their fear of lack of respect and acceptance from colleagues and patients. Discussion about shared standards of review would be a preliminary step to facilitate greater acceptance of esoteric healing in the practice of physical therapy.

The review needs to include a larger group of people, in this case physical therapists, esoteric healers and possibly hospital administrators and insurance companies. This larger community would grow over time through continued discussion, publication of information, meetings and seminars. The therapist-healers are looking for avenues to

change practice patterns in the clinic to enable use of esoteric healing and be able to bill for the service. Organized efforts for open discussion to make change, calls for a responsive larger community.

Lastly, Longino's criteria call for a neutralizing of the power of the intellectual authority. Bayley summarizes Longino's point, "those with political and economic power can unfairly stifle the voices of those who are critical of the status quo or it's underlying values, concepts, and assumptions" (Bayley, 1995, p.281). A barrier the therapist-healers have is the social construct that health insurance pays for physical therapy. Insurance companies decide what type of services to pay for and want to spend the least amount of money for the best possible treatment. None have a billing code esoteric healing. I used the example of assessment and treatment of a patient with low back pain as a problem common to physical therapists and esoteric healers. Members of both paradigms treat people with low back pain. Maybe, discussion about how to effectively treat back pain, whether with esoteric healing or more traditional physical therapy, needs to occur without influential insurance companies deciding the outcome. If Longino's criteria are met, negotiation and possible commensurability can be achieved. Longino's criteria facilitate transformation.

OTHER OBSTACLES TO A SHARED CONVERSATION

Obstacles exist that inhibit physical therapists to find overlap with esoteric healing. The conversation cannot begin without agreement to try to find common ground. One obstacle is that each group holds fast to their own background knowledge and philosophy of care that defines their practice. Researchers in physical therapy do not

want to “muddy” the data with moral values, emotions and cultural influences. They value quantitative research, such as RCT’s, as the means of scientific discovery. Physical therapists focus on a physical problem with standardized protocols of treatment. Protocols enable the use of RCT’s.

The “muddiness” described above is what esoteric healers find provides a richness of information to render holistic care. Esoteric healers are threatened by the rigorous demands to standardize protocols to enable RCT's. The esoteric healer treats each person individually with special needs at the physical, emotional, mental and spiritual levels. This type of healing practice does not lend itself well to controlled studies.

One can argue that qualitative research is not generalizable and is therefore useless in adding any significant knowledge. Scientific researchers complain that in qualitative research, the participant group is too small. They say study results are only significant to that particular group. Also, the research data is too difficult to reduce to specific conclusive information. The data is rich with contextual information to help the researcher understand the participant’s world view. Qualitative research does not focus on studies that prove generalizable information. However, it looks for patterns of behavior and values that may indeed lead to better questions that can be quantifiably answered. Medical knowledge can be better served by research in both science and social science.

Another obstacle to open discourse is the fear that therapist-healers have about being scorned by their colleagues. Therapist-healers are very careful who they confide in about being trained in esoteric healing. The fear stems from past experiences of being

punished or laughed at. Therapist-healers don't know who they can trust. Respect and acceptance in the medical community is important to remain financially viable in a private practice, or even employable in the community. It is difficult to try to gain a responsive larger community, as Longino suggests, if the therapist-healers are afraid to even speak about what they have learned in esoteric healing courses. How can transformation take place in such a stifled environment?

CONCLUSION

A transformation in how physical therapy is provided is necessary because the public, especially those with chronic conditions or chronic pain, is demanding better care. Patients want pain management to allow them to enjoy a quality of life as they define it. Eisenberg's studies report that patients are seeking care in the alternative medicine category and paying out of pocket dollars. Physical therapists may lose patients to alternative medicine, if patients are not satisfied with physical therapy service. Physical therapists take continuing education courses to expand knowledge and find new tools for treatment. Esoteric healing can be another tool.

Each paradigm, physical therapy and esoteric healing, has value-laden observations, facts, statements and methods for problem-solving. How can one know which paradigm holds the best possible healing practice? Physical therapy is respected, for the most part, in the biomedical community. Esoteric healing is not generally accepted. Bayley (1995) suggests that Longino's criteria must be met to start any meaningful conversation to discover if the paradigms can overlap.

Using Hung's outline of incommensurability, I have tried to expose possible overlaps between physical therapy and esoteric healing. There are common links in the paradigms that can bring the two groups together to share knowledge. Maybe physical therapy and esoteric healing are not different paradigms at all. I have demonstrated that there is at least a partial commensurability. Physical therapists, by adopting some world views of esoteric healing, might improve health care for those seeking relief of chronic conditions. Patients seeking knowledge in disease and illness prevention will be better served if clinicians trained in physical therapy and the medical community open their minds to esoteric healing.

Question for further research follow: what ramifications will be faced by physical therapists who try to overlap paradigms of physical therapy and esoteric healing? Will these therapists be respected within the biomedical community? Will insurance companies be willing to pay for esoteric healing? Will physical therapists be willing to accept private pay for esoteric healing services? Researching these questions will help the profession of physical therapy, as the profession struggles to define itself.

APPENDIX 1

Consent Form

My name is Deborah McKenzie. I am working on a study that will be the basis of my Masters Thesis in the interdisciplinary Program in Health and Humanities. You have been asked to participate in a study exploring the paradigms of physical therapy and esoteric healing. The title of the study is "Physical Therapy and Esoteric Healing: Can These Paradigms Mix?".

You will be asked to fill out a questionnaire on your own, which will take about one half hour. About one week after I receive your filled out questionnaire, an interview will be conducted taking about one hour. I will ask you about your experience in physical therapy and/or esoteric healing and ask you to describe, in detail, how you would evaluate and treat someone with back pain. This information will be interpreted by the researcher for purposes of the study.

There are no risks or costs to you as an individual. Your identity in the interview and questionnaire will remain confidential. You may refuse to answer any questions or volunteer any information that makes you feel uncomfortable. You may stop participation at any time in the interview process without any penalty. After interpreted, the questionnaire will be shredded and the audio tapes will be erased. By voluntary participation in this study, you are consenting to the use of information from the questionnaire and interview to be used later as part of possible published research. There is no risk to you whatsoever by participating in this study.

If you have questions or concerns relate to participating in this study, you may contact: **Principal investigators, Fred Gifford, PhD, Professor, Department of Philosophy at 517-353-1993 and Jacob Climo, PhD, Professor, Department of Anthropology at 517-355-0189, or investigator, Deborah McKenzie, PT at 517-337-3824 or UCHRIS (University Committee on Research Involving Human Subjects at Michigan State University) Chair, David E. Wright at 517-355-2180.**

Signature_____ Date_____

Deborah McKenzie
Masters Candidate
Michigan State University
Interdisciplinary Program in Health and Humanities

APPENDIX 2

Questionnaire

A. Background

Name

Current job title

Years working in your field

male or female (circle one)

age

B. Define:

Health

Illness

Disease

Preventive health care

Biomedicine

Complementary medicine

Esoteric healing

C. Answer the following:

1. Describe your training in the biomedical model.
2. Are you satisfied with the biomedical model? Why or Why not?
3. Do you have training in therapies outside of the biomedical model? If so, describe your training.

4. Do you incorporate or mesh the ideas from the biomedical model with complementary therapies in your assessment and interventions? If so how or in what ways? If not, why not?
5. What do you rely on to know that the intervention you have rendered is the right intervention? How do you know?
6. How do you know when your patient care has NOT been successful?
7. What influences your physical therapy practice (in assessment, decision making, patient education), your training in the biomedical model or if it applies, your training in complementary therapies? How?

APPENDIX 3

Interview

1. What drew you to a career in patient care?
2. If you have biomedical training, describe the positive aspects it brings to your practice.
3. If you have biomedical training, describe the drawbacks or the negative aspects it brings to your practice.
4. If you are trained in esoteric healing, what are the positive aspects that it brings to your practice?
5. If you are trained in esoteric healing, what are the negative aspects it brings to your practice?
6. a) If you have no training in esoteric healing are you interested in seeking training?
Why or why not?
b) If you have training in esoteric healing, what drew you to it? Why did you seek training?
7. a) Describe how you would evaluate and treat someone with back pain.
b) To what extent would you consider your description to be based on your biomedical training and, if it applies, to your training in esoteric healing? Why?
8. For the group trained both in PT and esoteric healing: How do you put PT and esoteric healing together in your practice?
9. To the best of your knowledge, describe the philosophical similarities and differences in physical therapy (as part of the biomedical model) and esoteric healing.
10. Why do you think some PT's seek training in esoteric healing and some don't?

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